Surgical Assisting Standards Interpretive Guide (SIGs)

Keyed to the 2008 Commission on Accreditation of Allied Health Education Programs (CAAHEP)
Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA)
6 West Dry Creek Circle, Suite 110
Littleton, CO 80120-8031

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Please note: The ARC/STSA does **not** accept documentation that includes confidential personal identification information [e.g. - Social Security numbers] or personal health information. Please **delete** or **black out** all confidential personal identification information or confidential personal health information on documentation prior to submission. Documentation submitted with confidential personal identification information or personal health information will be returned to the program **without** ARC/STSA review.

Standard I.A.—Sponsoring Educational Institution

A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program
2. A foreign post-secondary academic institution acceptable to CAAHEP
3. A hospital or medical center or branch of the United States Armed Forces.

Interpretation of Standard I.A.

The U.S. Department of Education does not accredit colleges, universities or other postsecondary institutions. Accreditation in the U.S. is a non-governmental, peer evaluation of the quality of educational institutions and programs. Private educational associations (accrediting agencies) of regional or national scope have adopted criteria reflecting the qualities of a sound educational program and have developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality. The U.S. Secretary of Education is required by statute to publish a list that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.

The sponsoring institution should provide evidence of institutional accreditation and state program approval (if indicated) as part of the supporting documentation submitted during the Self-Study process. An On-Site Evaluation (site visit) will not be conducted until institutional accreditation is obtained.

CAAHEP will require that a program seeking CAAHEP accreditation demonstrate compliance with institution accreditation standards/approval agency requirements in addition to CAAAAHEP Standards.

EXAMPLE—Standard I.A.

Regional institutional accrediting organizations include:

- Middle States Association of Colleges and Schools Commission on Higher Education
- New England Association of Schools and Colleges Commission on Institutions of Higher Education
- New England Association of Schools and Colleges Commission on Technical and Career Institutions
- North Central Association of Colleges and Schools, The Higher Learning Commission
- Northwest Association of Schools and Colleges Commission on Colleges and Universities
- Southern Association of Colleges and Schools Commission on Colleges
- Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges

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- Accrediting Commission for Schools, Western Association of Schools and Colleges

From: Regional and National Accrediting Agencies link
www2.ed.gov/admins/finaid/accred/accreditation_pg6.html

National institutional accrediting organizations for schools that offer surgical assisting programs include, but are not limited to:

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC) [formerly ACCSCT]
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent College and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education and Training Council, Accrediting Commission (DETC)

From: Regional and National Accrediting Agencies link
www2.ed.gov/admins/finaid/accred/accreditation_pg6.html

Other Agencies

- The Joint Commission (hospital-based programs)
- Healthcare Facilities Accreditation Program (osteopathic hospital-based programs)
- Ambulatory Surgery Center Accreditation
- DNV Healthcare, Inc.
- Healthcare Institutions otherwise authorized by CMS
- Military Branch

NOTE: State Approval/Authorization may also be applicable in addition to institutional accreditation.

Standard I.B.—Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

Interpretation of Standard I.B.

Consortium/consortia consist of two or more institutions (including educational institutions and hospital-based educational programs) which, through an affiliation agreement or memorandum of understanding, join together to offer educational courses that lead to completion of a program of studies in surgical assisting. Consortium members may offer general education and basic science courses, with only one institution offering the core surgical assisting courses. Under a consortium, courses taken in institutions other than the one granting the completion award (diploma, certificate or degree) accept these courses as though they were completed at that institution—they are not considered "transfer credits." Each member of the consortium is able to grant a completion award (diploma, certificate or degree) from its institution, even though some or many of the courses were completed in other consortium member schools. Consortiums permit schools with small surgical assisting student populations to combine populations to create and sustain a financially viable program for several schools which would not be able to sustain a program independently. At least one of the consortium members should be institutionally accredited by an accreditor recognized by the U.S. Department of Education.

A consortium applies for programmatic accreditation the same way individual institutions/programs do. The consortium is recognized as a separate "program of study" and is subject to the same accreditation actions as other programs. Consortia pay an additional ARC/STSA annual consortium fee for maintenance of CAAHEP accreditation.

Clinical affiliation agreements between programs and hospitals, surgicenters, and physician's offices commonly used by most surgical assisting programs to provide off-site clinical experiences for their students, do not constitute the formation of a consortium between the sponsoring institution and the clinical affiliate.

EXAMPLE—Standard I.B.

College X, located in rural southern Idaho and holds Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges accreditation, commonly has 6-8 applicants for their surgical assisting program each year. Community College Y, located in rural northern Idaho, also has an equal number of applicants per year. College X and Community College Y enter into a consortium by signing a memorandum of understanding stating that students will complete all general education courses at their respective institutions, but that they will take College X's surgical assisting core didactic/lecture courses via distance learning. Faculty from College X will travel to Community College Y weekly to conduct laboratory courses. Community College Y places students in clinical affiliation sites close to the Community College Y's campus, and provides a part-time clinical instructor to oversee the students' clinical experiences. Both College X and Community College Y grant an associate's degree in applied science in surgical assisting to graduates who complete the majority of their course of study on their campus.

Please see CAAHEP Policy 115—A and B at www.caahep.org/documents/file/For-Program-Directors/PolicyManualMarch2014.pdf for additional information regarding a consortium.

Standard I.C.—Responsibilities of the Sponsor

The sponsor must assure that the provisions of these *Standards and Guidelines* are met.

Interpretation of Standard I.C.

The sponsoring institution's [school's] President, Chief Executive Officer [CEO] or individual in a similar capacity [e.g.—Campus Director] is ultimately responsible for assuring that the surgical assisting program demonstrates compliance with CAAHEP Standards. The sponsoring institution should demonstrate a clear chain of communication between the President, Chief Executive Officer, or other individual in a similar capacity, the accredited program [Program Director and faculty] , and other administrative and non-administrative personnel by means of the institutional organizational chart.

Critical communication directly affecting CAAHEP programmatic accreditation status or actions (ARC/STSA findings letters and similar notifications] is mailed [by certified, return receipt US mail] or sent digitally by e-mail attachment directly to the President/CEO and Dean or equivalent administrators.

Less critical communication regarding CAAHEP programmatic accreditation is mailed or e-mailed from the ARC/STSA to the program director and/or the Dean Administrator.

Changes to the President/CEO, Dean [or comparable administrator], and/or Program Director are considered substantive program changes, under CAAHEP Standard V.E. and should be reported to the ARC/STSA within **thirty (30) days**, accompanied by supporting documentation or information.

- President/CEO—an **ARC/STSA Program Personnel Data Form-President**

- Dean—an **ARC/STSA Program Personnel Data Form-Dean** (

- Program Director—see **Standard III.B.—**Personnel—page 18

EXAMPLE—Standard I.C.

The official CAAHEP letter of notification of the awarding of Initial Accreditation is sent to the President/CEO, with copies sent to the Dean and Program Director.

Notification of the appointment of a new Program Director should be sent by the President/CEO (or their designee), with documentation supporting the appointment. [Please refer to changes to the Program Director information—page 19.]

The Program Director notifies the ARC/STSA of a new Medical/Surgical Director or new didactic faculty appointments and submits the required documentation supporting their appointments to the ARC/STSA on the next Annual Report. [Please refer to changes to the Medical/Surgical Director and/or didactic faculty information—page 19.]

The Program Director notifies the ARC/STSA of a move to a new classroom/laboratory facility and submits the required documentation supporting the change. [Please refer to changes to facilities information—page 14.]

The President/CEO or Program Director notifies the ARC/STSA of substantive changes to the program [according to **Standard V.E.—**see page 36], including:
- Change in stated maximum enrollment capacity
- Change/addition/deletion of courses that represent significant departure in curriculum content (such as moving curriculum topics from one course to another) and continued alignment with the latest edition of the **Core Curriculum for Surgical Assisting** —see page 23 for information regarding implementation of the *Core Curriculum for Surgical Assisting ,3e (CCSA3e)*
- Change in method of curriculum delivery
- Change in admissions policies, graduation requirements, substantial increase/decrease in clock or credits hours for successful completion of the program, or change in degree or credential awarded
- Significant change in program resources—new facilities

Standardized ARC/STSA Program Personnel Data Forms are available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard II.A.—Program Goals and Outcomes—Needs Assessment

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to: students, graduates, faculty, sponsor administration, employers, physicians, and the public. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]
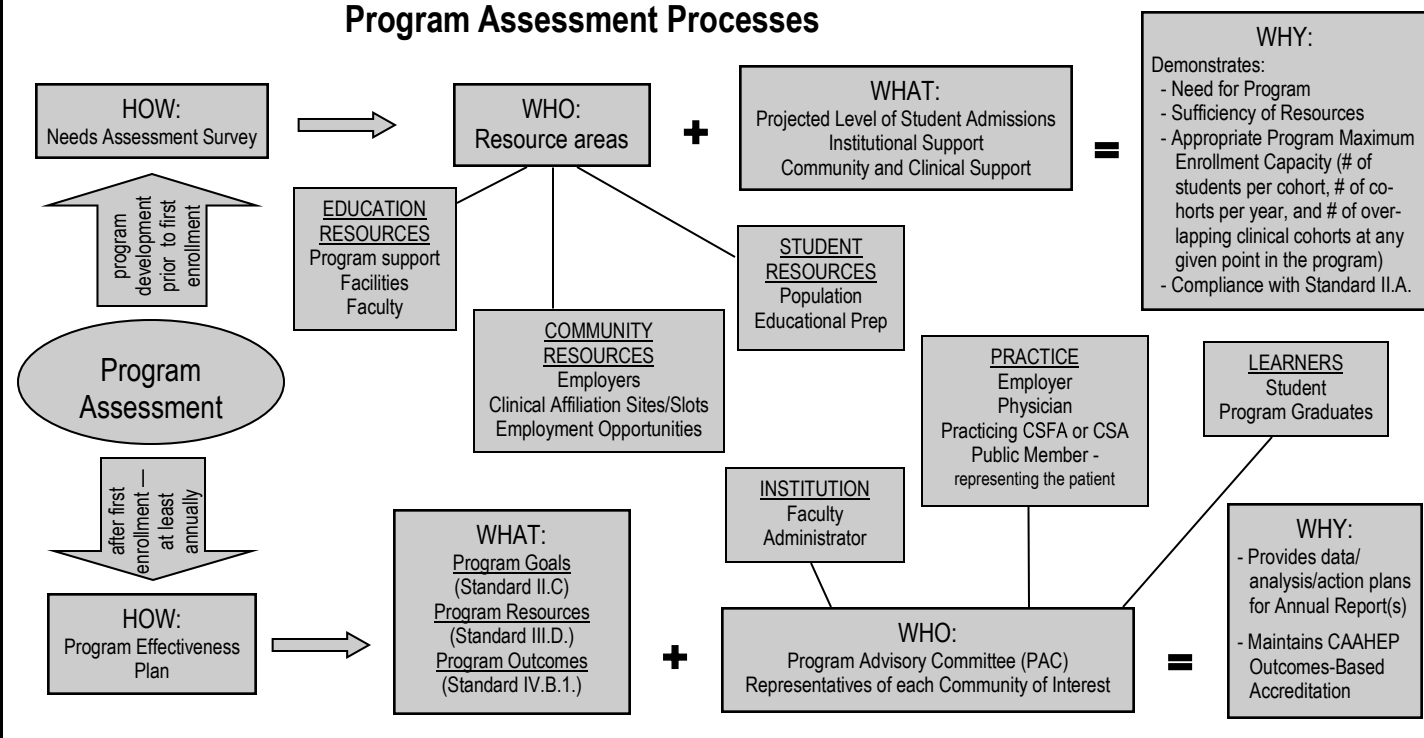

Interpretation of Standard II.A.— Program Goals and Outcomes

This component of **Standard II** requires that a program have a goals statement, which is the program's mission statement. This goals statement is developed through identification of the needs and expectations of the various communities of interest served by the surgical assisting program. In order to determine the focus of the goals statement and the stated maximum enrollment capacity for the proposed or existing program, input should be sought from the healthcare communities of interest to determine the sufficiency of clinical operating room surgical assisting scrub slot availability and the need for surgical assistants within the community. This is accomplished by performing a Needs Assessment for new/emerging programs and through Program Advisory Committee (PAC) input for new/emerging and accredited programs.

For new/emerging surgical assisting programs, a **SASA-ARC/STSA Needs Assessment Data Form** (feasibility study, market survey) should be completed before enrollment of the first cohort of students the sponsoring institution [school] requests to be graduates of a CAAHEP-accredited program. The **SASA-ARC/STSA Needs Assessment Data Form** and supporting documentation will be submitted in the Self-Study. This assessment should reflect a formal process by which the communities of interest have documented their current and future needs with regard to employment and clinical placement (slots). A list of potential clinical sites, capacity for students, and their acknowledgement to accept students for clinical experience should be submitted as part of the needs assessment. Program maximum enrollment capacity, including the number of students per cohort (class), the number of cohorts per academic year [August 1-July 31] , and the number of cohorts that overlap in the clinical com-

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The **SASA-ARC/STSA Needs Assessment Data Form** is available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Program Assessment Processes

Standard II.A.—Program Goals and Outcomes—Needs Assessment—cont.

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to: students, graduates, faculty, sponsor administration, employers, physicians, and the public. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard II.A.—Program Goals and Outcomes—cont.

ponent of the program at any given point should be based on the availability of supervised clinical experience and market needs.

There are three primary resource areas that should be surveyed as part of a Needs Assessment:
- Community Resources
- Student Resources
- Education Resources

Community Resources—During a Needs Assessment, data should be collected from employers within a radius of the proposed program. The size of this radius will vary, depending on whether the proposed program is in a rural versus urban community. Data regarding the number of, use of and need for surgical assistants should be collected to provide evidence that the community of interest demonstrates support for the program's stated maximum enrollment capacity.

Student Resources—During a Needs Assessment, data should also be collected regarding the community service area that will provide the student applicant pool for the program. Data from national, regional and local demographics, educational preparation levels of the local population, and projected local population growth for 5- and 10-year intervals should be included in the Needs Assessment.

Education Resources—During a Needs Assessment, data should also be collected regarding other educational institutions within the service area that also provide a surgical assisting program. Data regarding the resources within the sponsoring institution and the community, including but not limited to financial and physical resources, to support the surgical assisting program should also be included.

The data collected is then analyzed and an implementation plan is developed, including the identification of the stated maximum enrollment capacity for the proposed program, based on the data from the healthcare communities of interest. A plan to continu-

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Interpretation of Standard II.A.—Program Goals and Outcomes—cont.

ously monitor the healthcare communities of interest for changes should be a component of the program's ongoing self-assessment process.

The program's stated maximum enrollment capacity is stated in the Self-Study and on Annual Reports, and is verified during the On-Site Evaluation via the **SASA-ARC/STSA Needs Assessment Data Form** (Initial Accreditation), review of Annual Report(s), Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, Focused On-Site Evaluation, by means of the Program Review Report, or via documentation submitted for approval of sufficient resources for a change in the program's stated maximum enrollment capacity. The program's stated maximum enrollment capacity is used by the ARC/STSA, and its SASA, to determine sufficiency of program physical, faculty, and curriculum resources (see **Standards III.A., III.B., and III.C.).**

Maximum enrollment capacity is defined as the maximum number of students enrolled in a single cohort (class) multiplied by the number of cohorts enrolled per academic year (August 1-July 31) as limited by the number of overlapping cohorts at any given point in the academic year. To demonstrate sufficient resources for the program's stated maximum enrollment capacity, and therefore compliance with the Standard, the program should not exceed the stated numbers for any of the three components of the program's maximum enrollment capacity.

Re-entry/transfer-in students should only be added to a cohort when doing so does not exceed the program's requested number of students per cohort at any given point in the program.

Any change to the program's stated maximum enrollment capacity (increase or decrease in the number of students in a cohort, the number of cohorts per year, **or** the number of cohorts that overlap in the clinical component of the program) requires ARC/STSA approval of sufficient resources to support the change in the program's stated maximum enrollment capacity.

Standard II.A.—Program Goals and Outcomes—Needs Assessment—cont.

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to: students, graduates, faculty, sponsor administration, employers, physicians, and the public. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

EXAMPLE—Standard II.A.

The **SASA-ARC/STSA Needs Assessment Survey Form** is available online at:
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

See **Standard II.C.** for information regarding the development of a program goals statement, based on input from the Needs Assessment. The program goals statement, including program objectives, should be reviewed at least annually by the Program Advisory Committee (PAC).

> **Needs Assessment Summary**
> **Surgical Assisting Program—Denver City College**
> **May 2015**
>
> - Service population: 750,000 within 50 mile radius
> - Other SA programs: 2
>   - one (1) certificate—proprietary school-based; enrollment of 20 students; 3 classes per year; waiting list for enrollment
>   - one (1) BS—Surgical Assisting—community college-based—enrollment of 20 students, waiting list for enrollment
> - Employment Potential: 14 hospitals surveyed indicate each has a minimum of 3 open SA positions annually
> - Potential Clinical Resources: 10 hospitals will offer 2 clinical affiliation slots each to the DCC program
> - School facilities: class/lab capacity: 12
>
> Implementation Plan:
> - develop program with 2 enrollments (Fall/Spring) with enrollment cap of 12 per cohort/class
> - hire qualified PD and Medical Director to develop curriculum 6 months prior to first enrollment
> - develop PAC—first meeting to be held 3 month prior to first class enrollment
> - initiate institutional accreditation approval
> - initiate clinical agreements

Standard II.B.—Program Goals and Outcomes—Program Advisory Committee

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee that is representative of these communities of interest named in these Standards must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Interpretation of Standard II.B.
Program Advisory Committee

Standard II.B. requires that a program have an active assessment plan in place. Assessment plans vary in structure, but should reflect an annual assessment cycle that analyzes outcomes related to the program's goals. This component of **Standard II.B.** requires that the Program Advisory Committee (PAC), which is part of the assessment plan/cycle, once within a 12-month period (annually) to provide feedback and assess annual program outcomes data and curricular issues. The PAC should maintain an active role in the continued assessment and revision of program goals and learning domains (**see Standard II.C.**).review of program resources (**see Standard III.D.)** and review of ARC/STSA-established program outcomes (see **Standard IV.B.1.).** Minutes should be taken at every meeting.

Standard II.B**.** also determines that the PAC composition aligns with the member requirements whereas **Standard II.A.** defines the members of the communities of interest or stakeholders—groups affected by the process of surgical assisting education. An institutional or multi-program advisory committee alone is not considered a PAC that meets the requirements of this Standard.

The PAC should include at least one representative [a unique individual– one person cannot represent two communities of interest] from each the eight (8) communities of interest defined in Standard II.A. Those eight (8) communities include:
1. a current student
2. a graduate of the program who is not also employed by the sponsoring institution (school). [Note: for new programs—the graduate is appointed after the first cohort completes the program.]
3. a faculty member assigned to the surgical assisting program
4. a member of the sponsoring institution (school) administration
5. an employer (who employs SA's in the clinical setting or a clinical site representative) who is not also employed by the sponsoring institution (school)
6. a physician (who has working knowledge of the OR) who is not also employed by the sponsoring institution (school)
7. a practicing surgical assistant who holds a current Certified Surgical First Assistant (CSFA®) or Certified Surgical Assistant (CSA) credential who is not also employed by the sponsoring institution (school)

8. a public member—the public member appointed to the surgical assisting program's advisory committee holds a duty to represent the interests of the patient that may come under the care of the surgical assistant, and therefore has a vested interest in the proper education of the surgical assistant for quality patient care. The public member should not be:
   - a current or former employee of the sponsoring institution
   - a current or former employee of any clinical affiliate associated with the program
   - a current or former student [graduate] of the surgical assisting program
   - a current or former healthcare provider

[NOTE: The most common omission/citation(s) related to **Standard II.B.** is the lack of a public member, the lack of a practicing CSFA® or CSA (who is not a member of the program's faculty), lack of a physician, the lack of a current student, the lack of a program graduate, and appointing one person to represent two or more communities of interest.]

The ARC/STSA requires that the program maintain advisory committee member listings, copies of all advisory committee meeting minutes, proof of CSFA®/CSA certification for the practicing CSFA/CSA, and a current résumé for the public member as evidence of compliance with **Standard II.B**.

A sample Program Effectiveness Plan, that includes program goals, all program resources, and all ARC/STSA-established program outcomes is located on page 42 and available online.

EXAMPLE—Standard II.B.:

The ARC/STSA SA Program Advisory Committee (PAC) Form is available online.

Sample entries from the ARC/STSA SA PAC form:

Name: ____Jessie Jones, CSFA _____

Advisory Committee Position Represented: **PRACTICING CERTIFIED SURGICAL FIRST ASSISTANT**

Place of Employment/Education: ___Denver Medical Center___

Professional Title: ___Surgical Assistant—Cardiac Services ___

Address: ____6 West Dry Creek Circle, Littleton, CO 80120___

Contact: ____303-694-9262_____

Certification #: ___FA94065_____

The **SASA-ARC/STSA Program Advisory Committee (PAC) Form** and sample Program Effectiveness Plan are available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard II.B.—Program Goals and Outcomes—Program Advisory Committee

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee that is representative of these communities of interest named in these Standards must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

EXAMPLE—Standard II.B.
On-Going Program Assessment Process:
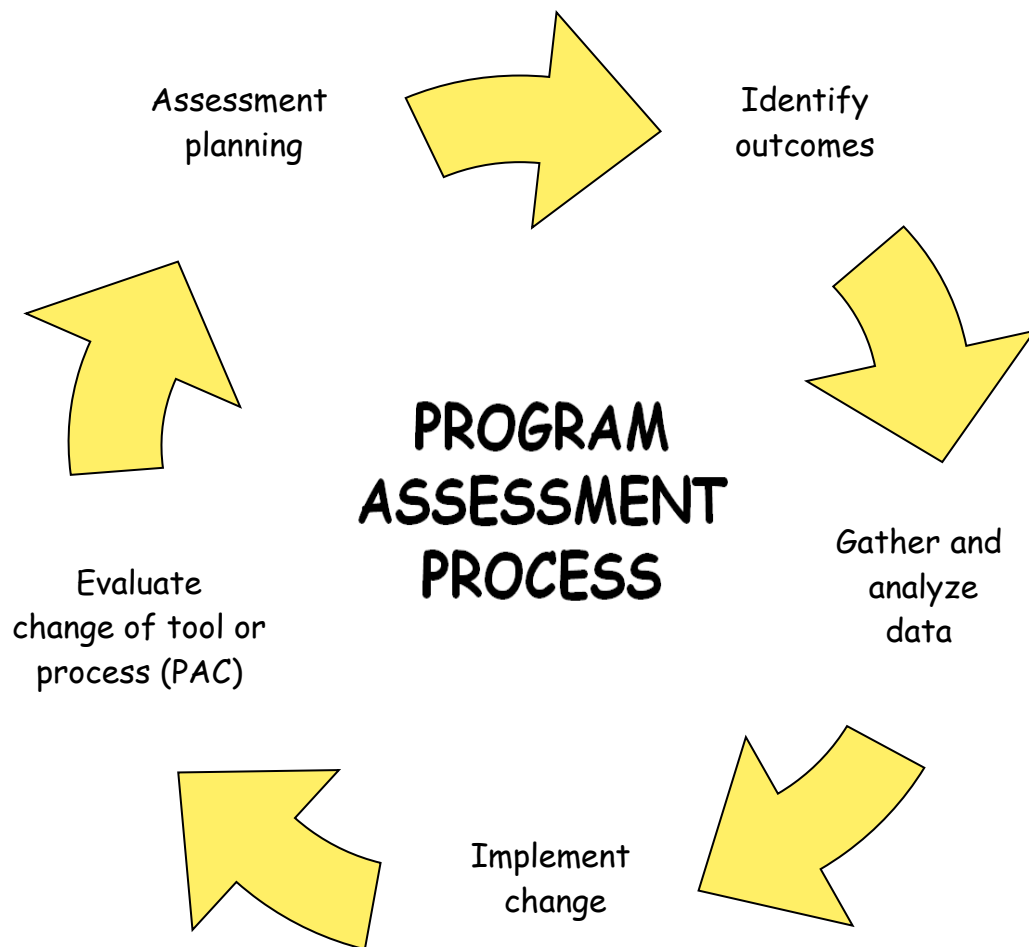
Assessment planning

Identify outcomes

PROGRAM ASSESSMENT PROCESS

Gather and analyze data

Evaluate change of tool or process (PAC)

Implement change

Standard II.C.—Program Goals and Outcomes—Minimum Expectations

The program must have the following goal defining minimum expectation: "To prepare competent entry-level surgical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains." Programs adopting educational goals beyond entry-level compe- tence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Interpretation of Standard II.C.

Standard II.C. defines the criteria for the program's goals statement. The goals statement is not simply a list of educa- tional objectives, it is a mission statement, and should, at a minimum, reflect entry-level graduate preparation in the cogni- tive, psychomotor, and affective domains of learning. The goals statement may include more than these criteria, such as refer- ences to the core curriculum and the institutional mission. The quotation found in Standard I.C. reflects the actual wording required as part of the goals statement. Please note that the learning outcomes (a list that usually begins with: "The gradu- ate will…") reflect the three domains as well, but the program's goals statement (program mission statement) should include at least the minimum statement in quotations found in Standard II.C. (see above).

Program-specific goals should be developed that include the three domains of learning:
- **Cognitive**—knowledge
- **Psychomotor**—hands-on skills
- **Affective**—professional behaviors; conduct

The program should clearly demonstrate that the cognitive, psychomotor and affective domains have been integrated into the program's stated goals and learning outcomes. In addition, student evaluations/program assessments should reflect that the three learning domains—cognitive, psychomotor and affect-

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Interpretation of Standard II.C.—cont.

tive learning domains— are effectively instructed and assessed during the course of studies. Ultimately, the program's goals state- ment and learning objectives should be representative of how the program will produce "competent entry-level surgical assistants" within the context of the three domains of learning.

In the event that a program has chosen to define minimum expec- tations that exceed that of preparing "entry-level surgical assis- tants," then the program goals and outcomes should clearly demonstrate evidence of a plan of achievement of entry-level com- petencies, as well as any other minimum expectations defined by the program. Again, the program goals statement should be repre- sentative of how the minimum expectations of the program will be achieved through educational activities in the cognitive, psychomo- tor and affective learning domains.

Learning objectives, course objectives and lesson plan objectives are then developed to support the program's goals. Learning ob- jectives are more broad in nature, and based on higher level taxon- omy classifications such as analysis, complex motor skills demon- stration and/or valuing professional behaviors. Course objectives and lesson plan objectives become more narrow in focus and are based on lower level taxonomy classifications such as discussion, identification, and demonstration. Both goals and objectives com- monly use action verbs from Bloom's Taxonomy of Educational Objectives and should address the needs of the three primary communities of interest—students, educators and practitioners.

Standard II.C.—Program Goals and Outcomes—Minimum Expectations

The program must have the following goal defining minimum expectation: "To prepare competent entry-level surgical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains." Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

EXAMPLE—Standard II.C.

Examples of surgical assisting program goals can be accessed online by searching for "surgical assisting program goals."

Sample Program Goal:

"The goal of this program is to provide students with the opportunity to develop the skills and knowledge necessary to gain employment as entry-level surgical assistants and become contributing members of the health care team. This will be accomplished by (1) preparing competent graduates in the cognitive, psychomotor, and affective learning domains, and (2) meeting or exceeding the criteria set forth in the current CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting.*"

Sample Learning Objectives:

Upon program completion, the graduate will be able to:

- Correlate the knowledge of advanced anatomy, physiology, pathophysiology, and microbiology to their role as a surgical assistant.
- Demonstrate a safe level of practice and knowledge in their role as a surgical assistant.
- Acquire an understanding of the ethical, legal, moral, and medical values related to the patient and the Operating Room team during the perioperative experience.
- Correlate the elements, action, and use of medications and anesthetic agents used during the perioperative experience.
- Demonstrate safe practice techniques in regards to perioperative routines, patient positioning, exposure of the surgical field, hemostasis and emergency procedures.
- Demonstrate and integrate principles of surgical asepsis as part of the perioperative experience.
- Apply knowledge and skills as a professional surgical assistant to address the biopsychosocial needs of the surgical patient.
- Perform as a competent entry-level surgical assistant in the cognitive, psychomotor, and affective learning domains.
- Value the professional attributes of the Surgical Assistant.

EXAMPLE—Standard II.C. cont:

Bloom's Taxonomy for Developing Program Objectives

Cognitive Domain (simple to complex):
- **Knowledge**—recalling information
- **Comprehension**—restating information
- **Application**—use the information in a new way
- **Analysis**—separates concepts into parts to understand
- **Synthesis**—creating new patterns
- **Evaluation**—making judgments regarding concepts

Psychomotor Domain (simple to Complex):
- **Perception**—uses sensory cues to guide skill performance
- **Set**—readiness to demonstrate a skill
- **Guided Response**—early skills practice using imitation
- **Mechanism**—intermediate skills practice with some confidence and proficiency
- **Complex Overt Response**—skills demonstrating complex movement patterns
- **Adaptation**—modification of skills to meet special requirements
- **Origination**—creating new skills patterns

Affective Domain (simple to Complex):
- **Receiving**—paying attention
- **Responding**—active participation
- **Valuing**—acceptance and commitment to a concept
- **Organization**—comparing, relating, and synthesizing values
- **Internalizing Values**—consistent and predictable demonstration of a value

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Bloom's Taxonomy for Developing Learning Objectives is available online at www.nwlink.com/~donclark/hrd/bloom.html .

Standard III.A.—Resources—Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliations, equipment/ supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

Interpretation of Standard III.A.

Finances, Offices and Classroom/Laboratory Facilities, Ancillary Student Facilities

Program resources consist of the following:
- program-specific budget
- classroom facilities and classroom equipment
- student and faculty computer resources—hardware, software and peripherals—printers, scanners, etc.
- instructional reference materials—aides, models and audiovisual materials
- laboratory facilities
- laboratory equipment and instrumentation
- laboratory supplies, including disposables and non-disposables
- library reference resources, materials, and databases
- ancillary student facilities
- clerical/support staff
- faculty/staff professional development including surgical assisting-specific and teaching-specific professional development opportunities
- clinical affiliation sites and slots

Each resource is assessed for adequacy based on the program's stated **maximum enrollment capacity** and should provide for all aspects/needs of the surgical assisting program and therefore ensure the achievement the goals and outcomes of the program.

The surgical assisting program should have a program-specific **budget.** The surgical assisting program budget should clearly demonstrate that sufficient financial resources are available, based on the program's stated maximum enrollment capacity, to indicate financial support for all aspects of the education program. The budget should specify funding for salaries, capital equipment purchases, program maintenance (accreditation fees, lab supplies, etc.), and professional development.

Office space should be available to the surgical assisting program director and program faculty/staff in order to fulfill miscellaneous administrative, curriculum development and student advisement responsibilities. Space and equipment should be available for individualized student counseling, program development, communication and for securing the program's student records and files.

The **classroom and classroom equipment** should be a space that is conducive to learning, have appropriate heating, lighting, and ventilation, provide adequate accommodations for all students enrolled in the program and have sufficient equipment to support the teaching methodology(ies) included in the program's master curriculum.

Student and faculty computer resources should be in sufficient number, based on the program's stated maximum enrollment capacity, and provide access to technology that supports the teaching methodology(ies) included in the program's master curriculum.

When assessing computer resources, the program should include an inventory of computer software installed or accessible by students related to surgical assisting education. Applicable assignments specific to the use of computer software should be included in the program's lesson plans.

Instructional reference materials, including aids, models, and audiovisual materials, should be in sufficient number, based on the program's stated maximum enrollment capacity, and provide access to instructional reference materials that support the teaching methodology(ies) included in the program's master curriculum. Instructional reference materials should include an inventory for classroom resources, on-line resources for course (s) offered through distance education, and office resources retained by the program (not included in the library resource listing).

Laboratory facilities, equipment, instrumentation and supplies should be sufficient in size/numbers, based on enrollment and laboratory section capacity, to permit conducting the laboratory experience with sufficient opportunity for all students to achieve the laboratory skills objectives. The program should demonstrate that it has sufficient equipment, instrumentation and supplies to permit all students assigned to the laboratory experience to be actively engaged in the learning process and provide the resources that support the methodology(ies) included in the program's master curriculum. Opportunities for remediation of laboratory skills should be available to students.

New programs may arrange with hospitals or surgicenters to use their facilities and equipment for teaching laboratory skills until an on-campus lab can be established. Programs using this model should have a separate affiliation agreement/ memorandum of understanding or appendix to the clinical affiliation agreement outlining the responsibilities of each party in regard to use of the facility as a lab. Off-campus labs still require programs to provide "open lab" sessions for student remediation.

Library resources and materials, including texts, periodicals, and access to online materials and database search engines, should be in sufficient number, based on the program's stated maximum enrollment capacity, and provide access to resources and materials that support the teaching methodology (ies) included in the program's master curriculum.

Standard III.A.—Resources—Type and Amount—cont.

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

Interpretation of Standard III.A—cont.

When compiling an inventory of library resources, please do not submit a generic computer-generated listing of all medical-related materials; the inventory should include resources specific to the surgical assisting program.

Ancillary Student Facilities should be sufficient for the program's stated maximum enrollment capacity. (These facilities may differ from program to program; they may include but are not limited to: facilities such as lavatories, lounges, cafeteria or refreshment area, parking, and student support services area.)

The program should have access to **clerical/administrative support services**. This requirement is discussed further under **Standard III.B.—Personnel**.

Program faculty/staff should provide evidence of on-going professional development including surgical assisting-specific and teaching-specific professional development opportunities and should be appropriately supported by funding within the institutional or programmatic budget(s).

The program should plan and ensure that its faculty/staff receive frequent, ongoing surgical assisting education-specific professional development opportunities. While it is recognized that a sponsoring institution may offer its own professional development opportunities, program faculty/staff should have a current and working knowledge of innovative changes within surgical assisting education.

Surgical assisting programs should document and maintain records regarding all faculty/staff professional development opportunities. The adequacy of the faculty and staff's professional development will be reviewed during Initial, Random/Continuing, or Comprehensive/Consultative On-Site Evaluation or by means of the Program Review Report-SA [PRR-SA]

The surgical assisting program should have sufficient clinical resources to achieve the goals and outcomes of the program, which include an operating room surgical assisting scrub slot and qualified clinical preceptor(s) designated for each student who can be enrolled under the program's stated enrollment capacity. Clinical preceptor(s) requirements are discussed further under **Standard III.B**.—Personnel.

Clinical Affiliation agreements should be acquired for each clinical affiliation site and Clinical Preceptor agreements should be acquired for each student. Agreements should be current and be signed and dated by both school/clinical preceptor and clinical site officials.

The surgical assisting program should have a method to document the number of available operating room surgical assisting

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Interpretation of Standard III.A—cont.

scrub slots at each clinical affiliation site. In addition, the surgical assisting program should have one operating room surgical assisting scrub slot per student admitted to the surgical assisting program. For example, if a program admits 18 students per year, then the program must have at least 18 operating room surgical assisting scrub slots available at the time of student enrollment.

Programs that have more than one admission class/cohort start date a year must have one operating room surgical assisting scrub slot for every student enrolled in each cohort, in the event that any of the cohorts overlap at any point while students are completing clinical case requirements.

Changes in Program Resources

Changes to the program-specific budget are reported on the next SASA-ARC/STSA Annual Report. The adequacy of the program's budget will be reviewed during Initial, Random/Continuing or Comprehensive/Consultative On-Site Evaluation or by means of the Program Review Report-SA [PRR-SA].

Changes to the surgical assisting–related classroom, laboratory, offices and ancillary student facilities:

Program changes that involve a change in location or change in availability of program classroom and/or laboratory space, faculty offices, and ancillary student facilities should be reported to the ARC/STSA within 90 days of the change. If these facilities change location or if the surgical assisting program is assigned space that is different than the space reviewed during the last accreditation renewal, please submit the following:

- a blueprint or floor plan showing the surgical assisting classrooms, laboratory space, and faculty offices, including measurements
- an updated list of office, classroom or laboratory furnishings, equipment, and supplies
- verification of the program's stated maximum enrollment capacity and actual enrollment and start date(s), if applicable
- verification of faculty didactic and laboratory assignments, **if** the program's stated maximum enrollment capacity has changed
- submission of an **SASA-ARC/STSA Clinical Affiliation Site Reporting Form—SA**, **if** the program's stated maximum enrollment capacity has changed. This documentation should demonstrate that the program has sufficient clinical affiliation sites **and** operating room surgical assisting scrub slots for the program's stated maximum enrollment capacity to achieve the goals and outcomes of the program.

Standard III.A.—Resources—Type and Amount—cont.

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

Changes to the surgical assisting-related <u>classroom equipment</u>, <u>student and faculty computer resources</u>, <u>instructional reference materials</u>, <u>laboratory equipment and instrumentation</u>, <u>laboratory supplies</u>, and <u>library resources and materials</u>: The surgical assisting program should maintain and update inventory lists of classroom and laboratory equipment/supplies, computer resources, instructional reference materials and library resources and materials for ARC/STSA review. Maintained and updated lists should demonstrate that the program has adequate equipment, supplies, and resources to support the program's stated maximum enrollment capacity and to achieve the goals and outcomes of the surgical assisting program. Only a significant reduction in any of these resources need to be reported to the ARC/STSA. Otherwise, adequacy of these specific resources will be reviewed during Initial, Random/Continuing or Comprehensive/Consultative On-Site Evaluation, may be reviewed during Focused On-Site Evaluation, or by means of the Program Review Report-SA [PRR-SA].

Changes to the surgical assisting-related <u>clerical/support staff</u>: See the information under **Standard III.B**.—Personnel

Changes to the <u>Clinical Affiliation Site(s)</u>: Programs should notify the ARC/STSA of any clinical affiliation changes/additions/deletions on the next Annual Report. In the event that a clinical affiliation site is being added, a **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA** form for each new affiliate should be attached to the SA-Annual Report. A copy of the clinical affiliation agreement is <u>no</u> longer required to be attached to the Annual Report. A copy of the clinical affiliation agreement (signed and dated by each party) should be available for review during Initial. Random/Continuing, Consultative/Comprehensive, and Focused On-Site Evaluation or upon request by the SASA-ARC/STSA.

Please note that failure to provide accurate information on an **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA**, verified upon ARC/STSA request <u>or</u> during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation. The **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** and current clinical affiliation agreements for each affiliate listed on the **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** are required to be provided for review as supporting documentation in the Self-Study for Initial Accreditation and in the Program Review Report-SA [PRR-SA], and available for review during Random/Continuing On-Site Evaluation and Consultative/Comprehensive On-Site Evaluation, in a findings letter response, and may be required for review during Focused On-Site Evaluation.

The **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA** and **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** are

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EXAMPLE—Standard III.A.: (bold)

The program maintains a current inventory [including name and quantity] of classroom/laboratory supplies/equipment/instruments, library resource references and materials (including texts, periodicals, databases, etc.), instructional reference materials (aides, models, and audiovisual aides), proof of faculty continuing education activities/certificates of participation for both surgical assisting-specific and teaching-specific professional development, and copies of current applicable certifications/licenses. An inventory of donated equipment, supplies and instrumentation should also be maintained, especially if the program's budget does not indicate sufficient funding to maintain laboratory disposable supplies inventories. A list of guest speakers, sales representative demonstrations, and other types of educational activities not accounted for in the program's budget or inventory may also be maintained to document these additional student learning opportunities. These documents can be useful to the Program Advisory Committee (PAC) during annual resources review and during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, Focused On-Site Evaluation, or by means of the Program Review Report-SA [PRR-SA].

Specific information regarding sufficiency of clinical resources are discussed in the interpretation column for this Standard.

In the laboratory setting, each student assigned to the laboratory section should be actively engaged in the learning process, preferably engaged in hands-on learning. When students are assigned to a lab, sufficient OR furnishings should be available for use. The program should provide a schedule of activities indicating hands-on learning opportunities for all students scheduled for each laboratory section.

Examples of laboratory activities where students can work in small groups (1-2 students) to practice skills independent of case preparation include, but are not limited to:
- urinary catheter insertion
- positioning—dorsal recumbent, lithotomy, lateral/Sims
- draping the surgical patient—abdominal, limb, lithotomy, lateral/Sims
- Retracting and suctioning simultaneously, including suctioning with the non-dominant hand
- knot-tying
- subcuticular skin closure
- "following" suture during delicate (vascular) closure

The **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** and **SASA/ARC/STSA Clinical Affiliate Attestation Form-SA** are available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard III.A.—Resources—Type and Amount—cont.

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

EXAMPLE—Standard III.A.—cont.

The development and use of laboratory guides and evaluation tools or rubrics for the performance and evaluation of all laboratory skills allows students to review the expected skills demonstration in writing, to use the steps for guidance in developing the skill, and to practice the skill until a level of proficiency is attained, without the constant, direct involvement of the instructor. Students, working in pairs, can observe, guide and critique each other during the skills development phase, freeing the instructor to monitor the lab activities and be available for assistance or to work with small focus groups while others are continuing to develop and practice skills. The evaluation rubric should contain the same or similar steps/concepts as the laboratory guide. An example of a sample formative skills assessment rubric is included on page 17 and a sample summative skills evaluation rubric is included below.

The program should demonstrate that the laboratory inventory permits all assigned students to be actively working to acquire the necessary knowledge and skills necessary to enter the clinical setting and complete the course/laboratory objectives.

The program should also provide opportunities for remedial laboratory activities (open laboratory sessions) outside of the regularly schedule laboratory course times.

EXAMPLE—Standard III.A.—cont.

When assessing computer resources, the program should include an inventory of computer software installed or accessible by students related to surgical assisting education. Programs offering courses via distance education should publish minimum computer specifications necessary to access course materials. This publication should be available to both students and the public (perspective students). Applicable assignments specific to the use of computer software should be included in the program's lesson plans.

Library reference resources and materials could include:
- Alexander's Care of the Patient in Surgery
- 2nd Edition Essential Surgical Skills with CD-ROM
- Differentiating Surgical Instruments
- Netter's Atlas of Human Anatomy
- Assisting at Surgical Operations: A Practical Guide
- Pocket Guide to the Operating Room
- Zollinger's Atlas of Surgical Operations
- Essential Clinical Anatomy

Please note that the SASA-ARC/STSA does not endorse any specific surgical assisting textbooks, reference resources, or reference materials.
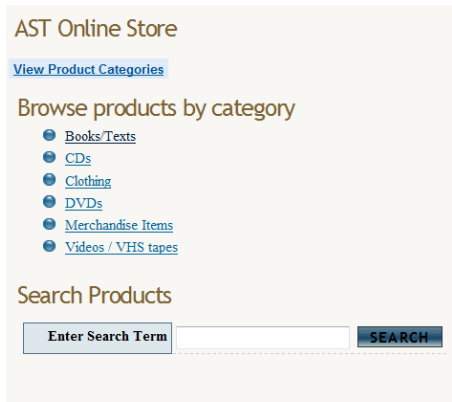

Summative Lab Skills			Draping	
Task	Meets	Needs Work to Meet	Does Not Meet	Score
Apply the self-adherent wound towels	Fenestration created with sufficient exposure to create the surgical incision and without excess skin exposure; towels are placed once, without readjustment, lifting & replacement, or bringing towels closer to the incision site; gloved hands do not contact patient skin	Fenestration created is too large/small; towel position adjustment required for appropriate fenestration creation; gloved hands contact patient skin or unsterile surface	Fenestration created is too large/small and requires reprepping/redraping; gloved hands contact patient skin or unsterile surface	Meets Needs Work to Meet Does Not Meet
Apply the self-adherent impervious drape	Applies drape using proper aseptic technique and with all draping material contacting skin without air pockets/drape creases; drape adheres to a dry skin surface	Applies drape using proper aseptic technique & with drape material contacting skin with minimum air pockets/drape creases; drape adheres to a dry skin surface	Applies drape with break in aseptic technique; drape has air pockets and/or drape creases; drape applied to a moist skin surface and does not adhere	Meets Needs Work to Meet Does Not Meet
Apply the fenestrated laparotomy drape	Drape centered over intended incision site; unfolds sides of drape keeping drape at the level of the incision; unfolds the bottom drape, covering the lower torso; unfolds the top drape, covering the upper torso and arm boards; covers surfaces before allowing excess drape to fall below table level; cuffing performed during draping; drape not shifted during application aseptic technique maintained	Drape centered over intended incision; keeps drape at level of the incision; unfolds bottom drape, covering lower torso incompletely; unfold top drape and covers upper torso and/or armboards incompletely requiring additional drapes to cover; cuffing not performed; drape not shifted during application; aseptic technique maintained	Drape not centered over intended incision; drape allowed to fall below table level prior to covering torso; cuffing not performed; drape shifted during application; break in aseptic technique	Meets Needs Work to Meet Does Not Meet

Standard III.A.—Resources—Type and Amount—cont.

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

EXAMPLE—Standard III.A.—cont.

AST Online Store

View Product Categories

Browse products by category
- Books/Texts
- CDs
- Clothing
- DVDs
- Merchandise Items
- Videos / VHS tapes

Search Products

Enter Search Term [_____] SEARCH

SA educational videos and CD-ROMs/DVDs are available at: www.ast.org.

As of January 1, 2009, new program directors are required to attend an ARC/STSA Accreditation Fundamentals for Educators

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EXAMPLE—Standard III.A.—cont.

(AFE) workshop during their first year of appointment. This workshop is offered annually in February, May, and July/August. At each workshop, the ARC/STSA provides information regarding the CAAHEP accreditation process, in addition to providing networking opportunities with fellow SA program directors and instructors. Other educational opportunities include college-level teaching methodology courses.

Announcements, articles related to accreditation, and ARC/STSA updates are available on the ARC/STSA website at www.arcstsa.org/index.php/whats-new/.

The ARC/STSA website also has current notifications regarding changes in the accreditation process for surgical assisting programs, a link to the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting*, access to standardized SASA-ARC/STSA forms, as well as links to related organizations [CAAHEP, AST, NBSTSA, ACS, etc.].

Formative Skills	Draping
Goal	**Competency**
Learner is able to state the purpose for abdominal draping	• Draping creates/maintain a sterile field in the immediate area of the surgical incision; extends the sterile field peripherally to minimize the risk of contamination of the incision site and sterile instrumentation/supplies/equipment/personnel from non-sterile surfaces/items/personnel in the surgical environment.
Learner is able to state the concepts of abdominal draping techniques	• Draping is performed from the incision to periphery • Once placed, drapes should not be shifted or brought closer to the intended surgical incision site • Draping material should be held at the level of the surgical incision/table level until the surface is draped; excess material can then be allowed to fall below incision/table level, covering the surface • The top layer of draping material should not be punctured or perforated with sharp objects to preserve the integrity of the drape surface
Supplies assembled	• Wound towels • Fenestrated laparotomy drape
Perform/Assist with abdominal draping	Wound Towel Placement • Place four wound towels to outline the incision site • The self-adhering strips should be exposed prior to applying the drape; orient the fold of the towel toward the patient's skin • The fenestration created should be sufficient for creating the surgical incision but should minimize excess skin exposure • The sterile gloves should not touch the patient's skin during towel application • Towels should be placed once and not shifted or moved toward the surgical incision Fenestrated Laparotomy Sheet Placement • The laparotomy sheet is oriented appropriately for application (head and foot) • Place the center of the drape's fenestration over the center of the intended surgical incision • Unfold the drape sides, holding all draping material above the level of the incision • Open the drape toward the foot of the bed; gloved hands are cuffed; apply without shifting the drape • Open the drape toward the head of the bed; hands are cuffed; arm board covers are opened/prepared prior to drape application; apply without shifting • Excess draping material is allowed to fall below table level covering all surfaces near the incision and close to the sterile field

Standard III.B.—Faculty Resources

The sponsor must appoint sufficient faculty and staff with the necessary qualification to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. **Program Director** – The sponsor must appoint a full-time Program Director.
   a. **Responsibilities**: The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program. A method must be established for providing adequate communication of student progress toward course objectives between the clinical affiliate sites, clinical preceptors, and the sponsor.
   b. **Qualifications**: The Program Director must have experience/training as an educator. Program Directors with instructional responsibilities in core curriculum coursework, laboratory and clinical instruction must hold a CSFA, CSA, or an equivalent credential in the surgical assisting profession. Program Directors must possess proficiency in instructional methodology, curriculum design, and program planning. Persons approved as Program Director under previous Standards will continue to be approved in that position at that institution.

2. **Medical/Surgical Director**
   a. **Responsibilities**: The Medical/Surgical Director must provide continuous competent guidance for the clinically related program components and for clinical relationships with other educational programs. The Medical/Surgical Director must actively elicit the understanding and support of practicing surgeons.
   b. **Qualifications**: The Medical/Surgical Director must be a licensed physician and certified in a surgical specialty recognized by the American Board of Medical Specialties. The physician must be experienced in the type of health care services for which the student is being trained. Persons approved as Medical/Surgical Director under previous Standards will continue to be approved in that position at that institution.

3. **Didactic Faculty**
   a. **Responsibilities**: The instructional staff must be responsible for directing, evaluating, and reporting student progress toward course objectives and for periodic review and updating of course material.
   b. **Qualifications**: Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core surgical assisting courses must hold a CSFA, CSA, or equivalent credential in the surgical assisting profession, or be a licensed physician certified in a surgical specialty recognized by the American Board of Medical Specialties. Persons approved as Didactic Faculty under previous Standards will continue to be approved in that position at that institution.

4. **Clinical Preceptors**
   a. **Responsibilities**: Clinical preceptors must ensure surgical assisting experience opportunities commensurate with the student educational preparation, evaluate the student performance in an ongoing manner, inform the Program Director about student performance, and attest to the level of student achievement during each rotation. Clinical preceptors must ensure that appropriate instruction of any intraoperative instructional tasks that are delegated.
   b. **Qualifications**: A clinical preceptor must be a doctor of medicine or doctor of osteopathy who has current surgical privileges at an appropriately accredited institution/healthcare facility.

5. **Clinical Preceptor Delegates**
   a. **Responsibilities**: Clinical Preceptor delegates must instruct delegated intraoperative instructional tasks and report student achievement to the Clinical Preceptor.
   b. **Qualifications**: Clinical preceptor delegates must hold a CSFA, CSA, or an equivalent credential in the surgical assisting profession and must have a minimum of three years of current experience.

Interpretation of Standard III.B.

Program Director Requirements: This person must be employed full-time in the surgical assisting program and should provide proof of experience/training as an educator in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor, and/or state approval agency, if applicable. Experience/training as an educator should include coursework to demonstrate proficiency in teaching methods for the adult learner, curriculum design and development, and educational program planning.

Please note that Program Directors appointed on or before August 1, 2008 will be 'grandfathered' under the previous *Standards*, provided they remain in the same position [Program Director] at the same sponsoring institution [school]. [Please contact the ARC/STSA with questions regarding qualifications for Program Directors.]

If the Program Director instructs in core surgical assisting didactic, laboratory, and/or clinical coursework, they must also hold either the CSFA® or CSA credential, the two credentials recognized by the SASA and the ARC/STSA.

In addition to the requirements defined in Standard III.B. for any surgical assisting program faculty/staff position, the individual appointed as program director should also meet the requirements defined by the sponsoring institution and institutional accreditor(s) and/or approval agencies for this position.

Medical/Surgical Director Requirements: This person serves in the role of liaison and facilitator between the program and the clinical preceptors.

This person should demonstrate proof of a current medical license and certification in a specialty recognized by the American

Standard III.B.—Faculty Resources—cont. (see Standard III.B.—page 18)

Interpretation of Standard III.B.—

Board of Medical Specialties. This person is commonly a surgeon, one experienced in surgical practice.

Please note that Medical/Surgical Directors appointed on or before August 1, 2008 will be 'grandfathered' under the previous *Standards*, provided they remain in the same position [Medical/Surgical Director] at the same sponsoring institution [school].

Didactic Faculty: This person/persons should demonstrate education and experience as a surgical assistant in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor, and/or state approval agency, if applicable. Faculty who instructs in core surgical assisting didactic, laboratory, and/or clinical coursework must also hold either the CSFA® or CSA credential, the two credentials recognized by the SASA and the ARC/STSA, or be a licensed physician certified in a surgical specialty recognized by the American Board of Medical Specialties.

A non-core instructor is not required to hold the CSFA® or CSA credential, but he/she should meet the credentialing requirements and experiential requirements defined by the sponsoring institution and institutional accreditor(s) and/or approval agencies. Non-core subjects may be taught by individuals who do not hold the CSFA® or CSA credential only if the above-defined course content areas are not part of a course that includes surgical assisting program core coursework.

Please note that Didactic Faculty appointed on or before August 1, 2008 will be 'grandfathered' under the previous *Standards*, provided they remain in the same position [Didactic Faculty] at the same sponsoring institution [school].

Clinical Preceptors: Clinical preceptors work directly with the student during the clinical externship phase of their education. They assign students to appropriate learning opportunities and evaluate the students' knowledge, skills and behaviors in the patient care setting. They communicate student progress to the sponsoring institution and perform assessment of the student in relation to successful completion of the program's goals and outcomes. The clinical preceptor may delegate student instruction and supervision to an appropriately credentialed and experienced clinical preceptor delegate.

The Clinical Preceptor must provide proof of licensure as a physician (MD or DO), proof of surgical privileges at an appropriately accredited institution/healthcare facility—hospital, ambulatory surgical center or other applicable healthcare setting.

Clinical Preceptor Delegates: Clinical Preceptor delegates are assigned to instruct specifically-delegated intraoperative tasks to the student upon direction of the Clinical Preceptor. The Clinical

Interpretation of Standard III.B.—

Preceptor Delegate then reports evaluation of the student's performance to the Clinical Preceptor.

Clinical preceptor delegates must hold either the CSFA® or CSA credential, the two credentials recognized by the SASA and the ARC/STSA.

Changes to the Program Director: Changes in the program director should be reported to the ARC/STSA within thirty (30) days of the change.

Surgical assisting Program Director change documentation should be submitted to the ARC/STSA and include:

- a **SASA-ARC/STSA Program Personnel Data Form— Program Director**, including attestation that the Program Director appointed is assigned the responsibilities indicated under Standard III.B.1.a. and meets the qualifications for appointment indicated under **Standard III.B.1.b.**

No additional supporting documentation in support of the change in Program Director should be submitted, unless specifically requested by the ARC/STSA.

Please note that failure to provide accurate information on the **SASA-ARC/STSA Program Personnel Data Form—Program Director**, verified upon ARC/STSA request or during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Changes to the Medical/Surgical Director: Changes in the Medical/Surgical director should be reported to the ARC/STSA on the next SA Annual Report.

Medical/Surgical Director change documentation should be submitted to the ARC/STSA and include:

- a **SASA-ARC/STSA Program Personnel Data Form— Medical/Surgical Director** (available online at including attestation that the Medical/Surgical Director appointed is assigned the responsibilities indicated under Standard III.B.2.a. and meets the qualifications for appointment indicated under **Standard III.B.2.b.**

No additional supporting documentation in support of the change in Medical/Surgical Director should be submitted, unless specifically requested by the ARC/STSA.

Please note that failure to provide accurate information on the **SASA-ARC/STSA Program Personnel Data Form—Medical/Surgical Director**, verified upon ARC/STSA request or during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Standardized SASA-ARC/STSA Program Personnel Data Forms are available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard III.B.—Faculty Resources—cont. (see Standard III.B.—page 18)

Interpretation of Standard III.B.—

Changes to <u>Didactic Faculty</u>: Changes in didactic faculty/staff should be reported to the ARC/STSA on the next SA Annual Report.

Surgical assisting Didactic Faculty/staff change documentation should be submitted to the ARC/STSA and include:

- a **SASA-ARC/STSA Program Personnel Data Form—Didactic Faculty**, including attestation that the Didactic Faculty appointed is assigned the responsibilities indicated under **Standard III.B.3**.a. and meets the qualifications for appointment indicated under **Standard III.B.3.b.**

No additional supporting documentation in support of the change in Didactic Faculty should be submitted, unless specifically requested by the ARC/STSA.

Please note that failure to provide accurate information on the **SASA-ARC/STSA Program Personnel Data Form—Didactic Faculty**, verified upon ARC/STSA request <u>or</u> during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Changes to <u>Clinical Preceptors</u>: Changes in Clinical Preceptors should be reported to the ARC/STSA on the next SA Annual Report by indicating "Yes" to the "Did the program change any of its clinical preceptors during the period of 8/1/XXXX-7/31/XXXX" question, and verifying that all Clinical Preceptors for the academic year 8/1/XXXX-7/31/XXXX met the criteria doe appointment as specified under **Standard III.B.4.b.** in the SA Annual Report. No additional supporting documentation in support of the change in Clinical Preceptors should be submitted, unless specifically requested by the ARC/STSA.

Please note that failure to provide accurate information on the **SASA-ARC/STSA Clinical Preceptor Report Form** <u>or</u> in the SA Annual Report, verified upon ARC/STSA request <u>or</u> during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Changes to <u>Clinical Preceptor Delegates</u>: Changes in Clinical Preceptor Delegates should be reported to the ARC/STSA on the next SA Annual Report by indicating "Yes" to the "Did the program change any of its clinical preceptor delegates during the period of 8/1/XXXX-7/31/XXXX" question, and verifying that all Clinical Preceptor Delegates for the academic year 8/1/XXXX-7/31/XXXX met the criteria doe appointment as specified under **Standard III.B.4.b.** in the SA Annual Report. No additional supporting documentation in support of the change in Clinical Preceptor Delegates should be submitted, unless specifically requested by the ARC/STSA.

Interpretation of Standard III.B.—

Please note that failure to provide accurate information on the **SASA-ARC/STSA Clinical Preceptor Delegate Report Form** <u>or</u> in the SA Annual Report, verified upon ARC/STSA request <u>or</u> during program review [On-Site Evaluation or PRR] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

If a new program faculty/staff member has been appointed to teach "non-core" coursework (as defined in **Standard III.B.3.b.),** the change should be reported under the Didactic and Laboratory Instructors section of the next SA Annual Report.

Changes to the <u>President/CEO and/or Dean/Administrator</u>: When notifying the ARC/STSA of a college administrator change such as a President/CEO or Dean/Administrator please submit the following:

- President/CEO—an **ARC/STSA Program Personnel Data Form-President**
- Dean—a **SASA-ARC/STSA Program Personnel Data Form-Dean**

Please note that failure to provide accurate information on the **ARC/STSA Program Personnel Data Form—President** or **SASA-ARC/STSA Program Personnel Data Form—Dean,** verified upon ARC/STSA request <u>or</u> during program review [On-Site Evaluation or PRR-SA] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Clerical/Support Staff Resources—Programs are required to have clerical/support staff as necessary. During surgical assisting program review, the program should clearly specify what clerical/support staff is available to the program. Clerical/support staff changes are <u>not</u> required to be submitted to the ARC/STSA for review.

Standardized SASA-ARC/STSA Program Personnel Data Forms are available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard III.B.—Faculty Resources—cont. (see Standard III.B.—page 18)

EXAMPLE—Standard III.B.:

The new, streamlined SASA-ARC/STSA <u>standardized</u> forms are available online and include:

- **ARC/STSA Program Personnel Data Form-President**
- **SASA-ARC/ST SA Program Personnel Data Form-Dean**
- **SASA-ARC/STSA   Program Personnel Data Form-Program Director**
- **SASA-ARC/STSA   Program Personnel Data Form-Medical/ Surgical Director**
- **SASA-ARC/STSA   Program Personnel Data Form-Didactic Faculty**
- **SASA-ARC/STSA Clinical Preceptor Report Form**
- **SASA-ARC/STSA Clinical Preceptor Delegate Report Form**

EXAMPLE—Standard III.B.—cont:

The two approved credentials in the field of surgical assisting are:

- Certified Surgical First Assistant (CSFA®)
- Certified Surgical Assistant (CSA)

Résumés for faculty and staff should be updated to reflect their current position and employer (the educational institution—school).

Documentation in support of approval of a change in President, Dean, or Program Director can be submitted via email attachment to info@arcstsa.org.

SAMPLE SASA-ARC/STSA Program Personnel Data Form—Didactic Faculty:

Standard III.C.—Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course descriptions, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the *Core Curriculum for Surgical Assisting*. Programs whose entrance requirements do not require previous operating room experience or credentials specific to operating room practice must incorporate curriculum specific to introductory operating room components, as outlined in the latest edition of the *Core Curriculum for Surgical Assisting.*

Interpretation of Standard III.C.—The Curriculum

The program should have a comprehensive program curriculum that includes all of the curriculum content requirements defined in the current edition of the *Core Curriculum for Surgical Assisting , 3e(CCSA3e).*

A **comprehensive program curriculum** consists of:
- a master curriculum list
- course syllabus (syllabi)
- course lesson plan(s)

The comprehensive program curriculum should demonstrate that all curricular components of the surgical assisting program are delivered in appropriate sequence and therefore progressively preparing the students for each course/component of the program.

A **master curriculum list** consists of a document listing all courses required for completion of the program course of study, leading to the award of a certificate, diploma or degree in surgical assisting. Information included on this documentation includes:
- the course designation
- course title
- clock hours
- time increment (quarter/semester/trimester, etc.) of instruction

The **course syllabus** consists of a document containing all course requirements. It is the educational agreement between the instructor and the student, and should be consistent with advertised course descriptions and course lesson plans. A course syllabus should be developed for all didactic (lecture/classroom), laboratory, and clinical courses. Course syllabi include, but are not limited to:
- course designation
- course title
- clock hours
- time increment (quarter/semester/trimester, etc.) of instruction
- course faculty
- course schedule
- course overview/description
- course objectives
- method(s) of instruction
- course content/topic outline—sufficiently detailed to permit verification of specific topics listed on the **ARC/STSA Curriculum Attestation Form** or **ARC/STSA Curriculum Comparison Form—CCSA3e** within the program's master syllabi or companion documentation
- outcomes assessment methods
- grading scale

Interpretation of Standard III.C.—The Curriculum—

Lesson plans detail the activities that will be undertaken by the student and/or instructor to assist the learner in knowledge, skills and behavior attainment. Lesson plans are generally developed by instructional unit, or calendar schedule (days of the week or class schedule). Lesson plans should be documented in such detail that any person with knowledge of the educational process and the field of surgical assisting should be able to follow the plan and guide the lesson. Lesson plans include, but are not limited to:
- unit of study
- instructional objectives
- content
- instructional activities
- evaluation/assessment tools—assignments, tests
- resources and instructional references (models, aids)

The program should demonstrate, by comparison, that it meets or exceeds the content requirements of the current edition of the *Core Curriculum for Surgical Assisting* (CCSA3e). Programs should demonstrate compliance using the **SASA-ARC/STSA SA Curriculum Comparison Form-3e** that indicates the course and syllabus page where the content is included.

Changes to the program curriculum: Programs should report all substantive curriculum changes/additions to the ARC/STSA office prior to or within 90 days of the change. Curricular change approval requests require submission of the following:
- notification to the ARC/STSA of the proposed change/addition on institutional letterhead
- An **ARC/STSA Curriculum Sequencing (C-1) Form**, if applicable
- a comparison of the old and new curriculum component(s) to be changed
- copies of syllabi for all relevant curriculum changes [see syllabus content in left-hand column of this page]
- An **SASA-ARC/STSA SA Curriculum Comparison Form** [applicable edition]

EXAMPLE—Standard III.C.—The Curriculum:

The appendix of the *Core Curriculum for Surgical Assisting, 3e (CCSA3e)* contains basic information on clinical preceptor models, including:
- Institution dominant
- Institution-student shared
- Student dominant

The **SASA-ARC/STSA Curriculum Attestation Form** , **SASA-ARC/STSA Curriculum Comparison Form—3e**, and **ARC/STSA Curriculum Sequencing (C-1) Form** are available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard III.C.—Curriculum—Clinical Case Requirements

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the *Core Curriculum for Surgical Assisting*. Programs whose entrance requirements do not require previous operating room experience or credentials specific to operating room practice must incorporate curriculum specific to introductory operating room components, as outlined in the latest edition of the *Core Curriculum for Surgical Assisting.*

Interpretation of Standard III.C.— Clinical Case Requirements

The program should publish the minimum clinical case requirement for successful completion of the program. This clinical case requirement, defined in the current edition of the *Core Curriculum for Surgical Assisting, 3e (CCSA3e),* should be defined as completion of a minimum of 140 documented surgical procedures in the role of the surgical assistant.

Student clinical case logs should clearly indicate the number, specialty name of cases completed, the role of the student in each case, and signatures and dates to verify each case. Student case logs should be consistently maintained, verified and clearly provide evidence that students are completing the program's published clinical case requirements.

Of the 140 completed cases, a requisite minimum of 20 cases should be completed in General Surgery, with the remaining cases divided between a minimum of two (2) of the specialties areas below. A minimum of twenty (20) cases should be completed in each of the two (2) specialties selected.

Surgical Specialties include:
- Cardiovascular
- Peripheral Vascular
- Thoracic
- Orthopedic
- Neurosurgery
- Ob-Gyn
- Urology
- Plastic
- General
- Endosurgery
- Ophthalmology
- Otorhinolaryngology
- Oral/Maxillofacial
- Pediatrics
- Oncology

To fulfill the role of the surgical assistant, the student should perform skills with proficiency in each area below during any given surgical intervention in order to count the case as one of the 140 documented procedures. The criteria provide skill examples that are illustrative, but not prescribed.
1. Demonstrate the ability to apply advanced knowledge of normal and pathological surgical anatomy and physiology

Interpretation of Standard III.C.— Clinical Case Requirements—cont:

2. Demonstrate the ability to communicate the surgeon's preferences and specific patient's needs to surgical team such as suture needs, specialty supplies and instrumentation, and equipment.
3. Demonstrate the ability to provide preoperative skills such as assessing patient information, history, preoperative tests (EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results, positioning, draping.
4. Demonstrate the ability to provide intraoperative skills such as visualization, trocar insertion, injection of local anesthetics, hemostasis, tissue handling, placement, and securing of wound drains, and closure of body planes.
5. Demonstrate the ability to provide postoperative skills in patient care such as dressing application, patient transfer and transport, transfer of care, and monitoring for immediate complications.

EXAMPLE—Standard III.C.— Clinical Case Requirements:

An example of a clinical case log that demonstrates compliance with Standard III.C. would include the following information:
- Name of student, clinical facility, and Clinical Preceptor/ Clinical Preceptor Delegates
- Date the surgical procedure was performed
- Surgical procedure and specialty designation
- Skills summary
- Verification signature or initials of Clinical Preceptor

Case logs or supporting documentation should contain a key or instructions on how to correctly and accurately document the clinical case experiences.

All clinical case experiences should be recorded in the clinical case log, even if the cases do not count toward completion of the program's stated clinical case requirement.

A case log summary sheet should also be used by the program to demonstrate the following for each student:
- Total number of cases performed
- Number of cases across the required surgical specialties

Standard III.D.—Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The result of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Interpretation of Standard III.D.

Formal assessment of the program's resources should be performed on a periodic basis, no less than once per year. A detailed plan of action for performing assessment of resources should be submitted in the Self-Study. Completed resource assessment plans should be submitted in the Program Review Report-SA [PRR-SA] and be available for review during a Random/Continuing, or Consultative/Comprehensive On-Site Evaluation, or may be requested for review during a Focused On-Site Evaluation. The program's completed resource assessment plan should be utilized by the PAC during annual review and assessment of the program **(see Standard II.B.).** PAC minutes should clearly document review and assessment of all ARC/STSA-established resources.

The program should provide evidence of a formal assessment tool used to document the resource assessment. This tool may also incorporate assessment of other required assessments, such as program goals and outcomes.

The program should determine the benchmark(s) associated with each area to be assessed. A benchmark is the target used to determine program effectiveness and is set by each program (school). Program benchmarks should be set to meet or exceed any applicable ARC/STSA-established threshold, such as sufficient resources for the program's stated maximum enrollment capacity (see Standard II.A. on page 6), the ARC/STSA-established retention threshold of 70%, or the Employer Survey return rate threshold of 50% (see ARC/STSA-established Outcomes Thresholds on page 30).

The resource assessment tool should include the following:
- The area to be assessed—specific resource (or program goal, or specific program outcome)
- Identification of the tool(s) to be used to perform data collection
- The timeframe for performing data collection and data assessment (when)
- The program benchmark(s) criteria
- A summary of the assessment of the data

- A plan of action to ensure sufficient resources, based on the program's benchmark, if the benchmark was not met. [Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **ARC/STSA Plan of Action Form-SA**, available online.

During assessment of program resources, which should be completed on at least an annual basis, a program can assess whether it meets, does not meet, or exceeds the ARC/STSA-established threshold(s). When a program does not meet the ARC/STSA-established threshold for a specific outcome, the program should develop a detailed, comprehensive, measureable plan of action and timeline for implementation to permit the program to meet the ARC/STSA-established threshold(s) as soon as possible [see Plan of Action information, page 47].

The program is required to provide evidence of assessment of the following by it's communities of interest on a minimum of an annual basis [once within a twelve month period]:
- program's goals [**see Standard II.B.],**
- all program resources [see **Standard III.A.—**physical resources, **Standard III.B.**—faculty resources, and **Standard III.C.—**curriculum resource and the clinical case requirement]
- all program outcomes [see **Standard IV.B.1.—**retention, approved outcomes assessment exam (71% of graduates hold the CSFA® or CSA credential within one (1) year of program completion), graduate placement, Employer Survey return rate and satisfaction rate, and Graduate Survey return rate and satisfaction rate].

The Program Advisory Committee (PAC) agenda and minutes should reflect review, discussion and input regarding the program's goals, all program resources, all program outcomes, and the monitoring of program needs and expectations by the communities of interest on a minimum of an annual basis [once within a 12 month period].

The **SASA-ARC/STSA Plan of Action Form-SA** is available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard III.D.—Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The result of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

EXAMPLE—Standard III.D.—

DEVELOPING A PROGRAM EFFECTIVENESS PLAN

[See an example of all required program resources for annual assessment in the Program Effectiveness Plan on page 42.]

Area for Assessment	Measurement Tool	Timeframe	Program Benchmark Criteria	Assessment	Plan of Action
Resources: program-specific budget EXPLANATION OF EACH COMPONENT OF THE PLAN	What evidence will be maintained to clearly indicate the annual review of the area assessed	When will this evidence be obtained—be specific (ie: month of the year)	What measurement will the program use to determine effectiveness of the measured item and compliance with the *Standards* [may use an ARC/STSA threshold, if applicable—if ARC/STSA threshold in place, program benchmark should meet or exceed]	What was/were the finding(s) of the actual assessment, including a summary of the specific data	If the program did <u>not</u> meet the program's benchmark it set, what will the program do to raise the results to meet or exceed the program benchmark. Plans of action should be detailed, comprehensive, and measureable, and be submitted on the <u>SASA-ARC/STSA Plan of Action Form-SA</u>. They should include a timeline for reassessment. If the program met the benchmark, the plan should indicate the next assessment timeframe.
Resources: program-specific budget AN EXAMPLE OF A BUDGET ASSSESSMENT	Copies of 2014-2015 and proposed 2015-2016 budgets; program effectiveness plan	Annually— each February in preparation for submission of next AY budget	The budget is sufficient to maintain program resources and faculty in quantities sufficient for the program's stated maximum enrollment capacity of twenty (20) students per cohort, one (1) cohort per year	4/12/15—2014-2015 budget reviewed—see attached SASA-ARC/STSA A-1 Form; sufficient funds to purchase disposable lab supplies for current AY and maintain faculty numbers, including professional development—attendance at IF; use $1000 capital funding line item to purchase of new/additional mannequin to permit 2 lab set-ups for student practice, based on a student-to-instructor ratio of 10:1 with two lab sections. Proposed 2015-2016 budget will request 3% increase .	No additional action indicated; POA—lab mannequin purchase • solicit bids for mannequin by 5/1/2015 • submit purchase order to administration by 5/10/2015 • purchase and receive prior to 8/22/2015 program start. • Assess effectiveness of second mannequin using Mock Lab Final Evaluation and Student Course Evaluation Form

NOTE: The above information is <u>only</u> an example of resource assessment, as part of a Program Effectiveness Plan ,and is <u>not</u> a required form for program use.

Section IV: Student and Graduate (Outcomes) Evaluation/Assessment

Standard IV.A.—Student Evaluation

1. Frequency and purpose: Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the student's progress toward and achievement of the competencies and learning domains stated in the curriculum.
2. Documentation: Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.A.—cont.

This component of Standard IV focuses on specific student evaluation methods rather than program outcomes assessment. Programs are required to use evaluation tools to directly measure student progress during the education process.

Evaluation tools permit the student and instructor to assess, monitor and track the students' progress toward attainment of the course objectives and program goals.

Formative evaluation tools are commonly used to provide feedback as students work to master small areas of knowledge, skills or behaviors during the learning process. Examples of formative evaluation tools include "pop quizzes", question and answer activities, workbook assignments, peer skills assessment, individual lab skills check-offs, or daily clinical evaluation feedback.

Summative evaluation tools are commonly used at the end of a course or segment of a program to assess the student's overall progress. Summative evaluations should involve a formal, documented process. Examples of summative evaluation tools include final exams, a comprehensive laboratory skills demonstration, or a final clinical evaluation performed by program faculty.

Formal evaluation of student performance (cognitive, psychomotor and/or affective behavior) should be performed in the didactic (classroom), laboratory, and clinical components of the program. Evaluation tools should include clear rubrics for measuring the performance and areas for student and faculty verification signatures and dates, verifying review and discussion of the evaluation. The use and weight of student evaluation tools should be described in each course syllabus. Descriptions of and policies regarding student evaluations should be included in either the course syllabus or program handbook/guide. The course syllabus should also include criteria for determining the final course grade, including evaluations.

Copies of completed student evaluation tools should be maintained by the program, in a program student file. These files should be maintained for a minimum of five (5) years and will be reviewed during the next Program Review Report–SA[PRR-

Interpretation of Standard IV.A.—cont.

SA] or during Random/Continuing On-Site Evaluation or Consultative/Comprehensive On-Site Evaluation, and may be reviewed during Focused On-Site Evaluation.

Student evaluation tools should be completed at a frequency that permits the faculty to measure incremental and comprehensive knowledge, skills, and behavior development. Feedback from each student evaluation should be provided to the student in a timely manner to permit students to monitor their progress during either an individual course or the program course of study. The frequency of evaluation should permit students to change and adjust their learning activities to promote success, if necessary. Feedback from student evaluation tools should assist the student in identifying learning strengths and areas for review, revision, or remediation.

EXAMPLE—Standard IV.A.:

Examples of student evaluation tools/methods include:
- Didactic evaluation tools:
  - quizzes/tests/exams
  - assignments/projects
  - reports/research papers/poster presentations
  - Threaded discussions
  - completion of CE journal articles
  - journal Article review
  - capstone projects and presentations
- Laboratory evaluation tools:
  - skills check-offs/return demonstrations
  - comprehensive skills demonstrations
- Clinical evaluation tools:
  - peer skills assessment and mentoring
  - clinical journals/case "write-ups"/case "reports"
  - procedure research assignments/"case studies"
  - daily informal student feedback
  - clinical performance evaluations
  - clinical seminar presentations
  - clinical case logs/clinical case summary

Standard IV.B.—Outcomes Assessment

1. Outcomes Assessment
   The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program. Outcomes assessments include, but are limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

2. Outcomes Reporting
   The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, it analysis of the outcomes and an appropriate action plan based on the analysis.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.B.

This component of Standard IV focuses on program outcomes assessment rather than specific student evaluation methods. Program outcomes involve direct or indirect, summative measurement of indicators of the program's ability to achieve its stated goals.

The program outcomes assessment process requires that a program collect and analyze data regarding a minimum of five (5) outcomes areas, including:

- retention
- approved outcomes assessment exam (CSFA® or CSA certification exams)
- graduate placement
- employer satisfaction
- graduate satisfaction

Retention

Retention is calculated using cohorts based on on-time completion/graduation date(s), determined by the student's original enrollment agreement /educational plan (or modified agreement /educational plan for those students who delay completion—are unsuccessful in completing a course, take a leave of absence, etc.). The program determines the on-time completion/graduation cohort appropriate for each student based on the date when students begin their course of studies or when students take their first core SA course (only applicable to programs with tiered admissions processes [students admitted to the school to complete pre-requisite coursework, then undergo a separate admissions process for enrollment into the SA program]).

Students who have delayed completion timeframes, based on the on-time completion/graduation date determined in the original enrollment agreement, due to course repetition, leaves of absence [LOA], etc. should be calculated into their original cohort for retention as attrition. Students with delayed completion timeframes are then added to the on-time completion/ graduating cohort they join upon return/re-entry. Retention percentages are determined by dividing the number of gradu-

ates by the total number of original students enrolled plus students added to the cohort with advanced standing (reenter/ transfer-in due to repeating courses, return from LOA, etc.), then multiplying that number by 100. The ARC/STSA threshold for retention is **70%**.. (60% for cohorts that started after 8/1/2015)

Effective August 1, 2014, programs are required to track outcomes using the **SASA-ARC/STSA Outcomes Tracking Tool –SA**. The **SASA-ARC/STSA Outcomes Tracking Tool-SA** [see page 31] permits programs to organize outcomes data by anticipated and actual cohort completion date, as required for reporting on Annual Reports and to permit verification of outcomes data during Random/Continuing On-Site Evaluation. Programs may also be requested to utilize this form for cohorts enrolled prior to August 1, 2014 when developing the response to selected findings letter and during Consultative/ Comprehensive On-Site Evaluation and Focused On-Site Evaluation. Instructions for tool completion and a sample completed tracking tool are also available online.

Outcomes Assessment Exam results, graduate placement data, Employer Survey data, and Graduate Survey data is then collected and reported by the graduate's actual completion date.

Outcomes Assessment Exam [OAE]

Outcomes assessment exam results are reported for each completion cohort on the applicable Annual Report-SA.

Effective August 1, 2011, SA programs should ensure that **71%** or more of program graduates hold either the CSFA® or CSA credential within one (1) year of program completion.

Effective August 1, 2015, OAE results should be reported using only data from a NCCA-accredited national credentialing examination for new cohorts of students enrolled on *or after August 1, 2015.* [Please note that the first Annual Report to require reporting of OAE results using only results based on a NCCA-accredited credentialing exam in surgical assisting is the 2017 Annual Report-SA.]

The **SASA-ARC/STSA Outcomes Tracking Tool–SA [OTT]** is available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard IV.B.—Outcomes Assessment

1. Outcomes Assessment
   The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.   Outcomes assessments include, but are limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

2. Outcomes Reporting
   The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, it analysis of the outcomes and an appropriate action plan based on the analysis.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.B.—cont.

Graduate Placement

When reporting graduate placement statistics, graduates should only be listed once, using the following categories:
- placed in the field of surgical assisting or a related field* or on Active Military Duty
- continuing their education
- placed in field of surgical assisting or a related field* **AND** continuing their education
  * placement in a related field requires use of knowledge and skills acquired via the curriculum offered in the surgical assisting program.

The sum of the three categories above should be reported as the total number of graduates placed. Graduate placement percentages are determined by dividing the number of placed graduates by the total number of graduates and multiplying that number by 100. The ARC/STSA threshold for graduate placement is **80%**.

Employer Satisfaction

Employer satisfaction results should be solicited for all graduates in the cohort reported to be placed in the field or a related field. Programs should use the standardized **Employer Survey** for Graduates of SA Education Form   for data collection and reporting employer satisfaction on the program's SA Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the **Employer Survey for Graduates of SA** Education Form as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form exactly. Employer Surveys may be administered immediately upon hire of the graduate (Effective **August 1, 2016**.)

To calculate the employer satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned.
- An Employer Satisfaction Survey should have **7** out of the **10** questions rated **3** or greater on the **5** point Likert scale to be considered a "satisfactory" survey.

The ARC/STSA thresholds for employer satisfaction include a **50%** survey return rate and that **70%** of the surveys indicate a "satisfactory" rating or higher. (Effective **August 1, 2016**.)

Interpretation of Standard IV.B.—cont.

Graduate Satisfaction

Graduate satisfaction results should be solicited for all graduates in the cohort. Programs should use the standardized **Graduate Survey for SA Education Form** for data collection and reporting graduate satisfaction on the program's SA Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the **Graduate Survey for SA Education Form** as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form exactly. Programs may administer the Graduate Survey immediately upon completion of the program.

To calculate the graduate satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned.
- A Graduate Satisfaction Survey should have **7** out of the **10** questions rated **3** or greater on the **5** point Likert scale to be considered a "satisfactory" survey.

The ARC/STSA thresholds for graduate satisfaction include a **50%** return rate and that **70%** of the surveys indicate a "satisfactory" rating or higher. (Effective August 1, 2016.)

Formal Plan for Outcomes Assessment

All programs should utilize an outcomes assessment indicator measurement tool used to gather data for analysis in determining whether graduates are, indeed, meeting the outcomes established by the program and institution. This data should be shared with all stakeholders, including the Program Advisory Committee (PAC) on a minimum of an annual basis [once within a 12-month period of time]. The table on the next page summarizes the ARC/STSA-established core outcomes indicators, thresholds, classification, and supporting information related to gathering, analyzing, and reporting outcomes data. This data should be reported in the program's SA Annual Report and is verified in the Program Review Report-SA [PRR-SA] or during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, or Focused On-Site Evaluation.

A sample Program Effectiveness Plan, that includes program goals, all program resources, and all ARC/STSA-established

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The **Employer Survey for Graduates of SA Education Form** and **Graduate Survey for SA Education Form** are available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard IV.B.—Outcomes Assessment—cont.

1. Outcomes Assessment
    The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.   Outcomes assessments include, but are limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.
2. Outcomes Reporting
    The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, it analysis of the outcomes and an appropriate action plan based on the analysis.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.B.—cont.

program outcomes is located on page 42 and available online.

It is important to remember that outcomes should be measurable and should support the institution and program missions. Data should be meaningful; it should demonstrate student learning in one or more of the learning domains.

Trending is an important aspect of outcomes based assessment. A trend should be based on 3–5 years of outcomes assessment data; one year's data is not sufficient to drive curricular or program changes. A program should gather, analyze, and compare data across the trending period to determine if graduates are demonstrating intended learning experiences and outcomes. If program outcome results fall below a threshold, a detailed plan of action and timeline for implementation is required and should be attached on the applicable page of the SA Annual Report. (see Plan of Action and Timeline for Implementation—page 48). Please note that effective August 1, 2014, <u>all</u> plans of action should be developed/submitted using the **SASA-ARC/STSA Plan of Action Form-SA**, available online at Although a plan of action is required to be attached to the applicable page of the SA Annual Report where insufficient outcomes performance is reported, trending should be part of the plan of action to effectively identify areas for growth and improvement in the program content and/or policies/procedures.

Completed **SASA-ARC/STSA Outcomes Tracking Tool(s)-SA** and supporting documentation should be available for submission in the Program Review Report-SA [PRR-SA] or in findings letter responses, and during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, or Focused On-Site Evaluation. These documents should match/support the statistics submitted in the ARC/STSA SA Annual Reports. Programs seeking Initial Accreditation should provide evidence of a formal outcomes assessment plan. The detailed, formal outcomes assessment plan is included in the supporting documentation submitted in the Self-Study.

Programs that do <u>not</u> retain outcomes documentation used to develop and report data in SA Annual Reports and/or provide

Interpretation of Standard IV.B.—cont.

outcomes verification documentation during On-Site Evaluation can be cited under **Standard IV.B.2** [see page 27].

Failure to submit a required SA Annual Report or parts of the SA Annual Report will result in an automatic Late Fee and Administrative Probation for the program. If a program demonstrates continued insufficient, unacceptable, fraudulent, or inaccurate reporting of program outcomes, further accreditation action (Probationary Accreditation and/or Involuntary Withdrawal of Accreditation) may result.

EXAMPLE—Standard

ARC/STSA standardized forms are available online and include:
- **Employer Survey for Graduates of SA Education Form**
- **Graduate Survey for SA Education Form**

Information regarding the Certified Surgical First Assistant CSFA®) Exam can be accessed through the NBSTSA website at: www.nbstsa.org/certifyingexam/index.html;

Information regarding the Certified Surgical Assistant (CSA) exam can be accessed through the NCCSA website at www.nsaa.net/education/examination/.

When completing an SA Annual Report:
- Contemporary Program Information—Current Information reports current program data (2015AR = August 1, 2014-July 31, 2015).
- Program Outcomes Information—Program Outcomes reports data from the student/graduate cohort for the period between August 1 and ending July 31 of the year preceding the name of the report (2015 AR = August 1, 2013-July 31, 2014).
- Graduate Outcomes Information—Graduate Outcomes reports data from the student/graduate cohort for the period between August 1 and ending July 31 for two years preceding the name of the report (2015 AR = August 1, 2012-July 31,

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The **SASA-ARC/STSA Plan of Action Form-SA**, **SASA-ARC/STSA Outcomes Tracking Tool-SA, Employer Survey for Graduates of SA Education Form**, and **Graduate Survey for SA Education Form** are available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard IV.B.—Outcomes Assessment—cont.

1. Outcomes Assessment
   The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.   Outcomes assessments include, but are limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

2. Outcomes Reporting
   The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, it analysis of the outcomes and an appropriate action plan based on the analysis.

[Please see the 2008 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

ARC/STSA OUTCOMES QUICK REFERENCE GUIDE

[Note: Programs are required to track outcomes using the **SASA-ARC/STSA Outcomes Tracking Tool-SA** for all cohorts enrolled on or after **August 1, 2014**]

Core Outcomes Indicator (Summative Assessment Measure)	Outcomes Assessment Threshold (*Minimum* Requirement)	Type of Measure	When to Measure	FYI
Programmatic Retention	**70%** of students that are admitted to the program taking core courses should graduate/complete	Indirect	Measured upon graduation/ program completion; calculation: # of students graduated divided by the # of students originally enrolled into an on-time completion/graduation cohort plus any transfer-in/re-entry students multiplied by 100 = retention rate.	Multiple start programs: Each group/cohort should be designated and reported separately. Students who delay graduation beyond their original on-time cohort completion/anticipated graduation date, due to leaves of absence or repeating coursework, are considered attrition, even if they progress and graduate at a later date
Outcomes Assessment Exam (OAE) Performance - CSFA® or CSA Exam	Effective August 1, 2011, **71%** of graduates should hold the CSFA® or CSA credential within one (1) year of program completion	Direct	As permitted by credentialing body prior to or after graduation ARC/STSA Reporting Year = Aug 1-July 31	Effective 8/1/2010, the OAE pass rate threshold is that 71% of graduates should hold the CSFA® or CSA credential within one (1) year of program completion. Effective August 1, 2015, OAE results should be reported using only data from a NCCA-accredited national credentialing examination for new cohorts of students enrolled *on or after August 1, 2015.*
Job (positive) Placement (employment)	**80%** of graduates seeking employment should be employed in a field related to surgical assisting	Indirect	1 year after graduation	Graduates employed F/T or P/T in the SA field or in a related field*/on active military duty **and/or** those continuing their education are considered positive placements. Graduates should only be counted once when reporting placement outcomes. [* Placement in a related field requires use of knowledge and skills acquired via the curriculum offered in the surgical assisting program, e.g.—Wound Clinic, OR Educator.]
Employer Satisfaction	**50%** return rate for surveys ~ and ~ **85%** of the returned surveys rating the employee at a 3 or higher on a 5 point scale	Indirect	No sooner than 9 months after graduate is employed	At least 50% of employers reported under Placement outcomes for the designated year return the survey tool ~ and ~ 85% of surveys indicate a "satisfactory" rating—29 of 34 areas rated 3 or higher on the 5 point Likert scale.
Graduate Satisfaction	**50%** return rate for surveys ~ and ~ **85%** of the returned surveys rating the employee at a 3 or higher on a 5 point scale	Indirect	No sooner than 6 months after graduation	At least 50% of graduates reported under Retention outcomes for the designated year return the survey tool ~ and ~ 85% of surveys indicate a "satisfactory" rating—13 of 15 areas rated 3 or higher on the 5 point Likert scale.

EXAMPLE—ARC/STSA Outcomes Tracking Tool:

SASA-ARC/STSA Outcomes Tracking Tool-SA*

Littleton School of Surgical Assisting

Academic Year [AY] 8/1/2015-7/31/2016

Retention

#	Student	Anticipated Graduation Date	Enrollment Date	Actual Graduation Date	Notes
1	Jane Doe	9/15/2015	11/1/2013	9/15/2015	Student admitted with transfer credit
2	John Griffin	9/15/2015	9/1/2013	9/15/2015	
3	Sam Jamison	9/15/2015	9/1/2013		Withdrew - lost financial aid eligibility
4	Tom Jones	9/15/2015	9/1/2013	9/15/2015	
5	Robin Reed	9/15/2015	9/1/2013	9/15/2015	
6	Susan Smith	9/15/2015	9/1/2013		Withdrew - medical issues
7	Richard Steel	9/15/2015	9/1/2013		Delayed Completion - failed SA 205-moved to 6/1/2016 cohort
8	Peter Vinky	9/15/2015	9/1/2013	9/15/2015	
9	Samantha Welch	9/15/2015	9/1/2013	9/15/2015	
10	Penny Young	9/15/2015	9/1/2013	9/15/2015	

Cohort Summary

Retention for the 9/15/2015 completion date = **6/10 [60%]**

Outcomes Assessment Exam	Graduate Placement					Employer Satisfaction			Graduate Satisfaction		
Graduates Holding CSFA or CSA Credential Within One (1) Year of Program Completion	In Field	In Field and Continuing Education	Continuing Education	Not Placed	Employer	ES Sent	ES Returned	ES Satisfied [29/34 3or>]	GS Sent	GS Returned	GS Satisfied [13/15 3or>]
X	X				St. John's Hospital	X	X	X	X	X	X
X	X				Good Samaritan Hospital	X	X	X	X	X	X
	X				Dr. Jacobs	X	X	X	X	X	X
X	X				Littleton Hospital	X	X	X	X	X	X
X	X				Carver Orthopedics	X	X	X	X	X	X
X	X				Hamden Surgical Associates	X	X	X	X	X	X
Cohort Summary	**Cohort Summary**					**Cohort Summary**			**Cohort Summary**		
OAE-Grads Holding CSFA or CSA = 5/6 [83%]	Graduate Placement rate = 6/6 [100%]					ES return rate = 6/6 [100%] ES satisfaction rate = 6/6 [100%]			GS return rate = 6/6 [100%] GS satisfaction rate = 6/6 [100%]		

Standard V.A.—Publications and Disclosure

1. Announcements, catalogs, publications and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address, and phone number of the accrediting agencies, admissions policies and practices, including technical standards (when used), policies on advanced placement, transfer credits, credits for experiential learning, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these Standards.

Interpretation of Standard

Standard V.A. addresses the policies and practices of the program and institution from admissions to graduation.

Programs are required to publish their policies and practices so that students and the public (prospective students) are aware of the institution's and program's policies.

Publications should include the following:

- clear and accurate information on institutional accreditation status
- clear and accurate information on programmatic accreditation status (*only for programs awarded CAAHEP programmatic accreditation - see note below*)
- admissions policies and practices, including technical standards (when used)
- the number of credits/clock hours required for program completion
- tuition, fees and costs required to complete the program
- a withdrawal policy and procedure
- a published tuition and fees refund policy
- a published tuition and fees refund procedure
- an academic calendar
- a student grievance policy
- a student grievance procedure
- criteria for successful completion of the curriculum and graduation

NOTE: Once CAAHEP Initial Accreditation is awarded (*but not before*), publications should include the following:

- accurate information on the name, address, and phone number of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

The program's clinical case requirement should be published in clinical syllabi or in program publications available to students and the public (prospective students).

Publications include, but are not limited to catalogs, brochures, handbooks and institutional and/or programmatic web pages.

A program should maintain a listing of required policies and procedures. This listing should include the name of the policy/procedure, where it is published—the document and page number, and last date of revision.

Standard V.A.4. requires that the sponsoring institution [school] publish programmatic outcomes in a readily accessible place. Effective January 1, 2016, the ARC/STSA requires that all

Interpretation of Standard V.A.4.—

CAAHEP-accredited surgical assisting programs publish, at a minimum, the program's NCCA-accredited outcomes assessment exam pass rate results. The data published, preferably on the program's website, should be consistent with the most recent Annual Report filed with the ARC/STSA.

EXAMPLE—Standard V.A.:

CAAHEP contact information:

Commission on Accreditation of Allied Health Education Programs
25400 U.S. Highway 19 North, Suite 158
Clearwater, FL 33763
Phone: 727-210-2350
Fax: 727-210-2354
www.caahep.org

SASA-ARC/STSA Fair Practices Reporting Form-SA:

SASA-ARC/STSA FAIR PRACTICES REPORTING FORM - SA

	Where is it published? (catalog, student handbook, brochure, webpage, other misc.)	Page Number(s) or specific website address
Institutional Accreditation Status		
Programmatic Accreditation Status		
CAAHEP Contact information* (accredited programs **only**)		
Non-Discrimination Policy Statement		
Admissions Policies and Practices		
Number of credits required for program completion		
Tuition, Fees and other Costs		
Policy and Procedure for Withdrawal		
Policy for Refunds of Tuition/Fees		
Academic Calendar		
Student Grievance Policy		
Criteria for Successful Completion of the Curriculum and Graduation		
Faculty Grievance Policy		
Student Health Requirements		
Student Work Policy		
Clinical Case Requirement		

Standard V.B.—Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

Interpretation of Standard V.B.:

Programs are required to follow the laws and regulations [municipal, state, and federal] in the community(ies) where they conduct the business of education. Policies and practices that affect students and faculty should be published. The policies and practices of an accredited institution should be non-discriminatory regarding race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Student and faculty recruitment and admissions practices should be non-discriminatory.

Publications should include the following:
- an institutional policy on non-discrimination
- a faculty grievance policy
- a faculty grievance procedure

EXAMPLE—Standard V.B.:

Student records indicate that all students were admitted to the program using the same process and minimum requirements.

Equal Opportunity Employment regulations/Non-discrimination statement(s) should be included in institutional publications and are followed when employing faculty for the surgical assisting program.

Guidelines and legislation regulating non-discrimination in employment practices in education, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and The Department of Education Section 504 regulations can be found on the U.S. Department of Education website at: www.ed.gov/about/offices/list/ocr/docs/hq53e8.html

Standard V.C.—Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

Interpretation of Standard V.C.

The program should provide evidence of safety training and education in the didactic/classroom and laboratory components of the program. Safety issues include, but are not limited to:
- OSHA Bloodborne Pathogens/Standard Precautions
- Body Mechanics
- Sharps Safety
- Biohazardous materials
- Mechanical, chemical, thermal, and radiation occupational exposure and injury prevention
- Infectious diseases and the Infectious Process

The program should maintain records indicating that student and faculty health is assessed prior to and during student clinical affiliation site rotations, as appropriate.

The program should provide evidence that health requirements specified in clinical affiliation site agreements are being maintained. Health requirements may include the following:
- Physical examination
- TB testing
- Hepatitis B vaccination
- Other standardized immunizations, such as polio, DPT (diphtheria, pertussis, tetanus), MMR (measles, mumps and rubella), varicella (Chicken Pox), or meningitis

Clinical affiliation agreements may also require the following:
- CPR certification
- Criminal background check
- Random drug screening
- Evidence of OSHA Bloodborne Pathogens/Standard Precautions education
- Facility orientation

The program is required to publish a Student Work Policy that includes, at a minimum, the following:
- The clinical component of the program shall be educational in nature
- The student shall not be substituted for personnel during the clinical component of the program

EXAMPLE—Standard V.C.:

Student Work Policy—Surgical Assisting
(recommended by SASA and approved by the ARC/STSA BoD—March 2010)

The intent of a Student Work Policy is to ensure that medical control and accountability exist. Medical control and accountability exist when there is unequivocal evidence that Surgical Assisting students are not operating as independent practitioners on clinical assignment and when SA students are under direct medical control or in a system where timely medical audit and review provide for quality assurance.

The sponsoring institution/program should establish and implement a Student Work Policy reviewed and approved by the Program Advisory Committee (PAC).

The Student Work Policy should minimally state:
- all activities including clinical in the program must be educational
- students must not be substituted for hired staff

The Student Work Policy should be published and available in at least one (1) of the program's publications, such as on the program webpage, in the student handbook, or in program syllabi

Standard V.D.—Student Records

Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Interpretation of Standard V.D.

The program is required to maintain student records in hard-copy or digitally retrievable format. Permanent records should be stored in a safe and accessible location. A master listing of student record contents should be included with each file. The program should have a formal plan to assess student records for accuracy and completeness.

Records commonly maintained for each applicant and/or student commonly include, but are not limited to the following:

- Education transcripts (high school, college)
- High school diploma or GED
- Entrance examinations
- Admissions applications and other required admissions supporting documentation
- Selection interview records
- Attendance records
- Health records
- Completed Student Didactic Evaluation tools—tests, assignments
- Completed Student Laboratory Evaluation tools—tests, assignments
- Completed Student Clinical Evaluation tools—assignments, evaluations
- Clinical experience logs and summaries
- Student grades and grade books
- Final transcripts

Samples of all program evaluation and assessment tools, including revisions, should be retained by the program for a period of no less than five (5) years.

Programmatic student records should be retained for a period of no less than five (5) years. Student records that are retained electronically/digitally should be immediately available to/accessible by the On-Site Evaluators (site visitors). The documentation should be organized by cohort, by academic year and by student name, to permit ease in review for On-Site verification of program compliance. Before converting student records into a digital/electronic format, the program should verify the records retention policy requirements of your institution (school), institutional accreditor and/or state approval agency, if any, which may vary.

Interpretation of Standard V.D.—

Permanent student records should be maintained indefinitely or as required by the institutional accreditor or state authorizing agency. They should be secured in a safe and damage-resistant environment, such as in a fire-proof, locked filing cabinet.

See the Common Questions Regarding Records Retention information—page 48 for information regarding digital/electronic records maintenance.

EXAMPLE—Standard V.D.:

DENVER UNIVERSITY
SURGICAL ASSISTING PROGRAM

STUDENT RECORD VERIFICATION SHEET

Student Name: _____

Address: _____

Contact Information: _____

Program of Study: _____

Date of Admission: _____

Record	Date Received/Placed in File	Initials
Admissions Application		
Current CST Certification		
Interview with PD		
HS transcript/GED		
Physical Exam		
Immunizations		
CPR		
Criminal Background Check		
Clinical Orientation/OSHA		
Final Transcript		

Standard V.E.—Substantive Changes

The sponsor must report substantive changes as described in Appendix A to CAAHEP-ARC/STSA in a timely manner. Additional substantive changes to be reported to ARC/STSA within the time limits prescribed include:

1. Change/addition/deletion of courses that represent significant departure in curriculum content.
2. Change in method of curriculum delivery.
3. Change in degree of credential awarded.
4. Substantial increase/decrease in clock or credit hours for successful completion of a program.

Interpretation of Standard V.E.

The program is required to report changes to the accredited program or approved satellite, consortium or DE component of an accredited program in a timely manner.

Substantive changes should be reported within thirty (30) days of the change. These changes include:

- Program goals
- Facilities
- Program director/clinical coordinator
- Administration directly related to the surgical assisting program (president/CEO and/or Dean)
- Program maximum enrollment capacity, including a change to the number of students per cohort (class), the number of cohorts per year, and/or the number of cohorts that overlap in the clinical component of the program
- Substantive curriculum changes

Documentation supporting substantive changes can be submitted by attaching electronic copies to an e-mail to info@arcstsa.org or submitted in digital format [CD, DVD, external drive] via standard carrier (U.S. Mail, UPS, FedEx, etc.). Standardized ARC/STSA forms should be used, where applicable.

Less substantive changes can be reported on the SA Annual Report. These changes include:

- Program Advisory Committee (PAC) membership
- Budget
- Clinical Affiliations
- Medical/Surgical Director
- Didactic faculty—core and non-core
- Student assessment tools
- Program outcomes assessments—retention, outcomes assessment exam results, placement, employer satisfaction, graduate satisfaction
- Publications
- Policies and procedures listed under Std V.—Fair Practices

Documentation supporting less that substantive changes can be submitted by attaching electronic copies of the documents to the Annual Report. Standardized SASA-ARC/STSA forms should be used, where applicable.

EXAMPLE—Standard V.E.:

SASA-ARC/STSA standardized forms include: and include:

- SASA-ARC/STSA Needs Assessment Data Form—SA
- SASA-ARC/STSA SA Program Advisory Committee (PAC) Form
- SASA-ARC/STSA SA Clinical Affiliation Site Reporting Form—SA
- SASA-ARC/STSA Employer Survey for Graduates of Surgical Assisting Education Form
- ARC/STSA Graduate Survey for Surgical Assisting Education Form
- ARC/STSA Program Personnel Data Form-President
- SASA-ARC/STSA Program Personnel Data Form-Dean
- SASA-ARC/STSA Program Personnel Data Form-Program Director
- SASA-ARC/STSA Program Personnel Data Form-Medical/Surgical Director
- SASA-ARC/STSA Program Personnel Data Form-Didactic Faculty
- SASA-ARC/STSA SA Clinical Preceptor Report Form
- SASA-ARC/STSA SA Clinical Preceptor Delegate Report Form
- SASA-ARC/STSA Fair Practices Reporting Form—SA
- SASA-ARC/STSA SA Curriculum Comparison Form—3e

SASA-ARC/STSA Annual Report Data Sheets can be obtained by request by contacting the ARC/STSA at 303-694-9262 or info@arcstsa.org.

Accelerated Alternate Delivery programs, satellite programs and distance education programs all require approval. The approval process for each can be found on the ARC/STSA website at www.arcstsa.org.

The current edition of the *Core Curriculum for Surgical Assisting 3e (CCSA3e),* published by the Association of Surgical Assistants [ASA], can be obtained from the Association of Surgical Technologists by contacting them directly at 800-637-7433.

Standardized SASA-ARC/STSA forms are available online at
www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Standard V.F.—Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

Interpretation of Standard V.F.

The program is required to demonstrate a current, signed, and dated clinical affiliation agreement, articulation agreement, or memorandum of understanding between the sponsoring institution (school) and each clinical affiliate.

Agreements or Memoranda of Understanding [MOU's] should:
- Include the names of the clinical affiliate and sponsoring institution [school]
- clearly specify that they are applicable to the surgical assisting program
- include a clear termination clause or termination language
- Include verification signatures by representatives of the clinical affiliate and sponsoring institution [school]

Systems-based agreements that apply to more than one facility should state each applicable facility in the agreement, an addendum to the agreement, or a memorandum of understanding.

EXAMPLE—Standard V.F.:

A **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA** is submitted in the SA Annual Report when a new clinical affiliate is added. A **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA** is completed and submitted for each new clinical affiliate. A copy of the current clinical affiliation agreement is not required to be submitted for review, unless specifically requested by the SASA-ARC/STSA. New clinical affiliates are reported on the next SA Annual Report. Changes to existing clinical affiliation agreements are not required to be reported to the ARC/STSA. Please note that failure to provide accurate information on the **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA**, verified upon ARC/STSA request or during program review [On-Site Evaluation or PRR-SA] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

An updated **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** is utilized during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, and may be utilized during Focused On-Site Evaluation. The completed **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** should clearly demonstrate sufficient clinical operating room scrub slots for the program's stated maximum enrollment capacity (the number of students per cohort (class) multiplied by the number of cohorts that overlap in the clinical component of the program).

A **SASA-ARC/STSA Clinical Affiliate Attestation Form-SA** and **SASA-ARC/STSA Clinical Affiliation Site Reporting Form-SA** are available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/

Glossary of Terms

Accreditation - The process of external quality review used by higher education to evaluate colleges, universities, and educational programs for quality assurance and quality improvement; sustains and enhances the quality of higher education; maintains the academic values of higher education; is a buffer against the politicizing of higher education; serves the public interest and need.

Annual Report - An annual outcomes-based assessment of a program's ability to demonstrate compliance with the *Standards and Guidelines;* includes three (3) sections - Current Program Information for the current academic year; Program Outcomes [retention and approved outcomes assessment exam results] for previous academic year; Graduate Outcomes [graduate placement, Employer Surveys and Graduate Surveys] for the academic year 2 years prior.

Assessment: In an educational context, the process consists of observing learning; describing, collecting, recording, scoring, and interpreting information about a student's or one's own learning. At its most usefulness, assessment is an episode in the learning process; part of reflection and autobiographical understanding of progress, which should result in discussion, decision, and actions based on the data analysis. Also referred to as data driven decision-making. See: serc.carleton.edu/introgeo/assessment/glossary.html

Assessment Plan: Strategies developed to document the assessment processes of a program. The assessment plan should be revised annually based on the previous year's assessment process. Assessment plans should include, but are not limited to, the following:
1. description of program
2. description of the role of the graduate in professional practice
3. institutional mission statement
4. program goals statement
5. program outcomes
6. how the program outcomes relate to the mission of the institution
7. future focus questions—based on program data
8. tracking of program component where outcomes are addressed (didactic, clinical experience, etc.)
9. assessment tools
10. schedules for assessment
11. timelines
12. thresholds
13. criteria and activities
14. description of the data collection process
15. description of the data analysis process
16. identification and participation of stakeholders/members of the communities of interest
17. evaluation of assessment tools and activities

See the Program Assessment Plan information—page 42

Attestation Forms: A new, streamlined method of reporting program changes based on completion and submission of a single, interactive PDF document that summarizes the required areas to which the sponsoring institution [school] affirms compliance with CAAHEP *Standards*. Documentation to provide evidence of compliance should be retained by the program and will be submitted for verification upon SASA-ARC/STSA request or verified during On-Site Evaluation. SASA-ARC/STSA attestation forms can be utilized to report the addition of clinical affiliate(s), personnel changes, and most curriculum changes. Standardized SASA-ARC/STSA attestation forms specific to each applicable change are available online. Please note that failure to provide accurate information on SASA-ARC/STSA attestation forms, verified upon ARC/STSA request or during program review [On-Site Evaluation or PRR-SA] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.

Bloom's Taxonomy: A taxonomy is a system of classification across a specific range of criteria. In education, Bloom's Taxonomy is used to develop learning objectives used to determine course or program outcomes and divides educational objectives into three "domains" or foci, including the cognitive (knowledge), psychomotor (hands-on skills) and affective (behaviors, conduct) domains. Learning objectives that incorporate these three foci create a holistic or well-rounded learning experience. Under this taxonomy, learning at more complex levels is dependent on having attained prerequisite knowledge and skills at more basic levels. See Bloom's Taxonomy of Learning Domains at: http://www.nwlink.com/~donclark/hrd/bloom.html

Capstone Course: "Learning expectations of students should increase with their advancement through a curriculum. A capstone course might be designed to make use of the increasing complexity of student learning when the end of the process of instruction is reached. The course uses cumulative learning, after all previous courses and objectives have been met, to relate to more than single concepts; the course draws upon the whole of the learning experience" - see: http://users.etown.edu/m/moorerc/capstone.html
Formal assessment of program outcomes and summative assessment measures, such as the PAE and final projects/presentations are commonly associated with these courses.

Certification - professional credentials attesting to minimum knowledge and skills levels; CSFA® and CSA - the SASA-ARC/STSA-approved professional credentials in surgical assisting.

Cohort – a group of student enrolled in an educational program with a similar education plan and the same anticipated on-time completion/graduation date; used to determine sufficiency of program resources, including but not limited to clinical surgical assisting operating room scrub slot sufficiency, and develop enrollment/graduation rosters to track and report

Glossary of Terms

SASA-ARC/STSA-established outcomes – retention, outcomes assessment exam participation rate and pass rate, graduate [positive] placement, Employer Survey return rate and satisfaction rate, and Graduate Survey return rate and satisfaction rate.

Committee on Accreditation [CoA] – the organization that serves as the content experts in a given allied health profession and works in cooperation with CAAHEP to manage documentation related to accreditation and makes recommendations to CAAHEP regarding accreditation actions.

Communities of Interest: Also known as stakeholders. Those that are served by the program or have a stake in the program and/or its graduates. In surgical assisting, the three (3) primary stakeholders are the:
- institutional stakeholders—including school faculty and administration
- learner stakeholders—including students and program graduates,
- practice stakeholders—including employers, physicians, practicing CSFAs/CSAs and the public (representing the surgical patient)

Direct Measurement of Learning: Form of assessment that directly measures student learning or performance; the student produces a product or demonstration of learning. Examples include competency check offs, capstone projects, papers, and oral presentations.

Focused On-Site Evaluation: Programs reporting two [2] or more outcomes below ARC/STSA-established thresholds on three [3] or more consecutive SA Annual Reports may undergo Focused On-Site Evaluation to assess the cause of non-compliance with the SASA-ARC/STA-established outcomes and assess the appropriateness of plan(s) of action to raise outcomes to meet SASA-ARC/STSA-established threshold(s).

Formative Assessment: Assessment used to evaluate student learning to build, change, or revise instructional design of a course or curriculum throughout the learning and teaching process and monitor student progress. Examples include questioning, surveys, exams, quizzes, and discussion.

Indirect Measurement of Learning: Form of assessment that indirectly measures student learning or performance. Someone other than the student produces demonstration of student learning. Examples include employer surveys and program advisory committee (PAC) feedback.

Learning Objective: A learning objective is a short term, specific measurement or requirement that a learner should be able to perform as a result of the educational process. A learning objective has three (3) components:
- stem— " After completing this unit, the learner will be able to…"
- action verb— verbs in the cognitive, psychomotor, or affective domain; higher order verbs are generally used in program objectives and course objectives, whereas lower order verbs are used in daily lesson plans—see Bloom's Taxonomy
- product, process or outcome—the knowledge, skill or behavior the student should be able to demonstrate—see: www.educationoasis.com/curriculum/LP/LP_resources/lesson_objectives.htm

Maximum Enrollment Capacity (MEC): The maximum number of students enrolled in a cohort and the number of cohorts enrolled between August 1-July 31 annually. In addition, for programs with multiple cohorts within a reporting year, MEC also includes the number of cohorts that overlap within any given point in the program. MEC is determined at the time of Initial On-Site and is approved at the time of the award of CAAHEP Initial Accreditation. MEC is reported on the program's SA Annual Report. MEC is used to determine compliance with various Standards. Programs are not required to enroll to MEC, but enrollment cannot exceed the approved MEC. MEC cannot be changed without ARC/STSA approval.

Non-Substantive Changes - a change which has the potential to indirectly affect the educational program offered or a sponsoring institution's demonstration of compliance with CAAHEP Standards; SASA-ARC/STSA non-substantive changes include: Program Advisory Committee [PAC] membership, budget, Medical/Surgical Director, Didactic Faculty, student assessment tools, program outcomes assessment, publications, and policies and procedures indicated under "Fair Practices".

Outcomes Indicators: Assessment tools (data collection and measurement tools) that are standardized (the same for all who use them) and used to measure assessment results or "outcomes." Indicators should be linked to an aspect of the program, curriculum, and its planning process. Indicators should be standardized or they are not measuring the same thing among programs or graduates. Data reflected in these indicators gathered over a period of time is called trending. The CAAHEP-required assessment outcomes indicators are retention, graduate placement (employment), program assessment exam scores, graduate surveys, and employer surveys.

Outcomes-Based Assessment/Accreditation: Accreditation and assessment that measures a program's quality and compliance with accreditation standards based on outcomes indicators after initial process based evaluation has occurred. The premise is that there is more than one way to administer a program; the end result (graduate knowledge, skills, and behaviors) and periodic verification of data through on-site evaluation will reflect whether a program is meeting its program goals. Continuing accreditation is outcomes-based. Programs reporting two [2] or more outcomes below SASA-ARC/STSA-established thresholds on three [3] or more consecutive Annual

Glossary of Terms

Reports may undergo Focused On-Site Evaluation to assess the cause of non-compliance with the SASA-ARC/STSA-established outcomes and assess the appropriateness of plan(s) of action to raise outcomes to meet ARC/STSA-established threshold(s).

Plans of Action: A series and sequence of steps that should be taken or activities that should be performed for the accomplishment of an objective and to permit a program to demonstrate compliance with the *Standards*. A proposed or tentative project or course of action. A systematic arrangement of elements or important parts; a configuration or outline. Surgical assisting plans of action relative to outcomes data that is below established thresholds should be detailed, comprehensive, and measureable. They should describe the problem, the proposed plan for improving outcomes and increasing student performance to meet thresholds as appropriate. Plans of action are specific and should include implementation timelines with initiatives/practices that the program will implement in an attempt to increase outcomes—see: www.businessdictionary.com/definition/action-plan.html and www.thefreedictionary.com/plan+of+action
Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **SASA-ARC/STSA Plan of Action Form-SA**, available online. See the Plan of Action and Timeline for Implementation information—page 47.

Process-Based Accreditation: Accreditation that does not rely on outcomes indicators; it is based on a self-study and regular on-site evaluation. This method relies on the process and means by which a program is structured (its foundation) such as resources, facilities, lab equipment, budgets, and curriculum, as opposed to its end result. The initial accreditation cycle is process based, although the outcomes-based tools should be part of a program's process, even though they may not have data in the early stages of development.

Program Goals: Also known as Program Outcomes. A list (usually no more than 10) that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the program. Should be written beginning with "The graduate will…." Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals. CAAHEP requires that a program goals statement should, at minimum, include preparing entry-level graduates in the cognitive, psychomotor, and affective learning domains.

Program Goals Statement: A statement of the goals of the program with regard to the preparation of its graduates. This is not a list and should not be confused with the program goals/outcomes. CAAHEP requires that a program goals statement should, at minimum, include preparing entry-level graduates in the cognitive, psychomotor, and affective learning domains.

Program Outcomes: Also known as Program Goals. More readily accepted term referring to program goals and graduate preparation. A list that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the program. Should be written beginning with "The graduate will…." Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals.

Program Goals Statement: A statement of the goals of the program with regard to the preparation of its graduates. This is not a list and should not be confused with the program goals/outcomes. CAAHEP requires that a program goals statement should, at minimum, include preparing entry-level graduates in the cognitive, psychomotor, and affective learning domains.

Program Planning: An extension of strategic planning on a program level. Institution strategic plan should be in place in order to carry out program planning. The program plan involves relating the program decisions and actions to the overall strategic plan of the institution. In addition, it is the means by which a program looks to the future and documents its goals, initiatives, and their respective measurement criteria, such as timelines and thresholds. Program planning is directly linked to assessment, as decisions should be data driven; assessment is part of the planning process as it provides much of the data related to program operations.

Rubrics: A type of formative assessment tool that evaluates student performance based on a sum of criteria rather than a single numeric score. Each rubric includes a stated objective, and specific performance characteristics that should be demonstrated. A scoring system should also be included, so that both the instructor and the learner can assess the degree to which the objective(s) have been met. The scoring rubric should be provided to the learner as they work through the formative learning process, as the tool is also used as a working guide for students and instructors.

Stakeholders: Also known as the program's communities of interest. See Communities of Interest information—page 39

Standardized Assessment: In a standardized assessment, an objective measure is given and scored in a uniform manner. Assessments are issued with a manual giving complete guidelines for administration and scoring. The purpose of standardization is to ensure that all students are assessed under the same conditions so that their scores have the same meaning and are not influenced by differing conditions. Standardized assessment tools commonly include rubrics to assist in the continuity of assessment from student to student.

Glossary of Terms

Standards and Guidelines – A *standard* is a requirement that educational programs must meet to be accredited; a *guideline* is a description, example, or recommendation that elaborates on the ***Standard*** and assists with the interpretation of the ***Standard*** but are not required to comply with a ***Standard***.

Strategic Planning: Strategic planning is a management tool. As with any management tool, it is used for one purpose only: to help an organization do a better job—to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. (Adapted from Bryson's Strategic Planning in Public and Non-profit Organizations)

Substantive Changes – a change which has the potential to directly affect the educational program offered or a sponsoring institution's demonstration of compliance with CAAHEP *Standards*; SASA-ARC/STSA substantive changes include: change in key personnel directly related to the educational program [President/CEO, Dean, and Program Director], program goals, facilities, stated maximum enrollment capacity, and curriculum.

Summative Assessment: Assessment used to evaluate student competency after completion of a measured segment of instruction (end of term/quarter/semester) and the effectiveness of the learning and instructional process. Assessment may lead to revision or change in a program or processes related to student learning. These tools are end result (big picture) indicators that are mapped to curricular content and program outcomes. Examples are the outcomes assessment exam, capstone projects, employer and graduate surveys, and retention, and graduate placement, and the national certification exam.

Appendix

Sample Program Effectiveness Plan

Area for Assessment	Measurement Tool	Timeframe	Program Benchmark Criteria	Assessment	Plan of Action
Program goals review/assessment					
Resources: program-specific budget					
Resources: classroom facilities and class-room equipment					
Resources: student and faculty computer resources					
Resources: instructional reference materials					
Resources: laboratory facilities					
Resources: laboratory equipment and instru-mentation					
Resources: laboratory supplies					
Resources: library reference resources, materials, and databases					
Resources: ancillary student facilities					
Resources: clerical/support staff					
Resources: faculty/staff professional develop-ment					
Resources: clinical affiliation sites and OR scrub slots					
Resources: sufficient faculty appointed					
Resources: Faculty—current CSFA/CSA credential					
Resources—Medical Director—current MD/DO credential and specialty certification					
Resources—Clinical Preceptors—current MD/DO credential and surgical privileges					
Resources: Clinical Preceptor Delegates—current CSFA/CSA credential					
Resources—Faculty—professional develop-ment—SA-specific					
Resources—Faculty—professional develop-ment—teaching methods-specific					
Resources: Curriculum—compliant with current Core Curriculum					
Resources: Curriculum—Clinical Case Re-quirement					
Outcomes: Retention					
Outcomes: Approved Outcomes Assessment Exam (OAE) - CSFA Exam (NBSTSA) or CSA Exam (NSAA) Pass Rate					
Outcomes: Graduate Placement					
Outcomes: Employer Survey Return Rate					
Outcomes: Employer Survey Satisfaction Rate					
Outcomes: Graduate Survey Return Rate					
Outcomes: Employer Survey Satisfaction Rate					

Appendix

Formatting a Single-Citation Findings Letter Response—Sample/Example

[Note: the information below does not indicate how a program should respond to this finding. The information is only an illustration of how to format the program's response. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the *Standard(s)*.]

The Finding [from the findings letter]:
Each finding includes three components:
- the *Standard* or *Standards* related to the finding—in bold, non-italicized font
- the actual finding—in non-bold, *italicized* font
- the request—in non-bold, non-italicized font—a response to each 'paragraph' of the request should be clearly addressed in the program's response

An Example of A Findings with Request:

Standard III.C. - The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the *Core Curriculum for Surgical Assisting*. Programs whose entrance requirements do not require previous operating room experience or credentials specific to operating room practice must incorporate curriculum specific to introductory operating room components, as outlined in the latest edition of the *Core Curriculum for Surgical Assisting*.

The logs submitted do not include student names on all pages, verification signatures and dates, and do not include a mechanism to summarize student experiences so as to clearly indicate that students meet or exceed the clinical case requirements of the Core Curriculum for Surgical Assisting, 2e.

Please submit a revised copy of the student case log tool used to track completion of student clinical case requirements for program completion. This tool should be comprehensive of all clinical experiences, clearly indicate a key/legend for form completion, the number of and surgical specialties for the cases completed, and include an area for the student name on each page, and the ability to verify each case (signatures and dates).

In addition, please indicate the date for implementation of the revised clinical case log tool.

Finally, please submit a detailed plan of action that will ensure that student case logs are consistently maintained, verified, stored, retained for a minimum of 5 years, and clearly provide evidence that students are completing the program's published clinical case requirements as defined in the Core Curriculum for Surgical Assisting, 3e.

A Sample/Example of a Program Response to the Findings Request:

The program has revised the program's clinical case log tool. The log now includes areas to document the number and specialty, an area for the student's name, and areas for students and faculty to verify the accuracy of the documentation included on the log. The log also includes a key to guide student completion of the form. The information in the key is also included in an expanded version in the program's Clinical Handbook, available online on the program's website and provided to each student during clinical orientation. A copy of the revised tool is found in Appendix A of this response and a copy of the revised Clinical Handbook is found in Appendix B.

The revised log and Clinical Handbook will be implemented on January 17, 2015.

The program's plan of action for log maintenance includes:
- review of each week's logs by the student and faculty during Clinical Seminar (Friday)
- the student scans the signed log and submits a copy to the program director via the electronic course management system
- the program director saves a copy of the electronic log to the student Master E-folder, and records the cases on the Clinical Master Summary spreadsheet. A sample spreadsheet is including in Appendix C of this response.
- During the Final Evaluation meeting for each clinical course, the Clinical Master Summary spreadsheet is reviewed to determine student progress in meeting the course objectives and the clinical case requirement [140].
- Copies of all logs, the Clinical Master Summary spreadsheet, and copies of all weekly, midterm, and final clinical evaluations are saved to the student's Master E-folder, stored on the school's F:drive. Data on the college's F: drive is backed up daily and retained for 10 years.

Additional details regarding this plan of action are found on the SASA-ARC/STSA Plan of Action-SA form under Appendix D.

SUPPORTING DOCUMENTS:

Appendix A – Revised Clinical Case Log Tool
Appendix B – Clinical Handbook
Appendix C—Sample Clinical Master Summary spreadsheet
Appendix D—Plan of Action—Clinical Log Tool Maintenance

Formatting a Compound Citation Findings Letter Response—Sample/

[Note: the information below does not indicate how a program should respond to this finding. The information is only an example of how to format the program's response. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the *Standard(s)*.]

An Example of A Findings with Request:

Standard II.B. The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee that is representative of these communities of interest must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Standard III.D. The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Standard IV.B.1. The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program. Outcomes assessments include, but are not limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

The program does not provide evidence of a formal plan to assess program resources and program outcomes. The program does not provide evidence that the PAC is comprised of representatives of the eight (8) communities of interest, including a physician, a public member and a practicing CSFA/CSA. The program does not provide evidence of PAC review and assessment of all program resources and program outcomes on at least an annual basis.

Please submit a detailed plan of action and timeline for implementation for assessing the appropriateness and effectiveness of program resources, sufficient for the program's stated maximum enrollment capacity specified above, to ensure achievement of the program's goals and outcomes. The plan of action should be submitted utilizing the required **ARC/STSA Plan of Action Form** *(available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/).*

In addition, please submit a detailed plan of action including a timeline of program follow-up that demonstrates how the program will assess program outcomes, including retention, approved outcomes assessment exam (CSFA® or CSA Exam) results, graduate placement, graduate satisfaction and employer satisfaction. The plan of action should be submitted utilizing the required **ARC/STSA Plan of Action Form** *(available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/).*

Please submit an updated ARC/STSA Program Advisory Committee (PAC) Form—SA demonstrating that the surgical assisting PAC is comprised of membership that represents **all** *communities of interest, including a physician, a public member and a practicing CSFA®/CSA. An ARC/STSA Program Advisory Committee (PAC) Form—SA may be obtained online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/.*

In addition, please note that the public member appointed to the surgical assisting PAC holds a duty to represent the interests of the patient that may come under the care of the surgical assistant, and therefore has a vested interest in the proper education of the surgical assistant for quality patient care. The public member should **not** *be:*
- *a current or former employee of the sponsoring institution*
- *a current or former employee of any clinical affiliate associated with the program*
- *a current or former student of the surgical assisting program*
- *a current or former healthcare provider*

In addition, please submit a detailed plan of action and timeline for implementation that will ensure that the PAC will meet at least once annually [once every 12 months], including a schedule that specifies when the PAC is scheduled to meet during 2011-2012. The plan of action should be submitted utilizing the required **ARC/STSA Plan of Action Form** *(available online at www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/). This information should include a plan of action indicating future PAC input in the following areas:*
- *review and assessment of program resources*

Formatting a Compound Citation Findings Letter Response—Sample/Example—

*   *review and assessment of program outcomes*
*   *monitoring of program needs and expectations*

The plan of action should also ensure program responsiveness to change recommended by the PAC.

*Finally, please submit a detailed plan of action to increase attendance by **all** communities of interest represented on the PAC. The plan of action should be submitted utilizing the required **ARC/STSA Plan of Action Form** (available online at www.arcstsa.org/index.php/educators/ educators-surgical-assisting/sassisting-forms-and-facts/).*

The Sample/Example of a Program Response to the Findings Request:

To assure that the program, at least annually, assess the appropriateness and effectiveness of the resources described in the Standards, the program has developed a Program Effectiveness Plan [PEP] that assesses the sufficiency of program resources, including faculty numbers, professional development in clinical and teaching methods, and annual core faculty credentialing, clerical/support staff, curriculum currency, that graduate meet the required clinical case requirement, program finances/budget, faculty offices, classroom and laboratory facilities – including equipment, supplies and instrumentation, ancillary student facilities, clinical affiliation OR surgical assisting scrub slots, computer resources, instructional reference materials, and faculty/staff continuing education. The PEP was implemented effective July 1, 2011 and resources are assessed annually during the month of July. The completed resource section of the PEP is reviewed with the dean each August, and reviewed by the Program Advisory Committee during the Fall meeting. A copy of the PEP template and the resource section of the PEP completed July 2011 are found in Appendix 1.

To assure that the program, at least annually, assess the program's outcomes described in the Standards, the program has developed a Program Effectiveness Plan [PEP] that assesses the sufficiency of program outcomes, including admissions, retention, CSFA exam results, graduate job placement, employer satisfaction and graduate satisfaction. The program's outcomes benchmarks mirror those required by the ARC/STSA. The PEP was implemented effective July 1, 2011 and retention and CSFA exam results are assessed annually during the month of July. The completed outcomes section – retention and CSFA exam results of the PEP is reviewed with the dean each August, and reviewed by the Program Advisory Committee during the Fall meeting. A copy of the PEP template and the outcomes – retention and CSFA exam results section of the PEP completed July 2011 are found in Appendix 1. Graduate Placement, employer satisfaction and graduate satisfaction are assessed annually during the month of May. The completed outcomes section – Graduate Placement, employer satisfaction and graduate satisfaction section of the PEP is reviewed with the dean each subsequent August following the year of graduation, and reviewed by the Program Advisory Committee during the applicable Fall meeting. A copy of the PEP template and the outcomes section of the PEP completed July 2011 are found in Appendix 1.

An updated ARC/STSA Program Advisory Committee Form—SA for 2011 is found in Appendix 2. Two new surgeons have agreed to be PAC members effective September 1, 2011. In addition, a new public member, Jane Smith, has been appointed to the 2011 PAC. A copy of her résumé, indicating that she meets the requirements for appointment as the public member is found in Appendix 3. Two new practicing CSFA's, Mr. Rainey and Ms. Zamilla, have agreed to join the PAC. A copy of the NBSTSA verification page, indicating that they are current CSFA's is included in Appendix 4. Information for each new member of the PAC is included on the 2011 ARC/STSA PAC Form—SA, found in Appendix 2.

The 2012 PAC meeting will be held on April 14, 2012. The a copy of the completed PEP will be provided to each member prior to the meeting for their review and will be discussed during the meeting, as noted on the PAC agenda for the April 14, 2012 meeting, found in Appendix 5. The agenda includes review of program goals (Item A), review of resources (Item B), review of outcomes – only retention and CSFA exam results will be available for this meeting due to implementation of the PEP on July 1, 2012 (see Item C), and PAC feedback regarding program needs and expectations. PAC suggestions will be discussed at the November staff meeting. PAC meetings will be scheduled in April and October of 2013.

To increase attendance at the April 14, 2012 PAC meeting, new PAC members were added for 2012, including 2 surgeons and 2 practicing CSFA's. The 2012 PAC members were polled via email as to the best date and time for the meeting in July 2012. The meeting is scheduled to be held at 4:30PM at the campus, prior to the Annual Homecoming basketball game, which most of our PAC members attend. The date and time for the subsequent April 2013 PAC meeting will be scheduled at the end of the October 2012 PAC meeting (Appendix 5, Agenda Item F).

SUPPORTING DOCUMENTS:

Appendix 1 – PEP
Appendix 2 – ARC/STSA PAC Form
Appendix 3 – Résumé – Jane Smith – public member
Appendix 4 – CSFA Verifications – Rainey and Zamilla
Appendix 5 – April 14, 2012 PAC Agenda
Appendix 6—Plans of Action: Resource Assessment, Outcomes Assessment, Annual PAC Meetings, PAC Attendance

Preparation and Submission of a Findings Letter Response

When submitting a findings letter or program change to the SASA-ARC/STSA, please use the following guidelines when preparing your submission:

1. A cover letter, on institutional letterhead, should include a reference to the purpose for the documentation submission (e.g.: response to a findings letter from the ARC/STSA dated October 11, 2015).

2. A copy of ARC/STSA communication(s) related to the submission (findings letter, CAAHEP letter, etc.), if applicable.

3. If the submission is related to a findings letter, for each Standard citation:

   A. Table of Contents
   For a findings letter with more than two (2) citations, each citation/response should be listed on a table of contents that includes the Standard and the page of the narrative where the response is located. Citations with the same Standard number should be listed separately (e.g.: III.A. – Resources – Budget and III.A. – Resources – Computers).

   B. Section I – Narrative Response
   - List the Standard, finding and request from the findings letter
   - Insert the program's narrative response
   Note: If supporting documentation is included to demonstrate compliance or to clarify a change, please insert the supporting documentation in an appendix, labeled numerically, following the complete narrative response. Please reference the appendix number and page number in the narrative.)

   C. Section II – Supporting Documentation – on the pages following the complete narrative response, insert any supporting documentation that provides evidence of compliance with the Standards. Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **SASA-ARC/STSA Plan of Action Form-SA**, available online at *www.arcstsa.org/index.php/ educators/educators-surgical-assisting/sassisting-forms-and-facts/*.

   All pages of the submitted response, both hardcopy (paper) and electronic/digital form – including supporting documentation, should be numbered sequentially as one document, beginning with the first page of the narrative through the final page of the supporting documentation.

4. All submissions should include a single "seamless" electronic/digital document (on a CD, DVD, or external drive [stick drive, thumb drive, pencil drive, etc.] for documentation in excess of 20 pages. NOTE: Please do not e-mail large documents (more than 20 pages) to the ARC/STSA. [Please note that submissions consisting of 20 pages or less can be submitted as a single PDF attachment via e-mail sent to info@arcstsa.org.]

5. Documentation should be submitted to:
   Mr. Ron Kruzel, MA, CST, CAE
   Director of Accreditation Services
   ARC/STSA
   6 West Dry Creek Circle, Suite 110
   Littleton, CO 80120

Please note that submissions that include multiple files within the electronic copy will be returned to the program for revision, at the program's expense. This may delay the program's document review.

Confidential Personal Identification Information

The ARC/STSA does **not** accept documentation that includes confidential personal identification information [e.g. - Social Security numbers] or personal health information.

Please **delete** or **black out** all confidential personal identification information or confidential personal health information on documentation prior to submission. Documentation submitted with confidential personal identification information or personal health information will be returned to the program **without** ARC/STSA review.

Plan of Action and Timeline for Implementation

A plan of action and timeline for implementation should be submitted when a program is unable to demonstrate compliance with the Standard(s). Plans include an explanation of the actions to be taken to bring the program into compliance. Supporting documentation that provides further clarification and evidence of the plan of action can also be submitted.

An appropriate plan of action should be detailed, comprehensive, and measureable.
- detailed—who, what, where, when, how,
- comprehensive—address all aspects of the concern/issue/area of non-compliance
- measureable—includes program benchmarks, based on applicable ARC/STSA thresholds, to determine compliance, including a timeline for implementation of each aspect of the plan and for assessment of the success of the plan

Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **SASA-ARC/STSA Plan of Action Form-SA**, available online at *www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/*.

EXAMPLE OF A PLAN OF ACTION USING THE SASA-ARC/STSA PLAN OF ACTION FORM-SA:

Program Plan of Action

Plan Steps	Step Implementation Date	Required Tools/Resources	Step Assessment Date	Program Benchmark Criteria
Create web-based Graduate Survey using ARC/STSA survey tool Place weblink to online Graduate Survey on program website in more prominent location Send email and/or social media contact that includes link to digital survey tool 6 month post-graduate date reached and every 2 weeks until sufficient surveys to meet threshold received	Effective Fall 2014	Meet with IT to develop digital Graduate Survey form and develop template email/social media notification Develop tracking sheet to track notification date and email address/social medium where notification(s) sent	September 2014	Tracking sheet will indicate that all graduates contacted requesting completion and submission of Graduate Survey
Offer prize to first 5 graduates who submit completed Graduate Survey [$10 gift card]	Fall 2014	Roster of graduates Gift Cards	August 2015	50% of graduates will submit a completed Graduate Survey

[NOTE: All response boxes on this form will automatically expand as text is entered. Additional rows can be added to this table by placing the cursor in the bottom, right hand box and pressing "tab".]

Sally Smith, CSFA	August 1, 2014
Program Director Signature	Date

[Note: the action plan above does not indicate how a program should respond to a finding regarding Program Advisory Committee attendance. The information is only an example of how to develop a meaningful plan of action. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the *Standard(s)*.]

Appendix

Common Questions Regarding Records Retention

How many years should a sponsoring institution (school or program) keep students academic files such as clinical logs, clinical evaluations, laboratory skills check-off documents, didactic/classroom exams, etc.?

RESPONSE: Formative (developmental) and summative (final) academic performance/evaluation records (didactic, laboratory and clinical) should be retained for a minimum of five (5) years for CAAHEP and ARC/STSA verification purposes (e.g., in the event of a Random On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, or Focused On-Site Evaluation). In addition, records retention policy requirements from your institutional accreditor and/or state approval agency, if any, may vary and should be verified *before* document destruction is undertaken. Records for non-surgical assisting core courses (e.g., general ed. courses) should be retained consistent with sponsoring institution (school), institutional accreditor and/or state approval agency requirements, if any.

Can programs scan files and save them in a digital format or will the On-Site Evaluators need to review the original documents?

RESPONSE: Student records that are retained electronically/digitally should be immediately available to/accessible by the On-Site Evaluators (site visitors). The documentation should be organized by cohort, by academic year and by student name, to permit ease in review for On-Site verification of program compliance. Before converting student records into a digital/electronic format, the program should verify the records retention policy requirements of your institution (school), institutional accreditor and/or state approval agency, if any, which may vary.

Caveat: In the event that digital/electronically-maintained records cannot be retrieved or effectively reviewed at the time of an On-Site Evaluation, the program will be cited under the applicable Standard(s) (e.g., outcomes, student evaluation and assessment, etc.) as would occur if a program maintaining hardcopy records was unable to produce requested student records for an On-Site Evaluation team.

Is it permissible to scan student records in black/white format or should they be scanned in color?

RESPONSE: Black and white scanned documents retained digitally/electronically may be suitable for many academic performance/evaluation documents maintained by the program.

Caveat: The program should take precautions to retain digital/electronic documentation in color where the data or information presented is distinguished in any meaningful way by color or color-coding (e.g., color font, color highlighted cells/fields, etc. differentiating between achievement/non-achievement of competencies, meeting/not meeting program performance expectations, etc.).

Our office filing space is at a premium and the program does not have fire-proof file cabinets.

RESPONSE: The program may elect to employ a hybrid records retention system where documents of a certain age or type are converted and retained in digital/electronic format, while others remain in the original hard-copy form for a specific period of time. The program may also elect to convert all retained student records and program documentation into a digital/electronic format. Regardless of the mechanism/procedure used, both the sponsoring institution (school) and program should clearly document the records retention policy and procedure and demonstrate, at a minimum, that the procedure is compliant with CAAHEP and ARC/STSA requirements (student records and documentation in support of the program's Annual Report are retained for a minimum of five (5) years).

The campus president's office has many old accreditation documents (original Self-Study, progress reports, etc). How much "historical" accreditation documentation does the school and/or program need to keep?

RESPONSE: The ARC/STSA maintains records of all accreditation communications sent to/received from the program. These records can be provided to your program digitally, by request, in PDF or similar format. (Please note that there may be a processing charge for this service).

Can student records and program documentation prior to 2005 be boxed up and/or destroyed?

RESPONSE: The decision to destroy student records and program documentation is the sole responsibility of the sponsoring institution, which should determine what programmatic accreditation records it wishes to retain consistent with institutional policy (usually driven by the organization's compliance and risk management policies), and institutional accreditor and/or state approval agency requirements, if any. For example, if all accreditation documents are maintained for more than one program and/or more than one campus at a central, college system repository, it may not be useful for the local campus to retain a duplicate set of those accreditation records. The sponsoring institution (school) should have a policy and procedure regarding the retention of accreditation status documentation, which may be available from the school's administration. The ARC/STSA does not have authority to and will not direct an institution to destroy student records.

Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines
for the Accreditation of Educational Programs in Surgical Assisting
Standards initially adopted in 2002; revised in 2008.
Adopted by the
American College of Surgeons
Association of Surgical Technologists
National Surgical Assistant Association
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Surgical Assisting profession. **Standards** are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretations of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Educational Programs (CAAHEP), the American College of Surgeons, the Association of Surgical Technologists and the National Surgical Assistant Association cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of surgical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

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Description of the Profession of Surgical Assisting

As defined by the American College of Surgeons, the surgical assistant provides aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant to the surgeon performs these functions during the operation under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.

I.   Sponsorship

   A.   **Sponsoring Institution and Affiliates**
        A sponsoring institution must be at least one of the following:
        1.   A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
        2.   A foreign post-secondary academic institution acceptable to CAAHEP.
        3.   A hospital or medical center or branch of the United States Armed Forces.

   B.   **Consortium Sponsor**
        1.   A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
        2.   The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

   C.   **Responsibilities of Sponsor**
        The Sponsor must assure that the provisions of these **Standards and Guidelines** are met.

II.   **Program Goals**

   A.   **Program Goals and Outcomes**

        There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

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Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

The program should demonstrate that it conducted a market survey.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee that is representative of these communities of interest named in these Standards must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level surgical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliates, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

1. Program Director
The sponsor must appoint a full-time Program Director.

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a. **Responsibilities**

The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

A method must be established for providing adequate communication of student progress toward course objectives between the clinical affiliate sites, clinical preceptors, and the sponsor.

Full time is defined as the usual and customary time commitment required by the institution for faculty members in equivalent positions in other health educational activities. Under this definition, the Program Director should be sufficiently free from service and other non- educational responsibilities to fulfill the educational and administrative responsibilities of the surgical assisting program.

The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities. Program Directors are encouraged to pursue advanced academic degrees.

b. **Qualifications**

The Program Directors must have experience/training as an educator. Program Directors with instructional responsibilities in core curriculum coursework, laboratory, and clinical instruction must hold a CFA, CSA or an equivalent credential in the surgical assisting profession. Program Directors must possess proficiency in instructional methodology, curriculum design, and program planning. Persons approved as Program Director under previous Standards will continue to be approved in that position in that institution.

It is recognized that there are organizational differences and that the director/coordinator approved under previous Standards may not be an operating room professional; however, he/she should possess a working knowledge of the program's clinical activities.

2. **Medical/Surgical Director**

   a. **Responsibilities**

   The Medical/Surgical Director must provide continuous competent guidance for the clinically related program components and for clinical relationships with other educational programs. The Medical/Surgical Director must actively elicit the understanding and support of practicing surgeons.

   b. **Qualifications**

   The Medical/Surgical Director must be a licensed physician and certified in a surgical specialty recognized by the American Board of Medical Specialties. The physician must be experienced in the type of health care services for which the student is being trained. Persons approved as Medical/Surgical Director under previous Standards will continue to be approved in that position at that institution.

3. **Didactic Faculty**

   a. **Responsibilities**

   The instructional staff must be responsible for directing, evaluating, and reporting student progress toward course objectives and for periodic review and updating of course material.

   b. **Qualifications**

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Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core surgical assisting courses must hold a CFA, CSA or equivalent credential in the surgical assisting profession, or be a licensed physician certified in a surgical specialty recognized by the American Board of Medical Specialties. Persons approved as Didactic Faculty under previous Standards will continue to be approved in that position at that institution.

Faculty should have experience/training as an educator.

Core courses are found in the Core Curriculum for Surgical Assisting. Examples of non-core courses include Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, or Microbiology.

4. **Clinical Preceptors**
   a. **Responsibilities**
   Clinical preceptors must ensure surgical assisting experience opportunities commensurate with the student educational preparation, evaluate the student performance in an ongoing manner, inform the Program Director about student performance, and attest to the level of student achievement during each rotation. Clinical preceptors must ensure the appropriate instruction of any intraoperative instructional tasks that are delegated.

   Clinical preceptors should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities.

   b. **Qualifications**
   A clinical preceptor must be a doctor of medicine or doctor of osteopathy who has current surgical privileges at an appropriately accredited institution/healthcare facility.

5. **Clinical Preceptor Delegates**
   a. **Responsibilities**
   Clinical preceptor delegates must instruct delegated intraoperative instructional tasks and report student achievement to the Clinical Preceptor.

   b. **Qualifications**
   Clinical preceptor delegates must hold a CFA, CSA or an equivalent credential in the surgical assisting profession and must have a minimum of three years of current experience.

   Current experience spent as a practicing surgical assistant should be within the last five years.

C. **Curriculum**
The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the **Core Curriculum for Surgical Assisting.**

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Programs whose entrance requirements do not require previous operating room experience or credentials specific to operating room practice must incorporate curriculum specific to introductory operating room components, as outlined in the latest edition of the **Core Curriculum for Surgical Assisting.**

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

The evaluation system should provide each student and the program with a thorough analysis of the student's knowledge, performance-based strengths and areas needing improvement, and his/her progress toward attainment of the competencies and objectives as stated in the curriculum.

B. Outcomes Assessment

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include, but are not limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

Programmatic summative measures should contribute to assessing effectiveness in specific learning domains. "Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military. Programs not meeting the established thresholds set by the ARC/STSA will begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

2. Outcomes Reporting

The program must periodically submit to ARC/STSA program goal(s), learning domains, evaluation systems (including type, cut score, validity, and appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

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V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, including technical standards (when used), policies on advanced placement, transfer of credits, credits for experiential learning, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and make available to the public, current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

   The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Changes

The sponsor must report substantive changes as described in Appendix A to CAAHEP/ARC/STSA in a timely manner. Additional substantive changes to be reported to ARC/STSA within the time limits prescribed include:

1. Change/addition/deletion of courses that represent significant departure in curriculum content;
2. Change in method of curriculum delivery;
3. Change in degree or credential awarded;
4. Substantial increase/decrease in clock or credit hours for successful completion of a program.

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F. **Agreements**
   There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

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APPENDIX A

Application, Maintenance and Administration of Accreditation

A. **Program and Sponsor Responsibilities**

   1. **Applying for Initial Accreditation**

      a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

         Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).
         6 West Dry Creek Circle, Suite 110
         Littleton, CO 80120

         The "Request for Accreditation Services" form can be obtained from the CAAHEP website at www.caahep.org/Content.aspx?ID=11.

      Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

      b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

         The self-study instructions and report form are available from the ARC/STSA. The on-site review will be scheduled in cooperation with the program and ARC/STSA once the self-study report has been completed, submitted, and accepted by the ARC/STSA.

   2. **Applying for Continuing Accreditation**

      a. Upon written notice from the ARC/STSA, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

         Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).
         6 West Dry Creek Circle, Suite 110
         Littleton, CO 80120

         The "Request for Accreditation Services" form can be obtained from the CAAHEP website at www.caahep.org/Content.aspx?ID=11.

      b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARC/STSA.

         If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

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After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the ARC/STSA forwarding a recommendation to CAAHEP.

3. **Administrative Requirements for Maintaining Accreditation**

   a. The program must inform the Subcommittee on Accreditation for Surgical Assisting and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).

   b. The sponsor must inform CAAHEP and the ARC/STSA of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the ARC/STSA that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The ARC/STSA has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

   c. The sponsor must promptly inform CAAHEP and the ARC/STSA of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

   d. Comprehensive reviews are scheduled by the ARC/STSA in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARC/STSA and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.

   e. The program and the sponsor must pay ARC/STSA and CAAHEP fees within a reasonable period of time, as determined by the ARC/STSA and CAAHEP respectively.

   f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with ARC/STSA policy.

   g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARC/STSA accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the ARC/STSA.

   Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. **Voluntary Withdrawal of a CAAHEP- Accredited Program**

   Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to

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CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. **Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program other than one holding Initial Accreditation may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC/STSA and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the ARC/STSA. The sponsor will be notified by the ARC/STSA of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. **CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the ARC/STSA forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

   The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the ARC/STSA allows the Initial Accreditation of a program to expire, the sponsor must have the opportunity to request reconsideration of that decision or to request voluntary withdrawal of accreditation. The ARC/STSA's decision is final and CAAHEP will not entertain any appeal on behalf of the program. CAAHEP will notify the sponsor in writing of the ARC/STSA's decision.

3. Before the ARC/STSA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The ARC/STSA's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

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4. Before the ARC/STSA forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The ARC/STSA's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the ARC/STSA arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

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