

Outcomes Threshold, Reporting and Assessment Policy

Relevant Standards:

Standard IV. Student and Graduate Evaluation/Assessment B. Outcomes 1. Assessment and 2. Reporting

Standard V. Fair Practices A. Publications and Disclosure 4. Publication of Outcomes Assessment Examination Data

Purpose

The ARC/STSA Outcomes Threshold and Assessment policy:

- * Defines the ARC/STSA required established minimum outcomes thresholds for compliance for surgical technology and surgical assisting programs for five Outcomes-Based Assessment (OBA) areas: Retention, Outcomes Assessment Examination (OAE), Graduate Placement, Employer Satisfaction, and Graduate Satisfaction.
- * Establishes Outcomes Assessment Examination (OAE) pass rate as the outcomes data for required publication by the surgical technology or surgical assisting program.
- * Describes the ARC/STSA outcomes assessment and audit procedure for surgical technology and surgical assisting programs.

ARC/STSA Required Outcomes Thresholds

The ARC/STSA has established the following outcomes thresholds as the minimum criteria to maintain compliance with the Standard. Programs are required to track outcomes for all cohorts using the ARC/STSA Outcomes Tracking Tool (OTT). Outcomes thresholds are reported for cohort(s) completing within the ARC/STSA reporting year (August 1 to July 31).

Retention: 60% for Surgical Technology and Surgical Assisting Programs

Retention percentages are determined by dividing the number of graduates by the total number of original students enrolled in the program plus students added to the cohort (reenter/transfer-in due to repeating courses, return from LOA, etc.), then multiplying that number by 100. A student enrollment is defined by the ARC/STSA as the entry date into the Surgical Technology or Surgical Assisting 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. are calculated into their original on-time completion cohort for retention as attrition.

Students with delayed completion timeframes are added to the on-time completion/graduating cohort they join upon return/reentry.

Outcomes Assessment Examination (OAE): 70% Pass Rate and 100% Participation Rate for Surgical Technology Programs

Programs should report the total number of students graduating and the number who passed the CST[®] certification examination on the first attempt.

Outcomes Assessment Examination (OAE): 71% Pass Rate for Surgical Assisting Programs

71% of graduates should hold the CSFA[®] credential within one (1) year of program completion.

Graduate Placement: 80% Positive Placement [Employment] for Surgical Technology and Surgical Assisting Programs

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

- Placed in the field of surgical technology/surgical assisting 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 or surgical assisting program, e.g., Wound Clinic, OR Educator.

The sum of the three categories above should be reported as the total number of graduates placed. Graduate placement percentages are determined by dividing the number of placed graduates by the total number of graduates and multiplying that number by 100.

Employer Satisfaction: 50% Survey Return Rate and 70% Satisfaction Rate for Surgical Technology and Surgical Assisting Programs

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. Programs may utilize the **ARC/STSA Employer Survey Form** as a template to develop an online survey tool that mirrors the ARC/STSA standardized form exactly. Employer Surveys may be administered immediately upon hire of the graduate.

An Employer Satisfaction Survey should have **7** out of the **10** questions rated **3** or greater on the **5**-point Likert scale to be considered a "satisfactory" survey.

To calculate the employer satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned, then multiplying that number by 100.

Graduate Satisfaction: 50% Survey Return Rate and 70% Satisfaction Rate for Surgical Technology and Surgical Assisting Programs

Graduate satisfaction results should be solicited for **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. Programs may utilize the **ARC/STSA Graduate Survey Form** as a template to develop an online survey tool that mirrors the ARC/STSA standardized form exactly. Graduate Surveys may be administered immediately upon completion of the program.

A Graduate Satisfaction Survey should have **7** out of the **10** questions rated **3** or greater on the **5**-point Likert scale to be considered a "satisfactory" survey. To calculate the graduate satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned, then multiplying that number by 100.

OAE Pass Rate Posting Requirement

Standard V.A.4. requires that the sponsoring institution [school] publish, maintain, and make accessible to the public on its website programmatic outcomes. The ARC/STSA requires that all CAAHEP-accredited surgical technology and surgical assisting programs publish, at a minimum, the program's approved outcomes assessment examination pass rate results. The data published should be consistent with the most recent Annual Report filed with the ARC/STSA.

ARC/STSA Outcomes-Based Assessment Procedure

All programs with one or more Outcomes-Based Assessment (OBA) area trending below threshold for three years or more will be reviewed by the ARC/STSA following the process below:

1. Program is notified that efforts (analyses/Plans of Action) over the three-year trend appear ineffective to address ongoing non-compliance in the respective OBA area(s). (Based off Annual Report submissions).
2. Program is required to undergo an ARC/STSA OBA document review for the threshold(s) and year(s) reported. ARC/STSA Subject Matter Experts and ARC/STSA staff will conduct document reviews.
3. Upon verification that the program is non-compliant for the threshold(s) and year(s) reported, the ARC/STSA will establish a time-period (one ARC/STSA reporting year*) in which the program must demonstrate compliance for the threshold(s) reported. (*variation possible related to data being available)

4. At the conclusion of the ARC/STSA established period in which the program must demonstrate compliance:
 - a. Programs demonstrating compliance will return to the standard Annual Report review process related to OBA reporting.
 - b. Programs that do not demonstrate full compliance with the identified OBA areas will be scheduled for a Continuing Site Evaluation. The program will receive a comprehensive evaluation at the time of the visit. Following the Continuing Site Evaluation, programs that have not demonstrated compliance with the identified OBA areas will receive a Recommendation of Probationary Accreditation and may request reconsideration of the action by the ARC/STSA.

ARC/STSA Random Audit Process for Outcomes Compliance

1. ARC/STSA staff, annually at the time of reviewing Annual Report submissions, will randomly select no less than 5% of total AR submissions demonstrating overall compliance with OBA thresholds criteria for a random audit. ARC/STSA staff will request all program support documentation for all OBA areas for the most recent Annual Reporting year.
2. At the conclusion of the audit process:
 - a. Programs demonstrating compliance will continue to be reviewed within the standard Annual Report process related to OBA reporting.
 - b. Programs demonstrating non-compliance for any threshold(s) for the audited year will be required to follow the assessment procedure #1-4 outlined above.