

Clinical Evaluation and Clinical Expectations Policy for Surgical Technology Programs

Relevant Standards:

Standard III.A.9. Resources – Type and Amount – Clinical Affiliates

Standard IV.A. Student and Graduate Evaluation/Assessment – Student Evaluation

1. Frequency and Purpose

2. Documentation

Standard V.C. – Fair Practices – Safeguards

Purpose

The ARC/STSA Clinical Evaluation and Clinical Expectations policy establishes provisions and requirements related to student clinical evaluation and related documentation, and expectations for student clinical placement and clinical supervision by the program. This policy supplements clinical supervision criteria found in the most recent edition of the *CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology*.

Clinical Evaluation Criteria

Student clinical evaluations conducted by program faculty must be verified, and may be maintained as hard or electronic copies, or within a clinical case evaluation and management platform, and must be maintained for a minimum of five years. It is the sponsoring institution's responsibility to evaluate the student's performance in the clinical setting and provide evidence of the evaluation taking place. 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 curriculum competencies in the required learning domains.

Clinical evaluations must include:

- Program determined clinical competencies
- Name of procedure
- Date of evaluation and signatures of the student, program faculty and/or program director
- Definition of the student's role (first scrub, second scrub, observation) during the procedure

Clinical evaluations must provide evidence that the program faculty has effectively shared the student's clinical progress as related to the established clinical competencies with the student. Clinical evaluations must be synchronous, with the program faculty and student meeting in real time to assess the student's clinical progress.

Electronic evaluation forms developed by the program and/or clinical evaluation forms via commercial software applications must meet the same verification requirements as hard copy evaluation documents. Electronic signatures and time stamps can be used to verify that evaluations have been conducted. Electronic evaluation forms and/or commercial software applications that do not have electronic signature/time stamp capability may be used; however, the program must provide supplemental evidence of synchronous evaluation, required

signatures, and date of evaluation.

Clinical evaluations conducted by clinical preceptors may be employed to inform program faculty of student clinical progress but must not substitute as formal clinical evaluations performed by program faculty.

Clinical Supervision

The program must ensure sufficient clinical supervision and evaluation of students in clinical rotations. The sponsor [institution] must provide sufficient faculty to provide clinical supervision and evaluation for the number of students in clinical rotations [fully considering clinical overlap of cohorts, if any].

Sufficiency of faculty for clinical supervision and evaluation is determined by the:

- Number of clinical affiliates
- Number of slots and days of rotation per affiliate [e.g., five days per week/eight hours per day, Tuesday & Thursday only, etc.]
- On-site visitation requirements of each clinical affiliate [e.g., once a week, once a day, any time student is at the affiliate, etc.] per each clinical affiliate agreement
- Location of clinical affiliates and travel distance from campus to the clinical affiliates [i.e., clinical instructor cannot be in two places at the same time]

The sponsor should utilize the above factors in determining whether it appoints sufficient faculty to achieve the program's stated goals and outcomes.

The ARC/STSA endorses the following requirements for evaluation of students in the clinical area:

- Consistent, recurrent, and frequent formal evaluation of students by program faculty.
- Consistent, recurrent, and frequent communication with clinical affiliates/preceptors.
- Final (summative) evaluation of the student's clinical competence at the conclusion of the given clinical rotation.

Programs with the above established frequency of student clinical evaluation would successfully demonstrate compliance with Standard IV.A.

Health and Safety

To ensure the health and safety of patients/clients, students, faculty, and other participants associated with educational activities of the student are adequately safeguarded, the program must have a safeguarding policy in place that addresses the following:

- Students must not be substituted for staff during clinical rotations
- Clinical rotations must be supervised and educational in nature
- Students must be readily identifiable as students

Clinical Expectations and Student Clinical Placement

The program must ensure that sufficient clinical sites/slots are available for students.

- All clinical experiences must be performed at a medical facility/hospital affiliate with a valid agreement.
- Simulation cannot be substituted for clinical experience.
- Cases counted toward the core curriculum requirements must be completed during live surgical procedures.



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- The educational process must be continuous and not delayed at the scheduled start date for student clinical rotations.
- The program must ensure clinical slots at the time of student admission to support the program's approved Maximum Enrollment Capacity (MEC).
- If a clinical slot is assigned outside a reasonable and customary commuting distance, the student must be informed of the assignment and agree to the assignment in writing prior to enrollment.