

ARC-ST COMMUNIQUÉ

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Fall 2004

ARC-ST CHAIR'S MESSAGE

JOSEPH B. LONG C.S.T., M.P.A., ED.D.

The Communiqué is back! Due to popular demand the information letter provided by the ARC-ST has returned. While an administrative decision to discontinue this means of communication had been imposed, maybe this was not the best decision; okay, maybe it was just wrong. In any case, no harm, no foul as we have learned from our mistake and now we can move forward. But please understand the pretense for the initial decision; much of the material previously provided by the Communiqué was being presented in the Instructors' Newsletters as disseminated by the AST. So, the inference was made that persons would not really need to hear from the ARC-ST; that was an assumption not based on fact and therefore we are back!

Who is this 'Chair' guy anyway? Well, let me tell you a little bit about myself. I worked for 20 years in Operating Rooms: 12 years at McLaren Regional Medical Center in Flint, Michigan and 8 years at Chelsea Community Hospital in Chelsea, Michigan. I hold two degrees from the University of Michigan, B.A. and M.P.A., years 1979 and 1986, respectively. I have been mentally consumed over the past 6 years while working on my Doctoral Degree in Higher (Educational Leadership) at the University of Sarasota. I successfully defended my dissertation on September 9, 2004, 2:00pm – 3:00pm; my 48th birthday! I held a Dean of Health and Human Service Position at a private college for 7 years, and today I head up a Surgical Technology Program for Lansing Community College, in our State's Capital City. I serve on the MSA-AST Board and also serve on the Government and Public Affairs Committee for this organization.

Okay! Now to the three points I would like to address in this issue:

1) Accreditation, 2) Recent Changes, and 3) What's Next? Why have accreditation? Who cares about accreditation? Is accreditation all it's cracked up to be? Does accreditation carry the same clout as in years past? Well, we know we must have accreditation for our students to be eligible to sit for the National Certification Exam. Everybody better care about accreditation; it sets the standard. I am baffled to hear that some hospital-based programs, not allied with any post-secondary institution, and not carrying much regard for accreditation, are training 'some of their own' on the job; the repercussions may not be immediate, but they will be imminent. Concerning accreditation being all it's 'cracked up to be', in some instances I do have concerns; in our profession I do not believe we have faltered. While on-line practices continue to boom, and increased technology has been a good thing, I have concerns with some educational programs being totally on-line. I sometimes wonder if institutional evaluators are doing their job in this process. I believe the educational process has weakened via the exploitation of education through increased uses of technology, where such institutions are running 'diploma mills' as businesses, with of course high price tags, instead of true educational institutions. Being business minded and savvy is one thing; taking students' money and awarding 'watered-down' degrees raises ethical and moral issues. If institutional accrediting agencies award accreditation because institutions meet the set standards, but on-site in-depth visits are not conducted, maybe their practices and/or standards need to be addressed; if things do not change with the times, and institutions continue to award institutional accreditation to sub-par post-secondary institutions, accreditation will carry less and less clout. One may wonder what might be done to address such a concern.

Can you say Outcomes-Based Accreditation? We are leading the way for programmatic accreditation in surgical technology; other professions are now following our path concerning outcomes-based accreditation for their professions, thanks to the foresight of previous ARC-ST members. While outcomes-based accreditation was spoken of in earlier years, the risk of institutionalizing such phenomenon was taken on by the leaders of our organization. The positive results have been tremendous.

The primary recent change, relative to the ARC-ST, occurred to our Standards and Guidelines in Albuquerque, New Mexico this past April. We now are finally 'training our own'. It amazes me that

such a process had continued on as long as it had; persons running programs while not holding the CST credential. We were overdue in taking this step in requiring Program Directors to hold this minimum standard.

What's coming down the road? Not sure? We have some ideas at the ARC-ST, but would also like to welcome your input and ideas. Are there things in particular you would like to see us address? What about the degree for this profession? Oh that's right, we do not have an entry level degree for this profession; one was recommended about 15 years ago, but one has not been mandated. Is it time we set the entry level for this profession as the Associate Degree Level; this is the entry level for PTAs, OTAs, RRTs, and RNs. Wow! Maybe they are just more professional than we are? I don't think so!

Well, I hope I have not 'stirred the pot' too much, but I hope I have at least started you thinking about where we have been and maybe where we need to go, relative to the destiny of this profession. We can all make a difference in this profession and it needs to begin by positively directing our students to 'stand tall' and act the 'professional' we all preach on a daily basis.

CAAHEP Awards Accreditation

Congratulations to the following surgical technology programs that were granted initial or continuing accreditation throughout the year of 2004 at the CAAHEP meetings. These programs have successfully completed the accreditation process and have met or exceeded the national standards outlined in the *Standards and Guidelines of an Accredited Educational Program in Surgical Technology*.

Initial

Lamson College
Tempe, Arizona

Ivy Tech State College
Kokomo, Indiana

Career Colleges of America
San Bernardino, California

MedVance Institute
Baton Rouge, Louisiana

Career Colleges of America
South Gate, California

Northern Maine Community College
Presque Isle, Maine

Glendale Career College
Oceanside, California

Wayne County Community College
Dearborn, Michigan

San Joaquin Valley College
Fresno, California

Hillyard Technical Center
St. Joseph, Missouri

MedVance Institute of Ft. Lauderdale
Plantation, Florida

Flathead Valley Community College
Kalispell, Montana

MedVance Institute-Atlantis
West Palm Beach, Florida

Western Nevada Community College
Carson City, Nevada

Sanford-Brown Institute
Tampa, Florida

SUNY Downstate Medical Center
Brooklyn, New York

Ultrasound Diagnostic School
Jacksonville, Florida

Central Technology Center
Drumright, Oklahoma

Ultrasound Diagnostic School
Tampa, Florida

Muskogee Regional Medical Center
Muskogee, Oklahoma

Shawnee Community College
East St. Louis, Illinois

Oklahoma Health Academy
Moore, Oklahoma

Platt College
Oklahoma City, Oklahoma

Platt College
Tulsa, Oklahoma

Concorde Career College
Memphis, Pennsylvania

Harrisburg Area Community College
Harrisburg, Pennsylvania

Harrisburg Area Community College
Lancaster, Pennsylvania

Montgomery County Community College
Pottstown, Pennsylvania

Aiken Technical College
Aiken, South Carolina

Dyersburg State Community College
Dyersburg, Tennessee

Continuing

Southeast Alabama Medical Center
Dothan, Alabama

North Arkansas College
Harrison, Arkansas

Eli Whitney Regional Vocational Technical
School
Hamden, Connecticut

Brevard Community College
Cocoa, Florida

Sheridan Technical Center
Hollywood, Florida

Coastal Georgia Community College
Brunswick, Georgia

Northwestern Technical College
Rock Spring, Georgia

Valdosta Technical College
Valdosta, Georgia

John Wood Community College
Quincy, Illinois

Clarian Health Partners, Inc.
Indianapolis, Indiana

Our Lady of the Lake College
Baton Rouge, Louisiana

Tennessee Technology Center
Shelbyville, Tennessee

MedVance Institute
Houston, Texas

North Central Texas College
Gainesville, Texas

Paris Junior College
Paris, Texas

St. Joseph's Regional Health Center
Bryan, Texas

Ultrasound Diagnostic School
Houston, Texas

Virginia College at Austin
Austin, Texas

Covenant Healthcare System, Inc.
Milwaukee, Wisconsin

Maine Medical Center
South Portland, Maine

Community College of Baltimore County
Baltimore, Maryland

Frederick Community College
Frederick, Maryland

Massachusetts Bay Community College
Framingham, Massachusetts

Baker College
Clinton Township, Michigan

Baker College
Jackson, Michigan

Nebraska Methodist College
Omaha, Nebraska

Bergen Community College
Paramus, New Jersey

Cabarrus College of Health Sciences
Concord, North Carolina

Bismarck State College
Bismarck, North Dakota

Mt. Carmel College of Nursing
Columbus, Ohio

Greenville Technical College
Greenville, South Carolina

Tyler Junior College
Tyler, Texas

York Technical College
Rock Hill, South Carolina

West Virginia Northern Community College
Wheeling, West Virginia

Southeast Technical Institute
Sioux Falls, South Dakota

Chippewa Valley Technical College
Eau Claire, Wisconsin

Nashville State Community College
Nashville, Tennessee

Mid-State Technical College
Marshfield, Wisconsin

Tennessee Technology Center
Murfreesboro, Tennessee

PAE Rankings for 2003-2004

The PAE National Stats are posted on the PAE website: www.astpae.org.

Rank	Programs August 2002-2003	Programs August 2003-2004
1	Boise State University	Dartmouth-Hitchcock Medical Center
2	Nevada Career Institute	Nevada Career Institute
3	Great Plains Technology Center	Premiere Career College
4	Holmes Community College	Chattanooga State Community College
5	Dartmouth-Hitchcock Medical Center	Career Technical College - LA
6	Reading Hospital and Med Center	Tennessee Technology Center @ Murfreesboro
7	Indian River Community College Bellingham Technical College	Mt. Hood Community College
8	Spartanburg Technical College	American College of Health Professions
9	Central Florida Community College	Tennessee Technology Center @ Shelbyville
10	Seattle Central Community College	Bellingham Technical College
11	University of Cincinnati, Clermont American College of Health Professionals	Boise State University Great Plains Technology Center
12	Metro Technology Centers University of St. Francis College of DuPage	Tennessee Technology Center @ Paris Coastal Carolina Community College
13	Parklan College Mt. Hood Community College	Lurleen B. Wallace Community
14	Southeast Alabama Medical Center	Central Florida Community College
15	Sarasota County Technical Institute	Lake Superior College Flint River Technical College
16	Athens Technical College	Albany Technical Institute
17	Southern Oklahoma Technology Center	Ivy Tech State College @ Michigan City Sinclair Community College Sandhills Community College
18	Spokane Community College Florence-Darlington Technical College Conemaugh Valley Memorial Hospital Baker College @ Muskegon	Ashland Technical College Southern University @ Shreveport College of DuPage Baker College @ Clinton Township
19	El Centro College	Ivy Tech State College - Columbus
20	Mountain State University North Arkansas College Albany Technical Institute Henry Ford Community College	Cisco Junior College

What has ARC-ST been doing lately?

ARC-ST has reached 411 CAAHEP accredited surgical technology programs. After the November 10, 2004 CAAHEP meeting, there will be 413 accredited surgical technology programs. Eight of these programs are approved to offer the AAD program; there is a possibility of 11 following the October 13, 2004 ARC-ST conference call. There are approximately 23 additional programs that are in the accreditation process. From August 2003 through September 2004, the ARC-ST has reviewed 62 initial applications and 64 continuing applications. Surgical assisting will have three CAAHEP accredited programs following the November 10, 2004 CAAHEP meeting.

The ARC-ST held meetings in September 2003, December 2003, March 2004, April 2004, June 2004, August 2004, September 2004, and October 2004. Three were face to face and the rest were conference calls. Along with voting on recommendations for programs applying for initial or continuing accreditation; progress reports, letters of general information/changes, and other actions were reviewed. Some of these items included approval of the new Complaint Grievance Policy, Distance Education Policy, Consortium, and Branch/Satellite Campus Policy all of which can be found on our website, www.arcst.org.

The 2004 *Standards and Guidelines* were approved and implemented on May 10, 2004 after much deliberation, debate, and an open hearing. Throughout the year of 2005, programs applying for initial accreditation will be reviewed under either the 2002 or 2004 *Standards* depending upon when the initial site visit date was setup. All programs applying for continuing accreditation will be reviewed under the 2004 *Standards and Guidelines*.

The ARC-ST held an election for the Board of Directors during the September 17-18, 2004 meeting. Newly appointed positions are as follows: Chair, Joseph Long; Vice-Chair, Julia Jackson; Secretary/Treasurer, Ronald Krusel. The next meeting for ARC-ST is scheduled for March 3-4, 2005 in Charleston, South Carolina.

OBA Review and Feedback

As we enter 2005, we begin the 4th year of ARC-ST annual reporting. In the attempt to enhance communication between the ARC-ST and each program, we are including a brief review of the annual reporting and continuing accreditation requirements. Please review the criteria below and contact the ARC-ST office if you have any questions.

- Annual Reports are due in April and October of each year. As a service to the program, the ARC-ST sends out annual report initiation letters in December/January for the following year annual report due dates. This letter will include the Program ID Number and the E-Report Password. The program is responsible for submitting report information on or before the report due date. If a reminder letter is not received by the program, it is the program's responsibility to contact the ARC-ST for a copy of the letter.
- The Annual Report reviews the following information and indicators:
 1. Basic Administrative
 2. Curricular Adequacy
 3. Budgetary
 4. Faculty
 5. Response to Community Needs
 6. Student Evaluation
 7. Retention
 8. Program Assessment Exam
 9. Graduate Placement
 10. Graduate Satisfaction Survey
 11. Employer Satisfaction Survey

- The use of the standardized OBA tools is mandatory. It is absolutely necessary for all programs to use the OBA tools in order for the OBA process to be a consistent and efficient way for the ARC-ST to determine compliance with the Standards. If you are not using the standardized outcomes tools you are in direct violation of the Standards and Guidelines. The Standardized OBA tools are:
 1. Core Curriculum for Surgical Technology, 5th ed.
 2. Graduate Satisfaction Survey
 3. Employer Satisfaction Survey
 4. Program Assessment Exam
- Annual Reports submitted over 30 days late will be assessed a \$100 fee. Extensions will be granted on a case by case basis depending on the individual program circumstances. The program must request an extension prior to the annual report due date.
- As the OBA system continually evolves it will be necessary for the ARC-ST to evaluate the validity of this process and make changes. The ARC-ST will notify the program of any changes made to the annual reporting process in the annual report initiation letter that is sent to the program each year. It is up to the program to make sure that it submits the most current form of the annual report upon its due date.
- The annual report and all attachments must be submitted via E-Report. E-Report can be accessed at www.arcst.org and then by selecting "E-Report Access." Please be sure to print out and follow the E-Report instructions thoroughly. The E-Report instructions are essential for successful entry of annual report information. Failure to follow e-report instructions can result in loss of data entered. If technical difficulties occur, please contact the ARC-ST immediately for assistance.
- All reports and attachments submitted by paper and/or e-mail will be returned to the program.
- All program changes should be submitted with the necessary standardized forms. If you are unsure if there is a standardized form for the change to be reported, please contact the ARC-ST. Standardized forms include: curriculum vitae form, schedule of responsibilities form and advisory committee form.
- Copies of past annual reports can be accessed by entering the E-Report and then selecting "Print Report." The program will not be able to print a report until it has been submitted.
- If a blank copy of the annual report is needed, please go to www.arcst.org and then to "OBA Materials."
- The ARC-ST reviews annual reports in 3 to 5 year cycles in order to identify trends in each program. The annual report is not a continuing application; therefore, the program will not be contacted every year unless other information is needed. An analysis of each 3 to 5 year review cycle will be sent to the program at least once in a 5 year cycle.
- Programs applying for continuing accreditation must complete a Program Review Report (PRR). The due date for the PRR will be determined by ARC-ST staff based on the program's initial accreditation expiration date. In most cases, the program will receive the PRR one year prior to the initial accreditation expiration date. The PRR must be submitted in addition to the annual report on the year it is due. The review of the PRR may take approximately one (1) year; therefore, it is absolutely necessary to submit the PRR on time. Once the PRR has been approved the ARC-ST will forward a recommendation to CAAHEP for continuing accreditation.
- Random/Continuing site visits will be performed at any time. Programs will be given approximately 3 weeks notice prior to the visit. The focus of a random/continuing visit will be the annual report; however, the program will be expected to demonstrate compliance with all the standards when randomly reviewed during the site visit. Random/Continuing visits will be performed at least once in a 10-year period.

- The cost of all random/continuing site visits is included in the program's ARC-ST annual fee (over a 5 to 10 year period).
- If a program consistently demonstrates non-compliance through the inability to meet established thresholds, the program will be contacted and a site visit based on a mutually agreed upon date will be scheduled. This Consultative Site Visit will focus on the annual report findings as well as any other documentation the ARC-ST may have requested before the on-site visit. Other documentation could include a self-study or PRR depending on the severity of the situation. The cost of one consultative visit is included in the ARC-ST annual fee.
- Program Assessment Exam (PAE) information and results can only be obtained by contacting the Association of Surgical Technologists (AST). The PAE web site is www.astpae.org. The ARC-ST will continue to recognize those schools whose students perform in the top 20 range.
- The PAE is not the same exam as the Self-Assessment Exam (SAE). The PAE is published by AST. The SAE is published by the Liaison Council on Certification for the Surgical Technologist (LCC-ST). The PAE is a required outcomes tool. The SAE is not a required outcomes tool. However, schools are not prohibited from using both tools, if they desire to do so.
- Programs are responsible for all information in the 2004 Revision of the Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology. Requirements in this version of the standards supersede all previous versions of the Standards.
- The ARC-ST sent out a form to "grandfather" all instructors who were employed by the program and approved by the ARC-ST prior to May 10, 2004. All instructors, including those instructors with the CST credential, must be included on this form. If this form is not submitted, instructors who were approved under a prior revision of the Standards will not be "grandfathered." All forms must be submitted to the ARC-ST office on or before December 1, 2004. Copies of this form can be obtained by request at ccollinsworth@ast.org or at mhardesty@ast.org.

2004 Standards and Guidelines

In May 2004, CAAHEP approved a new version of the *Standards and Guidelines for Accreditation of Educational Programs in Surgical Technology*. ARC-ST sent a memo in June to all programs informing of these changes, and they were posted in the Instructor's Newsletter. If you did not receive your memo, or haven't had an opportunity to read through it, please read below and find the 2004 *Standards* on our website, www.arcst.org. Some of the highlights are as follows:

1. The name of the Standards has changed from *Standards and Guidelines for an Accredited Educational Program in Surgical Technology* to **Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology**.

2. A description of the profession was added to Page 1.

3. Standard III. B is stated as follows:

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. Key Administrative Personnel

The sponsor must appoint a full-time Program Director.

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 technology program.

a. Program Director

(1) 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.

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.

(2) Qualifications

The credential of the Program Director must be in the field of surgical technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Program Director must have a minimum of three years of current operating room experience in the scrub role and/or three years of current experience as an instructor in surgical technology. Persons approved as program directors under previous Standards will continue to be approved in that position at that institution.

Experience/training as an educator is recommended. Current operating room experience is defined as a minimum of three of the last five years spent as a practicing surgical technologist and/or as an instructor in surgical technology.

b. Clinical Coordinator

(1) Responsibilities

The Clinical Coordinator must be responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experiences for students enrolled in the surgical technology program.

Responsibilities may include didactic and laboratory instruction (in addition to clinical instruction) and direction and guidance of clinical instructors. The Clinical Coordinator should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities.

(2) Qualifications

The credential of the Clinical Coordinator must be in the field of surgical technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Clinical Coordinator should have a minimum of one year of current operating room experience. Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

Current operating room experience is defined as one of the last three years spent as a practicing surgical technologist and/or instructor in surgical technology. The Program Director may also serve as Clinical Coordinator.

2. Didactic Faculty

(1) Responsibilities

The instructional staff must be responsible for students attaining the objectives of each course, for evaluating students and reporting progress as required by the institution, and for the periodic review and updating of course material.

(2) 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 technology courses must have a credential in the field of surgical technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies (NCCA).

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

4. Standard V.C is stated as follows:

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.

5. Standard V.E is stated as follows:

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

- 1) admission rate
- 2) curriculum, including department-wide changes made in other departments
- 3) continued alignment with the latest edition of the **Core Curriculum for Surgical Technology**
- 4) admission policies
- 5) clinical affiliation changes (additions or subtractions)
- 6) change of location
- 7) addition of Accelerated Alternate Delivery (AAD) component
- 8) addition of distance education component
- 9) addition of branch components

Standards Change: Most Commonly Asked Questions

How will the Standard III.B affect current program faculty/staff?

Miscellaneous

- ❖ We want to remind you that all Annual Reports must be submitted on-line through our website, www.arcst.org, E-report. The E-Report instructions are included along side the access to the report. Please take the time to read through the instructions for this will save you time, effort, and your sanity! Page two has the most technically challenging input boxes that the instructions will help you through.
- ❖ With the increase in the number of accredited programs, ARC-ST would like to remind all programs of the need to keep and maintain all documents pertaining to your Surgical Technology program. This includes, but is not limited to, the Self Study, PRR, student files, PAE results, and Annual Reports. All documents should be kept handy for a minimum of five years in the case of Random Site Visits, inquiries from the ARC-ST, or any other purpose deemed reasonable by CAAHEP.

- ❖ Many questions we receive on a daily basis involve acquisition of forms, finding accredited programs, and general information regarding the accreditation process. We would like to remind you of the accessibility to retrieve information from our website. Helping everyone personally is our desire, but in the event that we cannot be of immediate service, www.arcst.org is a reliable resource for you as well.
- ❖ There is a Discussion Forum on the ARC-ST website where members can communicate with other members. You are encouraged to visit and communicate as often as possible.
- ❖ Just a reminder that CAAHEP is the umbrella organization over the ARC-ST and our activities. However, ARC-ST reviews each program, their curriculum, and all submitted reports. CAAHEP then follows the ARC-ST's recommendations about said programs. You might consider us the go-between to help you assemble the best program possible before CAAHEP sees the finale.
- ❖ Please read through the following Standard. We would like to remind all programs of the policy and that failure to comply could result in your program being recommended for administrative probation. This standard can also be found in the 2002 *Standards V.G.*

Standard V.E (2004): Substantive Changes

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

- 1) admission rate
- 2) curriculum, including department-wide changes made in other departments
- 3) continued alignment with the latest edition of the **Core Curriculum for Surgical Technology**
- 4) admission policies
- 5) clinical affiliation changes (additions or subtractions)
- 6) change of location
- 7) addition of Accelerated Alternate Delivery (AAD) component
- 8) addition of distance education component
- 9) addition of branch components

Thank You to Site Visitors!

Julia Bannon
 Van Bates
 Christina Baumer
 Liz Boatwright
 Ruth Ann Briggs
 Vicki Bushey
 Phil Carlock
 Camille Church
 Lynda Custer
 Wanda Dantzer
 Becky Darley
 Cynthia Farley
 Dana Grafft
 Terry Grell
 Jeannie Hurd
 Julia Jackson
 Nancy Krupinski
 Kathy Lee
 Joe Long
 Tony Makin

Stacey May
 Bonita McCoy
 Ann McGuinness
 Libby McNaron
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This board meets to decide upon initial and continuing accreditation, probationary actions, and other items and give these recommendations to CAAHEP for final approval.

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The ARC-ST Communiqué is published quarterly by the Accreditation Review Committee on Education in Surgical Technology (ARC-ST). Recipients of this publication are encouraged to share information contained in the newsletter with others in the surgical technology field. Please send comments to: Meg Hardesty, ARC-ST, 7108-C South Alton Way, Centennial, Colorado 80112-2106; Telephone: 303-694-9262; Fax: 303-741-3655; E-mail: mhardesty@ast.org.