On-Site Evaluator Handbook

for

Surgical Technology

and

Surgical Assisting

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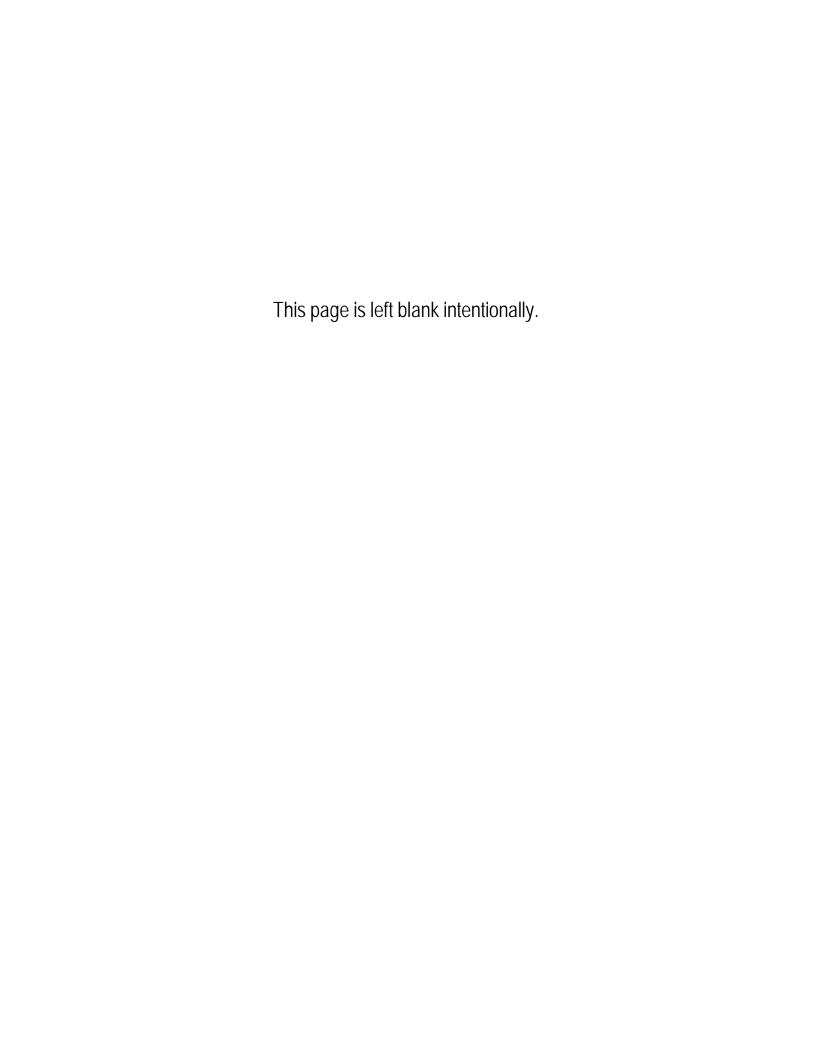CAAHEP Standards and Guidelines for the Accreditation
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MISSION

The mission of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting is to provide recognition for the quality of the education programs in its system to the public.

HISTORY AND ROLE

In December 1972 the American Medical Association's (AMA) Council on Medical Education adopted the recommended educational standards for the field of Surgical Technology and the **Accreditation Review Committee on Education in Surgical Technology [ARC-ST]** was formed. The specialized accreditation of programs in surgical technology began in 1974, implementing standards of compliance that were developed by the collaborating organizations the American College of Surgeons [ACS] and the Association of Surgical Technologists [AST]. The ARC-ST changed its name to the **Accreditation Review Council on Education in Surgical Technology and Surgical Assisting [ARC-STSA]** in 2009.

The **Subcommittee on Accreditation for Surgical Assisting [SASA]** is the standing committee that works directly with each surgical assisting educational program in the accreditation process under the direction of the ARC/STSA. The specialized accreditation of programs in surgical assisting began in 2002, implementing standards of compliance that were developed by the collaborating organizations. The SASA is composed of representatives from AST and the National Surgical Assistant Association (NSAA).

ACS and AST cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical technology. AST and NSAA cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical assisting. These collaborations provide recognition for educational programs that meet or exceed the standards outlined in the *Standards and Guidelines* for each profession (*The Standards*).

The *Standards* are the minimum requirements used in accrediting programs that prepare individuals to enter the professions of surgical technology and surgical assisting; therefore, the extent to which a program complies with the *Standards* determines its accreditation status.

On the basis of compliance with the *Standards* and recommendation of the ARC/STSA, accreditation is granted by the **Commission on Accreditation of Allied Health Education Programs [CAAHEP]**. CAAHEP in collaboration with the ARC/STSA is recognized by the **Council for Higher Education Accreditation [CHEA]**, a non-governmental body which recognizes accrediting agencies.

Specialized accreditation of a surgical technology or surgical assisting program involves thorough review of the program's resources including faculty, student/faculty ratio, financial resources, physical resources, learning resources, admissions policies, student records, curriculum, student evaluation methods and programmatic outcomes. Only community, technical and junior colleges, universities, career (proprietary) schools, branches of the military and hospitals that have the appropriate institutional accreditation can apply for specialized accreditation for their surgical technology or surgical assisting program. Accreditation of surgical technology and surgical assisting programs is an on-going and outcomes-based process in which accredited programs must submit reports annually to ensure continuing compliance with established criteria and are comprehensively reviewed on-site at least once every 10 years.

EDUCATION AND ACCREDITATION

Approximately 450 of the educational programs in surgical technology and 8 educational programs in surgical assisting are CAAHEP accredited. These programs usually vary from 9 to 24 months and offer a diploma, certificate or associate degree. Accredited programs provide both classroom education as well as supervised clinical experience. Surgical technology and surgical assisting graduates have learned to apply knowledge appropriately and are prepared to immediately assume the full range of responsibilities encompassed by each profession without additional cost to the employer.

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WHAT IS ACCREDITATION?

Accreditation is a system for recognizing educational institutions and professional programs for a level of performance, integrity, and quality that entitles them to the confidence of the educational community and the public they serve. In the United States this recognition is extended primarily through non-governmental, voluntary institutional, or professional associations. Accreditation performs a number of important functions, including the encouragement of efforts toward maximum educational effectiveness. The accreditation process requires institutions and programs to examine their goals, activities, and achievements; to consider the expert criticism and suggestions of a visiting team; and to determine internal procedures for action on recommendations from the accrediting body. While accreditation is basically a private, voluntary process, accrediting decisions are used as a consideration in many formal actions by governmental funding agencies, scholarship commissions, foundations, employers, and potential students.

TYPES OF ACCREDITATION

Institutional accreditation is granted by regional and national accrediting commissions of schools and colleges. These commissions and associations accredit total operating units only. Specialized accreditation of programs is granted by national professional organizations. Each group has its own distinctive criteria for accreditation, which is undertaken to provide quality assurances concerning the educational preparation of members of a profession.

CORRESPONDING AGENCIES

CAAHEP—The **Commission on Accreditation of Allied Health Education Programs [CAAHEP]** is the accrediting body for the surgical technology and surgical assisting programs. **CAAHEP** is the umbrella organization under which the **ARC/STSA**, the Committee on Accreditation [CoA], serves surgical technology and surgical assisting programs. CAAHEP provides programmatic accreditation rather than institutional accreditation; therefore programs need to receive programmatic accreditation in addition to an institutional accreditation. At this time **CAAHEP** is one of the two accrediting bodies recognized by the **National Board of Surgical Technology and Surgical Assisting (NBSTSA)** as an authorized accrediting organization making graduates of CAAHEP-accredited programs eligible for their certification exams . Please see www.caahep.org for more complete information on CAAHEP.

AST—The **Association of Surgical Technologists (AST)** and its **Association of Surgical Assistants (ASA)** are the professional organizations for the surgical technologist and surgical assistant. AST is in place to: 1) provide quality continuing education; 2) to ensure the value of certification of the surgical technologist; and surgical assistant is recognized; 3) to recognize the achievement in the surgical technology and surgical assistant professions; 4) to represent the professions in regulatory and legislative issues; and finally to offer its members valuable publications and personal and professional services. Please see www.ast.org for more specific information on AST.

NBSTSA –**The National Board of Surgical Technology & Surgical Assisting (NBSTSA)** is the certification body for both the Certified Surgical Technologist (CST) and Certified Surgical First Assistant (CSFA). The NBSTSA certification is recognized by the ARC/STSA due to the fact that it is currently accredited by the National Commission on Certifying Agencies (NCCA). The CST® and CSFA® are copyrighted terms and should only be used to refer to those individuals who are certified through the NBSTSA. Please see www.nbstsa.org for more specific information on NBSTSA.

ACS –The **American College of Surgeons (ACS)**, the world's largest professional organization representing surgeons, is dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment. The ACS represents the profession of surgery in regulatory and legislative issues throughout North America while providing professional development services to surgeons and the peri-

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INTRODUCTION

This manual has been prepared to assist you as an On-Site Evaluator during the evaluation process.

Under the CAAHEP accreditation process, there are four types of On-Site Evaluations: 1) Initial, 2) Random/ Continuing, 3) Consultative/Comprehensive, and 4) Focused [effective January 1, 2015]. Depending on the type of On-Site Evaluation, the **Accreditation Review Council on Education in Surgical Technology and Surgical Assisting [ARC/STSA)]** will use a Self-Study, Program Review Report [PRR] or Annual Report(s) as the source documentation for verification and clarification of the programs' information and data and the extent to which the program demonstrates compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology* or the *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting ("The Standards")*.

The On-Site Evaluation is a very critical and complex aspect of the accreditation process. It is also a very visible function of the ARC/STSA. Therefore, the ARC/STSA has an obligation to assure itself and the educational community it serves that On-Site Evaluators are qualified, competent and informed about the entire accreditation process. For this reason, the following policies and procedures have been developed. This manual not only provides information, it also delineates the On-Site Evaluator's responsibilities and skills as a basis of on-going education for On-Site Evaluators already approved by the ARC/STSA Board of Directors as On-Site Evaluators and to provide orientation for new evaluators.

QUALIFICATIONS FOR ON-SITE EVALUATORS

On-Site Evaluators must be individuals who are knowledgeable in the field of surgical technology or surgical assisting and the education process. Credentials for evaluators include: Certified Surgical Technologist (CST), Certified Surgical First Assistant (CSFA), Certified Nurse Operating Room (CNOR), Medical Doctor (MD). Individuals who are Program Directors from a CAAHEP-accredited surgical technology and surgical assisting programs, Allied Health Deans and other qualified persons are qualified to serve as On-Site Evaluators

ON-SITE EVALUATOR APPLICATION PROCESS

Prospective evaluators must submit an application for approval as an ARC/STSA On-Site Evaluator. Application documentation includes:
- ARC/STSA On-Site Evaluator Questionnaire
- ARC/STSA Consent to Serve form
- Official Educational Transcript(s)
- A current résumé
- Copy of ST- or SA-related degrees, certifications and licensures
- ARC/STSA On-Site Evaluator Curriculum Vitae Form
- CAAHEP/ ARC/STSA Site Visitor Agreement
- ARC/STSA Conflict of Interest/Confidentiality Policy form

Standardized ARC/STSA On-Site Evaluator application forms are available online at www.arcstsa.org/index.php/ site-visitors/site-visitor-application-forms/. Only completed applications, including all required applications forms and supporting documentation, proof of attendance at a recent Accreditation Fundamentals for Educators Workshop, attendance at a recent Site Visitor Training-Beginners Workshop, and successful completion of the CAAHEP Site Visitor's Quiz [available online at http://quiz.caahep.org/ Login.aspx?ReturnUrl=%2f] are forwarded

Evaluators are approved by the ARC/STSA Board of Directors for a period of three (3) years. Renewal of On-Site Evaluator approval is determined by the ARC/STSA Board of Directors at the end of the 3 year period. Evaluators may be removed from the active On-Site Evaluators list by the ARC/STSA and the ARC/STSA reserves the right to perform random transcript checks.

***Please note**: Professional/Paid surgical technology or surgical assisting consultants are not eligible to become On-Site Evaluators, excluding AST, ARC/STSA or NBSTSA staff members. A professional/paid surgical technology or surgical assisting consultant is only eligible

to become an On-Site Evaluator six (6) months after the last paid consulting job.

EVALUATION TEAM ASSIGNMENT

On-Site Evaluation teams consist of one, two, or three qualified On-Site Evaluators assigned by the ARC/STSA. Trainees and/or observers may accompany the On-Site Evaluation team. In the case where more than one team member is assigned, one of the team member is designated as the chairperson and serves as the spokesperson during the On-Site Evaluation. At least one member of the team must have satisfactorily participated in two previous On-Site Evaluations.

An email request for On-Site Evaluator volunteers is sent several times per year, approximately 3 to 6 months prior to the On-Site Evaluation. On-Site Evaluation teams and program assignments will be determined by the ARC/STSA staff. The On-Site Evaluation team for Random/Continuing and Focused On-Site Evaluations [effective January 1, 2015] will be notified of the name and location of the program to be evaluated once program has been contacted regarding their upcoming evaluation, locations may change.

Team members should not have any real or perceived conflicts of interest that could affect the evaluation process. If the ARC/STSA, the program, or the On-Site Evaluator believe a conflict of interest may exist, the On-Site Evaluator will be excused and another evaluator will be appointed. The program to be evaluated has the right to request that an evaluator not be a assigned to the On-Site Evaluation team. This request is submitted to the ARC/STSA by the program in writing within 48-hours of program notification of the names of the On-Site Evaluators.

A perceived conflict of interest can include, but is not limited to:

- The On-Site Evaluator teaches in the same state as the program being reviewed and therefore may be competing for students.

- The On-Site Evaluator has taught or worked closely with an official of the program, therefore having acquired positive or negative biases.
- The On-Site Evaluator assisted in developing the program by consultation (either formally or informally).

The ARC/STSA staff cannot always perceive a conflict of interest. The ARC/STSA relies on the integrity of each On-Site Evaluator to choose appropriate On-Site Evaluations as well as to notify us immediately when he/she may perceive a conflict.

THE ON-SITE EVALUATION AND RESPONSIBILITIES OF THE EVALUATORS

Purpose

The purpose of the On-Site Evaluation is to assess:
- the program's compliance with the *Standards*
- the manner in which the program's objectives are being met, and
- how self-identified concerns or problems are being addressed.

The team's responsibility is to VERIFY, CLARIFY, and AMPLIFY the information provided by the program in its documentation.

It is the responsibility of the ARC/STSA Board of Directors to determine the extent and degree of the program's compliance with the *Standards*, based on the program's documentation and the On-Site Evaluation team findings.

***Please note: The On-Site Evaluation team does **not** have the authority to speak on behalf of the ARC/STSA or CAAHEP regarding a program's compliance with the* Standards*. The team **cannot** predict accreditation actions. The ARC/STSA Board of Directors and CAAHEP are responsible for accreditation recommendations and actions.*

Preparing for the Evaluation

Each member of the On-Site Evaluation team is provided with the Self-Study, a PRR, or Annual Reports and confirmed travel arrangements prior to the On-Site Evaluation. The evaluator is responsible for reviewing the materials provided prior to the On-Site Evaluation in order to become familiar with all aspects of the program being evaluated. When reviewing materials, evaluators should attempt to determine the degree of compliance/non-compliance with the *Standards.* This will give a basis for questioning and fact-gathering during the on-On-Site Evaluation.

During the Evaluation

The On-Site Evaluation team will meet the night before the evaluation to:
- Discuss their perspectives of the program on the basis of the review of the Self-Study, Program Review Report [PRR], or Annual Report(s)
- Review the On-Site Evaluation schedule
- Identify and prioritize the areas that require the team's assessment

The On-Site Evaluation will consist of the review of program documentation, meetings with administration, faculty, students and may include a visit to clinical sites of instruction, depending on the type of On-Site Evaluation.

Team Chair's Responsibilities

The team chair will act as the spokesperson during the On-Site Evaluation. He/she will lead the initial meeting during the general group session, as well as the Final Meeting with program and administrative representatives. The team chair will ask appropriate questions for fact-gathering and to clarify any questions from the review of the Self-Study, Program Review Report [PRR], and/or Annual Report(s). The team chair will submit the completed ARC/STSA Confidential Report to the ARC/STSA office within ten (10) business days.

Team Member's Responsibilities

The team member will contact the chair to discuss findings and strategy for the On-Site Evaluation. The team member will confirm that the Confidential Report has been submitted to the ARC/STSA office. The team member will be ready to step up and serve as team chair in an emergency.

Team Responsibilities

- Act professionally
- Keep an objective eye and an open mind
- Practice political correctness
- Be familiar with the program and its Self-Study, Program Review Report [PRR] and/or Annual Report(s)
- Be fair, unbiased, objective and consistent
- Maintain confidentiality regarding all program information

**Please contact the ARC/STSA with questions before and during the On-Site Evaluation, as needed at (800) 442-0770. [The ARC/STSA 800 number is for use by On-Site Evaluators for calls related to On-Site Evaluations only. Thank you!]

ON-SITE EVALUATION PROCEDURE

On-Site Evaluators will receive email requests to volunteer to perform On-Site Evaluations several times per year. Periodically, when a scheduled On-Site Evaluation needs a additional team member, the ARC/STSA staff will contact you via phone or e-mail to request your assistance. Once you volunteer for an On-Site Evaluation, the following events will occur:
- A member of the ARC/STSA staff will e-mail you directions on how to schedule your flights. Within five (5) days of the receipt of your e-mail you will contact the designated ARC/STSA travel agent and make your flight reservations.
- Once you have selected and approved your airline schedule with the travel agent, the travel agent will forward a copy of the flight itinerary to the ARC/STSA for approval.
- The ARC/STSA staff will make arrangements for hotel accommodations and ground transportation during the On-Site Evaluation.

- The ARC/STSA will mail copies of all itinerary memos and On-Site Evaluation materials to each team member.
- Upon receipt of your evaluation materials please review all materials and contact the ARC/STSA staff if you have any questions.
- Review the current edition of the Standards *Interpretive Guide* [ST-SIG or SA-SIG], available online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-arcstsa-documents/.

Most expenses incurred during the On-Site Evaluation will be paid by the ARC/STSA. It is the ARC/STSA's goal to keep the personal cost to On-Site Evaluators as low as possible. Therefore, we purchase the airline ticket, hotel fare and any ground transportation (if possible) in advance. There will be times when, due to lack of transportation options, an On-Site Evaluator may need to rent a car or pay for a shuttle, etc. In the event that this occurs, the ARC/STSA will notify the evaluator in advance, when possible. The On-Site Evaluator has the option to decline this option and alternative arrangement will be made. Please submit all personal On-Site Evaluation-related expense travel vouchers, including receipts, to the ARC/STSA office within ten (10) days of the On-Site Evaluation.

Personal expenses will be reimbursed as follows:
- Airline ticket (paid for and arranged by ARC/STSA through the travel agency)
- Hotel accommodations (paid for and arranged by ARC/STSA through the travel agency)
- If you miss a flight and have to stay an extra day in a hotel, please submit a copy of the hotel receipt for reimbursement for extra charges for the flight and hotel accommodations.
- Ground transportation (shuttles and taxies)
- Rental cars (set up by travel agency, paid for by evaluator and reimbursed by ARC/STSA)
- Mileage (determined by the current IRS mileage reimbursement rate at the time of the On-Site Evaluation) to and from the airport from your home (mileage reimbursement includes the cost of gas and "wear and tear" on your vehicle.)

- Shuttle or taxi fare to and from the airport from your home
- Toll way fees
- Tips
- All meals
- Other miscellaneous travel expenses

The following personal expenses will not be reimbursed:
- Alcohol
- Travel expense incurred while in transit before or after the designated travel dates of the On-Site Evaluation
- Personal long distance calls (the On-Site Evaluator is responsible for all personal long distance calls made during their travel. The On-Site Evaluator should pay this portion of his/her account upon hotel checkout.)

If you have any questions regarding reimbursement of personal expenses, please contact the ARC/STSA staff.

In the event that you become ill or injured before a scheduled On-Site Evaluation, please contact a member of the ARC/STSA as soon as possible so that alternate arrangements can be made.

***Please Note: The ARC/STSA will attempt to accommodate your travel and team member preferences. Due to travel expense and scheduling, the ARC/STSA may not be able to accommodate these requests. If you have a question or concern during the scheduling of an On-Site evaluation, please contact the ARC/STSA staff.

ON-SITE EVALUATION AGENDA

Initial On-Site Evaluation

The **Initial On-Site Evaluation lasts for approximately 1 ½ to 2 days**, depending upon the number and location of clinical affiliate sites. ARC/STSA staff attempts to confirm the On-Site Evaluation team and On-Site Evaluation dates approximately 10 to 12 weeks prior to the On-Site Evaluation. A minimum of two On-Site Evaluators perform an Initial On-Site Evaluation.

During the On-Site Evaluation, the team will:

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- **REVIEW** program documentation including curriculum vitae and position descriptions, test and exam results, student schedules and case logs, policies and procedures, proof of accreditation documents, affiliation agreements, program/institution catalogs, student handbook, program records, course syllabi, master plan of educational courses, instructor and clinical evaluations
- **INTERVIEW** students, graduates, employers, program officials, facilities staff
- **OBSERVE** students in the scrub role in the "live" clinical setting
- VISIT classrooms, labs and clinical facilities
- **EXAMINE** equipment and program documentation

The tentative On-Site Evaluation schedule is developed by the program director and the ARC/STSA staff. The schedule is confirmed and adjusted as needed by the program director and the On-Site Evaluation chairperson. Guidelines for the On-Site Evaluation schedule are provided to then program by the ARC/STSA staff.

Random/Continuing On-Site Evaluation

This evaluation lasts for approximately **one (1) day**. Schools are notified of the visit approximately 4-7 weeks prior to the On-Site Evaluation. A minimum of two evaluators is required for this type of evaluation.

During this one day visit, evaluators spend time:
- **VERIFYING and CLARIFYING** information included on the program's Annual Report.
- **REVIEWING** the program's curriculum for its ability to comply with the most current edition of the AST *Core Curriculum for Surgical Technology* or *Surgical Assisting.*

If time allows:
- **INTERVIEWING** students, graduates, employers, program officials, facilities staffing.
- **VERIFYING** compliance with miscellaneous *Standards.*

The agenda is developed between the ARC/STSA, evaluator and program director. Guidelines for the agenda are provided by the ARC/STSA.

Consultative Evaluation

This <u>comprehensive</u> evaluation lasts for approximately **two (2) days**. The evaluators will volunteer for an evaluation date approximately 2-6 months prior to the evaluation but will not be notified of the location until the evaluation arrangement process begins. A minimum of 2 to 3 evaluators are required to perform this evaluation. All of the site visitors will be experienced.

During the two days, evaluators spend time to:
- **VERIFY, CLARIFY, and AMPLFY** information included on program **Annual Report(s)** and/or **Program Review Report (PRR).**
- **REVIEWING** program curriculum for its ability to comply with the most current edition of the AST *Core Curriculum for Surgical Technology* or *Surgical Assisting.*
- **IDENTIFYING** key areas within the program that render it unable to meet or exceed the ARC/STSA established outcomes thresholds and/or the *Standards.*

The agenda is developed between the ARC/STSA, evaluation team chair and program director. Guidelines for the agenda are provided by the ARC/STSA.

Focused On-Site Evaluation

The Focused On-Site Evaluation lasts for approximately **one (1)** day. The evaluators will volunteer for an evaluation date approximately 2-6 months prior to the evaluation but will not be notified of the location until the evaluation arrangement process begins. Two (2) evaluators are required to perform this evaluation.

- Identifying key areas within the program that render it unable to meet or exceed the ARC/STSA established outcomes thresholds and/or the *Standards.*

The agenda is developed between the ARC/STSA, evaluation team chair and program director. Guidelines for the agenda are provided by the ARC/STSA.

HOW TO REVIEW A SELF-STUDY REPORT

The Self-Study must be submitted as the program's initial application for accreditation. The self-study process be-

gins well in advance of the on-site evaluation (usually a minimum of 12 months) and is due in the ARC/STSA office a minimum of 4 months prior to the on-site evaluation.

The Self-Study consists of a step-by-step evaluation of the *Standards*. Documentation submitted in the Self-Study should demonstrate compliance with each of the Standards, on paper. The responsibility of the on-site evaluator is to **VERIFY, CLARIFY and AMPLIFY** information reported in the Self-Study application.

If, during the initial review of the Self-Study document, information is missing or documentation submitted does not appear to demonstrate compliance with the *Standards*, the on-site evaluator chair should document any/all discrepancies and 1) contact the program director prior to the on-site evaluation and ask for missing documentation to be available during the on-site evaluation or 2) ask for necessary documentation during the on-site evaluation. The first step is the preferred option as it allows the already nervous program director the ability to gather data prior to the on-site evaluation.

Once you are scheduled for an initial on-site evaluation, you will receive a copy of the program's self-study approximately 2-3 weeks prior to the evaluation. As you become a more experienced evaluator you will develop your own method of reviewing a self-study report.

**You should allow at least a full day to review the self-study report, if not more. As you become more experienced at reading reports, your review time will decrease. You should re-read the Self-Study application on the plane to refresh your memory of the program.

See "One Approach to PRR Review" - pages 15-16.

HOW TO REVIEW A PROGRAM REVIEW REPORT

The **Program Review Report (PRR)** is the application for continuing accreditation. The PRR application is used for the transition from initial to continuing accreditation. The PRR is *not* an Annual Report. The ARC/STSA contacts the program to reinitiate accreditation

approximately 2-2.5 years prior the expiration of its initial accreditation. This document is important because, in most cases, it replaces the need for the first continuing on-site evaluation. The PRR can also be used as an additional resource to the Annual Report(s) when performing a Consultative On-site Evaluation.

The PRR evaluation reflects the "in transition" state between initial accreditation and the outcomes-based Random/Continuing accreditation. Documentation submitted in the PRR application must demonstrate compliance with the Standards, on paper. The responsibility of the evaluator on the PRR Panel is to report the completeness of the application and the extent to which the program's continuing application, appears on paper, to reflect compliance with the *Standards*. The ARC/STSA reserves the right to verify information reported on the PRR via a Random/Continuing on-site evaluation at any time.

**You should allow at least a full day to review the PRR, if not more. As you become more experienced at reading reports, your review time will decrease.

See "One Approach to PRR Review" - page 17.

HOW TO REVIEW AN ANNUAL REPORT

All programs are required to submit an Annual Report. The ARC/STSA reviews the annual reports for each program over a 3-5 year period to observe trends within the program.

The annual report(s) is also used as an evaluation tool during the random/continuing On-Site Evaluation. The responsibility of the on-site evaluator is to verify and clarify information reported by the program. In most cases, the evaluator will review multiple annual reports as well as documentation regarding the program's past accreditation status.

One way to review the annual reports is to first…

- Familiarize Yourself with Reported Information
  - In most cases you will have a minimum of three annual reports and other miscellaneous information on the program's past.

- Familiarized yourself with the Confidential Report and Attachments
  - The Confidential Report will give you guidance as to how to conduct the evaluation once you have completed the Annual Report verification process.

**You should allow at least a two hours to review the Annual Report(s), if not more. As you become more experienced at reading reports, your review time will decrease.

THE EVALUATION

PREPARING THE CONFIDENTIAL REPORT

The confidential report is completed by all members of the evaluation team.

The confidential report should be completed as much as possible following the first day's activities. Evaluators should meet to review the data gathered during the first day of the evaluation visit to incorporate this information into the report. This will ensure enough time to complete the report during the second day following the clinical On-Site Evaluations and prior to the exit summation. The team chair is responsible for the submission of the report to the ARC/STSA office following the evaluation. The report <u>must</u> be signed by all evaluators, however, an e-mailed copy of the report may be submitted following the on-site evaluation.

In the case of a PRR evaluation, reviewers should complete the "confidential report" and submit a copy to ARC/STSA staff.

The last page of the confidential report is used by the ARC/STSA to create the "Findings Letter," which is sent to the program and institution officials (they do *not* receive a copy of the confidential report submitted by the evaluators). A copy of the findings letter is also sent to each evaluator. If you encounter a situation where you cannot cite a program by a Standard but are concerned about an issue in the program, please address that concern by submitting an addendum narrative expressing your observations and concerns. The ARC/STSA will review this addendum and decide if further action needs to be taken.

Identified strengths are noted on the last page of the confidential report, followed by areas of concern or non-compliance.

GUIDELINES FOR DETERMINING AREAS OF NON-COMPLIANCE

When completing the confidential report and preparing for the exit summation, please keep in mind that it is the job of the evaluation team to report objective findings. **Avoid imposing personal judgments or opinions, but rather stick to the facts. It is the responsibility of the ARC/STSA to determine the extent to which a program may be in non-compliance.

The confidential report should only include areas of concern/non-compliance that are directly related to a Standard. In the case of a random/continuing evaluation you will be verifying information reported for accuracy, not its ability to meet thresholds as the ARC/STSA will have done this prior to the evaluation.

Concerns/areas of non-compliance should be written in factual statements. Be specific and do not merely repeat the Standard. Specify how and why the program is not in compliance with a Standard. Please provide as much information as possible to assist the ARC/STSA in accurately evaluating the program's application for accreditation
The report should not contain opinions, recommendations or points of consideration.

GUIDELINES FOR GIVING EFFECTIVE FEEDBACK

MEET WITH THE PROGRAM DIRECTOR prior to the exit summation. This is a courtesy that informs the program director of the findings. If any concerns are noted, the program director can request clarification. This meeting will also reduce the program director's anxiety during the exit summation, which includes his/her superiors.

GIVE STRENGTHS HONESTLY, in a genuine manner.

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BE CLEAR AND CONCISE with areas of non-compliance and cite the concerns with a specific Standard. Give examples. Please remember that programs can be cited only by the Standard, <u>not</u> by a Guideline.

RESPOND TO QUESTIONS from the program if the finding is unclear.

AVOID GIVING FEEDBACK "IN THE HEAT OF THE BATTLE." If the program reacts in a hostile way, either stop the exit summation or take a break. During these tense times, we tend to overstate what we mean and the other person may misinterpret our meaning.

EXIT SUMMATION

The exit summation is a time to receive validations of the data gathered. Most program officials are not surprised at the findings. For the program officials that are surprised and become defensive, evaluators should reiterate that the program will have an opportunity to respond to the concerns in writing.

The following items should be covered prior to reporting the findings:

- Thank the program for their courtesies in making the evaluation arrangements and the On-Site Evaluation comfortable.
- Indicate when the exit summation will end.
- Indicate that the purpose of the exit summation is to inform the program of the evaluation team's findings.
- Clarify that the program will receive a written summary of the "Confidential Report" (Findings Letter) from the ARC/STSA within **6 to 8 weeks**.
- Reinforce that the program must respond in writing to the Findings Letter even if concerns were not identified.
- Clarify that the ARC/STSA appoints two directors who review all materials that were submitted, including the self-study report, the confidential report, the program's response to the report and any additional documentation that is submitted.

- Clarify that the ARC/STSA will review the material at its next semi-annual meeting, then forward its recommendation to CAAHEP. Evaluations performed in the months of November to April will usually be assessed at the September ARC/STSA and November CAAHEP meetings. Evaluations performed in the months of May to October will usually be reviewed at the March ARC/STSA and May CAAHEP meetings. (If the ARC/STSA does not provide you with this information, please call the office and request it).
- Clarify that the program will receive final notice from CAAHEP approximately 2 weeks following its official meeting. Programs will not be advised of their accreditation status until after the CAAHEP meeting.

DEFINITIONS

The following definitions are provided to assist in understanding the accreditation process.

Self-Study – A formal process during which an educational institution or program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies and indicates a plan for necessary modifications and improvements. The process should include a consideration of external factors influencing educational directions as well as an assessment of the extent to which the program is in compliance with established accreditation *Standards*.

Annual Report – An annual outcomes assessment of a program's ability to demonstrate compliance with the *Standards* via meeting established thresholds for retention, an ARC/STSA approved outcomes assessment exam, graduate placement, employer satisfaction surveys and graduate satisfaction surveys.

Program Review Report – Otherwise known as the PRR. In most cases, the PRR is the continuing accreditation application used by programs who have been awarded initial accreditation and are applying for continuing accreditation. The PRR can also be used as an assessment tool in the extreme cases where further information is needed from a program due to low or inadequate outcomes.

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On-Site Evaluation – A part of the accreditation process where a team of qualified individuals travel to the facility to clarify and verify program information contained in the application form and Self-Study, Annual Report, and/or PRR.

ARC/STSA – The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting; responsible for assessing applicant programs to ensure they meet the nationally accepted standards that are designed to prepare for entry into the healthcare workforce.

CAAHEP – Commission on Accreditation of Allied Health Education Programs; the largest specialized accreditation system in the country which serves to address market trends and resolve current issues affecting the role of healthcare students, professionals and institutional sponsors in a changing environment.

Standards and Guidelines for Accreditation of Educational Programs in Surgical Technology ~ and ~ **Standards and Guidelines for Accreditation of Educational Programs in Surgical Assisting** – (*The Standards*) minimum standards/measures of quality used to accredit programs that prepare individuals to enter the profession of surgical technology or surgical assisting.

On-Site Evaluator – Individual qualified by education, experience, credentials, etc., appointed to clarify and verify a program's application form, self-study, annual report and PRR either by an on-site evaluation and/or written report.

Team Chairperson – Member of the on-site evaluation team designated to serve as the spokesperson during the visit.

Compliance – Meeting or exceeding the evaluation criteria outlined in the *Standards.*

Non-compliance – Not meeting or satisfying the evaluation criteria outlined in the *Standards.*

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One Approach to a Self-Study Review

1. **SKIM IT**
    Get a "feel" for the Self-Study by briefly reading the narrative
    *   How is it organized?
    *   Collect basic data—program introduction, program enrollment capacity, Program Director information

2. **READ IT**
    Read the Self-Study narrative. Stop and review appendices as they are noted in the narrative. Assess both the narrative and supporting documentation in the appendices to determine if they demonstrate compliance with the Standard. Identify unclear or missing documentation, mark the Self-Study (using post-it notes or similar aids) and note questions for the program director or documentation to verify on-site.

    A. **PROGRAM DATA**
        *   What type of program is it? (Associate Degree, Certificate)
        *   How many starts do they have each year? What is their program enrollment capacity? What is their clinical slot capacity?

    B. **PROGRAM GOALS**
        *   Are program goals clearly defined and representative of the program described throughout the rest of the report?
        *   How does the program regularly assess its goals?

    C. **PROGRAM ADVISORY COMMITTEE**
        *   Does the Program Advisory Committee (PAC) include all eight (8) required members? Do the PAC minutes indicate annual review of 1) program goals, 2) program resources, 3) program outcomes?
        *   What are the program's outcomes? Do they include the three domains of learning?

    C. **RESOURCES**
        *   Does the description of the classroom, lab, offices, equipment, supplies, instrumentation, student/ faculty lab ratios, computers and software, library resources appear adequate for enrollment capacity? Does the budget include allocations for supplies, capital equipment and professional development?

    D. **CLINICAL AFFILIATES**
        *   Are there sufficient quality sites and slots for enrollment capacity or clinical enrollment capacity for programs with multiple starts?
        *   Are clinical contracts signed, dated, and current for all sites?

    E. **FACULTY**
        *   Are all faculty qualified by education, experience and credentials for their position?

    F. **CURRICULUM**
        *   Does the program provide a curriculum comparison demonstrating that it meets/exceeds the current *Core Curriculum*? Are courses offered in an appropriate sequence?

G. CLINICAL CASE REQUIREMENTS
-   Are the clinical case requirements published for students and prospective students?
-   Are tools included in the Self-Study to monitor case requirement completion?

H. STUDENT ASSESSMENT
-   Do didactic, lab and clinical tools appear to indicate achievement of program goals and outcomes?
-   Are they administered frequently enough to provide timely feed back to students?

I. PROGRAM ASSESSMENT
-   Does the program have a formal plan, including timelines to assess program outcomes?
-   Do program outcomes meet ARC/STSA thresholds for retention, outcomes assessment exam, graduate placement, employer and graduate surveys?

J. PUBLICATIONS
-   Do program publications accurate reflect the program offered?

K. ADMISSIONS REQUIREMENTS
-   Are program admissions requirement published and followed for all candidates?

L. STUDENT AND FACULTY GRIEVANCE
-   Are policies for student and faculty grievance published?

M. STUDENT WORK POLICY
-   Does the program have a published student work policy? Does it include a statement that clinicals must be educational in nature, and that students cannot be substituted for paid employees and cannot be paid?

N. POTENTIAL STRENGTHS AND CONCERNS—keyed to the Standards

O. RE-READ IT
Re-read the Self-Study narrative on the plane before the visit. List any key points or areas for discussion during the pre-evaluation meeting between the team members, generally held the evening before the evaluation.

P. AFTER THE VISIT
All information regarding the On-Site Evaluation should be considered confidential information and should be discarded appropriately (shredded or returned to the ARC/STSA).

It is recommended that the On-Site Evaluation Chair retain a copy of the Self-Study until receipt of a copy of the findings letter.

Once a copy of the findings letter is received, the Chair should *discard or destroy* the Self-Study and related documentation (shred and dispose). If necessary, the Self-Study can be returned to the ARC/STSA for disposal.

One Approach to a Program Review Report (PRR) Review

1. **SKIM IT**
   Get a "feel" for the Program Review Report (PRR) by briefly reading the narrative
   - How is it organized?
   - Collect basic data—program introduction, program enrollment capacity, Program Director information

2. **READ IT**
   Read the PRR narrative. Stop and review appendices as they are noted in the narrative. Assess both the narrative and supporting documentation in the appendices to determine if they demonstrate compliance with the Standard. Identify unclear or missing documentation and note questions for the comparison with other reviewers on-site.

   A. **PROGRAM DATA**
      - What type of program is it? (Associate Degree, Certificate)
      - How many starts do they have each year? What is their program enrollment capacity? What is their clinical slot capacity?

   B. **PROGRAM GOALS**
      - Are program goals clearly defined and representative of the program described throughout the rest of the report?
      - How does the program regularly assess its goals?

   C. **PROGRAM ADVISORY COMMITTEE**
      - Does the Program Advisory Committee include all eight (8) required members? Do the PAC minutes indicate annual review of 1) program goals, 2) program resources, and 3) program outcomes?
      - What are the program's outcomes? Do they include the three domains of learning?

   D. **RESOURCES**
      - Is there a curriculum vitae and schedule of responsibilities form for each staff/faculty and support person assigned to the program?
      - Are program staff/faculty sufficient and qualified to meet the program goals and outcomes as well as the *Standards*?
      - Did the program provide a list of clinical affiliation sites?
      - Did the program provide a list of all available equipment/supplies, computer resources and instructional reference materials?
      - Did the program provide a complete curriculum outline and syllabi for all classes required to complete the program?

   E. **STUDENT and OUTCOMES ASSESSMENT**
      - How often are students evaluated within the program?
      - Are all ARC/STSA standardized outcomes tools in place and being used?
      - Do all outcomes reported meet or exceed ARC/STSA established thresholds? If not, is there a plan of action in place to bring outcomes to required levels?

   F. **FAIR PRACTICES**
      - Do the publications accurately advertise the program offered as well as miscellaneous policies and requirements for admissions, tuition/fees, number of credits, withdrawal and refund, student grievance policy and clinical work policy while in the program.

   G. **POTENTIAL STRENGTHS AND CONCERNS**—keyed to the Standards

Note: All information regarding the On-Site Evaluation should be considered confidential information. And should be shredded or returned to the ARC/STSA after use.

Process for Presenting an Oral Report of an On-Site Evaluation

Once the evaluators have completed the drafting of the Confidential Report, it is required that the substance of the report be reviewed with the program director and the other administrative officials the program wishes to involve in the final report session. **On-Site Evaluators do *not* make an accreditation recommendation, nor do they imply what the ARC/STSA's recommendation might be.**

The chairperson of the evaluation team first expresses appreciation for the courtesies enjoyed during the evaluation and for the arrangements made for the evaluators' comfort and schedule. Next, the chairperson reviews the manner in which the evaluation of the program's application will proceed, namely:

- The oral report is a report of the on-site evaluation team's initial observations and is subject to review and modification by the SASA and/or ARC/STSA, based on the review of the confidential report submitted by the on-site evaluation team. The oral report is tentative (not final) pending this ARC/STSA review.

- The program will receive a written summary of the Confidential Report from the ARC/STSA within **six to eight (6-8) weeks** following the visit.

- The program is requested to respond to this summary in writing. They will be given 4 to 8 weeks depending on where they are in the accreditation cycle.

- The SASA and/or ARC/STSA will review all materials that have been received from the program. The complete accreditation application includes the Self-Study Report, the Confidential Report and the program's final response.

- The SASA and/or ARC/STSA will review the program's application at its next meeting in **MONTH, YEAR**. The ARC/STSA <u>will not </u>notify the program of its recommendation prior to sending it to CAAHEP.

- CAAHEP will review and act on the ARC/STSA recommendation in <u>**MONTH, YEAR**</u>.

- The program will receive a formal notice of the accreditation action within **two (2) weeks** of the accreditation action.

If a program considers the accreditation action negative, the program has the right to appeal that action to CAAHEP. When CAAHEP informs a program of negative action, that letter includes a statement of the right to appeal that action and the process to follow in handling an appeal.

After reviewing the manner in which the evaluation of the program's application will proceed, conclude the final session of the on-site evaluation. (The principal objective of the oral report is to obtain validation of the data based upon which judgments are made. Most often the program staff agrees with the judgments of the evaluators. **In the event they do not agree, it is important that there be a confirmation of the data based upon which judgments have been made.** On occasion, there may be disagreement on the value of judgments drawn from that data. The program has the right to respond to the summary report in writing.

Evaluation Team Guidelines

<u>Responsibility of On-Site Evaluation Team Members</u>

There are four types of on-site evaluations:
- Initial On-Site Evaluation (Team of 2)
- Random/Continuing On-Site Evaluation (Team of 1 or 2)
- Consultative (Qualitative) On-Site Evaluation (Team of 2 or 3)
- Focused (Outcomes Based) On-Site Evaluation (Team of 2)

The purpose of each of these visits is to report back to the SASA and/or ARC/STSA the program's ability to meet or exceed the *Standards and Guidelines*, either through the verification and clarification of a Self-Study Report, Program Review Report (PRR) or Annual Report(s).

<u>Ethical Principals Observed by Evaluators</u>

- An evaluator respects fully the confidential information that is expressed during the evaluation, treating information and other public information with complete privacy.

- Evaluators may identify promising personnel who they would like to recruit for their own institutions. Expressions of one's interest in an individual should be deferred until the entire accreditation process has been completed.

- Evaluators avoid accepting gifts, favors or services that will prejudice or appear to prejudice their professional judgment or that may lead the program to expect some leniency in the interpretation of compliance with the *Standards.*

- Evaluators neither apply for nor suggest their availability for consultation or for temporary or permanent work with the institution being evaluated.

- Evaluators often see small problems that could be solved by attention to minor details. The confidential report of the on-site evaluation team should deal with major matters relating to the program's compliance with the *Standards* rather than as a means for effecting minor reforms.

- Evaluators may feel that a small or marginal program is completely at their mercy. While the principal purpose of accreditation is to promote a sound education, evaluators approach their work from constructive and objective points of view, maintaining their focus on the extent to which the program complies with the *Standards.*

- Evaluators avoid compounding a program's weakness with sentimental generosity, which might be offered in the hope that a program's problems would go away if ignored or treated with unwarranted optimism.

- The evaluator focuses principally upon the collection and assessment of information regarding a program's relative compliance with the stated *Standards.*

- Evaluators may be tempted to "tip-off" the administration to suspected treachery or to warn a faction in a program of hidden enemies. The evaluator should not bias the minds of the staff or reveal suspicions to the administration; there are better ways to alert an administration to hidden tensions.

- As an evaluator, one gives the same thorough review and consideration to all programs, whether or not they are sponsored by prestigious institutions or conducted by faculty of high reputation.

Ten Commandments for the Accreditation On-Site Evaluation Team

1. **Don't Snitch**
   A On-Site Evaluator often learns private matters about an institution that an outsider has no business knowing; he/she is privy to "classified information." Don't "tell tales" or talk about the weaknesses of an institution.

2. **Don't Steal Apples**
   A On-Site Evaluator often discovers promising personnel that he/she would like to recruit for his/her own institution. Don't take advantage of the opportunity afforded by your position on the team to lure good faculty members away from the institution you are visiting.

3. **Don't be on the Take**
   A On-Site Evaluator is often tempted to accept small favors, services or gifts from the institution. Don't accept or even suggest that you would like to sample of wares of an institution (i.e. a book it publishes, a product it produces or a service it performs).

4. **Don't be a Candidate**
   A On-Site Evaluator might see an opportunity to suggest himself/herself as a consultant, a temporary job or a permanent position with the institution he/she is visiting. Don't apply or suggest your availability until after the survey report has been acted on officially.

5. **Don't be a Nit-Picker**
   On-Site Evaluators often see small problems that can be solved by attention to minor details. Don't use the accreditation report, which should deal with major or serious policy-level matters, as the means of effecting minor mechanical reforms.

6. **Don't Shoot Small Game with a Big Gun**
   The accreditation process is developmental, not punitive. Don't use accreditation to deal heavily with small programs that may feel that they are completely at the mercy of the On-Site Evaluators.

7. **Don't be a Bleeding Heart**
   A On-Site Evaluator with "do-good" impulses may be blinded by good intentions and try to play the role of savior for an institution that may not deserve to be saved. Don't compound weaknesses by sentimental generosity in the hope that a school's problems will go away if ignored or treated with unwarranted optimism.

8. **Don't Push Dope**
   A On-Site Evaluator often sees an opportunity to recommend his/her own personal theories, philosophies, techniques, publications, products and services as the solution to an institution's problems. Don't force an institution to adopt measures that are likely to be altered or reserved by a subsequent committee.

9. **Don't Shoot Poison Darts**
   A On-Site Evaluator may be tempted to "tip-off" the administration to suspected treachery or to warn one faction of a campus hidden of enemies. Don't poison the minds of staff or reveal suspicions to the administration; there are better ways to alert an administration to hidden tensions.

10. **Don't Worship Sacred Cows**
    A On-Site Evaluator in awe of a large and powerful institution may be reluctant to criticize an obvious problem in some department. Don't overlook weakness because the institution has a great reputation.

Suggested Questions for Evaluators

Listed below are some suggested questions that you may choose to use in order to get the interview process started at the program you will be evaluating. These questions are not intended as a check list, but as a basic outline you may wish to use.

- Is the college accredited or in the process of acquiring institutional accreditation?

- Are the clinical affiliation sites accredited?

- Do you have general contracts with affiliating hospitals or a specific contract for the surgical technology program?

- How many students do you presently have in your program? How many students were initially admitted into the program?

- Do the students review and sign their lab evaluations?

- What is your usual student/teacher ratio for didactic, lab and clinical courses or sections?

- How do you accommodate the student who has special needs or need remediation opportunities?

- Describe the job placement opportunities in your community/area for the program graduates.

- Describe the professional development or continuing education opportunities available to your faculty and staff.

- How many people are on your program advisory committee (PAC)? Are all communities of interest included that are mentioned in Standard II.A? Describe the level of involvement of the PAC regarding establishing criteria for student selection, curriculum, policy making and the evaluation of faculty, students and administration, review of program goals, outcomes, and resources?

- Describe the program's admissions policy? Who makes the decision as to whether the student is admitted?

- Are all faculty/staff qualified for the position they are teaching?

Affiliation Site Questions

- Who assigns the student cases in the clinical setting?

- How do you evaluate your students in the clinical area? How often are they evaluated? Do students review and sign their clinical evaluations and case logs?

- Who initially scrubs with the student? Does the student scrub alone before completing this program? Do you have rotation schedules (ER, OB, CS)?

- Do the students rotate hospitals? On what types of surgical procedures do the students scrub?

- Describe the program's relationship with the OR supervisor, staff and doctors. Are stipulations in the affiliation agreement being met by both parties?