2018

Surgical Assisting Annual Report [SA-AR]

Instructions

ARC/STSA

Accreditation Review Council On Education
In Surgical Technology And Surgical Assisting

and its

Subcommittee on Accreditation
for Surgical Assisting (SASA)

2018 SA Annual Report Instructions

The 2018 SA-AR requires Excel 2010 or greater for full functionality.

Welcome to the 2018 Surgical Assisting Annual Report; a few bits of information to get started:

New for 2018 Surgical Assisting Annual Report [SA-AR]

The ARC/STSA and its SASA in an effort to increase the value and convenience of annual reporting have implemented multiple enhancements to the 2018 SA-AR form (Excel). Based on program feedback, enhancements focus on ease-of-use and improving the reporting experience for surgical assisting program directors and college administrators.

Improvements include:

- Drop-down menus with choices common to selected fields (e.g., school name, institutional accreditor, salutations, state abbreviation);
- Cells with a 'red triangle' in upper right-hand corner provide specific instructions for data entry into those cells—just pass your cursor over it to see the embedded message;
- 'Reminder' alerts—some highlighted—emphasizing changes in outcomes thresholds for use this cycle; and,
- Instructions in fonts with contrasting colors—**bold** & *italics*—to guide you in submitting program-specific data appropriate to the required date ranges for each section.

Keeping in mind that each of the currently CAAHEP-accredited surgical assisting programs has experience with the traditional SA-AR format, the ARC/STSA preserved the routine section titles, text fields, data-bearing cells and other features of the Surgical Assisting Annual Report form from prior years.

Annual Report Date Ranges:

There are three (3) different date ranges for data requested on this report:

- **August 1, 2017-July 31, 2018 – "Current Program Information**
- **August 1, 2016-July 31, 2017 –"Program Outcomes"**
- **August 1, 2015-July 31, 2016 & August 1, 2016-July 31, 2017 – "Graduate Outcomes"** – Programs will be reporting on **TWO** years of Graduate Outcomes on the 2018 Annual Report

Color-Coding of Annual Report Spreadsheet Cells:

1. All cells on the spreadsheet that require program data entry are non-shaded (white). Only non-shaded cells, except the non-shaded header cells [Rows 1-3] are "unlocked" for access and data entry.

2. The non-shaded header cells on the spreadsheet [Rows 1-3] are "locked" and cannot be accessed.

3. The light gray, medium gray/blue, and black cells on the spreadsheet are "locked" and cannot be accessed.

4. Most light blue-shaded cells (red arrows) on the spreadsheet are "locked" and cannot be accessed. These cells include formulae to automatically calculate data based on program data input in previously completed cells.

3. The light gray, medium gray/blue, and black cells on the spreadsheet are "locked" and cannot be accessed.

4. Most light blue-shaded cells (red arrows) on the spreadsheet are "locked" and cannot be accessed. These cells include formulae to automatically calculate data based on program data input in previously completed cells.

Form Navigation:

1. Once the cursor is placed in one of the data entry (white) cells, use the "tab" key to proceed to the next applicable data entry cell. The "tab" key is usually the easiest and most successful way to move to the next applicable data entry (white) cell.

2. Please note that the "down arrow" button and "enter" keys do **NOT** always take to you the next applicable data field!!

General Rules for Data Entry Cells:

1. Telephone numbers (ten digits) should be entered using the 000-000-0000 format.

2. "State" should be designated using the USPS 2-character state abbreviation designation [e.g. AL, MS, WY, etc.]

3. Data cells that require entry of currency should be entered in dollar amounts (no cents) and as whole numbers *ONLY* (Example: enter 22000 for $22,000). Please do **NOT** enter currency-related characters [dollar symbol ($), decimal points, commas, etc.] in these data fields. Currency-related characters will automatically be added to the numbers upon exiting the applicable data cell.

4. "YES" and "NO" responses should be indicated by placing an upper case "**X**" in the applicable data cell.

5. "Free-text" narrative data fields (such as *plans of action* and *explanation* textboxes/fields) have a maximum character capacity of **450** characters – including punctuation and spacing.

6. Enter data for date-related cells using a 0/0/00 format, a 00/00/0000 format, or a Month 00, 0000 format. All data will automatically be converted to a Month 00, 0000 format by the spreadsheet.

7. The form allows programs to enter outcomes for a maximum of twelve (12) completion dates. Programs having more than 12 completion dates within the reporting year should report outcomes on a monthly basis.

8. Outcomes data cells (retention and outcomes assessment exam) for which there are no completion dates should be left "blank" – no data should be entered in these data cells.

Standardized ARC/STSA Forms:

Standardized ARC/STSA forms for use in completing the 2018 Annual Report (**bolded and underlined**) are available online at Standardized SA Forms.

Contemporary Program Information August 1, 2017-July 31, 2018

1. **Current Program Information**:
    a. Rows 7-22 – Please enter the school name and contact information for the surgical assisting program.

2. **Institutional Accreditor(s)**:
    a. Rows 24-27 – Please select from the drop-down menu(s)the name(s) of the sponsoring institution's institutional accreditor(s) on the corresponding row:
        - Row 25 – for Regional Institutional Accreditors
        - Row 26 – for National Institutional Accreditors
        - Row 27 – for Other Institutional Accreditors

    Programs should indicate *at least* one (1) institutional accreditor. Please refer to the list of Institutional Accreditors on page 3 of the *Standards Interpretive Guide* (SA-SIG), available online at http://www.arcstsa.org/wp-content/uploads/2016/08/SIG-SA-0816-1.pdf . Please note that CAAHEP is not an Institutional Accreditor – CAAHEP is a specialized programmatic accreditor.

3. **Program Enhancements**: Please indicate "YES" or "NO" to each of the following by placing an "X" in the corresponding cell:
    a. Row 29 – *Distance Education* – Please indicate whether the program has ARC/STSA-approval to offer the program via distance education [Rows 30-31]. Please note: distance education approval does not include the use of hybrid courses or electronic course management systems to supplement courses. [**If** the program is being offered via distance education and does not have ARC/STSA approval to offer the program via distance education, please contact the ARC/STSA for further assistance.]
        - Rows 33-38 – If "YES" to Distance Education [Row 31], please indicate all applicable Distance Education vehicle(s)/method(s) for program delivery.

    b. Row 39 – *Satellite Campuses* – Please indicate whether the program has one or more ARC/STSA-approved satellite campuses that offer the surgical assisting program [Rows 40-41]. [**If** the program has a satellite campus(es) and does not have ARC/STSA approval for the satellite campus(es), please contact the ARC/STSA for further assistance.]
        - Row 42 - If "YES" to Satellite Campus(es) [Row 40], please list the name and city/state for each ARC/STSA-approved satellite campus.

c. Row 43 – *Consortium Information* – Please indicate whether the program has been approved as a consortium by the ARC/STSA [Rows 44-45]. [**If** the program is a consortium and does not have ARC/STSA approval as a consortium, please contact the ARC/STSA for further assistance.]
    - Row 46 – If "YES" to Consortium Information [Row 44], please list the name and city/state for each ARC/STSA-approved consortium member.

4. Enrollment Information:

a. Row 49 – Please enter the maximum number of students enrolled per cohort for which ARC/STSA approval of sufficient resources has been received.

b. Row 50 – Please enter the maximum number of cohorts (classes) enrolled per year for which ARC/STSA approval of sufficient resources has been received. [**Please Note**: Programs having more than 12 completion dates within the reporting year should report outcomes on a monthly basis.]

c. Row 51 – Please enter the number of cohorts that overlap in the clinical setting at any given point in the program during the period of **8/1/2017-7/31/2018**. [**Please Note**: Programs should not report more than 12 clinical overlapping cohorts.]

d. Row 53 – Please enter the number of new students enrolled or anticipated to enroll in the program during the period of **8/1/2017-7/31/2018.**

e. Row 54 – Please enter the number of students enrolling from previous cohorts (re-entries due to leaves of absence, repeat course, etc.) into cohorts matriculating during the period of **8/1/2017-7/31/2018**.

f. Row 56 **–** Please enter the length(s) of the program's course of studies (in months).

g. Row 57 – Please select from the drop-down menu the degree awarded upon program completion (e.g., diploma, certificate or specific academic degree).

h. Row 58 – If the program awards more than one degree option for program completion, please select from the drop-down menu the second degree that can be awarded upon program completion.

5. Administrative Program Information:

a. Row 61 – Please enter all academic breaks and time off for the period of **8/1/2018-7/31/2019**. Please enter dates using the 00/00/0000 format and include a comma between individual or clusters of break dates.

b. Row 64 – Please enter the annual (total) tuition and fees for in-state students for the period of **8/1/2017-7/31/2018**. Please enter only numeric data for a whole number (example: enter "2000" for $2000.00).

c. Row 65 – Please enter the annual (total) tuition and fees for out-of-state students for the period of **8/1/2017-7/31/2018**.

d. Rows 66-69 – Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell. If "YES" [Row 67], please describe the change in Row 69.

6. **Assessment and Admissions Information:**
    a. Row 72 – Change(s) in Student Evaluation Frequency - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 73-74]. If "YES" [Row 73], please describe the change(s) in Row 75.

    b. Row 76 – Change(s) in Student Evaluation Methods - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 77-78]. If "YES" [Row 77], please describe the change(s) in Row 79.

    c. Row 80 – Change(s) in Student Evaluation Review Process - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 81-82]. If "YES" [Row 81], please describe the change(s) in Row 83.

    d. Row 84 – Change(s) in Admissions Policy or Process - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 85-86]. If "YES" [Row 85], please describe the changes) in Row 87.

7. **Program Budget Information:**
    a. Row 90 – Please enter the amount allocated for program supplies and equipment for the period of **8/1/2017-7/31/2018**. Please enter only numeric data for a whole number (example: enter "2000" for $2000.00).

    b. Row 91 – Please enter the amount allocated for program capital expenditures for the period of **8/1/2017-7/31/2018**. Please enter only numeric data for a whole number (example: enter "2000" for $2000.00).

    c. Row 92 – Please enter the amount allocated for program professional development for the period of **8/1/2017-7/31/2018**. Please enter only numeric data for a whole number (example: enter "2000" for $2000.00).

    d. Row 93 – Please indicate a comprehensive, detailed analysis of the program's budget for the period of **8/1/2017-7/31/2018.**

8. **Communities of Interest Information:**
    a. Row 96 – Please describe how community needs are assessed and monitored, including meeting frequency, frequency of attendance by the eight (8) required communities of interest representatives and all assessments performed by the Program Advisory Committee (PAC) meetings for the period of **8/1/2017-7/31/2018**.

    b. Row 97 – Changes in Program Advisory Committee (PAC) Membership - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 98-99]. If "YES" [Row 98], please submit a copy of the updated **ARC/STSA Program Advisory Committee Form – SA**.

    c. Row 103 – Please indicate the date(s) of the Program Advisory Committee (PAC) meeting(s) for the period of **8/1/2017-7/31/2018**. Please enter the numeric data using the 00/00/0000 format.

    d. Row 104 – Change in Community Needs - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 105-106]. If "YES" [Row 105], please submit a copy of the PAC **minutes** indicating review and assessment of the community of needs change.

9. **Program Personnel Summary:**

a. Row 111-125 – Please enter the name and contact information for the **President/CEO** (or comparable appointment) for the institution sponsoring the surgical assisting program.

b. Row 126 – New Appointment Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 127-128]. If "NO" [Row 128], please skip to Row 134.

c. Row 129 – New Appointment Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 130-131]. If "NO" [Row 131], please submit a copy of the **ARC/STSA Program Personnel Data Form-President – SA** in support of this appointment as requested in Row 132.

d. Rows 134-148 – Please enter the name and contact information for the **Dean** (or comparable appointment) for the institution sponsoring the surgical assisting program.

e. Row 149 – New Appointment Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 150-151]. If "NO" [Row 151], please skip to Row 157.

f. Row 152 – New Appointment Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 153-154]. If "NO" [Row 154], please submit a copy of the **ARC/STSA Program Personnel Data Form-Dean – SA** in support of this appointment as requested in Row 155.

g. Rows 157-171 – Please enter the name and contact information for the SA **Program Director**.

h. Row 172 – New Appointment Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 173-174]. If "NO" [Row 174], please skip to Row 180.

i. Row 175 – New Appointment Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 176-177]. If "NO" [Row 177], please submit a copy of the **ARC/STSA Program Personnel Data Form-Program Director – SA** in support of this appointment as requested in Row 178.

j. Rows 180-194 – Please enter the name and contact information for the **Medical Director** for the surgical assisting program.

k. Row 195 – New Appointment Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 196-197]. If "NO" [Row 197], please skip to Row 203.

l. Row 198 – New Appointment Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 199-200]. If "NO" [Row 200], please submit a copy of the **ARC/STSA Program Personnel Data Form-Medical/Surgical Director – SA** in support of this appointment as requested in Row 201.

m. Row 204 – Please list the name and credential(s) for all program **Didactic and Laboratory Instructors** for the program during the period of **8/1/2017-7/31/2018**.

n. Row 205 – New Appointment Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 206-207]. If "NO" [Row 207], please skip to Row 213.

o. Row 208 – New Appointment Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 209-210]. If "NO" [Row 210], please submit a copy of the **ARC/STSA Program Personnel Data Form-Didactic Faculty – SA** in support of this appointment as requested in Row 211.

p. Row 214 – **Clinical Preceptors** - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 215-216].

q. Row 217-219 – Clinical Preceptors Qualification Verification - Please verify that all Clinical Preceptors for the academic year **8/1/2017-7/31/2018** meet the criteria for appointment as specified in Standard III.B.4.b. by placing an "X" in the corresponding cell. [NOTE: Proof that Clinical Preceptors meet the requirements of Standard III.B.4.b. **must** be provided to the ARC/STSA upon request.]

r. Row 222 – **Clinical Preceptor Delegates** - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 223-224].

s. Row 225-227 – Clinical Preceptor Delegates Qualification Verification - Please verify that all Clinical Preceptor Delegates for the academic year **8/1/2017-7/31/2018** meet the criteria for appointment as specified in Standard III.B.4.b. by placing an "X" in the corresponding cell. [NOTE: Proof that Clinical Preceptor Delegates meet the requirements of Standard III.B.5.b. **must** be provided to the ARC/STSA upon request.]

10. Clinical Affiliate Sites:

a. Row 2293 – Clinical Affiliate Site Change Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 231-232].

b. Row 233 – New Clinical Affiliation Approval Clarification - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 234-235]. If "YES", please submit a copy of the **ARC/STSA Clinical Affiliate Attestation Form – SA** for each new affiliate as requested in Row 236.

11. Curriculum:

a. Row 239 – Curriculum Changes - Please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Rows 240-241]. If "YES", please describe the change in Row 242.

b. Row 243 - If "YES"[Row 240] to the Curriculum Change question [Row 239], please indicate "YES" or "NO" to the question by placing an "X" in the corresponding cell [Row 244-245].

c. Row 246 – If "YES"[Row 240] to the question in Row 239, please submit the following:
- Copies of currently approved syllabus/syllabi that has/have changed
- Copies of proposed (new) syllabus/syllabi
- A narrative and comparison specifying the changes between the currently approved the and proposed syllabi
- A copy of the completed **ARC/STSA Curriculum Attestation Form - SA**, for the proposed curriculum

d. Row 247 – If "NO" [Row 245] to the question in Row 243, please attach a comprehensive, detailed, measurable plan of action and timeline for implementation for the program to demonstrate compliance with the national *Core Curriculum for Surgical Assisting*, current edition. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

You have completed the Current Program Information section of the SA Annual Report!

Program Outcomes Information August 1, 2016-July 31, 2017

1. **Retention:**
    a. Row 256 – Please note: the "**Reminder**: Retention Threshold" when reporting Retention compliance.

    b. Row 257 – Please indicate the date of the first cohort (*Completion Date #1*) to complete the program during the period of **8/1/2016-7/31/2017**. Please enter the date using the **00/00/0000** format.

    c. Row 258 – Please indicate the number of new students originally enrolled into the first cohort for the completion date specified [Row 258], according to the original on-time completion/anticipated graduation date specified in the student's original education plan.

    d. Row 259 – Please indicate the number of re-entry/transfer-in students who joined the first cohort for the completion date specified [Row 257] due to leave of absence, failed course(s), or other change(s) in their original on-time completion/anticipated graduation date.

    e. Row 260 – The "Total Students Enrolled" is automatically calculated for the first cohort completing on *Completion Date #1*.

    f. Row 261 – Please indicate the total number of students completing the course of studies on the completion date specified [Row 257].

    g. Row 262 – The "Total Students Graduated %" is automatically calculated for the first cohort completing on *Completion Date #1*.

    h. Rows 264, 265, 266, & 268 – If applicable, please indicate data for the second cohort to complete the program during the period of **8/1/2016-7/31/2017**.

    i. Rows 271-338 – If applicable, please indicate data for the 3rd through 12th cohorts to complete the program during the period of **8/1/2016-7/31/2017**.

    j. Rows 342-346 will automatically calculate Retention Data Summary for **8/1/2016-7/31/2017**.

    k. Row 348 – Reminder - Please note the highlighted "Reminder: Retention Threshold" when completing the detailed Retention analysis in the text box on Row 349.

    l. Row 349 –Retention Analysis - Based on the summative data in Rows 342-346, please indicate a comprehensive, detailed analysis of program retention for the period of **8/1/2016-7/31/2017**.

m. Row 350 – Most Recent Year Retention Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for retention for the period of **8/1/2016-7/31/2017** by placing an "X" in the corresponding cell [Rows 351-352].

n. Row 353 – Retention Assessment Plan of Action - If "NO" [Row 352], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how retention will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

o. Rows 356-358 – **Retention Trends Summary Assessment** - Please indicate whether the program met or does not meet the ARC/STSA threshold for retention on the applicable Annual Report [2016 - for the period of **8/1/2014-7/31/2015**, 2017 – for the period of **8/1/2015-7/31/2016**, and 2018 - for the period of **8/1/2016-7/31/2017**] by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

p. Row 360 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for retention for all three years [**8/1/2014-7/31/2017**] by placing an "X" in the corresponding cell [Rows 361-362].

q. Row 363 – Most Recent Year Retention – If "NO" [Row 362], please indicate whether the program meets or does not meet the ARC/STSA threshold for retention for the most recent reportable year [**8/1/2016-7/31/2017**] by placing an "X" in the corresponding cell [Rows 364-365].

r. Row 366 – Retention Plan of Action –If "NO" [Row 365], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how retention will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

2. Outcomes Assessment Exam (OAE):

a. Row 369-370 – Please note: the first cohort's "Completion Date #1" and "# of Students Graduated" is automatically preloaded from the Retention data for that cohort previously entered. This *preloading* continues for the remaining reported cohorts for OAE for the period **8/1/2016-7/31/2017**.

b. Row 371 – **CSFA** Pass Rate Data - Please indicate the number of students completing the course of studies on the cohort completion dated indicated in Row 369 who obtained the CSFA credential.

c. Row 372 – CSA Pass Rate Date - Please indicate the number of students completing the course of studies on the cohort completion dated indicated in Row 368 who obtained the CSA credential within 1 year of graduation. **Please see highlighted "Reminder" instructions *before* reporting CSA results.**

d. Rows 378 & 379– If applicable please indicate outcomes assessment exam [CSFA and CSA (*if eligible*)] pass rate data for the second cohort of students graduating from the program on the cohort completion date indicated.

e. Rows 385-449 – If applicable, please indicate outcomes assessment exam [CSFA and CSA (*if eligible*)] pass rate data for the 3rd through 12th cohorts of students completing the program on the cohort completion date indicated.

f. Rows 454-458 will automatically calculate.

g. Row 461 – Most Recent Year Outcomes Assessment Exam Analysis - Based on the summative data in Rows 454-458, please indicate a comprehensive, detailed analysis of outcomes assessment exam (OAE) pass rate data for the period of **8/1/2016-7/31/2017**.

i. Row 462 – Outcomes Assessment Exam Pass Rate Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for outcomes assessment exam (OAE) pass rate for the period of **8/1/2016-7/31/2017** by placing an "X" in the corresponding cell [Rows 463-464].

j. Row 465 – Outcomes Assessment Exam Pass Rate Assessment Plan of Action - If "NO" [Row 464], please attach a comprehensive, detailed, measureable plan of action and timeline for implementation that specifies how outcomes assessment exam (OAE) pass rate results will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

k. Rows 468-470 – **Outcomes Assessment Exam Trends Summary Assessment** - Please indicate whether the program meets or does not meet the ARC/STSA threshold for outcomes assessment exam (OAE) pass rate on the on the applicable Annual Report [2016 - for the period of **8/1/2014-7/31/2015**, 2017 – for the period of **8/1/2015-7/31/2016**, and 2018 - for the period of **8/1/2016-7/31/2017**] by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

l. Row 471 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for outcomes assessment exam (OAE) pass rate for all three years [**8/1/2014-7/31/2017**] by placing an "X" in the corresponding cell [Rows 472-473].

m. Row 474 – Most Recent Year Outcomes Assessment Exam Assessment – If "NO" [Row 473], please indicate whether the program meets or does not meet the ARC/STSA threshold for outcomes assessment exam (OAE) pass rate for the most recent year [**8/1/2016-7/31/2017**] by placing an "X" in the corresponding cell [Rows 475-476].

n. Row 477 – Outcomes Assessment Exam Assessment Plan of Action - If "NO" [Row 476], please attach a comprehensive, detailed, measureable plan of action and timeline for implementation that specifies how outcomes assessment exam (OAE) pass rate results will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

You have now completed the Program Outcomes section of the SA Annual Report!

Graduate Outcomes Information August 1, 2015 – July 31, 2016

1. **Graduate Placement:**
    a. Row 482 – Please indicate the date of the first cohort to complete the program during the period of **8/1/2015-7/31/2016**. Please enter the date using the **00/00/0000** format.

    b. Row 483 – Please indicate the total number of graduates who completed the program for the completion date specified [Row 482].

    c. Row 484 – Please indicate the total number of graduates employed in a surgical assisting-related field ONLY for the completion date specified [Row 482].

    d. Row 485 – Please indicate the total number of graduates employed in a surgical assisting-related field AND continuing their education for the completion date specified [Row 482].

    e. Row 486 – Please indicate the total number of graduates continuing their education ONLY for the completion date specified [Row 482].

    f. Row 487-488 – # and % of graduates positively placed are automatically calculated based on data inserted in Rows 483-486.

    g. Rows 490-494 – If applicable, please indicate data for the second cohort to complete the program during the period of **8/1/2015-7/31/2016**.

    h. Rows 498-574 – If applicable, please indicate data for the 3rd through 12th cohorts to complete the program during the period of **8/1/2015-7/31/2016**.

    i. Rows 579-584 will automatically calculate.

    j. Row 587 – Graduate (Positive) Placement Analysis - Based on the summative data in Rows 579-584, please provide a comprehensive, detailed analysis of graduate (positive) placement for the period of **8/1/2015-7/31/2016.**

    k. Row 588 – Graduate Placement Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Placement for the period of **8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 589-590].

l. Row 591 – Graduate Placement Assessment Plan of Action - If "NO" [Row 590], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how graduate placement will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

m. Rows 594-596 – Graduate Placement Trends Summary Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for graduate placement on the applicable Annual Report for the periods of **8/1/2013-7/31/2014**, **8/1/2014-7/31/2015,** and **8/1/2015-7/31/2016** by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

n. Row 597 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for graduate placement for all three years by placing an "X" in the corresponding cell [Rows 598-599].

o. Row 600 – Most Recent Year Graduate Placement Assessment – If "NO" [Row 599], please indicate whether the program meets or does not meet the ARC/STSA threshold for graduate placement for the most recent reportable year [**8/1/2015-7/31/2016**] by placing an "X" in the corresponding cell [Rows 601-602].

p. Row 603 – Graduate Placement Assessment Plan of Action - If "NO" [Row 602], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how graduate placement will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

2. Employer Satisfaction [return rate and satisfaction rate]:

a. Row 605-606 – Please note: the first cohort's "Completion Date #1" and "# of Graduates Placed" is automatically preloaded from the Graduate Placement data for that cohort previously entered. This *preloading* continues for the remaining reported cohorts for Employer Satisfaction surveys for the period **8/1/2015-7/31/2016**.

b. Row 608 – Please indicate the number of employer surveys sent for the completion date specified [Row 606].

c. Row 609 – Please indicate the number of employer surveys that were returned for the completion date specified [Row 606].

d. Row 610 – % of Employer Surveys returned is automatically calculated based on data inserted in Rows 608-609.

e. Row 612 – Please indicate number of returned employer surveys that report satisfaction (29 of 34 areas indicating "3" or higher") for the completion date specified [Row 606].

f. Rows 617, 618 & 621 – If applicable, please indicate data for the second cohort to complete the program during the period of **8/1/2015-7/31/2016**.

g. Rows 626-711 – If applicable, please indicate data for the 3rd through 12th cohorts to complete the program during the period of **8/1/2015-7/31/2016**.

h. Rows 715-721 will automatically calculate.

i. Row 724 – Employer Survey Return Rate Analysis - Based on the summative data in Rows 715-721, please indicate a comprehensive, detailed analysis of Employer Survey return rate for the period of **8/1/2015-7/31/2016.**

j. Row 725 – Employer Survey Return Rate Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey return rate for the period of **8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 726-727].

k. Row 728 – Employer Survey Return Rate Assessment Plan of Action - If "NO" [Row 727], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Employer Survey return rate will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

l. Row 730 – Employer Survey Satisfaction Rate Analysis - Based on the summative data in Rows 714-720, please indicate a comprehensive, detailed analysis of Employer Survey satisfaction rate for the period of **8/1/2015-7/31/2016.**

m. Row 731 – Employer Survey Satisfaction Rate Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey satisfaction rate for the period of **8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 732-733].

n. Row 734 – Employer Survey Satisfaction Rate Assessment Plan of Action - If "NO" [Row 733], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Employer Survey results [satisfaction rate] will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

o. Rows 738-740 – Employer Survey Return Rate Trends Summary Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey return rate on the applicable Annual Report for the periods of **8/1/2013-7/31/2014, 8/1/2014-7/31/2015,** and **8/1/2015-7/31/2016** by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

p. Row 741 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey return rate for all three years by placing an "X" in the corresponding cell [Rows 742-743].

q. Row 744 – Most Recent Year Employer Survey Return Rate Assessment – If "NO" [Row 743], please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey return rate for the most recent year [**8/1/2015-7/31/2016**] by placing an "X" in the corresponding cell [Rows 745-746].

r. Row 747 – Employer Survey Return Rate Assessment Plan of Action - If "NO" [Row 745], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Employer Survey results [return rate] will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

s. Rows 750-752 – Employer Survey Satisfaction Rate Trends Summary Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey satisfaction rate on the applicable Annual Report for the periods of **8/1/2013-7/31/2014, 8/1/2014-7/31/2015,** and **8/1/2015-7/31/2016** by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

t. Row 753 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey satisfaction rate for all three years by placing an "X" in the corresponding cell [Rows 754-755].

u. Row 756 – Most Recent Year Employer Survey Satisfaction Rate Assessment – If "NO" [Row 754], please indicate whether the program meets or does not meet the ARC/STSA threshold for Employer Survey satisfaction rate for the most recent reportable year [**8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 757-758].

v. Row 759 – Employer Survey Satisfaction Rate Assessment Plan of Action - If "NO" [Row 758], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Employer Survey satisfaction rate will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

3. Graduate Satisfaction [return rate and satisfaction rate]:

a. Row 762-763 – Please note: the first cohort's "Completion Date #1" and "# of Graduates" is automatically preloaded from the Graduate Placement data for that cohort previously entered. This *preloading* continues for the remaining reported cohorts for Graduate Satisfaction surveys for the period **8/1/2015-7/31/2016**.

b. Row 764 – Please indicate the number of graduate surveys sent for the completion date specified [Row 762].

c. Row 765 – Please indicate the number of graduate surveys that were returned for the completion date specified [Row 762].

d. Row 768 – Please indicate number of returned graduate surveys [administered at least 6 month post-graduation] that indicate satisfaction (13 of 15 areas indicating "3" or higher") for the completion date specified [Row 762].

e. Rows 773, 774, & 777 – If applicable, please indicate data for the second cohort to complete the program during the period of **8/1/2015-7/31/2016**.

f. Rows 782-867 – If applicable, please indicate data for the 3rd through 12th cohorts to complete the program during the period of **8/1/2015-7/31/2016**.

g. Rows 871-877 will automatically calculate.

h. Row 880 – Graduate Survey Return Rate Analysis - Based on the summative data in Rows 871-877, please provide a comprehensive, detailed analysis of Graduate Survey return rate for the period of **8/1/2015-7/31/2016.**

i. Row 881 – Graduate Survey Return Rate Assessment - Please indicate whether the program met or does not meet the ARC/STSA threshold for Graduate Survey return rate for the period of **8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 882-883].

j. Row 884 – Graduate Survey Return Rate Assessment Plan of Action - If "NO" [Row 883], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Graduate Survey results [return rate] will be raised to and maintained at a level that met or

exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

k. Row 886 – Graduate Survey Satisfaction Rate Analysis - Based on the summative data in Rows 871-877, please indicate a comprehensive, detailed analysis of Graduate Survey satisfaction rate for the period of **8/1/2015-7/31/2016.**

l. Row 887 – Graduate Survey Satisfaction Rate Assessment - Please indicate whether the program met or does not meet the ARC/STSA threshold for Graduate Survey satisfaction rate for the period of **8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 888-889].

m. Row 890 – Graduate Survey Satisfaction Rate Assessment Plan of Action - If "NO" [Row 889], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Graduate Survey results [satisfaction rate] will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

n. Rows 894-896 – Graduate Survey Return Rate Trends Summary Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey return rate on the applicable Annual Report for the periods of **8/1/2013-7/31/2014, 8/1/2014-7/31/2015,** and **8/1/2015-7/31/2016** by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

o. Row 897 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey return rate for all three years by placing an "X" in the corresponding cell [Rows 898-899].

p. Row 900 – Most Recent Year Graduate Survey Return Rate Assessment – If "NO" [Row 899, please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey return rate for the most recent year [**8/1/2015-7/31/2016**] by placing an "X" in the corresponding cell [Rows 901-902].

q. Row 903 – Graduate Survey Return Rate Assessment Plan of Action - If "NO" [Row 902], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how Graduate Survey results [return rate] will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

r. Rows 906-908 – Graduate Survey Satisfaction Rate Trends Summary Assessment - Please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey satisfaction rate on the applicable Annual Report for the periods of **8/1/2013-7/31/2014, 8/1/2014-7/31/2015,** and **8/1/2015-7/31/2016** by placing an "X" in the applicable "MET Threshold" or "Did **Not** Meet Threshold" cells.

s. Row 909 – Please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey satisfaction rate for all three years by placing an "X" in the corresponding cell [Rows 910-911].

t. Row 912 – Most Recent Year Graduate Survey Satisfaction Rate Assessment – If "NO" [Row 910], please indicate whether the program meets or does not meet the ARC/STSA threshold for Graduate Survey satisfaction rate for the most recent year [**8/1/2015-7/31/2016** by placing an "X" in the corresponding cell [Rows 913-914].

u. Row 915 – Graduate Survey Satisfaction Rate Assessment Plan of Action - If "NO" [Row 914], please attach a comprehensive, detailed, measurable plan of action and timeline for implementation that

specifies how Graduate Survey satisfaction rate will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. The plan of action should be developed utilizing the required **ARC/STSA Plan of Action Form – SA**.

Graduate Outcomes Information August 1, 2016 – July 31, 2017

1. Rows 917 – 1,352; repeat steps from 2015-2016 Graduate Outcomes data submission using August 1, 2016 – July 31, 2017 Graduate Outcomes data.

You have now completed the Graduate Outcomes section of the SA Annual Report!

ARC/STSA Verification Forms:

1. Row 918 – Please verify submission of the following ARC/STSA forms/program documentation to be attached to the 2017 SA Annual Report in support of applicable change(s) by placing an "**X**" in the corresponding cell(s) in:

    a. Row 1,356-Column C – ARC/STSA **Program Advisory Committee Form** – SA

    b. Row 1,357-Column C – **PAC Minutes** – **Communities of Need change** – *submit if "YES" is indicated in Row 105*.

    c. Row 1,358-Column C - ARC/STSA **Clinical Affiliate Attestation Form** – SA

    d. Row 1,359-Column C – ARC/STSA **Plan of Action Form – SA - Retention**

    e. Row 1,360-Column C – ARC/STSA **Plan of Action Form – SA – OAE pass rate**

    f. Row 1,361-Column C– ARC/STSA **Plan of Action Form – SA – Graduate (Positive) Placement**

    g. Row 1,362-Column C – ARC/STSA **Plan of Action Form – SA – Employer Survey return rate**

    h. Row 1,363-Column C – ARC/STSA **Plan of Action Form – SA – Employer Survey satisfaction rate**

    i. Row 1,356-Column H – ARC/STSA **Plan of Action Form – SA – Graduate Survey return rate**

    j. Row 1,357-Column H – ARC/STSA **Plan of Action Form – SA – Graduate Survey satisfaction rate**

    k. Row 1,358-Column H – **Personnel Change Documentation** (see "Changes" information on the ARC/STSA website (www.arcstsa.org/index.php/educators/educators-surgical-assisting/sassisting-forms-and-facts/) regarding documentation for submission in support of various personnel changes.

    l. **Curriculum Change Documentation**:
        1. Row 1,360-Column H – Copies of current (approved) syllabus/syllabi that has changed – *submit if "YES" is indicated in Row 240*.
        2. Row 1,361-Column H – Copies of proposed syllabus/syllabi - *submit if "YES" is indicated in Row 240*.
        3. Row 1,362-Column H – A narrative and comparison specifying the changes between the approved and proposed syllabi – *submit if "YES" is indicated in Row 240*.
        4. Row 1,363-Column H – A copy of a completed ARC/STSA Curriculum Attestation Form – SA for the proposed curriculum – *submit if "YES" is indicated in Row 240*.

You have now completed the Supporting Documentation section of the SA Annual Report!

Report Verification:

1. Please review the report carefully prior to submission to assure that all applicable fields are completed and include accurate program data.
2. Row 1,365 – Please indicate the name and institutional title (e.g., Program Director, Dean, etc.) of the person completing and submitting the annual report, which constitutes that individual's electronic signature.
3. Row 1,366 – Please indicate the date of report completion.
4. Row 1,367– Attestation: Please review and check the box indicating your attestation to the accuracy of the SA Annual Report at the time of submission. Please note: by checking the attestation box, the sponsoring institution is verifying that the data submitted in the report accurately reflects the program offered.

You have now completed the Report Verification section of the SA Annual Report!

Report Submission:

Following completion and review of the 2018 SA Annual Report with any addenda (supplemental forms as applicable) for accuracy, your comprehensive annual report should be saved as a **single, "seamless" digital file, in PDF format** both for your records and as part of your annual report submission.

Complete, electronic/digital copies of the 2017 SA Annual Report, in both Excel format (1) and single, "seamless", PDF format (1), must be **received** by the ARC/STSA *on or before close of business* [**4:30PM**-Mountain] on **Monday October 1, 2018.**

Submit both copies of your annual report either via e-mail attachment (sent delivery and read receipt requested) to tamara.simmons@arcstsa.org **or** via electronic/digital media (CD-ROM, DVD or external drive) by mail carrier (USPS, FedEx, USP, etc.).

ARC/STSA
Accreditation Review Council On Education
In Surgical Technology And Surgical Assisting

PLEASE NOTE: Documentation not received on or before the due date specified above is subject to an automatic **$250 late fee**. This fee cannot be waived. If you believe you are unable to meet the due date specified above, please contact the ARC/STSA staff *prior to the due date*.

The ARC/STSA Staff is available via phone (303-694-9262) or e-mail ARQuestions@arcstsa.org to assist you with questions regarding completion of the 2018 SA Annual Report.

Thank you for submitting your 2018 Annual Report!