

# Best Practice Guide for Surgical Technology Education

This document accompanies the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology (effective August 1, 2022) and replaces the ARC/STSA Standards Interpretive Guide (SIG).

The Best Practice Guide includes recommended documentation to demonstrate evidence of compliance, policies related to specific Standards, best practices, and additional resources to aid in maintaining compliance with the CAAHEP Standards and Guidelines for Surgical Technology.

## **I. Sponsorship**

### **A. Program Sponsor**

A program sponsor 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 must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of an **Associate Degree** at the completion of the program.
2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of an **Associate Degree** or equivalent at the completion of the program.
3. A hospital, clinic or medical center accredited by a healthcare accrediting agency that is recognized by the U.S. Department of Health and Human Services, and authorized under applicable law to provide healthcare, and authorized under applicable law to provide the post-secondary program, which awards a minimum of an **Associate Degree** at the completion of the program.
4. A branch of the United States Armed Forces, or a federal or state governmental agency, which awards a minimum of an **Associate Degree** at the completion of the program.
5. A consortium, which is a group made up of two or more education providers that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.- I.A.4.

*Consortium does not refer to clinical affiliation agreements with the program sponsor.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
For post-secondary academic institutions: ✦ Institutional accreditation approval * ✦ State approval *Should list the ST program. If program is not identified in the approvals, include evidence of the surgical technology program approval.	Distance Education Policy Satellite Campus Policy Associate Degree Policy Consortium Policy	For listings of post-secondary institutional accreditors, see <a href="#">Department Ed</a> and <a href="#">CHEA</a>

<ul style="list-style-type: none"> <li>* Institutional/State Associate Degree approvals or articulation agreement(s)</li> <li>* Institutional approvals for distance education and/or satellite location(s) as applicable</li> </ul> <p>For hospitals/medical centers:</p> <ul style="list-style-type: none"> <li>* Award letter from the healthcare accrediting agency (ex. JCAHO approval), and state approval to offer the post-secondary <b>Associate Degree</b> program or articulation agreement(s).</li> <li>* Approvals for distance education and/or satellite location(s) as applicable</li> </ul> <p>For consortia:</p> <ul style="list-style-type: none"> <li>* Contract or Memorandum of Understanding (MOU) which details the responsibilities of each member, governance, and lines of authority. Note: all members of the consortium are responsible for ensuring CAAHEP Standards are met.</li> <li>* Consortium agreement; signed and dated by all participating institutions</li> <li>* Approvals for distance education and/or satellite location(s) as applicable</li> </ul>	<p><a href="#">CAAHEP Policy 115 A &amp; B (Operational Characteristics of a Consortium)</a></p>	
---	--	--

**I. Sponsorship**

**B. Responsibilities of Program Sponsor**

The program sponsor must:

1. Ensure that the program meets Standards; and
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution; and
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

*Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Organizational chart</li> <li>✦ Faculty meeting minutes</li> <li>✦ Program Advisory Committee meeting minutes evidencing participation and support of administration</li> <li>✦ Preparedness plan</li> <li>✦ Program Budget</li> </ul>	Transfer of Sponsorship Policy	<p>Communicate preparedness plan to all staff, faculty, and students. Evidence could include published materials or meeting minutes, such as a student handbook, faculty and/or student orientations, and faculty meeting minutes</p> <p>Escape routes are posted in all classrooms – Standard V.C. Safeguards</p> <p>Review administration responsibilities under I.C. annually at PAC meeting</p>

## II. Program Goals

### A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an entry-level Surgical Technologist. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

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

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Evaluation Plan (PEP) Form</li> <li>✦ Minimum expectations statement published verbatim in at least one of the following: handbook, catalog and/or website</li> <li>✦ Program Advisory Committee (PAC) Meeting Minutes</li> </ul>		<p>Publish minimum expectations statement verbatim in <b>all</b> programmatic publications, such as student handbook, catalog, and website</p> <p>Minimum Expectation Statement is discussed at the PAC meeting</p> <p>Minimum Expectation Statement should be published as a stand-alone statement. If there are educational goals beyond</p>

the Minimum Expectation Statement, they can be added immediately following the Minimum Expectation Statement

**II. Program Goals**

**B. Program Advisory Committee (PAC)**

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

*Program advisory committee meetings may be conducted using synchronous electronic means.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Evaluation Plan (PEP) Form</li> <li>✦ Program Advisory Committee Form</li> <li>✦ Program Advisory Committee Agendas</li> <li>✦ Sign-in sheets, minutes, slides, and handouts from 3 most recent PAC meetings</li> <li>✦ Resumes or biographical summaries for all members, and evidence of professional credentials for the practitioner and physician</li> </ul>	<p>PAC Member and Meeting Policy</p>	<p>Have multiple members to represent each required community of interest served; so, if a member is absent, the role is fulfilled by the additional member (e.g., two practicing CSTs)</p> <p>Include a representative from each clinical affiliate</p> <p>Sign-in sheet or screenshot of virtual meeting attendance</p> <p>If the program includes distance education, have a PAC member who specializes in the method of delivery to review the platform and delivery of course materials</p> <p>Hold more than one meeting per year</p> <p>Have virtual option to improve attendance</p> <p>Conduct PAC meetings at clinical sites to improve surgeon attendance</p> <p>Incentivize PAC meetings with meals, guest lecturers, student participation/presentations and networking</p>

### 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:

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Evaluation Plan (PEP) Form with supporting documentation and Plans of Action, as applicable</li> <li>✦ Faculty – see III.B.</li> <li>✦ Clerical/Support staff availability</li> </ul>	<p>Laboratory Ratio Policy</p>	<p>Inventory lists should include classroom resources; laboratory supplies, instruments, and equipment; and computer resources, software and ancillary equipment for faculty and students, at a minimum. (<a href="#">sample laboratory inventory list</a>) To meet required Laboratory Ratio Policy, programs may hire additional instructors or alternate laboratory schedules (days/times)</p>

<ul style="list-style-type: none"> <li>* Maximum Enrollment Capacity (MEC) as reported on Annual Report, Self-Study Report, or Change Form (as applicable)</li> <li>* Program Advisory Committee (PAC) minutes</li> <li>* Program Personnel Data Form (PPDF) – President</li> <li>* Program Personnel Data Form (PPDF) – Dean</li> <li>* Program Personnel Data Form (PPDF) – Program Director</li> <li>* Program Personnel Data Form (PPDF) – Clinical Coordinator (if applicable)</li> <li>* Clerical/Support staff listing and availability</li> <li>* Curriculum – See III.C.</li> <li>* Program-specific Budget</li> <li>* Floor plans</li> <li>* Facilities Change Submission form with supporting video/photographs, if applicable</li> <li>* Clinical Sufficiency Survey Form</li> <li>* Clinical Affiliation Site Reporting Form</li> <li>* Clinical Attestation Forms (one per site)</li> <li>* Letters from clinical sites verifying number of scrub slots available at the facilities, surgical specialties for student rotations, length of the clinical rotations, and total daily procedure volume, signed by a surgical services or hospital administrator (Director of Surgical Services, OR Manager, CEO) or their designee.</li> <li>* Inventory lists</li> <li>* Library resources and references list</li> <li>* Instructional resource list</li> </ul>		<p>Provide multiple skill set learning stations in the laboratory classroom to increase student engagement</p> <p>Open laboratory tutorial time with a qualified instructor for additional student practice</p> <p>Program-specific budget that demonstrates sufficient financial resources based on the program’s maximum enrollment capacity (MEC). This budget should include salaries, capital equipment, instructional supplies, accreditation, and professional development (<a href="#">sample budget</a>)</p> <p>Review available scrub slots, and ability to serve as first scrub in all specialties, prior to each term for sufficiency and update as needed</p> <p>Use PAC to assist with negotiating program resources, including clinical sufficiency (letters from PAC to prospective sites) and serve as program ambassadors</p> <p>Explore alternative program funding i.e., grants, donations, and vendors</p> <p>Within letters from clinical sites verifying number of scrub slots available, include preceptors’ willingness/responsibility to sign off on all completed cases</p> <p>Invite PAC members as guest lecturers or lab facilitators</p> <p>For virtual library resources demonstrate easy accessibility for students and instructional staff</p> <p>Develop three-year resource enhancement plan</p> <p>Plan professional development opportunities one year prior to event to enhance funding opportunities and administrative support</p>
--	--	---

<ul style="list-style-type: none"> <li>* Classroom(s) and classroom equipment</li> <li>* Laboratory facilities, equipment, and supplies</li> <li>* Computer equipment and software</li> <li>* Ancillary student facilities</li> <li>* Offices and office equipment</li> <li>* Professional development - see III.B.</li> <li>* Interviews with students, faculty, and administration; and facility tours, conducted during site visits</li> </ul>		
---	--	--

### III. Resources

#### 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.

At a minimum, the following positions are required.

##### 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.

##### a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to:

- 1) Administration, organization, supervision of the program; and
- 2) Continuous quality review and improvement of the program; and
- 3) Academic oversight, including curriculum planning and development.

*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 minimum of an Associate Degree; and
- 2) Have documented education or experience in instructional methodology, curriculum design and program planning; and
- 3) Be a graduate of an education program in surgical technology accredited by a nationally recognized programmatic accreditation agency; and
- 4) 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); and
- 5) 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.

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

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

*The Associate Degree should have a concentration in surgical technology.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Personnel Data Form (PPDF) – Program Director</li> <li>✦ Program Personnel Data Form (PPDF) – Interim Program Director, as applicable, and accompanying Plan of Action</li> <li>✦ Signed institutional job description for Program Director</li> <li>✦ Schedule of Responsibilities Form</li> <li>✦ Resume</li> <li>✦ Transcripts</li> <li>✦ Evidence of Certification</li> <li>✦ Proof of Professional Development</li> <li>✦ Accreditation Fundamentals for Educators (AFE) workshop certificate</li> </ul>	<p>Interim Program Director Policy</p> <p>Credentiaing policy</p> <p>AFE Policy</p>	<p>Recommended level of education for Program Director is a baccalaureate degree or higher</p> <p>Recommended continuing education includes; ARC/STSA &amp; EdAccred’s AFE workshop once every 5 years; the ARC/STSA &amp; EdAccred AccredX conference; Site Visitor Training; institutional professional development; and additional administrative, teaching effectiveness and surgical technology-related professional development</p> <p>Maintain comprehensive activities log to include all responsibilities of PD beyond information collected in the schedule of responsibilities, and time spent on said activities. Utilize for staffing resource discussions with PAC/administration</p>



### **III. Resources**

#### **B. Personnel**

##### **2. Clinical Coordinator**

###### **a. Responsibilities**

The Clinical Coordinator must:

- 1) Coordinate clinical education; and
- 2) Provide administration, organization, and provide supervision of student clinical experience; and
- 3) Ensure documentation of the evaluation and progression of clinical performance leading to clinical competence; and
- 4) Provide continuous quality review and improvement of student clinical experience; and
- 5) Provide academic oversight, including curriculum planning and development of student clinical experience; and
- 6) Ensure orientation to the program's requirements of the personnel who supervise or instruct students at clinical sites; and
- 7) Coordinate the assignments of students to clinical sites.

*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) Be a graduate of an education program in surgical technology accredited by a nationally recognized programmatic accreditation agency; and
- 2) 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); and
- 3) Have a minimum of three years of documented 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; and
- 4) Possess knowledge of the curriculum; and
- 5) Possess knowledge about the program's evaluation of student learning and performance.

Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

*The Program Director may serve as Clinical Coordinator provided qualifications for both positions are met.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Personnel Data Form (PPDF) – Clinical Coordinator</li> <li>✦ Signed institutional job description for Clinical Coordinator</li> <li>✦ Schedule of Responsibilities</li> <li>✦ Resume</li> <li>✦ Transcripts</li> <li>✦ Evidence of Certification</li> <li>✦ Proof of Professional Development</li> </ul>		<p>Recommended level of education for Clinical Coordinators is a baccalaureate degree or higher</p> <p>Recommended continuing education includes: ARC/STSA &amp; EdAccred’s AFE workshop once every 5 years; the ARC/STSA &amp; EdAccred AccredX conference; Site Visitor Training; institutional professional development; and additional administrative, teaching effectiveness and surgical technology-related professional development</p> <p>Programs with 10 or more students or multiple cohort starts should have a separate Clinical Coordinator in addition to the Program Director</p> <p>Provide a program clinical handbook and orientation to clinical affiliates, which includes the student work policy, attendance policy, and assessment criteria at a minimum</p>

### III. Resources

#### B. Personnel

#### 3. Faculty/Instructional Staff

##### a. Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student’s progress in meeting program requirements

##### b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

Faculty with instructional responsibilities in core surgical technology courses must:

- 1) be a graduate of an education program in surgical technology accredited by a nationally recognized programmatic accreditation agency.
- 2) 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).

3) 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.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Personnel Data Form (PPDF) – Core Instructor</li> <li>✦ Signed institutional job description for Core Instructor</li> <li>✦ Faculty Schedule of Responsibilities</li> <li>✦ Resume</li> <li>✦ Transcripts</li> <li>✦ Evidence of Certification</li> <li>✦ Proof of Professional Development</li> </ul>		<p>Recommended level of education for the Core Instructor is a baccalaureate degree or higher</p> <p>Recommended continuing education includes: ARC/STSA &amp; EdAccred’s AFE workshop once every 5 years; the ARC/STSA &amp; EdAccred AccredX conference; Site Visitor Training; institutional professional development; and additional administrative, teaching effectiveness and surgical technology-related professional development</p>

### III. Resources

#### C. Curriculum

The curriculum content must ensure that the program goals are achieved. 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. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the content and competencies specified in the most current edition of the **Core Curriculum for Surgical Technology** listed in Appendix B of these **Standards**.

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

*ARC/STSA and CAAHEP supports and encourages innovation in the development and delivery of the curriculum.*

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Master curriculum that shows sequencing</li> <li>✦ All course syllabi for didactic, laboratory, and clinical courses</li> <li>✦ Lesson plans</li> <li>✦ Curriculum Attestation Form – 7e</li> <li>✦ Curriculum Outline Comparison Form</li> <li>✦ Course Content Outline (mock student schedule)</li> <li>✦ Instructional Tools, Handouts, Notes</li> <li>✦ Core Curriculum Change Packet, if applicable:</li> <li>✦ Core Curriculum Comparison form</li> <li>✦ Core Curriculum Attestation form</li> <li>✦ Non-Core Curriculum Change Attestation form – Associate Degree, if applicable</li> <li>✦ Institutional and programmatic publications outlining clinical case requirements</li> <li>✦ Distance Education Application (if applicable)</li> <li>✦ Clinical case logs for students and graduates</li> <li>✦ Clinical case summary for students and graduates</li> </ul> <p>Formative and summative clinical evaluation tool templates, such as:</p> <ul style="list-style-type: none"> <li>✦ Case studies/reports</li> <li>✦ Daily clinical evaluations</li> <li>✦ preceptor evaluations, midterm evaluations</li> <li>✦ final evaluations</li> <li>✦ clinical case logs and case log summaries of student performance containing the date and faculty and student verifying signatures</li> </ul>	<p>Clinical Evaluation, Case Log and Clinical Expectations Policy</p>	<p>Course syllabi should include the course title, credit hours (and clock hours if applicable), scheduled class time, course faculty, course schedule, course description, course objectives, method of instruction/delivery, assessment methods, pre-requisites/co-requisites, and topical outline to permit verification of core curriculum topics as detailed on the Curriculum Outline Comparison Form</p> <p>If core curriculum topics are not outlined in syllabi, evidence of the core curriculum topics must be provided in lesson plans or a curriculum companion document</p> <p>If sponsor institution and/or institutional accreditor have additional requirements for syllabi, the more stringent applies</p> <p>Advising template for students showing course sequencing</p> <p>Insert core surgical technology classes early in the curriculum sequencing, while students are enrolled in general education courses, to assist with retention</p> <p>Require courses such as Anatomy &amp; Physiology (A &amp; P) and Medical Terminology as admission prerequisite(s)</p> <ul style="list-style-type: none"> <li>✦ Career Development Course</li> <li>✦ Capstone Course</li> <li>✦ CST Preparation Course</li> </ul>

### III. Resources

#### D. Resource Assessment

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

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Evaluation Plan (PEP) Form</li> <li>✦ Plan of Action, if applicable</li> <li>✦ Program Advisory Committee Meeting Minutes</li> <li>✦ See Recommended Evidence for III A., B., and C. above</li> </ul>	Laboratory Sufficiency Policy Clinical Evaluation, Case Log and Clinical Expectations Policy Interim Program Director Policy Accreditation Fundamentals for Educators (AFE) Workshop Attendance Policy	Utilize the Program Evaluation Plan (PEP) Form to best assess all required resources and to review this assessment with PAC  Provide PEP Form to PAC in advance of meeting, so it may be thoroughly reviewed and discussed at the PAC meeting  See Best Practices for III A., B., and C. above  Create resource survey to be distributed to students and faculty annually to assess the sufficiency in quality and quantity of resources available  Use PAC members in acquisition of resources, resource enhancement and teaching substitutes or guest lectures

### 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 curriculum competencies in the required learning domains.

*Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.*

*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

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

<b><u>Evidence</u></b>	<b><u>Related Policy</u></b>	<b><u>Best Practice(s) &amp; Additional Resources</u></b>
<ul style="list-style-type: none"> <li>✦ Signed and dated Preceptor/Instructor/Student Clinical Evaluation Documentation</li> <li>✦ Formative and summative didactic evaluation templates/rubrics such as examinations, quizzes, projects, reports, discussions, and written assignments.</li> <li>✦ Completed student summative didactic evaluation tools such as examinations, projects, and reports (maintained in student files – see Standard V. D. Student Records)</li> <li>✦ Skills Competency Evaluation Templates</li> <li>✦ Signed and dated Instructor/Student Completed Skills Competency Evaluations (maintained in student files – see Standard V. D. Student Records)</li> <li>✦ Gradebook demonstrating timely postings</li> <li>✦ Program remediation policies, improvement plans/learning contracts, and evidence of student remediation signed and dated by student and instructor or program director</li> <li>✦ Planned schedule of student evaluations outlined by term</li> </ul>	<p>Clinical Evaluation, Case Log and Clinical Expectations Policy</p>	<p>Create multiple versions of each examination to preserve academic integrity. Utilize platform that provides proctored and/or lockdown services to ensure integrity of academic integrity</p> <p>Remediation policy should be in place which requires a student to meet with academic advisor/faculty/program director multiple times while on remediation plan to evaluate and aid the student throughout the program</p>

**IV. Student and Graduate Evaluation/Assessment**

**B. Outcomes**

The program must meet the established outcomes thresholds.

**1. Assessment**

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A national certification examination program must be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military may be counted as placed.

**2. Reporting**

At least annually, the program must submit to the ARC/STSA the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the ARC/STSA that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Program Effectiveness Plan (PEP)</li> <li>✦ Outcomes Tracking Tool (OTT) completed by actual graduation date for each cohort, ensuring an accurate reflection of student outcomes data</li> <li>✦ Program Advisory Committee (PAC) meeting minutes demonstrating assessment of outcomes on an annual basis.</li> <li>✦ Class rosters indicating the dates of enrollment, anticipated course completion, and actual course completion</li> </ul>	<p>Outcomes Policy</p> <ul style="list-style-type: none"> <li>a. Lists Required Outcome Thresholds</li> <li>b. Outcomes Assessment Examination (OAE) Pass Rate Posting Requirement</li> </ul>	<p>Promote student scholarship opportunities to supplement student funding</p> <p>Promote available institutional and community support resources to assist students</p> <p>Offer Certification Review Course</p> <p>Require students to complete professional portfolio to include cover letter, current resume, and LinkedIn Account</p>

<ul style="list-style-type: none"> <li>✦ Official NBSTSA CST Examination Content Results by School Report</li> <li>✦ Verification of Graduate Placement Data (3rd party verification, returned employer surveys, or attestation from the student)</li> <li>✦ ARC/STSA standardized graduate survey tool NOTE: Graduate surveys can be administered immediately upon completion of the program.</li> <li>✦ ARC/STSA standardized employer survey tool for all graduates in each cohort reported to be placed in the field or related field of surgical technology.</li> <li>✦ ARC/STSA Annual Report(s) outlining program goal(s), outcomes assessment results, and analysis of the results.</li> <li>✦ Plan of Action (POA) form outlining the area of non-compliance</li> <li>✦ Detailed plan of action and timeline for administration of the NBSTSA Comprehensive CST Practice Exam (Initial and emerging programs only)</li> </ul>		<p>Graduate Satisfaction Surveys to be conducted after graduates have had the opportunity to work in the field to gather data regarding the efficacy of the program</p> <p>If survey is conducted immediately upon completion of the program, a follow-up survey can be conducted once graduates have had the opportunity to work in the field to gather data regarding the efficacy of the program</p> <p>Employer Surveys: 1. Use as an opportunity to build and enhance relationships with clinical affiliates, 2. Bring Employer Surveys with you on clinical visits to obtain employer signatures, 3. Bring Employer Surveys to PAC for any clinical affiliate members to complete</p> <p>Bring program’s employment verification documentation to your PAC meeting to obtain signatures for placed graduates with any employer members</p> <p>Utilize electronic survey tools for easier distribution and utilization</p> <p>Send surveys out under PAC and/or administration cover letter/email to improve return rate</p> <p>Add survey questions to the required ARC/STSA survey questions to collect additional data to further improve the program</p> <p>Create employer information release form within admissions paperwork for students to sign so that future employers have permission to complete the Employer Satisfaction Survey</p>
--	--	--

**V. Fair Practices**

**A. Publications and Disclosure**

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



2. At least the following must be made known to all applicants and students
  - a. Sponsor’s institutional and programmatic accreditation status;
  - b. Name and website address of CAAHEP;
  - c. Admissions policies and practices;
  - d. Technical standards;
  - e. Occupational risks;
  - f. Policies on advanced placement, transfer of credits and credits for experiential learning;
  - g. Number of credits required for completion of the program;
  - h. Availability of articulation agreements for transfer of credits;
  - i. Tuition/fees and other costs required to complete the program;
  - j. Policies and processes for withdrawal and for refunds of tuition/fees; and
  - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
  - a. Academic calendar;
  - b. Student grievance procedure;
  - c. Appeals process;
  - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
  - e. Policies by which students may perform clinical work while enrolled in the program.

The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievements that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the ARC/STSA.

<u>Evidence</u>	<u>Related Policy</u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>✦ Fair practices reporting form with links to published information required in Standard V. or hard-copy verification documentation</li> <li>✦ School Catalog</li> <li>✦ Student Handbook</li> </ul>	Clinical Evaluation, Case Log and Clinical Expectations Policy <a href="#">CAAHEP Policy 302</a>	Program-specific student and clinical handbooks  Signed acknowledgement of handbook review by student  Student dress code, attendance and professionalism expectations included in catalog, handbook, and syllabi

<ul style="list-style-type: none"> <li>* Clinical Handbook</li> <li>* Faculty Handbook</li> <li>* Program brochures, advertisements, and other marketing materials</li> <li>* Current Website URL</li> </ul>		<p>Post program retention and placement in addition to required Outcomes Assessment Examination (OAE) on website</p> <p>Incorporate the administration, registrar, and admissions staff in the review of all program documents to ensure accuracy and consistency of all informational materials</p>
<p><b>V. Fair Practices</b></p> <p><b>B. Lawful and Non-discriminatory Practices</b></p> <p>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.</p>		
<u>Evidence</u>	<u><a href="#">Related Policy</a></u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>* Student Selection Documentation</li> <li>* Enrollment Agreement</li> <li>* Transfer credit policy</li> <li>* Faculty Handbook</li> </ul>		<p>Include non-discriminatory statements in multiple publications/outlets such catalog, student handbook and website</p>
<p><b>V. Fair Practices</b></p> <p><b>C. Safeguards</b></p> <p>The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Surgical Technology students must be readily identifiable as students.</p> <p>All activities required in the program must be educational and students must not be substituted for staff.</p>		
<u>Evidence</u>	<u><a href="#">Related Policy</a></u>	<u>Best Practice(s) &amp; Additional Resources</u>
<ul style="list-style-type: none"> <li>* Emergency Preparedness Plan</li> <li>* Immunization Policy</li> <li>* Drug &amp; Alcohol Policy</li> <li>* Weapon Policy</li> </ul>	<p>Clinical Evaluation, Case Log and Clinical Expectations Policy</p> <p><a href="#">CAAHEP Policy re: safeguards</a></p>	<p>Policies should be reviewed and updated on an annual basis</p>

✦ Student Work Policy		
<b>V. Fair Practices</b> <b>D. Student Records</b> Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.		
<u>Evidence</u>	<u><a href="#">Related Policy</a></u>	<u>Best Practice(s) &amp; Additional Resources</u>
✦ Student Rosters ✦ Outcomes Tracking Tool ✦ Records Maintenance Policy ✦ Student File Checklist ✦ See IV.A.2. above		Record student advisement and remediation plans and meetings, include signatures of student and instructor, program director or dean  Retain programmatic student records for a period of no less than five (5) years  Retain samples of all summative program assessment tools, including revisions, for a period of no less than five (5) years
<b>V. Fair Practice</b> <b>E. Substantive Change</b> The sponsor must report substantive change(s) as described in Appendix A to ARC/STSA in a timely manner. Additional substantive changes to be reported to ARC/STSA within the time limits prescribed include: <ol style="list-style-type: none"> <li>1) Facilities; change in location/program physical address.</li> <li>2) Maximum Enrollment Capacity (MEC)</li> <li>3) Change of Ownership</li> <li>4) Distance Education (deletion/addition)</li> <li>5) Satellite (deletion/addition)</li> <li>6) Consortium Partnership (deletion/addition)</li> </ol>		
<u>Evidence</u>	<u><a href="#">Related Policy</a></u>	<u>Best Practice(s) &amp; Additional Resources</u>

<ul style="list-style-type: none"> <li>✦ Notification of substantive changes submitted to the ARC/STSA within 30-days of the change. See <a href="#">ARC/STSA Forms, including:</a></li> <li>✦ Facilities Change Packet</li> <li>✦ Core Curriculum Change Packet</li> <li>✦ Maximum Enrollment Capacity form <ul style="list-style-type: none"> <li>○ Clinical Affiliation Site Reporting form</li> </ul> </li> <li>✦ Non-Core Curriculum change – Associate Degree <ul style="list-style-type: none"> <li>○ Copy of publications, draft publications, or plan of action to update publications</li> </ul> </li> <li>✦ Program Personnel Data Form (PPDF) <ul style="list-style-type: none"> <li>○ President</li> <li>○ Dean</li> <li>○ Program Director</li> <li>○ Interim Program Director <ul style="list-style-type: none"> <li>▪ Plan of Action</li> </ul> </li> </ul> </li> <li>✦ Addition of Distance Education or Satellite must submit Self-Study Application</li> </ul>	<p>Distance Education Policy</p> <p>Consortium Policy</p> <p>Transfer of Sponsorship Policy</p> <p>Substantive Change Policy</p>	<p>Program Advisory Committee (PAC) notification of substantive changes</p>
<p><b>V. Fair Practices</b></p> <p><b>F. Agreements</b></p> <p>There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.</p>		
<u><b>Evidence</b></u>	<u><b>Related Policy</b></u>	<u><b>Best Practice(s) &amp; Additional Resources</b></u>
<ul style="list-style-type: none"> <li>✦ Clinical Sufficiency Survey Form</li> <li>✦ Clinical Affiliation Site Reporting Form</li> <li>✦ Clinical Attestation Forms (one per site)</li> </ul>		<p>Clinical affiliation agreements should be reviewed prior to each term for sufficiency and updated every 3-5 years</p> <p>Review available scrub slots prior to each term for sufficiency and update as needed. Verify student ability to perform in first scrub role at all facilities</p>

<p>✦ Clinical Affiliation Agreements (or Memoranda of Understanding) detailing the individual educational programs* and facilities, effective date, and termination clause, and signed and dated by the sponsoring institution and the facility.</p> <p>*An affiliation agreement <b>can state that it is for all allied health or healthcare programs, but if specific programs are listed (nursing, DMS, etc.), then ST must also be listed.</b></p> <p>✦ Letters from clinical sites verifying number of scrub slots available at the facilities, surgical specialties for student rotations, length of the clinical rotations, and total daily procedure volume, signed by a surgical services or hospital administrator (Director of Surgical Services, OR Manager, CEO) or their designee.</p>		
--	--	--