

## SURGICAL ASSISTING REQUIRED VISIT MATERIALS CHECKLIST INITIAL SITE EVALUATION – VIRTUAL

ALL materials on this checklist must be uploaded into the Google Drive link provided by the ARC/STSA for the virtual site visitors. **Electronic materials must be organized in an easily accessible format following the checklist order by Standard.** All documentation must be upright facing, following ARC/STSA Bookmarking Guidelines:

<https://www.arcstsa.org/forms/>.

- Please note recording of the virtual site visit is **prohibited**
- Provide a copy of program Self-Study with associated supporting documentation
- Provide site visitors access to the Learning Management System (LMS) as applicable
- Provide access to students' digital clinical files or digital clinical tracking platform, as applicable
- Provide access to the program's campus management system, as applicable
- Must have reliable internet connection that extends into the laboratory
- Must have computers with webcams and audio capability or other campus teleconferencing hardware
- Must participate in a test run of the technology prior to the virtual site visit
- Provide the **Virtual Site Evaluation Schedule** two weeks prior to visit

Standard		Google Drive Folder and Electronic Documentation that must be included
<b>Please be sure to follow the file naming as the items below;</b> also keep file names short, use abbreviations and acronyms when possible (i.e. Plan of Action – POA; Program Personnel Data form – Program Director – PPDF-PD; Outcomes Tracking Tool – OTT)		
		Program Self-Study <input type="checkbox"/> Completed Program Self Study (SS) <input type="checkbox"/> COVID-19 Plan of Action Form (COVID-POA)
<b>I. Sponsorship</b>	<b>I.A.</b>	I. Sponsorship <input type="checkbox"/> Copy of institutional accreditation/other applicable agency approval Consortium documentation (if applicable) <input type="checkbox"/> Consortium Agreement <input type="checkbox"/> Consortium Report Form <input type="checkbox"/> Organizational chart
	<b>I.B.</b>	
	<b>I.C.</b>	
<b>II. Program Goals</b>	<b>II.A.</b>	II. Program Goals-Outcomes <input type="checkbox"/> ARC/STSA Clinical Sufficiency Form <input type="checkbox"/> Letter of Institutional Support <input type="checkbox"/> Letter of Community Support <input type="checkbox"/> Clinical Slot Letters <input type="checkbox"/> Copy of Publications regarding Program Goals <input type="checkbox"/> Copy of Publications regarding Learning Domains <input type="checkbox"/> Copy of Publications regarding Minimum Expectations <input type="checkbox"/> ARC/STSA Program Advisory Committee (PAC) Form <input type="checkbox"/> Program Advisory Meeting Minutes <input type="checkbox"/> Proof of Credential for Practicing Surgical Assistant (i.e. Copy of Certification) <input type="checkbox"/> Resumes or Biographical Summaries for All PAC Members
	<b>II.A.</b>	
	<b>II.B.</b>	
	<b>II.C.</b>	
<b>III. Resources</b>	<b>III.A.</b>	III.A. Program Resources – Type-Amount <input type="checkbox"/> Financial (budget) <input type="checkbox"/> Classroom and classroom equipment <input type="checkbox"/> Student computer resources (hardware, software, printers, etc.)

		<input type="checkbox"/> Instructional reference material (aides, models, and audiovisual) <input type="checkbox"/> Laboratory facilities <input type="checkbox"/> Laboratory equipment <input type="checkbox"/> Laboratory supplies <input type="checkbox"/> Library resources and references <input type="checkbox"/> Ancillary student facilities <input type="checkbox"/> Offices and office equipment <input type="checkbox"/> Clerical/support staff <input type="checkbox"/> Pre-recorded tour of facilities - library, classrooms, computer labs, lab, breakrooms (only those used by SA students), PD and faculty offices <input type="checkbox"/> Live tour of lab will be conducted in more detail during the virtual site visit
	<b>III.B.</b>	<b>III.B. Faculty (Please note: Confidential information such as SSNs must be redacted)</b> <input type="checkbox"/> ARC/STSA Program Personnel Data Form – President (PPDF-Pres) <input type="checkbox"/> ARC/STSA Program Personnel Data Form – Dean (PPDF-Dean) <ul style="list-style-type: none"> <li>• Program Director               <ul style="list-style-type: none"> <li><input type="checkbox"/> ARC/STSA Program Personnel Data Form – Program Director (PPDF-PD)</li> <li><input type="checkbox"/> ARC/STSA Schedule of Responsibilities (SoR) Form</li> <li><input type="checkbox"/> Signed Job Description</li> <li><input type="checkbox"/> Resume</li> <li><input type="checkbox"/> Proof of Credential (CSA, CSFA)</li> <li><input type="checkbox"/> Proof of CEs</li> <li><input type="checkbox"/> AFE Workshop Certificate</li> </ul> </li> <li>• Medical/Surgical Director               <ul style="list-style-type: none"> <li><input type="checkbox"/> ARC/STSA Program Personnel Data Form – Medical/Surgical Director (PPDF-M/SD)</li> <li><input type="checkbox"/> Proof of Credential (MD, DO)</li> <li><input type="checkbox"/> Proof certification in a surgical specialty recognized by the American Board of Medical Specialties (ABMS)</li> </ul> </li> <li>• Didactic Faculty – Please provide the following for <u>all</u> Didactic faculty               <ul style="list-style-type: none"> <li><input type="checkbox"/> ARC/STSA Program Personnel Data Form – Core Instructor (PPDF-CI)</li> <li><input type="checkbox"/> Schedule of Responsibilities (SoR) Form</li> <li><input type="checkbox"/> Signed Job Description</li> <li><input type="checkbox"/> Resume</li> <li><input type="checkbox"/> Proof of Credential (CSA, CSFA, MD, DO)</li> <li><input type="checkbox"/> Proof of CEs</li> </ul> </li> <li>• Clinical Preceptors – Please provide the following for <u>all</u> Preceptors               <ul style="list-style-type: none"> <li><input type="checkbox"/> ARC/STSA Clinical Preceptor Reporting Form</li> <li><input type="checkbox"/> Proof of Credential (MD, DO)</li> </ul> </li> <li>• Clinical Preceptor Delegates – Please provide the following for <u>all</u> Preceptor Delegates               <ul style="list-style-type: none"> <li><input type="checkbox"/> ARC/STSA Clinical Preceptor Delegate Reporting Form</li> <li><input type="checkbox"/> Proof of Credential (CSA, CSFA)</li> <li><input type="checkbox"/> Resume</li> </ul> </li> </ul>
	<b>III.C.</b>	<b>III.C. Curriculum</b> <input type="checkbox"/> ARC/STSA Curriculum Attestation Form – CCSA4e <input type="checkbox"/> ARC/STSA Curriculum Outline Comparison Form <input type="checkbox"/> Mock Student Schedule <input type="checkbox"/> SA Core Curriculum Syllabi <input type="checkbox"/> Course Content Outline <input type="checkbox"/> Instructional Tools, Handouts, Notes <input type="checkbox"/> Copy of Clinical Case Log Tool <input type="checkbox"/> Copy of Publication regarding Clinical Case Requirements <input type="checkbox"/> Distance Education Application (if applicable)

		<input type="checkbox"/> Access Instructions for LMS (if applicable)
	<b>III.D.</b>	III.D. Resource Assessment <input type="checkbox"/> ARC/STSA Program Evaluation Plan (PEP) Form
<b>IV. Student and Graduate Evaluation and Assessment</b>	<b>IV.A.</b> <b>IV.B.</b>	IV. Student-Graduate Eval-Assess <input type="checkbox"/> Copy of Clinical Evaluations <input type="checkbox"/> Copy of Final Exam(s) <input type="checkbox"/> Copy of Each Lab Skill Competency Evaluation <input type="checkbox"/> Outcomes Tracking Tool (OTTs) for all currently enrolled students <input type="checkbox"/> Plan of Action – Retention (if below threshold) <input type="checkbox"/> Graduate Surveys (if applicable) <input type="checkbox"/> Employer Surveys (if applicable)
<b>V. Fair Practices</b>	<b>V.A.</b>	V.A. Publications <input type="checkbox"/> ARC/STSA Fair Practices Reporting Form <input type="checkbox"/> Published institutional accreditation <input type="checkbox"/> Non-Discrimination policy statement <input type="checkbox"/> Admissions policies and practices <input type="checkbox"/> Number of credits required for program completion <input type="checkbox"/> Tuition, fees, and other costs <input type="checkbox"/> Policy and procedure for withdrawal <input type="checkbox"/> Policy for refunds of tuition/fees <input type="checkbox"/> Academic calendar <input type="checkbox"/> Student grievance policy <input type="checkbox"/> Criteria for successful completion for the curriculum and graduation <input type="checkbox"/> Faculty grievance policy <input type="checkbox"/> Student health requirements <input type="checkbox"/> Student work policy <input type="checkbox"/> Clinical case requirements <input type="checkbox"/> School catalog <input type="checkbox"/> Program handbook <input type="checkbox"/> Program brochures and marketing materials (if applicable)
	<b>V.B.</b>	V.B. Lawful & Non-discriminatory Practices <input type="checkbox"/> Forms Used in Student Selection Process
	<b>V.B., V.C., V.D.</b>	Student Files (Please note, folders will be created prior to the program placing documents in these folders; staff will follow up to request specific student files based on submitted OTTs). Confidential information such as SSNs must be redacted <input type="checkbox"/> ARC/STSA Outcomes Tracking Tool (OTTs) for all currently enrolled students <input type="checkbox"/> List of documents contained in student files <input type="checkbox"/> Team requested clinical files (access to the clinical tracking platform as applicable) <input type="checkbox"/> Team requested student files (admissions, programmatic, and health records as required by clinical affiliates)
	<b>V.E.</b>	V.E. Substantive Changes <input type="checkbox"/> Any substantive changes that occurred after Self-Study Submission (if applicable)
	<b>V.F.</b>	V.F. Agreements <input type="checkbox"/> ARC/STSA Clinical Affiliation Site Reporting Form <input type="checkbox"/> Clinical Affiliation Signed Agreements