

**SITE VISIT AGENDA**

**INITIAL AND CONTINUING ACCREDITATION VISIT**

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| Satellite Location(s) |  |

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| --- | --- |
| Telephone Number |  |
| E-mail Address |  |
| Physical Address of Program |  |
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| **Visit Dates and Days** |  |
| **Program Time Zone** |  |

**INSTRUCTIONS:**

1. Activities 1, 2 and 3 must occur at the beginning of the evaluation; activities 9, 10 and 11 must occur at the conclusion. Other activities may be scheduled to accommodate the needs of the surgical technology or surgical assisting program.
2. All interviews should be scheduled on day 1. If this cannot occur, please reach out to [Kristy.pierce@arcstsa.org](mailto:Kristy.pierce@arcstsa.org)
3. The team will strive to stay on schedule; however, they will work with the program director to adjust the schedule, as necessary. Items not completed on day one of the site visit will be picked up on day 2.
4. Names and titles for all individuals must be listed on the schedule (including SV team, staff liaison, students, etc.)
5. **List all time zones for each meeting/activity (ET, CT, MT, and PT)**
6. All interviews will be conducted via Zoom, which is provided by ARC/STSA within the Program Site Visit Notice and Meeting Link Document. It is the program’s responsibility to share the links with all participants.
7. The completed schedule should be uploaded to the program’s Site Visit Electronic Resource Room by the documentation due date. Staff will review and request any needed changes, if applicable.

All questions regarding the evaluation process and schedule should be directed to [**Kristy.pierce@arcstsa.org**](mailto:Kristy.pierce@arcstsa.org)

**NOTE**: the tables are expandable by placing the cursor in the last cell of the table and using the “tab” key to add rows.

**ACTIVITIES**

**Day/Date:**

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| 1. **Documentation Review**   **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (30 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| **Participant Name** | | **Participant Title** | | |
|  | | Site Visiting Team | | |
|  | | ARC/STSA staff | | |

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| 1. **Meeting with Program Director**   **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (15 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| **Participant Name** | | **Participant Title** | | |
|  | | Site Visiting Team | | |
|  | | ARC/STSA staff | | |
|  | | Program Director | | |
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| 1. **General Group Session**   Must include at least one administrative representative – Dean or President/CEO or comparable appointment.  **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground).** | | | | |
| Beginning/Ending Times (15 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| **Participant Name** | | **Participant Title** | | |
|  | | Site Visiting Team | | |
|  | | ARC/STSA staff | | |
|  | | Program Director | | |
|  | | Dean | | |
|  | | CEO/Dean | | |

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| 1. **Tour of Facilities – Classroom and Lab -** A virtual tour will be uploaded to the Site Visit Electronic Resource Room. A more detailed tour of the lab will be requested live via teleconferencing platform.   **(Site Visit Meeting Room Link if virtual, tour will be completed in person if on-ground)** | | | | |
| Beginning/Ending Times (30 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
|  | | Site Visiting Team | | |
|  | | ARC/STSA staff | | |
|  | | Program Director | | |

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| **Break** | | | |
| Beginning/Ending Times (15 minutes): | | | |
| ET: | CT: | MT: | PT: |

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| 1. **Documentation Review and Interviews** –Interviews with Program Advisory Committee (PAC) members and Clinical Affiliates.   **(Site Visit Meeting Room Link regardless of the visit format, virtual or on-ground)** | | | | | | |
| Beginning/Ending Times (2.5 hours): | | | | | | |
| ET: | | CT: | | MT: | | PT: |
| Participant Name | | | Participant Title | | | |
|  | | | Site Visiting Team | | | |
|  | | | ARC/STSA Staff | | | |
|  | | | Program Director Available (will not participate during the interview but should be available) | | | |
| PAC Member interviews: the team will speak to several PAC members via Zoom. Please contact PAC members and check availability (Please note, current employer member and recent graduate interviews are **required**). Assign PAC members a 15-minute window to log in to the Zoom meeting and share the meeting room link with the PAC members.  **\*\*All PAC members interviewed must have attended a meeting within the last year.** | | | | | | |
| Time:  ET: | PAC Member: | | Credentials: | | Comm. of Interest: Current Employer (Required) | |
| CT: |
| MT: |
| PT: |
| Time:  ET: | PAC Member: | | Credentials: | | Comm. of Interest: | |
| CT: |
| MT: |
| PT: |
| Time:  ET: | PAC Member: | | Credentials: | | Comm. of Interest: | |
| CT: |
| MT: |
| PT: |
| Clinical Affiliate interviews: the team will speak to several Clinical Affiliates via Zoom. Please contact Clinical Affiliates where students are currently placed and check availability. Assign Clinical Affiliate a 15-minute window to log in to the zoom meeting and share the meeting room link with the Clinical Affiliates. **\*\*Anyone interviewed in this capacity should have direct contact with the students.** | | | | | | |
| Time:  ET: | Contact Name/Title: | | Credentials: | | Clinical Affiliate: | |
| CT: |
| MT: |
| PT: |
| Time:  ET: | Contact Name/Title: | | Credentials: | | Clinical Affiliate: | |
| CT: |
| MT: |
| PT: |
| Time:  ET: | Contact Name/Title: | | Credentials: | | Clinical Affiliate: | |
| CT: |
| MT: |
| PT: |

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| **Break** | | | |
| Beginning/Ending Times (30 minutes): | | | |
| ET: | CT: | MT: | PT: |

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| 1. **Interviews with Faculty Members –** Program Director does not attend this meeting   **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (30 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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| 1. **Interviews with Students in the Didactic Phase of the Program**   This activity can be scheduled earlier or later in the day to accommodate the students’ schedules.  The entire class is required to attend. Zoom should be used if virtual and all students must have their cameras on. This should be conducted in a classroom if the visit is scheduled on-ground. Please list all students’ names below. | | | | |
| Beginning/Ending Times (30 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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| 1. **Interviews with Students in the Clinical Phase of the Program**   This activity can be scheduled earlier or later in the day to accommodate the students’ schedules. The entire class is required to attend. Zoom should be used if virtual and all students must have their cameras on. This should be conducted in a classroom if the visit is scheduled on-ground. Please list all students’ names below. | | | | |
| Beginning/Ending Times (30 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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**Day 2/Date:** Click or tap here to enter text.

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| 1. **Preparation and Final Review of Confidential Report**   **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (1.5 hours): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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| 1. **Conversation with Program Director**   Please note, this is a meeting for the Program Director, ARC/STSA staff and Site Visit team only.  **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (15 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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| 1. **Closing Group Session**   Must include at least one administrative representative – Dean or President/CEO or comparable appointment.  **(Site Visit Meeting Room Link if virtual, reserve a conference room if on-ground)** | | | | |
| Beginning/Ending Times (15 minutes): | | | | |
| ET: | CT: | | MT: | PT: |
| Participant Name | | Participant Title | | |
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