



# **Surgical Technology Standards Interpretive Guide (SIG)**

Keyed to the 2013 Commission on Accreditation of Allied Health Education Programs (CAAHEP)  
*Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology*

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Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA)  
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**The ARC/STSA Standards Interpretive Guide (SIG) is subject to revision. Please view the current version of SIG online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-arcstsa-documents](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-arcstsa-documents)**

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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.

## Section I: Sponsorship

### 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/diploma at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the academic program.
3. A hospital or medical center that is institutionally accredited, and authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate/diploma at the completion of the academic program.
4. A branch of the United States Armed Forces, which awards a minimum of a certificate/diploma at the completion of the program.

*Projected for August 1, 2021, all sponsoring institutions should award a minimum of an Associate's Degree at the completion of the program.*

#### 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 compliance with CAAHEP Standards.

Effective **August 1, 2013**, all accredited programs should offer a certificate, diploma, or degree upon program completion. In addition, it is projected that by **August 1, 2021**, all programs will be required to award a minimum of an Associate's Degree upon program completion.

#### 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
- Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities.

From: Regional and National Accrediting Agencies link  
[www2.ed.gov/adms/finaid/accred/accreditation\\_pg6.html](http://www2.ed.gov/adms/finaid/accred/accreditation_pg6.html)

National institutional accrediting organizations for schools that offer surgical technology 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 Colleges 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/adms/finaid/accred/accreditation\\_pg6.html](http://www2.ed.gov/adms/finaid/accred/accreditation_pg6.html)

Other Agencies which approve institutions that offer surgical technology programs include, but are not limited to:

- 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.

## Section I: Sponsorship

### 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 technology. Consortium members may offer general education and basic science courses, with only one institution offering the core surgical technology 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. Consortia permit schools with small surgical technology 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, surgical centers, and physician’s offices commonly used by most surgical technology 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 who holds Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges accreditation, commonly has 6-8 applicants for their surgical technology 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 technology 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 technology 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](http://www.caahep.org/documents/file/For-Program-Directors/PolicyManualMarch2014.pdf) for additional information regarding a consortium.

## Section I: Sponsorship

### 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 technology 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.

The Program Director notifies the ARC/STSA of new core faculty appointments and submits the required documentation supporting their appointments to the ARC/STSA. **[Please refer to changes to the faculty information—page 18-21.]**

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 40]**, 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 Technology**—see page 22 for information regarding implementation of the *Core Curriculum for Surgical Technology, 6e (CCST6e)*
- Change in method of curriculum delivery
- Substantive change in admissions policies, graduation requirements, substantial increase/decrease in clock or credit hours for successful completion of the program, or change in degree or credential awarded
- Significant change in program resources—new facilities
- Addition of Accelerated Alternate Delivery (AAD) component
- Addition of distance education component
- Addition of branch /satellite component

Standardized ARC/STSA Program Personnel Data Forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section II: Program Goals

### Standard II.A.—Program Goals and Outcomes [Learning Domains]—Clinical Sufficiency 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 must 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.

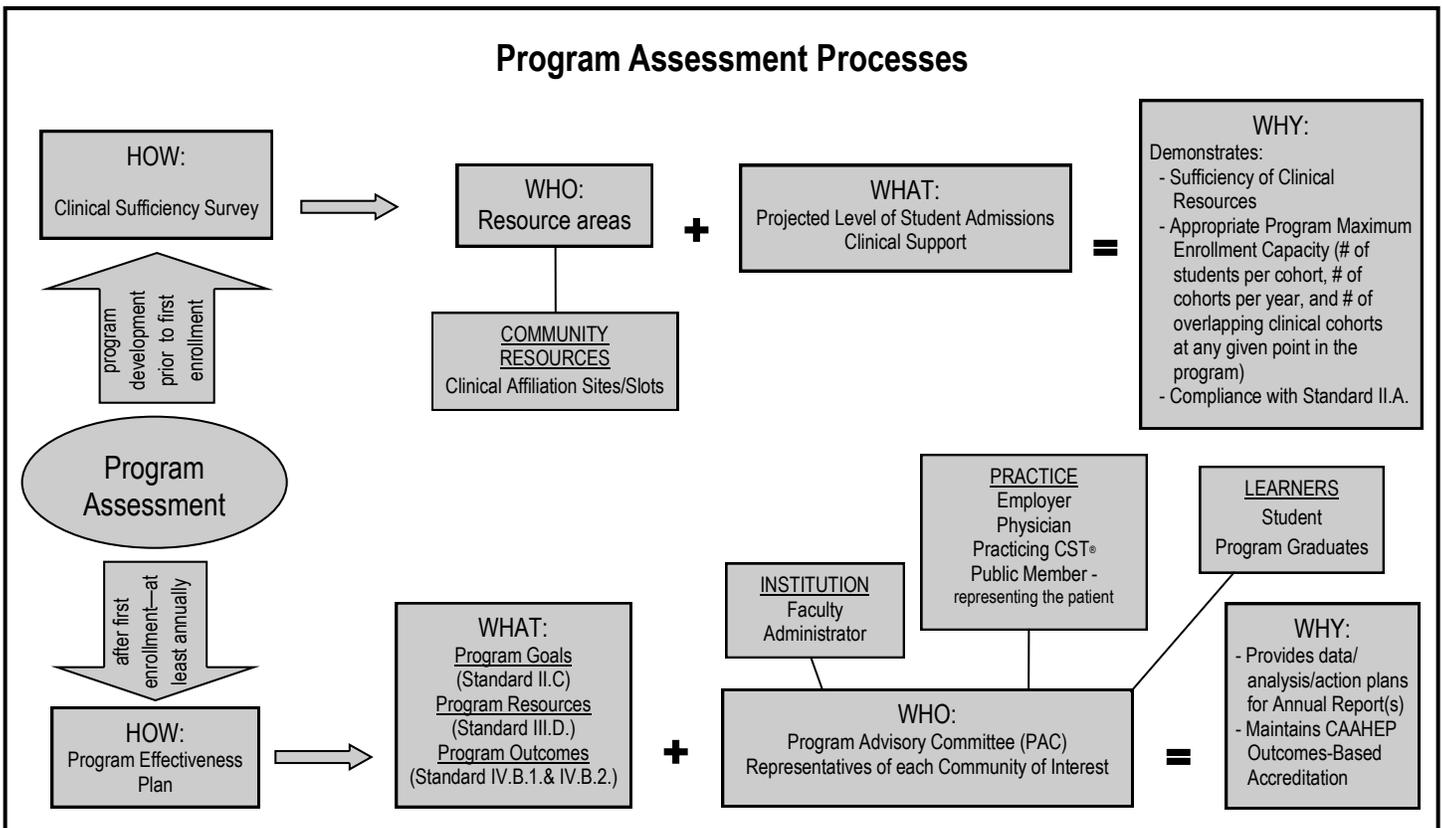
[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

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

This component of Standard II requires that a program have a goal statement, which is the program's mission statement. This goal statement is developed through identification of the needs and expectations of the various communities of interest served by the surgical technology program. In order to determine the focus of the goal 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 scrub slot availability. This is accomplished by performing a Clinical Sufficiency Survey for new/emerging programs and through Program Advisory Committee (PAC) input for new/emerging and accredited programs.

For new/emerging programs, an **ARC/STSA Clinical Sufficiency Survey Form** 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 Clinical Sufficiency Survey 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 clinical assignment (slots). A list of potential clinical sites, capacity for students, and their acknowledgment to accept students for clinical experience should be submitted as part of the 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 component of the

The **ARC/STSA Clinical Sufficiency Survey Form** is available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).



## Section II: Program Goals

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*[Please see the 2013 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

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

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 continuously 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 Clinical Sufficiency Survey (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 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.

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

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.

#### EXAMPLE—Standard II.A.

The program should state its maximum enrollment capacity by including numbers for all three (3) components:

- Maximum number of students enrolled in a single cohort (class)
- Number of cohorts enrolled per academic year (**August 1-July 31**)
- Number of overlapping cohorts at any given point in the academic year (**August 1-July 31**)

An example of how to state a program's maximum enrollment capacity: 16 students per cohort, 4 cohorts per year with no overlap of cohorts in the clinical setting.

Cohort enrollment includes both newly enrolled students and re-entry/transfer-in students. To demonstrate compliance with Standard II.A., the program should not enroll more than sixteen (16) students into any given cohort at any given time.

## Section II: Program Goals

### Standard II.A.—Program Goals and Outcomes [Learning Domains]—Clinical Sufficiency 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 must 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 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### EXAMPLE—Standard II.A.

An **ARC/STSA Clinical Sufficiency Survey Form** is available online at:  
[www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

#### Clinical [Operating Room Scrub Slot] Sufficiency Summary Surgical Technology Program—Littleton City College July 2015

- **Potential Clinical Resources:** 6 hospitals will offer 3 operating room scrub slots each to the program; 2 additional surgicenters will offer 2 operating room scrub slots each to the program for a total of twenty-two [22] available clinical operating room scrub slots.
- **School facilities:** classroom capacity: 24; laboratory capacity: 10 students per lab section

#### Implementation Plan:

- Initiate institutional accreditor [Higher Learning Commission (HLC)] approval for the program and degree offering
- Develop a program that offers an Associate of Applied Science degree with 1 enrollment (Fall Semester) with a maximum enrollment capacity of 20 students per cohort [class] with no clinical overlap as the operating room clinical component of the program will be offered during the second year of the program
- Hire qualified Program Director [PD] to develop curriculum 6 months prior to first enrollment
  - Meets Higher Learning Commission (HLC) [institutional accreditor] criteria for appointment: holds a Bachelor's Degree in a healthcare-related field
  - Meets ARC/STSA criteria for appointment: has a minimum of five [5] years of operating room scrub experience, five [5] year of surgical technology program teaching experience, or a combination of both and holds a current NCCA-approved credential in surgical technology [CST®]
- Develop a Program Advisory Committee [PAC]—first meeting to be held 3 month prior to first cohort enrollment
- Initiate formal clinical agreements

## Section II: Program Goals

### Standard II.B.—Program Goals and Outcomes [Learning Domains]—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, which is representative of at least each of the 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, meet at least 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 technology 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 of 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 technology program
4. A member of the sponsoring institution (school) administration
5. An employer (who employs ST'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 technologist who holds a current Certified Surgical Technologist (CST®) credential who is not also employed by the sponsoring institution (school)

8. A public member—the public member appointed to the surgical technology program's advisory committee holds a duty to represent the interests of the patient that may come under the care of the surgical technologist, and therefore has a vested interest in the proper education of the surgical technologist 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 technology 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 CST® (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

#### EXAMPLE—Standard II.B.

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

Sample entries from the ARC/STSA PAC form:

Name: \_\_\_\_\_ Jessie Jones, CST \_\_\_\_\_

Advisory Committee Position Represented: **PRACTICING  
CERTIFIED SURGICAL TECHNOLOGIST**

Place of Employment/Education: \_\_\_\_\_ Denver Medical Center \_\_\_\_\_

Professional Title: \_\_\_\_\_ Staff Surgical Technologist \_\_\_\_\_

Address: \_\_\_\_\_ 6 West Dry Creek Circle, Littleton, CO 80120 \_\_\_\_\_

Contact: \_\_\_\_\_ 303-694-9262 \_\_\_\_\_

Certification #: \_\_\_\_\_ 94065 \_\_\_\_\_

The **ARC/STSA Program Advisory Committee (PAC) Form** is available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section II: Program Goals

### Standard II.B.—Program Goals and Outcomes [Learning Domains]—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, which is representative of at least each of the 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—cont.

minutes that clearly provide evidence of at least annual assessment of program goals, all required program resources, and all ARC/STSA-established outcomes, proof of CST® certification for the practicing

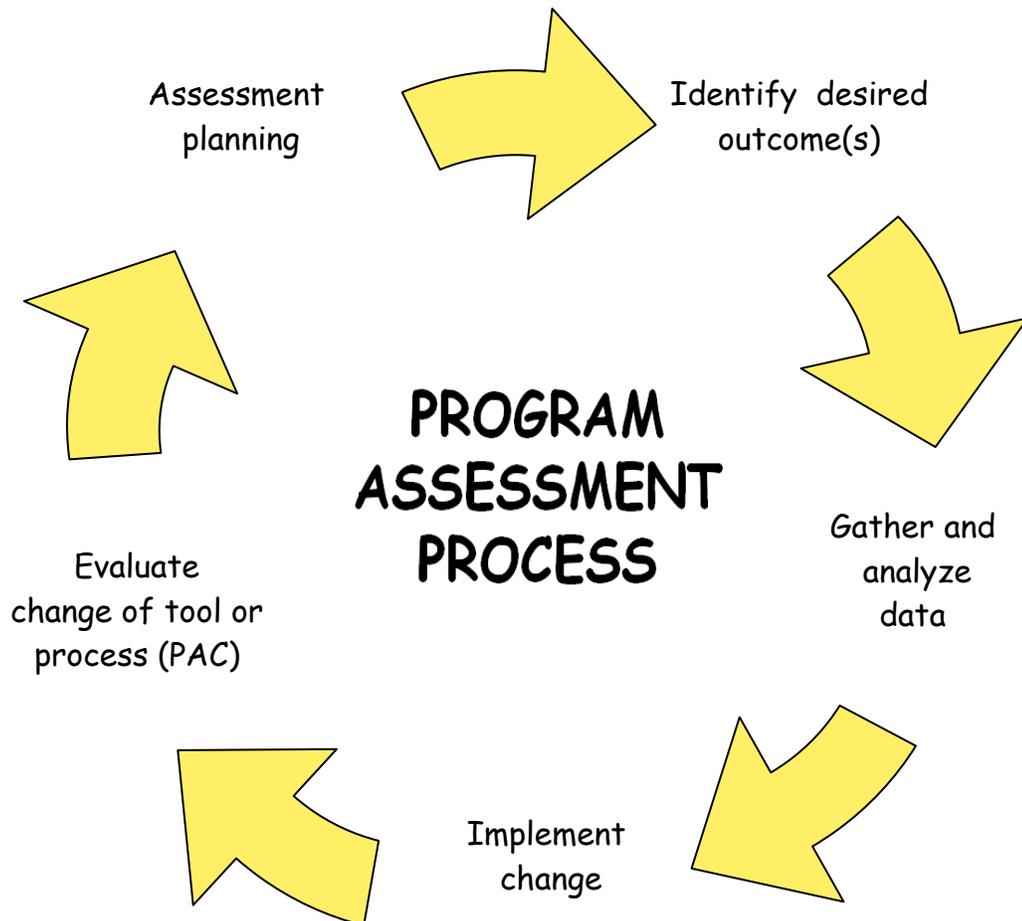
CST®, and a current résumé for the public member as evidence of compliance with **Standard II.B.**

A sample Program Effectiveness Plan, that includes program goals, all program resources, and all ARC/STSA-established program outcomes is located on page 46 and available online.

A sample **ARC/STSA Program Effectiveness Plan** is available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

#### EXAMPLE—Standard II.B.

##### On-Going Program Assessment Process:



## Section II: Program Goals

### Standard II.C.—Program Goals and Outcomes [Learning Domains]—Minimum Expectations

The program must have the following goal defining minimum expectations: “To prepare competent entry-level surgical technologists 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 identified basic competencies prior to entry into the field.

#### Interpretation of Standard II.C.

**Standard II.C.** defines the criteria for the program’s goal statement. This statement is not simply a list of educational objectives, it is a mission statement, and should, at a minimum, reflect entry-level graduate preparation in the cognitive, psychomotor, and affective domains of learning. It may include more than these criteria, such as references to the core curriculum and the institutional mission. The quotation found in **Standard II.C.** reflects the actual wording required as part of the minimum goal statement. Please note that the learning outcomes (a list that usually begins with: “The graduate will...”) reflect the three domains as well, but the program’s goal 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 affective learning domains**— are effectively instructed and assessed during the course of studies. Ultimately, the program’s goal

statement and learning objectives should be representative of how the program will produce “competent entry-level surgical technologists” within the context of the three domains of learning.

In the event that a program has chosen to define minimum expectations that exceed that of preparing “entry-level surgical technologists,” then the program goals and learning outcomes should clearly demonstrate evidence of a plan of achievement of entry-level competencies, as well as any other minimum expectations defined by the program. Again, the program’s goal statement should be representative of how the minimum expectations of the program will be achieved through educational activities in the cognitive, psychomotor and affective learning domains.

Learning objectives, course objectives and lesson plan objectives are then developed to support the program’s goals. Learning objectives are more broad in nature, and based on higher level taxonomy classifications such as analysis, complex motor skills demonstration 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 commonly 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 (see **Appendix C—Teaching Methodologies—Core Curriculum for Surgical Technology, 6e—page 223-242**).

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#### EXAMPLE—Standard II.C.

Examples of surgical technology program goals can be accessed online by searching for “surgical technology 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 technologists 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 Technology*.”

#### Sample Learning Objectives:

Upon program completion, the graduate will be able to:

- Correlate the knowledge of anatomy, physiology, pathophysiology, and microbiology to their role as a Surgical Technologist.
- Demonstrate a safe and professional level of practice and knowledge in their role as a Surgical Technologist.
- Acquire an understanding of the ethical, legal, moral, and medical values related to the patient and the surgical team during the perioperative experience.
- Correlate the elements, action, and use of medications and anesthetic agents used during the perioperative experience
- Implement safe practice techniques in regards to perioperative routines, patient transportation, positioning, and emergency procedures.
- Integrate principles of surgical asepsis as part of the perioperative experience.
- Accurately apply knowledge and skills of a professional Surgical Technologist to address the biopsychosocial needs of the surgical patient.
- Perform proficiently and competently as an entry-level surgical technologist in the cognitive, psychomotor, and affective learning domains.
- Value the professional attributes of the Surgical Technologist.

#### EXAMPLE—Standard II.C. cont:

#### Bloom’s Taxonomy for Developing Learning 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

Bloom’s Taxonomy for Developing Learning Objectives is available online at [www.nwlink.com/~donclark/hrd/bloom.html](http://www.nwlink.com/~donclark/hrd/bloom.html) .

## Section III: Resources

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

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### 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 technology-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 [see **Standard II.A.**] and should provide for all aspects/needs of the surgical technology program and therefore ensure the achievement the goals and outcomes of the program.

The surgical technology program should have a program-specific budget. The surgical technology 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 technology 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 and graduate 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. Computer resources include hardware, software, and peripherals [printers, USB ports, etc.].

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

Instructional reference materials, including aides, 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 included in the program's master curriculum. Instructional reference materials should include an inventory for both classroom resources 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 maximum enrollment capacity and laboratory section capacity, to permit conducting the laboratory experience at no greater than a 10-student-to-1-instructor ratio. 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 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 surgical centers 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 regards to use of the healthcare facility as a laboratory. Programs utilizing off-campus labs should provide "open laboratory" sessions for student remediation.

Library resources and materials, including texts, periodicals, and access to online materials and database search engines, should

## Section III: Resources

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

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### Interpretation of Standard III.A.—cont.

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.

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 technology 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 technology-specific and teaching-specific professional development opportunities and should be appropriately supported by funding within the institutional or programmatic budget.

The program should plan and ensure that its faculty/staff receive frequent, ongoing surgical technology 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 technology education.

Surgical technology 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 the **Initial, Random/Continuing, or Comprehensive/Consultative On-Site Evaluation** or by means of the **Program Review Report**. [PRR].

The surgical technology program should have sufficient clinical resources to achieve the goals and outcomes of the program, which include an operating room scrub slot designated for each student who can be enrolled under the program's stated maximum enrollment capacity.

Clinical affiliation agreements, articulation agreements, and/or

Memoranda of Understanding [MOU's] should be acquired for each clinical affiliation site. Agreements should be current, be specific to the surgical technology program, include a termination clause/termination language, and be signed and dated by both school and clinical affiliate officials (**also see Standard V.F.**). If clinical affiliation agreements are not specific to the surgical technology program, the program can obtain an addendum to the agreement, a MOU, or other official documentation that clarifies that the surgical technology program is covered under the agreement.

The surgical technology program should have a method to document the number of available surgical technology student operating room scrub slots at each clinical affiliation site. In addition, the surgical technology program should have one operating room scrub slot per student admitted to the surgical technology program. For example, if a program admits 18 students per year, then the program should have at least 18 operating room scrub slots available at the time of student enrollment, even if the program enrolls below its stated maximum capacity.

Programs that have more than one admission class/cohort start date a year should have one operating room 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 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.

Changes to the surgical technology–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 technology 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 technology classrooms, laboratory space, and faculty offices, including measurements
- An updated list of office, classroom or laboratory furnishings,

## Section III: Resources

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

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### Interpretation of Standard III.A—cont.

- equipment, and supplies
- Verification of the program's stated maximum enrollment capacity and actual enrollment and start date(s)
- Verification of faculty didactic and laboratory assignments, **if** the program's stated maximum enrollment capacity has changed
- Submission of an **ARC/STSA Clinical Affiliation Site Reporting Form**, **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 scrub slots for the program's stated maximum enrollment capacity to achieve the goals and outcomes of the program.

Changes to the surgical technology-related classroom equipment, student and faculty computer resources, instructional reference materials, laboratory equipment and instrumentation, laboratory supplies, and library resources and materials: The surgical technology 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 technology program. Only a significant reduction in any of these resources need to be reported to the ARC/STSA. Otherwise, the adequacy of these specific resources will be reviewed during the 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.

Changes to the Surgical Technology-related clerical/support staff: See the information under **Standard III.B.—Personnel**

Changes to the Clinical Affiliation Site(s): 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, an **ARC/STSA Clinical Affiliation Attestation Form** for each new affiliate should be attached to the applicable subpage of the Annual Report for review and approval of sufficient clinical resources for the program's stated maximum enrollment capacity. A copy of the clinical affiliation agreement is no longer required to be attached to the applicable subpage of 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 ARC/STSA.

Please note that failure to provide accurate information on an **ARC/STSA Clinical Affiliation Attestation Form**, 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.

The **ARC/STSA Clinical Affiliation Site Reporting Form** and current clinical affiliation agreements for each affiliate listed on the **ARC/STSA Clinical Affiliation Site Reporting Form** are required to be provided for review as supporting documentation in the Self-Study for Initial Accreditation and in the Program Review Report [PRR], 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.

#### EXAMPLE—Standard III.A.

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 technology-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.

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

The **ARC/STSA Clinical Affiliation Site Reporting Form** and **ARC/STSA Clinical Affiliation Attestation Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section III: Resources

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

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### EXAMPLE—Standard III.A.—cont.

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 10 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:

- Open gloving
- Gowning and gloving others
- Loading scalpels
- Preparing sutures
- Preparing medications for use in the sterile field
- Draping the Mayo stand
- Passing instruments, including passing with the non-dominant hand

- Instrument identification
- Catheter preparation
- Loading a “sponge on a stick” and kittners (peanuts, KD’s)

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 formative skills assessment rubric is included below, and can also be found in the laboratory manuals accompanying the various published textbooks in the field of surgical technology.

#### EXAMPLE—Laboratory Skills Rubric #1

Procedural Step	Competency
Student will be able to state purpose for draping the Mayo stand	<ul style="list-style-type: none"> <li>• The Mayo stand is the primary instrument and supply area, providing immediate access to surgical armamentarium actively used during the surgical procedure</li> <li>• The Mayo stand is commonly introduced into the surgical field by bringing it over the sterile field once the sterile patient drapes have been applied</li> </ul>
Student is able to state concepts of draping the Mayo stand	<ul style="list-style-type: none"> <li>• The Mayo stand is draped with a sterile, tubular drape, allowing for all surfaces of the tray and much of the leg to be covered and rendered acceptable in the sterile field</li> </ul>
Equipment and supplies assembled	<ul style="list-style-type: none"> <li>• Mayo stand</li> <li>• Sterile Mayo stand cover and sterile towels</li> </ul>
Drape the Mayo stand	<ul style="list-style-type: none"> <li>• Orient the drape so that the opening is away from you and the cuff is accessible</li> <li>• Place your gloved hands into the cuff, passing your index fingers around the opening of the drape</li> <li>• Grasp the two sides of the Mayo stand drape with your other fingers—hold securely</li> <li>• Open the opening of the drape</li> <li>• Approach the Mayo stand, placing your foot on one of the feet of the Mayo stand</li> <li>• Lowering your hands slightly, catch the back lip of the drape on the underside of the Mayo stand; slide the drape over the Mayo stand tray until it stops</li> <li>• Step to the side of the Mayo stand; reposition your foot on the base of the Mayo stand</li> <li>• Reposition your hands, with the hand closest to the leg of the Mayo stand under the drape cuff and holding the middle of the folds of the Mayo stand cover with you opposite hand</li> <li>• Holding the drape taut, slide the drape over the Mayo tray, stopping to reposition your hands and unfold the drape as necessary; keep your sterile hands on the top surface of the tray</li> <li>• Fold the Mayo stand drape under the tray so as to eliminate excess drape material from collecting under the Mayo stand</li> <li>• Apply towel(s) over the Mayo tray to protect/organize instruments/supplies</li> <li>• Move the Mayo stand close to the back table after draping</li> </ul>

## Section III: Resources

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

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### EXAMPLE—Standard III.A.—cont.

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 scheduled laboratory course times.

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

Educational videos and CD/DVDs are available at: [www.ast.org](http://www.ast.org)

Library reference resources and materials could include:

- Gray's Anatomy
- Sabiston's Textbook of Surgery
- Schwartz Manual of Surgery
- Campbell's Operative Orthopedics series
- ST Wheelless' Textbook of Orthopedic Surgery
- Mosby's Perioperative Nursing series
- CST exam™ study guides
- *The Surgical Technologist*
- *Point of View*

#### EXAMPLE—Standard III.A.—cont.

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

As of January 1, 2009, new Program Directors are required to attend an ARC/STSA Accreditation Fundamentals for Educators (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. Other educational opportunities include State Assembly workshops, continuing education journal articles, and college-level teaching methodology courses.

Announcements, articles related to accreditation, and ARC/STSA updates are found online under the "What's New" section of the ARC/STSA website at [www.arcstsa.org/index.php/whats-new/](http://www.arcstsa.org/index.php/whats-new/).

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

## Section III: Resources

### Standard III.B.—Faculty Resources

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.
  - 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.
  - b. Qualifications: The Program Director must:
    1. possess a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
    2. have a minimum total of five years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past ten years.
    3. possess an Associate's Degree or greater.
    4. possess proficiency in instructional methodology, curriculum design, and program planning.
2. Clinical Coordinator
  - a. 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.
  - b. Qualifications: The Clinical Coordinator must:
    1. possess a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
    2. have a minimum total of three years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past five years.
3. Didactic/Clinical Faculty and/or Instructional Staff
  - a. Responsibilities: The instructional staff must be responsible for directing, evaluating, and reporting student progress toward course objectives and for the periodic review and updating of course material.
  - b. Qualifications: Faculty must be qualified by education and experience, and must be effective in teaching the subjects assigned. Faculty with instructional responsibilities in core surgical technology courses must:
    1. possess a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
    2. have a minimum total of two years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past five years.

*[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### Interpretation of Standard III.B.:

**Program Director Requirements:** This person should be employed full-time in the surgical technology program and should hold a current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) 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.

Effective August 1, 2013, newly appointed Program Directors should also have a minimum of five [5] years of current experience in the operating room in the scrub role or five [5] years of current experience as an instructor of surgical technology or a combination of both. In addition, new appointed Program Directors must demonstrate proficiency in instructional methodology, curriculum design, and program planning.

In addition, all newly appointed Program Directors appointed on or after August 1, 2015 must provide evidence that they hold at least an Associate's Degree in any field or discipline\* [AS, AOS, AAS, etc.].

Please note that Program Directors appointed on or before July 31, 2015 will be 'grandfathered' under the previous *Standards*

#### Interpretation of Standard III.B.—cont.:

and are not required to hold at least an Associate's Degree, provided they remain in the same position [Program Director] at the same sponsoring institution [school]\*. [\*Please contact the ARC/STSA with questions regarding the new qualifications for Program Directors.]

**Clinical Coordinator Requirements:** This person should hold a current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor(s), and/or state approval agency, if applicable. Effective August 1, 2013, newly appointed clinical coordinators should also have a minimum of three [3] years of current experience in the operating room in the scrub role or three [3] years of current experience as an instructor of surgical technology or a combination of both. [\*Please contact the ARC/STSA with questions regarding the new qualifications for Program Directors.]

**Didactic/Clinical Core Instructor:** Individual(s) who provide instruction during the didactic, laboratory, and/or clinical components of the program and are paid by the sponsoring institution to provide instruction are considered core instructors.

## Section III: Resources

### Standard III.B.—Faculty Resources

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.

[Please see page 18 for a copy of Standard III.B **and** the 2013 CAAHEP Standards at the back of this document for the Standard/guidelines/ additional information regarding compliance with this Standard.]

#### Interpretation of Standard III.B.—cont.:

This/these individual(s) should hold a current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor(s), and/or state approval agency, if applicable. Effective August 1, 2013, newly appointed core instructors should also have a minimum of two [2] years of current experience in the operating room in the scrub role or two [2] years of current experience as an instructor of surgical technology or a combination of both.

The only surgical technology-specific credentials that are accredited by the NCCA are the Certified Surgical Technologist (CST®) credential and the joint Certified Surgical Technologist/Certified Surgical First Assistant (CST® /CSFA®) credential.

A non-core instructor is not required to hold a surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA), 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 include: Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, Microbiology, Medical Law and Ethics, Physics, Robotics, Electricity, and Computers Skills. Non-core subjects may be taught by individuals who do not hold a surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) only if the above-defined course content areas are not part of a course that includes surgical technology program core coursework.

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

- an **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.

#### Interpretation of Standard III.B.—cont.:

Additional supporting documentation should be obtained and maintained by the program and provided for review and/or submission upon request by CAAHEP or the ARC/STSA, during Random/ Continuing On-Site Evaluation, Comprehensive/Consultative On-Site Evaluation, Focused On-Site Evaluation, or submitted in the program's Self-Study [application for Initial Accreditation] or Program Review Report [PRR]. Supporting documentation should include:

- a copy of the submitted **ARC/STSA Program Personnel Data Form—Program Director**
- a current résumé that indicates employment at the sponsoring institution [school] and a minimum of five [5] years of current experience in the operating room in the scrub role or five [5] years of current experience as an instructor of surgical technology or a combination of both within the last ten [10] years
- documentation demonstrating proficiency in instructional methodology, curriculum design, and program planning.
- proof of NBSTSA certification (a copy of the certification card, certification certificate, or verification page from the NBSTSA website—[www.nbstsa.org/verify/find-cred.htm](http://www.nbstsa.org/verify/find-cred.htm))

Please note that failure to provide accurate information on the **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 Clinical Coordinator: Changes in Clinical Coordinator should be reported to the ARC/STSA on the next Annual Report and should include attachment of an **ARC/STSA Program Personnel Data Form—Clinical Coordinator** including attestation that the Clinical Coordinator 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.

Additional supporting documentation should be retained by the program and provided for review and/or submission upon request, during On-Site Evaluation, or submitted in the Self-Study [Initial Accreditation] or Program Review Report [PRR]. Supporting documentation should include:

- a copy of the submitted **ARC/STSA Program Personnel Data Form—Clinical Coordinator**
- a current résumé that indicates employment at the sponsoring institution [school] and a minimum of three [3] years of current experience in the operating room in the scrub role or three [3] years of current experience as an instructor of surgical technology or a combination of both within the last five [5] years

Standardized ARC/STSA Program Personnel Data Forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section III: Resources

### Standard III.B.—Faculty Resources

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.

[Please see page 18 for a copy of Standard III.B **and** the 2013 CAAHEP Standards at the back of this document for the Standard/guidelines/ additional information regarding compliance with this Standard.]

#### Interpretation of Standard III.B.—cont.

- proof of NBSTSA certification (a copy of the certification card, certification certificate, or verification page from the NBSTSA website—[www.nbstsa.org/verify/find-cred.htm](http://www.nbstsa.org/verify/find-cred.htm))

Please note that failure to provide accurate information on the **ARC/STSA Program Personnel Data Form—Clinical Coordinator**, 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 Core Instructors: Changes in Core Instructor(s) should be reported to the ARC/STSA on the next Annual Report and should include attachment of an **ARC/STSA Program Personnel Data Form—Core Instructor** including attestation that the Core Instructor 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.

Additional supporting documentation should be retained by the program and provided for review and/or submission upon request, during On-Site Evaluation, or submitted in the Self-Study [Initial Accreditation] or Program Review Report [PRR]. Supporting documentation should include:

- A copy of the submitted **ARC/STSA Program Personnel Data Form—Core Instructor**
- A current résumé that indicates employment at the sponsoring institution [school] and a minimum of two [2] years of current experience in the operating room in the scrub role or two [2] years of current experience as an instructor of surgical technology or a combination of both within the last five [5] years
- Proof of NBSTSA certification (a copy of the certification card, certification certificate, or verification page from the NBSTSA website—[www.nbstsa.org/verify/find-cred.htm](http://www.nbstsa.org/verify/find-cred.htm))

Please note that failure to provide accurate information on the **ARC/STSA Program Personnel Data Form—Core Instructor**, 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.

In addition, please note that the ARC/STSA will determine equivalency of faculty qualifications when qualifications are not clearly demonstrated.

Changes to the Non-Core Instructor(s): Changes in Non-Core

#### Interpretation of Standard III.B.—cont.

Instructor(s) should be reported to the ARC/STSA on the next Annual Report and do not require attachment of supporting documentation.

Changes to the President/CEO and/or Dean/Administrator: 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—an **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 **ARC/STSA Program Personnel Data Form—Dean**, 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.

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

#### EXAMPLE—Standard III.B.

The ARC/STSA standardized forms are available online and include:

- **ARC/STSA Program Personnel Data Form—President**
- **ARC/STSA Program Personnel Data Form—Dean**
- **ARC/STSA Program Personnel Data Form—Program Director**
- **ARC/STSA Program Personnel Data Form—Clinical Coordinator**
- **ARC/STSA Program Personnel Data Form—Core Instructor**

Please note that failure to provide accurate information on the **ARC/STSA Program Personnel Data Form—President, ARC/STSA Program Personnel Data Form—Dean, ARC/STSA Program Personnel Data Form—Program Director, ARC/STSA Program Personnel Data Form—Clinical Coordinator, and/or ARC/STSA Program Personnel Data Form—Core Instructor**, 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 ARC/STSA Program Personnel Data Forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section III: Resources

### Standard III.B.—Faculty Resources

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.

[Please see page 18 for a copy of Standard III.B **and** the 2013 CAAHEP Standards at the back of this document for the Standard/guidelines/ additional information regarding compliance with this Standard.]

#### EXAMPLE—Standard III.B.—cont:

The three acceptable NCCA-approved credentials in surgical technology are:

- Certified Surgical Technologist (CST®)
- Certified Surgical First Assistant (CSFA®)
- Certified Surgical Technologist /Certified Surgical First Assistant (CST/CSFA®)

Proof of a NCCA-approved credential in surgical technology includes submission of one of the following:

#### EXAMPLE—Standard III.B.—cont:

- A copy of the NBSTSA certification card
- A copy of the NBSTSA certification certificate
- A copy of the verification page from the NBSTSA website ([www.nbstsa.org/verify/find-cred.htm](http://www.nbstsa.org/verify/find-cred.htm)).

Documentation in support of approval of a change in President, Dean, or Program Director can be submitted via e-mail attachment to [info@arcstsa.org](mailto:info@arcstsa.org).

#### SAMPLE ARC/STSA Program Personnel Data Form—Clinical Coordinator:



**ARC/STSA**  
Advancing the Standard of Education  
 in Surgical Technology and Surgical Assisting

### ARC/STSA Program Personnel Data Form – Clinical Coordinator

Clinical Coordinator Name		Credentials
<input type="text" value="Samuel Kline"/>		<input type="text" value="CST, BA"/>
Sponsoring Educational Institution [School]		Date of Appointment
<input type="text" value="Littleton City College"/>		<input type="text" value="03/01/2015"/>
Program Address		
<input type="text" value="8 West Dry Creek Circle"/>		
City	State	Zip Code
<input type="text" value="Littleton"/>	<input type="text" value="CO"/>	<input type="text" value="80120"/>
Telephone Number	Fax Number	E-mail Address
<input type="text" value="(303) 894-9262"/>	<input type="text" value="(303) 741-3655"/>	<input type="text" value="skline@littletoncc.edu"/>

**Attestation of Qualifications\***

Has a minimum total of 3 years of experience in the ST scrub role or as an ST instructor or both within the last 5 years

Holds current CST, CSFA, or CST/CSFA – NBSTSA Certification #

\* If all qualifications above are **not** checked, please submit a Plan of Action to demonstrate compliance with Standard III.B.2.b. – Clinical Coordinator Qualifications using the ARC/STSA Plan of Action Form, available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/).

**Attestation of Responsibilities** [select all applicable]

Is responsible for organization, continuous review, planning, development, and general effectiveness of the clinical component of the program

Has teaching responsibilities [Core Instructor]\*\*

Other-please specify

\*\*Program is **not** required to submit an ARC/STSA Program Personnel Data Form – Core Instructor if applicable responsibilities checked above.

**Employment Status**      Full Time Appointment       Part Time Appointment

The program attests that the program has sufficient faculty resources to ensure achievement of the program's goals and objectives for the program's stated maximum enrollment capacity.

The Program Director acknowledges that the information above is accurate\*\*.

<input type="text" value="Susan Wray, CST, MEd"/>	<input type="text" value="03/25/2015"/>
Program Director Signature	Date

**\*\*\* Please note that failure to provide accurate information, 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.**

## Section III: Resources

### 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 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 and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

*Program length should be sufficient to ensure student achievement of the master curriculum content demands.*

#### Interpretation of Standard III.C.—The Curriculum:

The program should have a comprehensive program curriculum that includes all curriculum content requirements defined in the current edition of the *Core Curriculum for Surgical Technology*.

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 technology program are delivered in appropriate sequence and therefore progressively prepare the student for each course/component of the program.

A master curriculum list consists of a document listing all courses required for program completion, leading to the award of a certificate, diploma or degree in surgical technology. Information included on this documentation includes:

- Course designation
- Course title
- Clock hours
- Time increment (quarter, semester, etc.) of instruction

The course syllabus consists of document(s) containing all course requirements. It is the educational contract 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, 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—6e** within the program's master syllabi or

#### Interpretation of Standard III.C.—The Curriculum—

companion documentation

- Outcomes assessment methods
- Grading scale

When course syllabi do not include all components listed above, the components can also be published in curriculum companion documents, such as lesson plans and other types of course-specific documents.

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 technology 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 Technology*. If course syllabi do not include a detailed list of content, programs may choose to demonstrate compliance using a comparison chart or table based on the table of contents from the *Core Curriculum for Surgical Technology* that indicates the course and lesson 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 thirty (30) days of the change. Curricular change approval requests usually include 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
- An updated Master Curriculum List—a list of courses required to complete the program

The **ARC/STSA Curriculum Attestation Form**, **ARC/STSA Curriculum Comparison Form—6e**, and **ARC/STSA Curriculum Sequencing (C-1) Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section III: Resources

### 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 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 and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

*Program length should be sufficient to ensure student achievement of the master curriculum content demands.*

#### Interpretation of Standard III.C.—The Curriculum—

- A comparison of the current and proposed 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 **ARC/STSA Curriculum Attestation Form**, verifying that the curriculum offered meets the content requirements of the current edition of the *Core Curriculum for Surgical Technology*. Please note that failure to provide accurate information on the **ARC/STSA Curriculum Attestation Form**, 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.

An **ARC/STSA Curriculum Comparison Form-6e** [CCF6e] should be provided for review upon ARC/STSA request, or during On-Site Evaluation, or submitted in the Self-Study [Initial Accreditation] or Program Review Report [PRR]. The CCF6e should indicate the course and page number in the source document [the syllabus, detailed course content outline addendum, or companion document] where the topic can be verified, word-for-word.

#### EXAMPLE—Standard III.C.—The Curriculum:

The appendix of the *Core Curriculum for Surgical Technology, 6e* contains basic information on teaching methodology, including:

- Domains of learning
- Learning styles
- Master curriculum development
- Behavioral objectives
- Lesson plan development

When completing the **ARC/STSA Curriculum Comparison Form-6e** (CCF-6e), enter each course number and name for all courses required for program completion that include content that demonstrates compliance with the CCST6e in the cells in rows 3-4, columns H-AA [see blue arrow #1 in illustration on next page]. Next, indicate the syllabus or companion document page number where each specific topic can be verified verbatim in the applicable “yellow” cells to the right of each topic [see red arrow #2 in illustration below]. Master course syllabi or companion documentation to each syllabus should include sufficient detail to permit verification of each specific topic listed on the **ARC/STSA Curriculum Comparison Form—6e** (CCF-6e).

The **ARC/STSA Curriculum Attestation Form** and **ARC/STSA Curriculum Sequencing (C-1) Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

ARC/STSA Curriculum Comparison Form—CCST6e—see completed example on next page.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	
1	SCHOOL NAME						SUBMISSION DATE														Please enter data in "yellow" areas only - all other areas are "locked". Rows 1-3 and Columns A-G are "frozen" - this information is always visible when working on the worksheet - scroll up and down or across to access all data entry areas.						
2	1. Please enter the <b>course number</b> and <b>course name</b> of all courses required to complete the program's graduation requirements in columns to the right. [NOTE: Please do NOT include General Education courses unless they are used to demonstrate Core Curriculum - ST content instruction.] 2. Please list the syllabus page where the content area is located in the program's Master Curriculum.						PROGRAM SYLLABUS IDENTIFICATION																				
3							COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME	COURSE NUMBER AND NAME
4	Topic																										
85																											
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## Section III: Resources

### 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 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 and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

*Program length should be sufficient to ensure student achievement of the master curriculum content demands.*

#### ARC/STSA Curriculum Comparison Form—CCST6e—EXAMPLE

1. Add course number and name

SCHOOL NAME		Littleton School of Surgical Technology							SU
1. Please enter the <b>course number</b> and <b>course name</b> of <b>all</b> courses required to complete the program's graduation requirements in columns to the right. [NOTE: Please do NOT include General Education courses unless they are used to demonstrate Core Curriculum - ST content instruction.] 2. Please list the syllabus page where the content area is located in the program's Master Curriculum.		PROGR							
		SURG100 - Intro to ST	SURG101 - ST Concepts	SURG102 - ST Issues	SURG103 - Pharmacology for the ST	SURG104 - Surgical Procedures I	SURG204 - Surgical Procedures II	SURG120 - Clinical Externship I	SURG120 - Clinical Externship II
Topic									
	Patient identification	p.2							
	Transportation	p.2							
	Review of the chart	p.3							
	Surgical Consents	p.3							
	Transfer	p.3							
	Positioning	p.3							
	Urinary catheterization	p.3							
	Skin preparation	p.3							
	Equipment		p.4						
	Instrumentation		p.4						
Sterile									
	Asepsis and sterile technique		p.2						

2. Add applicable syllabus/  
companion document page number  
where the topic is clearly indicated.

SURG 100 – Introduction to Surgical Technology	Page 3
Content Outline (cont.):	
A. Surgical Consents	
a. Purpose	
b. Types	
c. Informed Consent	
d. Contents of a Consent Form	
B. Patient Transfer	
a. Methods	
b. Equipment	
c. Principles	
C. Positioning	
a. Factors	
b. OR Table	
c. Positions	
D. Urinary Catheterization	
a. Indications	
b. Considerations	

## Section III: Resources

### 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 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 and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

*Program length should be sufficient to ensure student achievement of the master curriculum content demands.*

#### Interpretation of Standard III.C.— Clinical Case Requirements—CCST6e

The program should publish the clinical case requirement for successful completion of the program, as defined in the *Core Curriculum for Surgical Technology, 6e (CCST6e)*.

The clinical case requirement should meet the criteria for each classification as defined in the “Surgical Rotation Case Requirements” sheet published in the *CCST6e* on pages 173-174.

- The total minimum number of cases each student should complete is 120.
- Students are required to complete a minimum of thirty (30) cases in General Surgery. Twenty (20) of those cases should be in the First Scrub Role (as defined on page 175 of the *CCST6e*).
- Students are required to complete a minimum of ninety (90) cases in various surgical specialties. Sixty (60) of those cases should be in the first scrub role and evenly, but not necessarily equally distributed between a minimum of four (4) surgical specialties.
- The surgical technology program is required to verify through the surgical rotation documentation the student’s progress in the first and second scrub role in surgical procedures of increasing complexity as he/she moves toward entry-level graduate abilities (as defined on page 175 of the *CCST6e*).
- Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to ten (10) diagnostic endoscopic cases and five (5) vaginal delivery cases can be counted towards the maximum number of second scrub role cases. Diagnostic endoscopy cases include endoscopy cases that are strictly diagnostic in nature—Cystoscopy, Laryngoscopy, and Colonoscopy. Endoscopy cases with enhancements, such as Cystoscopy with Bladder Biopsy or Stent Placement and Colonoscopy with Polypectomy are considered surgical procedures and can be performed in the second scrub and/or first scrub roles, provided they perform all skills listed under the applicable role [see *CCST6e*, page 175].
- Observation cases should be documented but do not count towards the one hundred twenty (120) required cases.
- Cases performed across multiple specialties should be counted under the surgeon of record’s specialty (Thyroidectomy performed by a General surgeon—general; Thyroidectomy performed by an ENT surgeon—ENT).
- Counting cases: Cases should be counted according to surgical specialty. Examples:
  - Trauma patient requires a Splenectomy and repair of a LeForte I fracture. Two (2) cases can be counted and documented since the Splenectomy is a general surgery specialty and the Repair of LeForte I is an Oral-Maxillofacial surgical specialty.

- Patient requires a Breast Biopsy followed by a Mastectomy. It is one (1) pathology, breast cancer, and the specialty is General Surgery; therefore, it is counted and documented as one (1) procedure—one case.
- Scope cases that convert to an open case [e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy] are counted and documented as one (1) procedure—one case.

Student clinical case logs should clearly indicate the number and type of cases completed, the role of the student in each case, as defined in the *CCST6e*, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism (s)/methods to ensure validity of log documentation] and dates).

Student case logs should be consistently maintained, verified, stored in hardcopy or digital copy, retained for a minimum of 5 years, and clearly provide evidence that students are completing the program’s elected clinical case requirement as defined in the *Core Curriculum for Surgical Technology, 6e*.

#### 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 Preceptor/Clinical Instructor
- Date surgical procedure was performed
- Surgical procedure
- The specialty designation (General Surgery, various Surgical Specialties, Diagnostic Endoscopy, Vaginal Delivery)
- Role/skill level performed as defined on page 175 of the *CCST6e*—First Scrub Role, Second Scrub Role, or Observation Role
- Signatures of Student, Preceptor (if applicable), and Faculty

Case logs or supporting documentation should contain a key or legend that includes 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 clinical case requirement (e.g.: observation cases).

A case log summary sheet should also be used by the program to demonstrate the following for each student:

- Total number of cases performed
- # of First Scrub cases in General Surgery
- # of Second Scrub cases in General Surgery
- # of First Scrub cases in at least four (4) surgical specialties
- # of Second Scrub cases in at least four(4) surgical specialties
- # of Diagnostic Endoscopy cases in the Second Scrub Role
- # of Vaginal Deliveries in the Second Scrub Role

## Section III: Resources

### Standard III.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.

#### 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 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 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
- The program benchmark(s) criteria
- A summary of the assessment of the data

#### Interpretation of Standard III.D.—cont:

- 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**, 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 program's set benchmark and/or the ARC/STSA-established threshold for a specific resource, 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 50].

The program is required to provide evidence of assessment of the following by its 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 (CST Exam™ or all CAAHEP-accredited programs), 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 **ARC/STSA Plan of Action Form** is available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section III: Resources

### Standard III.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.

#### 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 45.]

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 <i>Standards</i> [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 measurable, and be submitted on the ARC/STSA Plan of Action Form. The plan of action 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 ASSESSMENT	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 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 setups 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 <ul style="list-style-type: none"> <li>• solicit bids for mannequin by 5/1/2015</li> <li>• submit purchase order to administration by 5/10/2015</li> <li>• purchase and receive prior to 8/22/2015 program start.</li> <li>• Assess effectiveness of second mannequin using Mock Lab Final Evaluation and Student Course Evaluation Form</li> </ul>

NOTE: The above information is only an example of resource assessment, as part of a Program Effectiveness Plan, and is not 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 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.

*[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### Interpretation of Standard IV.A.

This component of Standard IV focuses on specific student assessment 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 student's 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 [PRR] or during Random/Continuing On-Site Evaluation or Consultative/Comprehensive On-Site Evaluation, and may be reviewed during Focused On-Site Evaluation.

#### Interpretation of Standard IV.A.—cont.:

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:
  - peer skills assessment and mentoring
  - skills check-offs/return demonstrations
  - comprehensive skills demonstrations
- Clinical evaluation tools:
  - 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

## 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 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.

[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

#### EXAMPLE—Standard IV.A.—

Example of a Laboratory Skills Evaluation Rubric:

Student Name: _____				SURG102—Lab Skill 7
The learner will assemble an unguarded surgical scalpel accurately, safely, and with proficiency				
	Successful	Needs Work	Not Successful	Score
<b>Preparation</b> ✓ Selects the required #15 blade ✓ Selects the corresponding #7 knife handle ✓ Selects a 6" Mayo Heager Needle Holder to use in loading the blade	Correct blade, handle, and needle holder = 3 points	1 of 3 incorrect = 2 points	2 or 3 of 3 incorrect = 0 points	
<b>Performance</b> ✓ Places thumb and fourth finger into needle holder finger rings ✓ Orients the blade using the jaw of the needle holder with the cutting area facing left and the cutting tip pointing away ✓ Grasps the blade just above the fenestration and at a slight angle to the shaft of the needle holder ✓ Orients the knife handle with the blade retaining section pointing away and the beveled area facing up; the hand holds the handle on the lower half of the handle ✓ Blade is grasped firmly with the jaw of the needle holder ✓ The flared section of the blade fenestration is aligned with the grooves of the blade handle ✓ The blade is released; the needle holder is stored in its appropriate location ✓ The scalpel/handle is stored in "sharps" section of the back table, pointing away from the learner ✓ Performs steps in order without repeating ✓ Performs all steps in less than 60 seconds ✓ Performs in less than 3 attempts	Steps performed in order; timely, safe and accurate performance = 3 points	1-2 Steps need repeating; 1-2 minutes to complete all steps, safe performance = 2 points	Multiple steps need repeating —OR—greater than 2 minutes to complete steps —OR—unsafe performance = 0 points	
Student Signature: _____	Date: _____			
Faculty Signature: _____	Date: _____			

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

### Standard IV.B.—Outcomes Assessment

#### 1. Outcomes Assessment

The program must at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission on Certifying Agencies, 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 to the ARC/STSA the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis. Programs not meeting the established thresholds must begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

*[Please see the 2013 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.B.** focuses on program outcomes assessment rather than specific student assessment 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 [CST Exam™ or Comprehensive (Secure) CST Practice Exam—see information under Program Outcomes Assessment Exam—pages 30-31.]
- 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 ST 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 ST 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 on-time completion cohort for retention as attrition (see Retention example—page 35.) Students with delayed completion timeframes are

### Interpretation of Standard IV.B.—cont.

then added to the on-time completion/graduating cohort they join upon return/re-entry. Retention percentages are determined by dividing the number of graduates 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%**.

Effective August 1, 2014, programs are required to track outcomes using the **ARC/STSA Outcomes Tracking Tool**. The **ARC/STSA Outcomes Tracking Tool** [see page 35] 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. All graduates should take an ARC/STSA-approved program outcomes assessment exam. Cohort summary results should be reported on the ARC/STSA Annual Report.

All CAAHEP-accredited programs should administer and subsequently report OAE results for the NBSTSA Certified Surgical Technologist (CST®) Exam.

Programs seeking CAAHEP Initial Accreditation are required to administer the NBSTSA Comprehensive (Secure) CST Practice Exam to students in all completion cohorts [**100%** participation]

The **ARC/STSA Outcomes Tracking Tool [OTT]** is available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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

### Standard IV.B.—Outcomes Assessment

#### 1. Outcomes Assessment

The program must at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission on Certifying Agencies, 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 to the ARC/STSA the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, an analysis of the outcomes and an appropriate action plan based on the analysis. Programs not meeting the established thresholds must begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

*[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### Interpretation of Standard IV.B.—cont.

until the award of CAAHEP Initial Accreditation, unless the program has eligibility for its graduates to take the NBSTSA CST Exam™. The program's Initial Application Self-Study should include a detailed plan of action and timeline for administration of the NBSTSA Comprehensive (Secure) CST Practice Exam to students in all completion cohorts until the award of CAAHEP Initial Accreditation. The plan of action should also include a plan to report NBSTSA CST Exam™ results for graduates of all completion cohorts with a program completion date of 90 days and thereafter following the date of the award of CAAHEP Initial Accreditation.

#### **Certified Surgical Technologist (CST) Exam**

Programs should report the total number of students graduating and the number who passed the CST® certification exam on the first attempt. Programs will be required to meet the thresholds of **100%** participation rate and **70%** pass rate.

The ARC/STSA threshold for the NBSTSA Comprehensive (Secure) CST Practice Exam is **100%** participation only. [Please note there is no pass rate threshold for the NBSTSA Comprehensive (Secure) CST Practice Exam.]

#### **Graduate Placement**

When reporting graduate placement statistics, graduates should only be listed once, using the following categories:

- Placed in the field of surgical technology or a related field\* or on Active Military Duty
- Continued education
- Placed in field of surgical technology or a related field\* **AND** continued education

\* placement in a related field requires use of knowledge and skills acquired via the curriculum offered in the surgical technology program, e.g.—Central Sterile Supply Technician

The sum of the three categories above should be reported as the total number of graduates placed. Graduate placement percent-

#### Interpretation of Standard IV.B.—cont.

ages 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 **ARC/STSA Employer Survey Form** for data collection and reporting employer satisfaction on the program's Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the **ARC/STSA Employer Survey Form** as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form exactly. Programs should only report Employer Survey return rate and satisfaction rate data for surveys administered no sooner than 9 months after employment.

To calculate the employer satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned.

- An Employer Satisfaction Survey should have 24 out of the 28 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 **85%** of the surveys indicate a "satisfactory" rating or higher.

#### **Graduate Satisfaction**

Graduate satisfaction results should be solicited from all graduates in the cohort. Programs should use the standardized **ARC/STSA Graduate Survey Form** for data collection and reporting graduate satisfaction on the program's Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the **ARC/STSA Graduate Survey Form** as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form exactly. Programs should only report Graduate Survey return rate and satisfaction rate data for surveys administered no sooner than 6 months after graduation.

The **ARC/STSA Employer Survey Form** and **ARC/STSA Graduate Survey Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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

### Standard IV.B.—Outcomes Assessment

#### 1. Outcomes Assessment

The program must at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission on Certifying Agencies, 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 to the ARC/STSA the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis. Programs not meeting the established thresholds must begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

*[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### Interpretation of Standard IV.B.—cont.

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 8 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 **85%** of the surveys indicate a “satisfactory” rating or higher.

#### Formal Plan for Outcomes Assessment

All programs should utilize an outcomes assessment indicator measurement tool 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 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 Annual Report and is verified in the Program Review Report [PRR] 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 program outcomes is located on page 45 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

#### Interpretation of Standard IV.B.—cont.

demonstrating intended learning experiences and outcomes. If a program outcome result falls below a threshold, a detailed plan of action and timeline for implementation is required and should be attached on the applicable page of the Annual Report. (see Plan of Action and Timeline for Implementation—page 50). Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **ARC/STSA Plan of Action Form**, available online.

Although a plan of action is required to be attached to the applicable page of the 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 ARC/STSA Outcomes Tracking Tool(s) and supporting documentation should be available for submission in the Program Review Report [PRR] 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 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 not retain outcomes documentation used to develop and report data in Annual Reports and/or provide outcomes verification documentation during On-Site Evaluation can be cited under **Standard IV.B.2** [see page 34].

Failure to submit a required Annual Report or parts of the 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.

The **Program Effectiveness Plan** and **ARC/STSA Plan of Action Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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

### Standard IV.B.—Outcomes Assessment

#### 1. Outcomes Assessment

The program must at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission on Certifying Agencies, 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 to the ARC/STSA the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis. Programs not meeting the established thresholds must begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

*[Please see the 2013 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]*

#### EXAMPLE—Standard IV.B.1.

The ARC/STSA Annual Report, used to report program data and outcomes, is available online at <http://ereport.arcst.org/login.aspx>.

ARC/STSA standardized forms are available online and include:

- **ARC/STSA Outcomes Tracking Tool** including instructions and a sample of a completed tool
- **ARC/STSA Employer Survey for Graduates of Surgical Technology Education Form**
- **ARC/STSA Graduate Survey for Surgical Technology Education**
- Sample **Program Effectiveness Plan**

- Electronic copies of standardized **ARC/STSA Annual Report Data Sheets** are available by contacting the ARC/STSA at [info@arcstsa.org](mailto:info@arcstsa.org) or 303-694-9262.

When completing an Annual Report:

- **Current Program Information** pages report program data for the period between August 1-July 31 of the year named in the report (2015 AR = August 1, 2014-July 31, 2015).
- **Program Outcome** pages report program data from the student/graduate cohort for the period between August 1-July 31 of the year preceding the name of the report (2015 AR = August 1, 2013-July 31, 2014).
- **Graduate Outcome** pages report program data from the student/graduate cohort for the period between August 1-July 31 of the year preceding the dates for the Program Outcomes pages (2015 AR = August 1, 2012-July 31, 2013).

The **ARC/STSA Outcomes Tracking Tool [OTT]**, **ARC/STSA Employer Survey Form**, and **ARC/STSA Graduate Survey Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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

### Standard IV.B.—Outcomes Assessment—cont.

#### ARC/STSA OUTCOMES QUICK REFERENCE GUIDE

[Note: Programs are required to track outcomes using the [ARC/STSA Outcomes Tracking Tool](#) 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 <u>plus</u> 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	All programs should administer an ARC/STSA-approved OAE to all program graduates	Direct	Administered as early as the final semester/term of program but no later than submission of the applicable Annual Report	This threshold does <u>not</u> refer to a class average; it refers to individual student/graduate scores. 100% of completing students should participate for each cohort. On-campus group testing is available for the CST Exam™ and the Comprehensive (Secure) CST Practice Exam (contact the NBSTSA <a href="http://www.nbstsa.org">www.nbstsa.org</a> ) for more information).
CST Exam™ for all CAAHEP-accredited and CST Exam-eligible programs	CST: <b>100%</b> participation rate and <b>70%</b> pass rate		ARC/STSA Reporting Year = Aug 1—July 31	Effective <b>August 1, 2011</b> , programs seeking CAAHEP Initial accreditation are required to administer the NBSTSA Comprehensive (Secure) CST Practice Exam to students in <u>all</u> completion cohorts [ <b>100%</b> participation] until the award of CAAHEP Initial Accreditation, <u>unless</u> the program has eligibility for its graduates to take the NBSTSA CST Exam™. See additional information under OAE on page 30-31.
NBSTSA Comprehensive (Secure) CST Practice Exam for all applicant status programs seeking Initial Accreditation	NBSTSA Comprehensive (Secure) CST Practice Exam: <b>100%</b> participation rate			
Job (positive) Placement (employment)	<b>80%</b> of graduates seeking employment should be employed in a field related to surgical technology	Indirect	At least once within 1 year after graduation	Graduates employed F/T or P/T in the ST field or in a related field* /on active military duty <b>and/or</b> 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 technology program, e.g.—Central Sterile Supply Technician.]
Employer Satisfaction	<b>50%</b> return rate for surveys ~ and ~  <b>85%</b> of the returned surveys rating the employee at a 3 or higher on a 5 point scale	Indirect	No sooner than 9 months after the graduate's employment	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—24 of 28 areas rated 3 or higher on the 5 point Likert scale.
Graduate Satisfaction	<b>50%</b> return rate for surveys ~ and ~  <b>85%</b> 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—7 of 8 areas rated 3 or higher on the 5 point Likert scale.

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

## EXAMPLE—ARC/STSA Outcomes Tracking Tool:

ARC/STSA Outcomes Tracking Tool*					
SCHOOL					
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		Withdraw - 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	Withdraw - medical issues	
6 Susan Smith	9/15/2015	9/1/2013		Delayed Completion - failed ST 205-moved to 12/5/2016 cohort	
7 Richard Steel	9/15/2015	9/1/2013	9/15/2015		
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 = 7/10 [70%]					

Outcomes Assessment Exam		Graduate Placement				Employer Satisfaction		Graduate Satisfaction					
CST Exam Participation	CST Exam Pass	In Field	In Field and Continuing Education	Continuing Education	Not Placed	Employer	ES Sent	ES Returned	ES Satisfied [24/28 3or>]	GS Sent	GS Returned	GS Satisfied [7/8 3or>]	
X	X	X				Mercy Hospital	X	X	X	X	X	X	
X	X	X				Mercy Hospital	X	X	X	X	X	X	
X	X	X	X			Littleton Medical Center	X	X	X	X	X	X	
X	X	X				Columbine Health	X	X	X	X	X	X	
X	X	X			X		X	X	X	X	X	X	
X	X	X			X	Good Samaritan Medical Center	X	X	X	X	X	X	
X	X	X			X		X	X	X	X	X	X	
Cohort Summary		Cohort Summary				Cohort Summary		Cohort Summary		Cohort Summary		Cohort Summary	
OAE participation rate = 7/7 [100%] OAE pass rate = 6/7 [86%]		Graduate Placement rate = 5/7 [71%]				ES return rate = 4/5 [80%] ES satisfaction rate = 4/4 [100%]		GS return rate = 4/7 [57%] GS satisfaction rate = 4/4 [100%]					

## Section V: Fair Practices

### 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, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and 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 for 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 V.A.

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 accredited programs - 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.

Please see Standard V.C. for discussion of the updated 2013 Student Work Policy.

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 CAAHEP-accredited surgical technology programs publish, at a mini-

um, the program's approved outcomes assessment exam [CST™ 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

CAAHEP contact information:

Commission on Accreditation of Allied Health Education Programs  
1361 Park Street  
Clearwater, FL 33756  
Phone: 727-210-2350; Fax: 727-210-2354  
[www.caahep.org](http://www.caahep.org)

ARC/STSA Surgical Technology Program Fair Practices Reporting Form		
Sponsoring Institution Name: _____		
Sponsoring Institution City: _____		
Sponsoring Institution State: _____		
ARC/STSA Program Identification Number: _____		
Date: _____		
	Where is it published? (catalog, student handbook, brochure, webpage, other misc.)	Page Number(s) or specific website address
Institutional Accreditation Status		
Programmatic Accreditation Status* (accredited programs <b>only</b> )		
CAAHEP Contact information* (accredited programs <b>only</b> )		
Non-Discrimination Policy Statement		
Admissions Policies and Practices		
Number of credits required for program completion		
Tuition, Fees and other Costs		
Policy and Procedure for With- drawal		
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		

## Section V: Fair Practices

### 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 technology 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](http://www.ed.gov/about/offices/list/ocr/docs/hq53e8.html)

## Section V: Fair Practices

### 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
- Emergency Preparedness/All Hazards Preparation education [see page 195 of the *Core Curriculum for Surgical Technology, 6e*]

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.:

**ARC/STSA sample work policy [effective 9/21/2013]:** All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

## Section V: Fair Practices

### 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
- Admissions examinations
- Admissions applications and other required admissions supporting documentation
- Selection interview records
- Attendance records
- Health records
- Completed Student Assessment tools—tests, assignments
- Completed clinical assessment tools—assignments, evaluations
- Clinical experience logs and summaries
- Student grades and grade books
- Attendance records
- 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 51 for information regarding digital/electronic records maintenance.

#### EXAMPLE—Standard V.D.:

LITTLETON COMMUNITY COLLEGE SURGICAL TECHNOLOGY 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		
Admissions Exam		
Interview with PD		
HS transcript/GED		
Physical Exam		
Immunizations		
CPR		
Criminal Background Check		
Clinical Orientation/OSHA		
Final Transcript		

## Section V: Fair Practices

### Standard V.E.—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 the ARC/STSA within the time limits prescribed include:

- 1) Program resources proportional to and sufficient for the programs stated enrollment capacity
- 2) Curriculum, including department-wide changes made in other departments
- 3) Continued alignment with Appendix B - Curriculum
- 4) Increase or decrease in clock or credit hours required for successful completion of the program
- 5) Clinical affiliation changes (additions or subtractions)
- 6) Change of location (campus, laboratory facilities, school administration)
- 7) Addition of Accelerated Alternate Delivery (AAD) component
- 8) Addition of distance education program as defined by CAAHEP policy
- 9) Addition of a satellite campus
- 10) Addition of a location (campus) where core curriculum surgical technology coursework is delivered

#### Interpretation of Standard V.E.

The program is required to report changes to the accredited program or approved AAD, satellite, consortium or distance education 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
- Administration directly related to the surgical technology program (President/CEO and/or Dean—or comparable appointment)
- 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](mailto: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 Annual Report. These changes include:

- Program Advisory Committee (PAC) membership
- Budget
- Clinical Affiliations
- Clinical Coordinator
- Core and Non-Core Instructors
- Student assessment/evaluation 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 than substantive changes can be submitted by attaching electronic copies of the documents to the Annual Report. Standardized ARC/STSA forms should be used, where applicable.

#### EXAMPLE—Standard V.E.:

ARC/STSA standardized forms include:

- [ARC/STSA Clinical Sufficiency Survey Form](#)
- [ARC/STSA Program Advisory Committee \(PAC\) Form](#)
- [ARC/STSA Clinical Affiliate Attestation Form](#)
- [ARC/STSA Clinical Affiliation Site Reporting Form](#)
- [ARC/STSA Clinical Affiliation Tracking Form](#)
- [Employer Survey for Surgical Technology Education](#)
- [Graduate Survey for Surgical Technology Education](#)
- [ARC/STSA Program Personnel Data Form—President](#)
- [ARC/STSA Program Personnel Data Form—Dean](#)
- [ARC/STSA Program Personnel Data Form—Program Director](#)
- [ARC/STSA Program Personnel Data Form—Clinical Coordinator](#)
- [ARC/STSA Program Personnel Data Form—Core Instructor](#)
- [ARC/STSA Curriculum Attestation Form](#)
- [ARC/STSA Curriculum Comparison Form](#)
- [ARC/STSA Outcomes Tracking Form](#)
- [ARC/STSA Plan of Action Form](#)
- [ARC/STSA Fair Practices Reporting Form](#)
- [A-1—ARC/STSA Budget Form](#)
- [A-2—Methods of Didactic and Laboratory Evaluation Form](#)
- [C-1—Curriculum Sequencing Form](#)
- [C-2—Didactic and Laboratory Courses—Summary Form](#)
- [C-3—Clinical Courses—Summary Form](#)

[ARC/STSA Annual Report Data Sheets](#) can be obtained by request by contacting the ARC/STSA at [info@arcstsa.org](mailto:info@arcstsa.org) or 303-694-9262.

Accelerated Alternate Delivery programs, branch/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/index.php/resources/aad-pathway-information](http://www.arcstsa.org/index.php/resources/aad-pathway-information).

The current edition of the *Core Curriculum for Surgical Technology* can be obtained from the Association of Surgical Technologists by contacting them directly at 800-637-7433.

Standardized ARC/STSA forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Section V: Fair Practices

### 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, roles, and responsibilities of 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 technology 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.:

An **ARC/STSA Clinical Affiliate Attestation Form** is submitted in the Annual Report when a new clinical affiliate is added. An **ARC/STSA Clinical Affiliate Attestation Form** 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 ARC/STSA. New clinical affiliates are reported on the next 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 **ARC/STSA Clinical Affiliate Attestation Form**, 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.

An updated **ARC/STSA Clinical Affiliation Site Reporting Form** is utilized during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation, and may be utilized during Focused On-Site Evaluation. The completed **ARC/STSA Clinical Affiliation Site Reporting Form** 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).

When an **ARC/STSA Clinical Affiliation Site Reporting Form** does not clearly demonstrate sufficient clinical operating room scrub slots for the program's stated maximum enrollment capacity, the program may elect to use an **ARC/STSA Clinical Affiliation Tracking Form** to more clearly demonstrate how slots at a given facility are utilized for multiple students.

ARC/STSA standardized forms include:

- **ARC/STSA Clinical Affiliate Attestation Form**
- **ARC/STSA Clinical Affiliation Site Reporting Form**
- **ARC/STSA Clinical Affiliation Tracking Form**

The **ARC/STSA Clinical Affiliate Attestation Form**, **ARC/STSA Clinical Affiliation Site Reporting Form**, and **ARC/STSA Clinical Affiliation Tracking Form** are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## 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; online at:

<http://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 Effectiveness Plan** information—page 45

**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 ARC/STSA request or verified during On-Site Evaluation. ARC/STSA attestation forms can be utilized to report the addition of clinical affiliate(s), personnel changes, and most curriculum changes. Standardized ARC/STSA attestation forms specific to each applicable change are available online. Please note that failure to provide accurate information on ARC/STSA attestation forms, 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.

**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 [www.nwlink.com/~donclark/hrd/bloom.html](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 CST Exam™ and final projects/presentations are commonly associated with these courses.

**Certification** - professional credentials attesting to minimum knowledge and skills levels; CST® - the professional credential in

Standardized ARC/STSA forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Glossary of Terms

surgical technology ; CSFA® and CSA - the 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 operating room scrub slot sufficiency, and develop enrollment/graduation rosters to track and report 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 technology, the three (3) primary communities of interest are the:

- Institutional representatives—including school faculty and administration
- Learner representatives—including students and program graduates,
- Practice representatives—including employers, physicians, practicing CSTs 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 Annual Reports may undergo Focused On-Site Evaluation to assess the cause of non-compliance with the ARC/STSA-established outcomes and assess the appropriateness of plan(s) of action to raise outcomes to meet 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, 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](http://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; ARC/STSA non-substantive changes include: Program Advisory Committee [PAC] membership, budget, Core and Non-Core 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 pro-

## Glossary of Terms

gram, 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 established assessment outcome indicators are retention, graduate placement (employment), outcomes assessment exam results, 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 ARC/STSA-established thresholds on three [3] or more consecutive Annual Reports may undergo a Focused On-Site Evaluation to assess the cause of non-compliance with the 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 technology plans of action relative to outcome data that is below established thresholds should be detailed, comprehensive, and measurable. 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](http://www.businessdictionary.com/definition/action-plan.html) and [www.thefreedictionary.com/plan+of+action](http://www.thefreedictionary.com/plan+of+action). Please note that effective August 1, 2014, all plans of action should be developed/submitted using the **ARC/STSA Plan of Action Form**, available online. See the Plan of Action and Timeline for Implementation information—page 50.

**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 cur-

riculum, 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:** 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 goal 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 goal 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. An institutional 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.

**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

Standardized ARC/STSA forms are available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

## Glossary of Terms

commonly include rubrics to assist in the continuity of assessment from student to student.

**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*; 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, retention, and graduate placement.

# 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 classroom equipment					
Resources: student and faculty computer resources					
Resources: instructional reference materials					
Resources: laboratory facilities					
Resources: laboratory equipment and instrumentation					
Resources: laboratory supplies					
Resources: library reference resources, materials, and databases					
Resources: ancillary student facilities					
Resources: clerical/support staff					
Resources: faculty/staff professional development					
Resources: clinical affiliation sites and OR scrub slots					
Resources: sufficient faculty appointed					
Resources: Faculty—current CST® credential					
Resources—Faculty—professional development—ST-specific					
Resources—Faculty—professional development—teaching methods-specific					
Resources: Curriculum—compliant with current Core Curriculum					
Resources: Curriculum—Clinical Case Requirement					
Outcomes: Retention					
Outcomes: Approved Outcomes Assessment Exam (OAE) - CST Exam™ (NBSTSA) Participation Rate					
Outcomes: Approved Outcomes Assessment Exam (OAE) - CST Exam™ (NBSTSA) Pass Rate					
Outcomes: Graduate Placement					
Outcomes: Employer Survey Return Rate					
Outcomes: Employer Survey Satisfaction Rate					
Outcomes: Graduate Survey Return Rate					
Outcomes: Graduate Survey Satisfaction Rate					

### 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 and competencies specified in the current edition of the Core Curriculum for Surgical Technology (see Appendix B – Curriculum).

The clinical case log tools do not include case types, student role, verification signatures, and sufficient number of cases to meet the program's elected clinical case requirement.

*Please submit a revised copy of the student case log tool(s) used to track completion of student clinical case requirement for program completion. This /these tool(s) should include a legend or key to guide form completion, be comprehensive of all clinical experiences, clearly indicate the number and type of cases completed, the role of the student in each case, as defined in the Core Curriculum for Surgical Technology, 6e, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism(s)/methods to ensure validity of log documentation] and dates).*

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

*In addition, please submit a comprehensive, detailed, measureable plan of action, using the ARC/STSA Plan of Action Form (available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms)) that will ensure that student clinical case logs are consistently maintained, verified, stored, retained for a minimum of 5 years (in hardcopy or retrievable digital format), and clearly provide evidence that students are completing the program's elected clinical case requirement as defined in the Core Curriculum for Surgical Technology, 6e.*

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 type of case [General Surgery, Specialty Surgery and specific specialty, Endoscopy, and Vaginal Deliveries], the student role [First Scrub, Second Scrub, Observation], and areas for students and faculty to verify the accuracy of the documentation included on the log. Please note that there is no area for preceptor signatures as the program assigns a full-time faculty member to the clinical site while students are completing their clinical experience. The log also includes a key to guide student completion of the form that includes the definitions of case types and student role. 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 is found in Appendix C.

SUPPORTING DOCUMENTS:

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

## 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, which is representative of at least each of the 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.

**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 at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission on Certifying Agencies, 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 CST. 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 specify the program's maximum enrollment capacity. Information included should specify the total number of cohorts (program starts) per year, the total number of student admissions per cohort (program start), and the number of cohorts that overlap in clinical at any point in the program. If the actual program enrollment is different from the program's stated maximum enrollment capacity, please specify.*

*In addition, 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-technology/st-forms-and-facts/](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-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 ARC/STSA-established program outcomes, including retention, approved outcomes assessment exam (CST Exam™) participation rate and pass rate results, graduate placement, Employer Survey return rate and satisfaction rate, and Graduate Survey return rate and satisfaction rate. 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-technology/st-forms-and-facts/](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/)).*

*Please submit an updated ARC/STSA Program Advisory Committee (PAC) Form demonstrating that the surgical technology PAC is comprised of membership that represents **all** communities of interest, including a physician, a public member and a practicing CST®. An ARC/STSA Program Advisory Committee (PAC) Form may be obtained online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).*

*In addition, please note that the public member appointed to the surgical technology PAC holds a duty to represent the interests of the patient that may come under the care of the surgical technologist, and therefore has a vested interest in the proper education of the surgical technologist 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 technology program
- A current or former healthcare provider

### Formatting a Compound Citation Findings Letter Response—Sample/Example—Cont.

*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 2014 and 2015. The plan of action should be submitted utilizing the required [ARC/STSA Plan of Action Form](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/) (available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/)).*

*This information should include a plan of action indicating future PAC input in the following areas:*

- *Review and assess program resources*
- *Review and assess program outcomes*
- *Monitor 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](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/) (available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-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 program's elected clinical case requirement, program finances/budget, faculty offices, classroom and laboratory facilities – including equipment, supplies and instrumentation, ancillary student facilities, clinical affiliation OR scrub slots, computer resources, instructional reference materials, and faculty/staff continuing education. The PEP was implemented effective July 1, 2014 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 2014 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, CST exam™ results, graduate job placement, employer satisfaction and graduate satisfaction. The program's outcomes benchmarks mirror those established by the ARC/STSA. The PEP was implemented effective July 1, 2014 and retention and CST exam™ results are assessed annually during the month of July. The completed outcomes section – retention and CST 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 CST exam™ results section of the PEP completed July 2014 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 2014 are found in Appendix 1.

An updated ARC/STSA Program Advisory Committee Form for 2015 is found in Appendix 2. Two new surgeons have agreed to be PAC members effective September 1, 2014. In addition, a new public member, Jane Smith, has been appointed to the 2015 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 CST's, Mr. Rainey and Ms. Zamilla, have agreed to join the PAC. A copy of the NBSTSA verification page, indicating that they are current CST's is included in Appendix 4. Information for each new member of the PAC is included on the 2015 ARC/STSA PAC Form, found in Appendix 2.

The 2015 PAC meeting will be held on April 14, 2015. 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, 2015 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 CST exam™ results will be available for this meeting due to implementation of the PEP on July 1, 2014 (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 2015.

To increase attendance at the April 14, 2015 PAC meeting, new PAC members were added for 2015, including 2 surgeons and 2 practicing CST's. The 2015 PAC members were polled via e-mail as to the best date and time for the meeting in April 2015. 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 2016 PAC meeting will be scheduled at the end of the October 2015 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 – CST® Verifications – Rainey and Zamilla

Appendix 5 – April 14, 2015 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 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 ARC/STSA Plan of Action Form, available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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](mailto:info@arcstsa.org).]
5. Documentation should be submitted to:  
**Mr. Keith Orloff, CST, FAST**  
**Executive Director**  
**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 ARC/STSA Plan of Action Form, available online at [www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms](http://www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/#stforms).

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

Program Plan of Action

<b>Plan Steps</b>	<b>Step Implementation Date</b>	<b>Required Tools/Resources</b>	<b>Step Assessment Date</b>	<b>Program Benchmark Criteria</b>
The program will appoint two new public members to the Program Advisory Committee	on or before March 15, 2015	List of prospective public members; invitation letter	March 16, 2015	At least two new public members appointed to the PAC
The program will use a sign-in sheet at the April 28, 2015 PAC meeting to record attendance	April 28, 2015	New sign-in sheet	April 29, 2015	At least one public member representative attends the April 28, 2015 PAC meeting
If at least one of the two new public member appointees does not attend the April 28, 2015 PAC meeting, a new, third public member will be appointed to the PAC	on or before September 15, 2015, if indicated	List of prospective public members	September 16, 2015 and November 23, 2015	At least one public member will attend the PAC meeting in Fall 2015

[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".]

*Jason Cortez, CST, MEd*

Program Director Signature

01/07/2015

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 comprehensive, detailed, measureable plan of action using the required ARC/STSA Plan of Action Form. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the *Standard(s)*.]

### 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 technology 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 2008 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 Technology

Essentials/Standards initially adopted in 1972; revised in 1991, 2000, 2002, 2004 and 2013  
by the:

American College of Surgeons  
Association of Surgical Technologists  
Accreditation Review Council on Education in Surgical Technology and Surgical Assisting  
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 Technology 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 interpretation 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 Education Programs (CAAHEP), Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA), the American College of Surgeons (ACS), and the Association of Surgical Technologists (AST) cooperate to establish, maintain and promote appropriate standards of quality for educational programs in surgical technology 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 technology 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 Technology

Surgical technologists are allied health professionals who are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings.

The surgical technologist works under medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. This individual works under the supervision of a surgeon to ensure that the operating room or environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety.

A surgical technologist possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

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## I. Sponsorship

### A. Sponsoring 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/diploma at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the academic program.
3. A hospital or medical center that is institutionally accredited, and authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate/diploma at the completion of the academic program.
4. A branch of the United States Armed Forces, which awards a minimum of a certificate/diploma at the completion of the program.

*Projected for August 1, 2021, all sponsoring institutions should award a minimum of an Associate's Degree at the completion of the program.*

### 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 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 ensure that the provisions of these **Standards and Guidelines** are met.

*The Sponsor should refer to the ARC/STSA Surgical Technology Standards Interpretive Guide (SIG) for examples that demonstrate compliance with the provisions of these Standards and Guidelines.*

## 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 must 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.

*The program should demonstrate that a survey was conducted for the establishment of clinical affiliations. The program should provide a formal statement from a Chair, a Dean, or an appropriate*

*institutional official and from a local committee or group that provides input to the institution indicating that the established expectation of the program's curriculum and actual practice experience available at clinical affiliates meet the institution's needs.*

#### **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, which is representative of at least each of the 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 technologists 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 identified basic competencies prior to entry into the field.

*Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*

### **III. Resources**

#### **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must 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.

*The student to instructor ratio for laboratory instruction should be no more than 10:1.*

#### **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.

*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) 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.

*Newly appointed Program Directors should participate in an ARC/STSA sponsored Accreditation Fundamentals for Educators workshop within one year of their appointment.*

*The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities*

*The Program Director should participate in an ARC/STSA sponsored accreditation workshop at least once every five years.*

**b) Qualifications**

**The program director must:**

- 1) ~~possess~~ a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
- 2) ~~have~~ a minimum total of five years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past ten years.
- 3) ~~possess~~ an Associate's Degree or greater.
- 4) ~~possess~~ proficiency in instructional methodology, curriculum design, and program planning.

*Persons approved as program directors under previous Standards will continue to be approved in that position at that institution.*

*Program Director should possess experience/training as an educator.*

*Associate-degree should have concentration in surgical technology.*

**2. Clinical Coordinator**

**a) 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.*

**b) Qualifications**

**The Clinical Coordinator must:**

- 1) ~~possess~~ a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
- 2) ~~have~~ a minimum total of three years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past five years.

*Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution. The Program Director may also serve as Clinical Coordinator.*

**3. Didactic/Clinical Faculty and/or Instructional Staff**

**a) Responsibilities**

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

**b) Qualifications**

- 1) Faculty must be qualified by education and experience, and must be effective in teaching the subjects assigned.
- 2) Faculty with instructional responsibilities in core surgical technology courses must:
  - (a) possess a credential in the field of surgical technology through a national certification program that is accredited by the National Commission on Certifying Agencies (NCCA).
  - (b) have a minimum total of two years of experience, either in the operating room scrub role or as an instructor in surgical technology, or a combination of both, within the past five years.

*Persons approved as didactic/clinical faculty and/or instructional staff under previous Standards will continue to be approved in that position at that institution.*

*Core surgical technology courses include the components of Surgical Technology fundamentals and practice. Examples of non-core courses include Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, Microbiology, and other general education courses not specific to surgical technology.*

*The didactic/clinical faculty with instructional responsibilities in core surgical technology courses should pursue ongoing formal training designed to maintain and upgrade professional and instructional capabilities.*

**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 and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

*Program length should be sufficient to ensure student achievement of the master curriculum content demands.*

**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.

*The evaluation system should document each student's knowledge, performance-based strengths and areas needing improvement.*

*The documentation should include a plan for routine communication, a copy of all forms used in communicating, a description of how the department and institution handles problem or failing students, and student evaluation of the communication process.*

#### 2. Documentation

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

*Each student file should contain copies of all communication regarding students standing.*

### B. Outcomes Assessment

#### 1. Outcomes Assessment

The program must at least annually 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: performance on national credentialing examination program(s) accredited by the National Commission for Certifying Agencies, 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 the field or a related field; and/or continuing his/her education; and/or serving in the military.*

#### 2. Outcomes Reporting

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

Programs not meeting the established thresholds must begin a dialogue with the ARC/STSA to develop an appropriate plan of action to respond to the identified shortcomings.

## 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, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and 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 for 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/CoA in a timely manner. Additional substantive changes to be reported to the ARC/STSA within the time limits prescribed include:

- 1) program resources proportional to and sufficient for the programs stated enrollment capacity
- 2) curriculum, including department-wide changes made in other departments
- 3) continued alignment with Appendix B - Curriculum
- 4) increase or decrease in clock or credit hours required for successful completion of the program
- 5) clinical affiliation changes (additions or subtractions)
- 6) change of location (campus, laboratory facilities, school administration)
- 7) addition of Accelerated Alternate Delivery (AAD) component
- 8) addition of distance education program as defined by CAAHEP policy
- 9) addition of a satellite campus
- 10) addition of a location (campus) where core curriculum surgical technology coursework is delivered

**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, roles, and responsibilities of the sponsor and that entity.

## 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 (ARCST/SA)  
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](http://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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting. The on-site review will be scheduled in cooperation with the program and ARCST/SA once the self-study report has been completed, submitted, and accepted by the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting.

##### 2. Applying for Continuing Accreditation

- a. Upon written notice from the ARCST/SA, 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 (ARCST/SA)  
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](http://www.caahep.org/Content.aspx?ID=11).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARCST/SA.

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.

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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting forwarding a recommendation to CAAHEP.

### 3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the Accreditation Review Council on Education in Surgical Technology and 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 ARCST/SA 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 ARCST/SA in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARCST/SA 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting and CAAHEP fees within a reasonable period of time, as determined by the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 ARCST/SA policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARCST/SA 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 ARCST/SA.

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 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting. The sponsor will be notified by the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 ARCST/SA'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 ARCST/SA's decision.
3. Before the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 ARCST/SA'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.

4. Before the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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 ARCST/SA's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting 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.**

## APPENDIX B

### Curriculum

Appendix B does not contain the complete curriculum content guide required to demonstrate compliance with Standard III.C. The complete curriculum is specified in the current edition of the **Core Curriculum for Surgical Technology**. Core surgical technology course subjects and topics are identified by an asterisk (\*).

#### 1. Healthcare Sciences

##### a. Anatomy and Physiology

1. Identify the basic organizational structures of the human body, including body planes, general organization, and terms of reference.
2. Analyze the basic structure of cells and relate cellular components to integrated cell function.
3. Analyze the types of tissue that make up organs and the characteristics of each.
4. Contrast and compare organs of the body.
5. Analyze the different body systems for composition and function.

##### b. Pharmacology and Anesthesia

1. Analyze the principles of anesthesia administration as well as be able to explain the necessity of each component of anesthesia preparation of the surgical patient.
2. Compare and contrast methods, agents, and techniques of anesthesia administration and preparation.
3. Correlate anesthesia monitoring devices with patient homeostasis.
4. Explain anesthesia complications and interventions.
5. Calculate medication conversions and dosages.
6. Apply general terminology to medication use.
7. Prepare and manage medications and solutions.
8. \*Use medications in the care of the surgical patient.

##### c. Medical Terminology

1. Combine prefixes, word roots, and suffixes to create medical terms related to surgery.
2. Construct and combine compound words.
3. Pronounce medical terms related to surgery.
4. Write medical terms using correct spelling.

##### d. Microbiology

1. \*Correlate the impact of microbiology in relationship to the practice of sterile technique and infection control in the operative setting.
2. Identify the name and function of various parts of the compound microscope.
3. Compare and contrast the structure and characteristics of different microorganisms.
4. Analyze the various immune responses that occur in the body as defenses against invasion by pathogens.
5. \*Relate the infectious process to surgical practice.

##### e. Pathophysiology

1. \*Relate pathophysiology to surgical interventions.
2. Analyze the relationship between cell pathology and disease.
3. Examine hemodynamic disorders, inflammation and infection.
4. Compare and contrast the various surgical pathologies of each body system.

#### 2. Technological Sciences

##### a. Electricity

1. Describe the principles of electricity and electrical flow.
2. \*Demonstrate electrical knowledge as it relates to patient safety.

##### b. Information Technology

1. Describe the basic components of a computer system.

2. \*Apply computer knowledge to the educational process and safe patient care practices in the Q.R.
  3. Locate and evaluate information using the latest technology available.
- C. Robotics
1. Describe the robotic terms as related to surgery.
  2. \*Describe the surgical applications of robotics.
  3. \*Identify the basic components of equipment used in robotic surgery.
  4. Describe the movements of the robotic system manipulators.
  5. Apply the principles of robotics to patient safety.
3. Patient Care Concepts
- a. Biopsychosocial Needs of the Patient
1. Discuss the basic physical and biological needs required to sustain life.
  2. Compare and contrast various spiritual and cultural needs of the surgical patient.
  3. \*Demonstrate appropriate behavior in response to the needs manifested by the surgical patient.
  4. Analyze and describe the potential psychological needs of the surgical patient and family.
  5. List and describe potential sources of anxiety and fears of the surgical patient.
  6. \*Identify and discuss the specific needs of the special populations.
- b. Death and Dying
1. Evaluate attitudes, beliefs and classifications regarding death and dying.
  2. Compare and contrast responses to the process of death and various coping strategies and mechanisms.
  3. Debate quality of life vs. quantity of life.
  4. \*Trace the steps that are implemented when a patient death occurs in the operating room.
4. \*Surgical Technology
- a. Preoperative
1. Non-sterile
    - a) Attire
      - i. Recognize appropriate surgical attire.
      - ii. Employ principles involved in donning surgical attire.
    - b) Preoperative physical preparation of the patient
      - i. Describe and perform the physical preparation and care that the surgical patient may receive prior to the surgical procedure.
      - ii. Evaluate the items on the pre-operative patient checklist.
    - c) Patient identification
      - i. State the purpose of proper identification.
      - ii. Demonstrate the identification process for a surgical patient admitted to the surgical suite.
    - d) Transportation
      - i. Identify methods of patient transportation.
      - ii. Discuss the factors related to the family members and transportation of the patient.
      - iii. Demonstrate the principles of safe transportation.
    - e) Review of the chart
      - i. Analyze laboratory reports in relationship to patient diagnosis and intervention.
      - ii. Review the patient chart for completeness.
    - f) Surgical consent
      - i. Analyze the procedure for obtaining informed surgical consent.
      - ii. Analyze the legal concepts of obtaining informed surgical consent.
    - g) Transfer
      - i. Discuss methods of patient transfer.
      - ii. Identify equipment utilized for safe transfer of the surgical patient.
      - iii. Employ the principles of body mechanics when transferring the surgical patient.
    - h) Positioning

- i. Analyze the function of equipment and aides utilized to achieve various surgical positions.
    - ii. Discuss the components and functions of the OR table.
    - iii. Perform basic positioning.
  - i) Urinary catheterization
    - i. List the indications for urinary catheterization.
    - ii. Discuss the basic considerations for urinary catheterization.
    - iii. List the supplies required to perform urinary catheterization.
    - iv. Demonstrate urinary catheterization.
    - v. Discuss the principles of monitoring urine output.
  - j) Skin preparation
    - i. Compare and contrast different types of skin preparations.
    - ii. Compare and contrast different chemical agents used for skin preparation
    - iii. Describe the steps and rationales for surgical skin preparation.
  - k) Equipment
    - i. Assess the function, assembly, use and care of equipment in the surgical environment.
    - ii. Describe the application of surgical equipment.
  - l) Instrumentation
    - i. Identify the classifications, names, parts, materials, finishes and uses of basic surgical instrumentation.
    - ii. Explain the relationship between instrument type and usage.
    - iii. Apply knowledge of basic surgical instrumentation to specific surgical procedures.
- 2. Sterile
  - a) Asepsis and sterile technique
    - i. Apply terms related to asepsis.
    - ii. Discuss sources of contamination.
    - iii. Demonstrate sterile technique.
  - b) Hand hygiene and scrubbing
    - i. Demonstrate the steps of a hand wash.
    - ii. Identify the preliminary preparations for the surgical scrub.
    - iii. Demonstrate the steps of the surgical scrub.
    - iv. Employ sterile technique during the surgical scrub.
  - c) Gowning and gloving
    - i. Employ sterile technique when gowning and gloving self and when assisting other team members.
  - d) Counts
    - i. Discuss the purposes and legal responsibilities of counts.
    - ii. Describe the techniques used to prevent foreign body retention.
    - iii. Discuss when counts should be performed.
    - iv. Describe the methods for counting.
    - v. Demonstrate the procedure for counting instruments, sponges, sharps and other items on the field.
  - e) Draping
    - i. Describe various types of draping material used in surgical procedures.
    - ii. Select the appropriate drapes for specific positions and surgical procedures.
    - iii. Demonstrate the aseptic principles of draping the patient, equipment, and furniture.
- b. Intraoperative: Sterile
  - 1. Specimen care
    - a) Discuss methods of obtaining specimens.
    - b) Discuss the types of specimen containers.
    - c) Describe procedure for validating specimen with surgeon and circulator.
    - d) Describe the procedure for specimen labeling and transfer to appropriate department.
    - e) Discuss areas for specimen storage.
    - f) Demonstrate the handling and preservation for specific types of specimens.
  - 2. Abdominal incisions

- a) Identify the various tissue layers of the abdominal wall.
  - b) Describe the creation and usage of various surgical incisions.
  - c) Discuss the advantages and disadvantages of incision types.
3. Hemostasis
- a) Analyze the principles of hemostasis.
  - b) Differentiate among various methods of hemostasis
  - c) Assess special techniques of hemostasis.
  - d) Demonstrate surgical technologists role in hemostasis.
4. Exposure
- a) Describe principles of exposure.
  - b) Identify criteria used to select exposure devices.
  - c) Apply techniques for tissue exposure.
5. Catheters and drains
- a) Compare and contrast the types and characteristics of various catheters and drainage devices.
  - b) Correlate the correct drainage device for each drain.
  - c) Compare and contrast the conceptual differences between gravity and vacuum drainage.
  - d) Prepare catheters and drains for intraoperative use.
  - e) Prepare anchoring devices for drains.
6. Wound closure
- a) Analyze and assess the factors that influence the closure of each wound layer.
  - b) Compare and contrast suture materials, suture sizing and suture coatings and analyze their significance.
  - c) Demonstrate proper suture selection, preparation, handling and cutting techniques.
  - d) Diagram and describe needle points and needle bodies and demonstrate the proper placement, handling, loading and disposal of surgical needles.
  - e) Evaluate various applications of surgical stapling instruments and demonstrate proper assembly of stapling instrumentation.
  - f) Compare and contrast reusable and disposable surgical stapling instruments and analyze the advantages and disadvantages of utilizing surgical staplers.
  - g) Compare and contrast biological adhesives and synthetic adhesives.
  - h) Analyze and evaluate various tissue repair and replacement materials.
  - i) Describe the advantages and disadvantages of the repair and replacement materials.
  - j) Discuss the specific applications of synthetic mesh.
7. Surgical dressings
- a) Evaluate the purposes of surgical dressings.
  - b) Analyze their importance to postoperative wound care.
  - c) Compare and contrast the most commonly used types of surgical and specialty dressings.
  - d) Describe the importance of proper surgical dressing application techniques.
  - e) Apply proper principles of sterile technique and demonstrate the application of commonly used types of surgical and specialty dressings.
8. Wound healing
- a) Compare and contrast intentional, unintentional, and incidental/chronic wounds.
  - b) Analyze the mechanisms of wound healing, the inflammatory process, and the healing process.
  - c) Evaluate the classification of surgical wounds, analyze factors that influence healing, and devise a plan to prevent postoperative wound infections.
  - d) Demonstrate basic wound care concepts and apply the principles of asepsis to the practice of sterile technique.
9. Tissue replacement materials
- a) Describe tissue replacement materials.
  - b) Demonstrate knowledge of biological wound cover materials.
10. Emergency patient situations
- a) Perform duties related to emergencies in the O.R. setting.
  - b) Describe the emergency procedures carried out in the O.R. setting.
  - c) Obtain CPR certification.

- c. Postoperative
  - 1. PACU
    - a) Analyze the immediate postoperative care of the surgical patient.
    - b) Describe potential postoperative discomforts and complications.
    - c) List necessary equipment in the PACU.
  - 2. Methods of disinfection and sterilization
    - a) Define terms related to the terminal disinfection/sterilization process.
    - b) Identify the methods of processing items during terminal disinfection and/or sterilization.
    - c) Identify the concepts of microbial barriers.
    - d) Contrast and compare the materials used for creating microbial barriers.
    - e) List the methods for sealing microbial barriers.
    - f) List the process for preparing items for sterilization.
    - g) Define terms related to the sterilization process.
    - h) Identify variables related to the sterilization process and the materials to be processed.
    - i) Compare and contrast methods of sterilization.
    - j) Identify process monitoring devices and methods.
  - 3. Environmental disinfection of the O.R.
    - a) Perform decontamination of the O.R. environment.
    - b) Analyze the factors and variable of disinfecting agents.
    - c) Compare and contrast disinfecting agents.

-  d. Perioperative Case Management
  - 1. Demonstrate methods utilized to analyze and plan for the needs of the surgical case.
  - 2. Select the instruments, supplies and equipment needed for a surgical procedure.
  - 3. Describe the function of the physical components of the operating room.
  - 4. Demonstrate the arrangement, care, handling and assembly of operating room furniture and equipment.
  - 5. Describe the use of instruments and supplies.
  - 6. Demonstrate techniques for preparing the sterile field.
  - 7. Explain the procedures for draping furniture and equipment.
  - 8. Describe placing and securing supplies and equipment for use on the sterile field.
  - 9. Explain methods for monitoring the sterile field.
  - 10. Apply the principles of asepsis to the practice of sterile technique.
  - 11. Assess and anticipate the needs of the surgical team.
  - 12. Integrate variations of case management according to the surgical procedure.
  - 13. Demonstrate postoperative case management duties in an organized manner.
  - 14. Apply standard precautions to the performance of perioperative case management activities.

- e. Assistant Circulator Role
  - 1. Discuss the perioperative duties of the assistant circulator.
  - 2. Discuss the O.R. documentation to be completed by the assistant circulator.
  - 3. Demonstrate the duties of the assistant circulator including completion of documentation.

- f. Surgical Procedures –Didactic
  - 1. Surgical specialties - The following objectives must be met for each of the designated surgical specialties:
    - Correlate the relevant surgical anatomy and physiology to the surgical procedure.
    - Correlate the relevant pathophysiology to the surgical procedure.
    - Explain the diagnostic interventions that are utilized for obtaining a diagnosis.
    - Discuss specific factors that are unique to the surgical procedure.
    - List the supplies, equipment and instrumentation needed for the procedure.
    - Explain the correct order of steps taken during the surgical procedure.
    - Discuss the postoperative care of the patient according to the procedure.
    - List the wound classification and correlate to wound management.
  - a) General
  - b) Obstetrics and Gynecology
  - c) Genitourinary

- d) Otorhinolaryngology
- e) Orthopedic
- f) Oral and Maxillofacial
- g) Plastic and Reconstructive
- h) Ophthalmic
- i) Cardiothoracic
- j) Peripheral Vascular
- k) Neurosurgery

g. Surgical Rotation - Clinical

1. Surgical Rotation Case Requirements



Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can be Applied Towards 120 Cases Required
General Surgery	30	20	10
Surgical Specialties	90	60	30
<b>Totals</b>	<b>120</b>	<b>80</b>	<b>40</b>

2. First and Second Scrub Role and Observation Descriptions

a) First Scrub Role

The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. A student not meeting the five criteria below cannot count the case in the first scrub role and the case must be documented in the second scrub role or observation role.

- i. Verify supplies and equipment needed for the surgical procedure.
- ii. Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the procedure.
- iii. Perform counts with the circulator prior to the procedure and before the incision is closed.
- iv. Pass instruments and supplies to the sterile surgical team members during the procedure.
- v. Maintain sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

b) Second Scrub Role

The student surgical technologist who is at the sterile field and has not met all criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by completing any of the following:

- i. Sponging
- ii. Suctioning
- iii. Cutting suture
- iv. Holding retractors
- v. Manipulating endoscopic camera

c) Observation Role

The student surgical technologist who is in the operating room performing roles that do not meet the criteria for the first or second scrub role are observers. These observation cases are not to be included in the required minimum total case count, but must be documented by the program.

5. Professional Practice

a. Professionalism

1. \*Professional management

- a) Describe the characteristics of the professional surgical technologist.
- b) Compare and contrast professional organizations related to the profession.
- c) Describe the credentialing options available to the surgical technologist.

2. Employability skills
    - a) \*Assess current trends and employment opportunities for the surgical technologist.
    - b) Develop a plan of action to secure employment in the health care field.
    - c) Evaluate personal employability qualities and develop an employment strategy that includes positive characteristics.
    - d) Develop a professional resume.
    - e) Compare and contrast various types of employment/application correspondence.
    - f) Analyze various interview strategies.
    - g) \*Contrast and compare the various roles in the surgical technology profession.
    - h) \*Demonstrate responsible and accountable behavior within the role and competencies of the surgical technologist.
  3. Communication skills and teamwork
    - a) Discuss types of communication relationships.
    - b) Discuss goals of communication.
    - c) Describe the significance of content and tone in communication.
    - d) Distinguish between assertive and aggressive behavior.
    - e) Discuss problem behaviors and coping mechanism.
    - f) Describe concepts of conflict resolution.
    - g) \*Demonstrate principles of communication in the surgical setting.
    - h) Demonstrate body language and non-verbal communication.
    - i) \*Demonstrate principles of teamwork in the surgical environment.
  4. Ethical and moral issues
    - a) Review the American Hospital Association's (AHA) Patient's Bill of Rights.
    - b) Develop an increased sensitivity to the influence of ethics in professional practice.
    - c) Discuss the role of morality during ethical decision making.
    - d) Discuss examples of ethical situations and problems in the health professions.
    - e) \*Demonstrate the key elements related to developing a surgical conscience.
    - f) Review principles of problem solving in ethical decision making.
    - g) Discuss principles of patient confidentiality including verbal and written.
  5. Legal issues, documentation and risk management
    - a) ~~Analyze~~ Analyze the concepts of law.
    - b) \*Interpret the legal responsibilities of the surgical technologist and surgical team members.
    - c) Compare and contrast criminal and civil liabilities and the consequences for these acts.
    - d) \*Assess the resources that aid the surgical technologist in interpreting and following professional standards of conduct.
    - e) Analyze the recommended practices and legal elements of proper documentation.
    - f) Interpret prevention, correction and documentation techniques that may positively impact risk management issues.
- b. Healthcare facility information
1. \*Healthcare facility organization and management
    - a) Compare and contrast the roles of team members in the operating room.
    - b) Acknowledge the proper chain of command in the operating room.
    - c) Compare and contrast health care facility departments that relate to direct and indirect patient care in surgical services.
  2. \*Physical environment
    - a) Discuss location of the surgical services within the health care facility
    - b) Describe basic floor plan designs for surgical services.
    - c) Describe an optimal location of an operating room.
    - d) Describe the floor plan of the operating room.
    - e) Describe the environmental systems and controls within the operative environment.
    - f) State the proper ranges for temperature and humidity controls.
    - g) Describe the various components of the operating room ventilation system.
    - h) Describe the principles of environmental safety controls and guidelines.
    - i) Discuss the potential hazards in the operating environment.
  3. All-hazards preparation

- a) Describe disasters or public health emergencies that impact public health including the different types (e.g. natural, unintentional, & terrorist events) along with the general health, safety or security risks.
- b) Describe the all-hazards framework.
- c) Explain key components of regional, community, institutional, family, and personal disaster preparation and planning as related to the following:
  - i. Available informational resources
  - ii. Special needs of individuals
  - iii. Precautions and actions for protection
  - iv. Detection
  - v. Immediate response
  - vi. Short-term interventions
  - vii. Long-term interventions
- d) Describe communication strategies and procedures used in a disaster including barriers to communicating and disseminating health information, reporting systems and procedures for contacting family, coworkers, and local authorities.
- e) Describe the purpose & relevance of disaster support services including rationale for integration and coordination of all systems:
  - i. National Response Framework (NRF)
  - ii. National Incident Management Systems (NIMS)
  - iii. Hospital Incident Command System (HICS)
- f) Describe the potential impact of mass casualties on the clinical and public health resources including infection control precautions, personal protective equipment, and decontamination procedures.
- g) Explain the role of triage as a basis for prioritizing or rationing health care services for victims.
- h) Describe the possible medical and mental health consequences, interventions, and solutions for managing those affected including the psychological, emotional, cultural, religious, and forensic considerations for management of mass fatalities and the resources, supplies and services available.
  - i. Immediate care
  - ii. Mass fatality management
  - iii. Mass evacuation
  - iv. Mass Sheltering
  - v. Prolonged Sheltering
- i) Explain both the basic life-saving and life-support principles and procedures that can be used at a disaster scene.
- j) Describe issues relevant to the management of individuals of all ages, populations, & communities affected by a disaster or public health emergency.
  - i. Moral
  - ii. Ethical
  - iii. Legal
  - iv. Regulatory
- k) \*Describe the support roles of the surgical technologist in a disaster.

## 6. \*Clinical Experience

### a. Student Roles

Student clinical experience must be documented by procedure, date and student role.

The surgical technology program is required to verify through the surgical rotation documentation the students' progression in First and Second Scrub roles on surgical procedures of increased complexity as he/she progresses towards entry-level graduate achievement.

1. First Scrub
2. Second Scrub
3. Observation

### b. Surgical Procedures

The total number of cases the student must complete is 120.

1. General Surgical Procedures  
Students are required to complete 30 cases in General Surgery. 20 of the cases must be in the First Scrub Role.
2. Specialty Surgical Procedures  
Students are required to complete 90 cases in various Surgical Specialties. 60 of the cases must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties. However, 15 is the maximum number of cases that can be counted in any one surgical specialty.
3. Endoscopic Surgical Procedures  
Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.