# 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 l972; revised in 1991, 2000, 2002, and 2004 by the:*

*American College of Surgeons*
*Association of Surgical Technologists*
*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** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Surgical Technology profession. The accreditation **Standards** therefore constitute the minimum requirements to which an accredited program is held accountable.

**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), the American College of Surgeons, and the Association of Surgical Technologists 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**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards 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**.

### 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.

# I. Sponsorship

### A.  Sponsoring Educational Institution
A sponsoring institution must be at least one of the following:

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

### B.  Consortium Sponsor
1.  A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program.  In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2.  The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

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

# II. Program Goals

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

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.  Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

*The program should demonstrate that it conducted a market survey, established an expected level of student admissions based on this survey that meets local market demands and provides reasonable opportunity for graduates of the program to secure employment. The program should then demonstrate that it is admitting students at a rate in alignment with the expectation or has a marketing strategy to reach that level within three years. The program should also 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 and actual practice meet both the institution's and the community's needs. The program should demonstrate an ongoing strategy for monitoring community needs, and should provide yearly updates on the conclusions drawn.*

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

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

**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.

## III. Resources

**A.  Type and Amount**
Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, 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 12:1.*

**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.

### Key Program Personnel

The sponsor must appoint a full-time Program Director.

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

#### 1.  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.

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

**(b) Qualifications**

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

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

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

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

**3. Didactic Faculty**

**(a) Responsibilities**

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

**(b) Qualifications**

Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core surgical technology courses must have a credential in the field of surgical technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies (NCCA).

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

### 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 describing learning goals, course objectives, and competencies required for graduation.

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

### 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 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, a description of the appeals process, and student evaluation of the communication process. Each student file should contain copies of all communication regarding standing.*

### 2. Documentation

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

### B. Outcomes Assessment
### 1. Outcomes Assessment

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

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

*Programmatic summative measures should contribute to assessing effectiveness in specific learning domains. "Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military.*

*Programs not meeting the established thresholds set by the ARC-ST will begin a dialogue with the ARC-ST to develop an appropriate plan of action to respond to the identified shortcomings.*

### 2. Outcomes Reporting

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

## V. Fair Practices

### A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

### 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 (CoA) within the time limits prescribed include:

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

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# APPENDIX A

## Application, Maintenance and Administration of Accreditation

### A.    Program and Sponsor Responsibilities

**1.    Applying for Initial Accreditation**

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

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

The "Request for Accreditation Services" form can be obtained from Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA), CAAHEP, or the CAAHEP website at www.caahep.org.

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

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

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

**2.    Applying for Continuing Accreditation**

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

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

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

If it is determined that there were significant concerns with the 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 ARC/STSA forwarding a recommendation to CAAHEP.

3. **Administrative Requirements for Maintaining Accreditation**

    a. The program must inform the ARC/STSA and CAAHEP within a reasonable period of time (as defined by the ARC/STSA and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

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

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

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

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

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

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

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

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

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, 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 may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC/STSA and CAAHEP to maintain its accreditation status.

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

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

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

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

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

2.    Before the ARC/STSA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation.  The ARC/STSA 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.

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

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

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

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.