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| **ACCREDITATION REVIEW COUNCIL ON EDUCATION IN SURGICAL TECHNOLOGY AND SURGICAL ASSISTING [ARC/STSA] *sponsored by the***  **American College of Surgeons [ACS] *and* Association of Surgical Technologists [AST]**  **in collaboration with the**  **COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS [CAAHEP]** |

**ARC/STSA PLAN OF ACTION FOR PROGRAM INTERRUPTION DUE TO COVID-19**

Programs should have contingency plans in place; however, given the unprecedented nature of the current public health crisis, it is recognized that many programs are developing a course of action or strategy as the current situation unfolds. This form will serve as a record of plans and actions related to the COVID-19 pandemic. Detail all temporary program changes due to the pandemic and associated action plans below. The form and copies of relevant correspondence and back-up documentation should be maintained in your program files and updated as necessary. **Do not submit this form to ARC/STSA at this time**. **Information contained on this Plan of Action form will be requested in 2021**. Should temporary changes become permanent in 2021, notify [info@arcstsa.org](mailto:info@arcstsa.org) to determine if additional submissions or approvals are required.

All data entry areas are expandable – enter text and the box will expand accordingly. To add additional rows to a table, place the cursor in the bottom, right box and use the “tab” key to add rows. Enter NA if a given section is not applicable.

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| **Sponsoring Institution** |  | **Date** |  |

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| **Formal Notifications of Changes Due to COVID-19** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. Has the institutional accreditor been notified? If so, when? Maintain copies of correspondence. |  |  |
| 1. Has the state higher education authority been notified? If so, when? Maintain copies of correspondence. |  |  |
| 1. Was written notification submitted to ARC/STSA during the COVID-19 pandemic (March 2020-June 2020)? If so, when? Maintain copies of correspondence. |  |  |
| **General Considerations** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. How are you communicating program updates and status changes to institution administration, faculty and students?  (i.e., format changes; lab and simulation restrictions; clinical availability; and other changes) Maintain copies of correspondence. |  |  |
| 1. How frequently are you communicating with the institution administration, faculty, and students? |  |  |
| 1. Which program policies have been directly impacted by the COVID-19 interruption? (i.e., course delivery methods, contact hours for didactic/lab/clinical, required number of cases, grade scale modifications) |  |  |
| 1. How are you planning to assess the quality and success of online learning evaluation? |  |  |
| 1. What considerations are being given to enrollment for the next or future cohorts? |  |  |
| **Didactic** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. Is the delivery of didactic content impacted/changed? If yes, please explain. |  |  |
| 1. If you moved the didactic program to online/distance delivery, please answer the following: |  |  |
| 1. Is the content delivered asynchronously or synchronously? |  |  |
| 1. What support does the faculty have to move to online/distance delivery? |  |  |
| 1. What online/distance delivery platform are you using? |  |  |
| 1. Are you able to maintain face-to-face interaction with students (i.e., via online meeting platform like Zoom or GoToMeeting)? |  |  |
| 1. Has there been a change in curriculum sequencing (ex. front load didactic then lab to follow on ground)? |  |  |
| 1. How are you administering and proctoring final examinations? |  |  |
| **Lab** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. Are there adjustments to the program’s lab requirements? If yes, please explain. |  |  |
| 1. Are lab skills being taught online? If so, please explain teaching methods used, and how online lab skills are being evaluated and documented. |  |  |
| 1. How are final lab skill competencies being evaluated and documented? |  |  |
| **Clinical** | **Program’s Plan of Action** |  |
| 1. Are there temporary, case-by-case adjustments to clinical competency assessments? (ex: graduating students who do not meet the standard total number of cases required or do not meet the number of cases in specific specialties. See the [ARC/STSA statement](https://drive.google.com/drive/folders/1MO0p1Z5WG_cNOtHHKdQQrVpFZlGNT494?usp=sharing) on COVID-19). If so, please explain. |  |  |
| 1. What accommodations have been made for students who experienced an interruption in clinical rotations? |  |  |
| 1. How have changes in clinical assessments been communicated to students? Maintain copies of correspondence. |  |  |
| 1. Do you have PAC, institutional, and employer guidance for early graduation documented? Maintain copies of correspondence. |  |  |
| **Student Records** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. Have you reviewed all skills competencies, case logs, and preceptor evaluations for each graduate? |  |  |
| 1. Are you documenting a leave of absence or an incomplete or an extension for students during this time? |  |  |
| **General Considerations for *reflecting* on the program’s plan of action** | **Program’s Plan of Action** | **Date(s) Implemented** |
| 1. If your program was affected by the COVID-19 interruption, describe the impact of the COVID-19 interruption on the program. |  |  |
| 1. Did you enroll new cohort(s) during the COVID-19 interruption? |  |  |
| * 1. What was the rationale for enrolling new cohort(s)? |  |  |
| 1. How long was the program interruption for each cohort? |  |  |
| 1. Has your program experienced changes in faculty resources/staffing? |  |  |
| 1. Was your program able to maintain normal or limited operations during COVID-19? |  |  |
| 1. How were program outcomes affected due to the COVID-19 interruption? |  |  |
| 1. Did the interruption affect the program MEC or clinical slot overlap for enrolled students? If yes, please explain. |  |  |
| 1. How did you communicate changes to your Program Advisory Committee during the COVID-19 interruption? |  |  |

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Program Director (signature) Date President/CEO or Administrative Designee (signature) Date