



Instructional Program Review Summary 2004-05

Instructional Area: Health Sciences

Department: Surgical Technology

Discipline: Surgical Technology

December 15, 2004

Instructional Program Review Summary

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NOTE: An external reviewer should not be required to refer to the documentation notebook to understand the Instructional Program Review

Summary. Rather, data should be clearly cited in the summary so that the reviewer can easily find the source documents if needed.

EXECUTIVE SUMMARY

Use the following guidelines to provide a concise overview/summary of the program review contained in this report.

Write a brief description of the goals and objectives of the discipline.

The Surgical Technology faculty recently revised the mission statement and developed a philosophical statement.

Mission Statement

The Austin Community College Surgical Technology Program exists to serve its diverse student population and to produce graduates who are proud servants to the health care community. Through excellence in education, we strive to offer quality, affordable training that immediately positions our graduates to enter the surgical arena as competent health care professionals.

Philosophy Statement

The faculty of the Austin Community College Surgical Technology program believes that effective teaching of surgical technology must combine physical skills taught in the laboratory and clinical setting with didactic classroom instruction for proper understanding of relevant pathophysiologies, the surgical procedures which address them and the role of the surgical technologist therein. We further believe that each patient is in need of an advocate, that it is essential to instill a sense of surgical consciousness in each student and that we are responsible for providing students with an education that results in in-depth understanding of aseptic techniques.

We believe education is a continuous process through which the learner attains knowledge, skills, and attitudes resulting in desired attributes.

We believe students learn the simple to the complex with knowledge and skills building upon previously learned knowledge and skills in the didactic, laboratory and clinical setting.

The surgical technology program is in alignment with Austin Community College's education philosophy, policies of the Austin area hospitals, the Association of Surgical Technologist's Core Curriculum and the standards of practice presented by the Association of Surgical Technologists.

We believe the faculty is responsible for advising and assisting surgical technology students to reach their educational goals.

We believe the faculty is responsible for assessing, maintaining and updating program curriculum on a regular basis.

We believe students should have an active role in their learning process.

Program Goals:

1. 90% of students will pass the Clinical Readiness Exam at the conclusion of the semester.
2. Students will pass the National Certification Exam with a 90% success rate.
3. The graduates of the program who wish to be employed in the surgical field, will be employed with employer satisfaction demonstrated by an average of 3.5 or better on the graduate survey questionnaire.
4. The student will complete clinical courses with a “B” or better average.
5. 70% of the graduates will graduate with an Associate of Applied Science degree.
6. Students will achieve a 70% rate on the Program Assessment Exam in the final semester.

Overview of how the program review was conducted. The surgical technology program faculty evaluate program effectiveness using several mechanisms. The program participated in determining strengths, weaknesses, opportunities and threats which was facilitated by an OIE official. The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and is required to submit an Outcomes Based Accreditation form yearly to the Accreditation Review Committee for Surgical Technology Programs (ARC-ST) which makes its recommendations to CAAHEP.

The program advisory committee members include representatives from the Austin area hospitals and student representatives from the program who review the outcomes during annual advisory committee meetings.

Summary of findings:

Progress on previous program review recommendations. The recommendations from the previous internal program review were as follows:

RECOMMENDATIONS

1. Increase budget to meet the needs of student capacity related to consumable supplies. The goal is to reduce the time spent re-folding and re-packaging "single-use items" to re-use and increase laboratory practice time effectively.

PROGRESS: The budgetary needs of the program continues to need improvement. Faculty of the program continue to work on acquiring supplies from the hospital and increase laboratory time effectiveness. the program has expanded to two classes a year with the same budget as one class per year.

2. Increase hourly monies in the SRG budget to hire a laboratory assistant. Goal is to allow faculty members time to update lectures, integrate technology into the classroom, and develop instructional tools.

PROGRESS: The position of laboratory assistant has been requested in the master plan but has not been approved at this time. Two of the surgical technology courses have increased in credit hours to allot extra time for laboratory experiences without requiring "open lab" time. Faculty are spending less time in the lab outside of scheduled classroom time.

3. Develop an educational marketing strategy and budget for recruitment and retention, in order to satisfy the strong local and national need for surgical technologists.

PROGRESS: The program continues to struggle with marketing the program. The faculty continues to attend career fairs to improve recognition of the program and profession opportunities.

4. Develop a creative plan to increase student enrollment without increasing the individual class limit. Goal is to maintain a class limit that can effectively work in the surgical technology laboratory while increasing the surgical technology graduate numbers.

PROGRESS: The program has recently received qualified applications that exceed the number of students we can accept per class. This has allowed us to have a full classes over the past year.

5. Develop courses related to the surgical arena.

PROGRESS: The surgical technology department continues to discuss the need for other surgical courses. WECM has allowed the implementation of the Technological Sciences for the Surgical

Technologist to be added to our degree plan. Discussions still continue for materials management/sterile processing and surgical first assisting. The surgical first assisting profession is undergoing changes that may alter the need for the development of this type of program.

6. Improve lab quality and size to ensure students can meet instructional objectives in an effective environment.

PROGRESS: The surgical technology program moved to the EVC Health Sciences Building in August 2003. This recommendation has been achieved.

7. Ensure a separate classroom is available for lecture courses (especially in the fall semester and possibly in the spring semester) to reduce unnecessary loss of class time during reconfiguration of laboratory into classroom and vice-versa.

PROGRESS: Due to the move to the EVC, this recommendation has been achieved.

8. Prepare surgical technology faculty to develop surgical technology web pages, use of Power Point, other instructional aids and maintain currency in new surgical initiatives.

PROGRESS: ACC professional development courses are offered to learn how to use and incorporate technology into the classroom. 33% of the faculty utilize powerpoint in the classroom and one instructor is knowledgeable about webpage construction.

Program strengths. The program strengths include the dedication of the faculty, students and clinical affiliates to the successful completion of the program and employment.

Areas for improvement. Curriculum review, class size, and outcomes will be monitored for improvement needs. Currently, the primary area for improvement continues to be budgetary and clinical site placements.

Key planning issues. The program will continue to monitor employment opportunities and the need for developing other surgically related programs.

Conclusions: What are the major conclusions regarding the present state of the program?

The program continues to meet the communities needs with graduates that are highly trained and ready to begin entry level employment as a surgical technologist.

Recommend future directions for the program based on this review:

- Expand services
- Maintain services
- Reduce services
- Close program

Recommendations: Summarize the self-study's recommended actions for improving the quality of the program.

1. Increase budget for consumable supplies to decrease re-using of single use items and increase lab time effectiveness.
2. Acquire an endoscopic unit to allow more practice per student on this standard piece of equipment for the operating room.
3. Revise areas in curriculum to strengthen identified areas of weakness in the program assessment exam and graduate surveys.
4. Revise degree plan to represent appropriate courses for the surgical technology student.

SELF-STUDY TEAM PARTICIPANTS

List the names of people who participated in the review and their association with your program.

Name Kathy Baumbach ACC Faculty Industry Representative
 Student

Name Susan Diamond ACC Faculty Industry Representative
 Student

Name Barbara Hefner ACC Faculty Industry Representative
 Student

Name Glynda Moon ACC Faculty Industry Representative
Student

Name Steve Smith ACC Faculty Industry Representative
Student

Name ACC Faculty Industry Representative Student

Name ACC Faculty Industry Representative Student

Name ACC Faculty Industry Representative Student

Name ACC Faculty Industry Representative Student

PROGRAM DESCRIPTION

Provide a brief description of the overall history, major developments and current objectives for your program (limit to 500 words).

The program opened in 1974 as a block time program. In 1982, the program converted from a block time program to a college credit program offering a certificate of completion. In 1994, the program began offering an Associates of Applied Science degree and maintained the certificate option. The program has incorporated the WECM requirements into the degree plan and curriculum. The program has increased from one full time faculty in 1990 to six full time faculty today and currently admits two classes per year.

The program will serve the healthcare community by graduating highly qualified individuals to fill the surgical technology needs of the hospitals and ambulatory facilities.

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (SWOT)

List the names of people who participated in the SWOT and their association with your program.

Name Kathy Baumbach ACC Faculty Industry Representative
 Student

Name Elaine Branston ACC Faculty Industry Representative
 Student

Name Mel Brown ACC Faculty Industry Representative
 Student

Name Trey Colvin ACC Faculty Industry Representative
 Student

Name Kathy Cook ACC Faculty Industry Representative
 Student

Name Susan Diamond ACC Faculty Industry Representative
 Student

Name Tim Faulkenberry, MD ACC Faculty Industry
Representative Student

Summarize the findings of the SWOT analysis. Focus on the top 5 or 6 issues and answer the following questions:

Strengths: In what does your program excel?

Program strengths were identified as follows:

1. Experienced diverse faculty.
2. Low instructor to student ratio
3. instructor on-site at clinical site
4. Clinical affiliates are supportive.

Weaknesses: What are the aspects of your program, which, if not addressed, will impede the area's future?

Program weaknesses were identified as the follows:

1. Need more specialty instruments
2. Lack of specialty instruments / equipment and sutures in the lab
3. Limited clinical site availability

Opportunities: What factors does your program need to take advantage of in order to enhance the quality of the area?

Opportunities for the program were:

1. Potential for partnerships with hospitals for training and education
2. Possible state certification for surgical technologists

3. Expansions at hospitals and new surgery centers creating new jobs
4. Cost comparison to other Austin area surgical technology program

Threats: What are the external factors that could negatively impact your program's future?

Threats identified included:

1. Low pay for surgical technologists
2. Lack of professional credential for surgical technologists
3. Competing for clinical sites with other Austin area surgical technology program
4. Lack of clinical space.

Discuss changes from the program's previous SWOT analysis.

The previous SWOT identified the laboratory setting as a weakness; now it is identified as a strength. Otherwise, the SWOT analysis is consistent between the previous SWOT and the current SWOT.

ANALYSIS

[a] Relevance of the program to College mission and desired ends

Mission:

Review the program's purpose statement. Verify that the statement is current and accurate and reflects the mission of the college as a whole or update the purpose statement.

The Self-Study team reviewed the program purpose statement and found (select one):

The purpose statement is current, accurate, and reflects the mission of the college.

The purpose statement was revised as shown below:

The surgical technology faculty recently modified the mission statement and developed a philosophy statement.

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Desired Ends (Board Policy A-2. Intended Outcomes)

How well does the program support the intended outcomes of the college by providing "service-area adults with the postsecondary and higher education they need and can use for productive useful lives?"

The program is in compliance with this intended outcome. The opportunity for any adult to enter the program is available and consistent with the program admission procedures. Job opportunities are available for graduates from this program.

In what ways does the program demonstrate an open, responsible exchange of ideas?

The program meets annually during a formal advisory committee meeting. The advisory committee is made up of Austin area hospital surgical directors and surgical technologists, a medical advisor and student representatives. The faculty are also in communication with the hospital directors and staff throughout clinical rotations.

In what ways does the program provide an open door to educational potential?

The program admission is open to anyone that accomplishes the admission criteria; such as, completion of pre-requisite courses, completion of immunizations and successful completion of the college assessment test. Beginning in FY 06, any student entering a health sciences program must also complete a criminal background check. Any student that completes these requirements may enter the surgical technology program.

In what ways does the program take targeted action to address internal needs within available resources?

The surgical technology faculty are dedicated to provide appropriate instruction to the program students. Faculty will collaborate with other departments for supplies / equipment / guest lecturers as needed.

In what ways does the program demonstrate a commitment to integrity and exemplary standards?

The program maintains its accreditation by meeting the outcomes based criteria and following the Association of Surgical Technologists Core Curriculum for Surgical Technology Programs. The faculty of the program emphasizes certification after graduation to the students. Faculty ensure the clinical sites offer the required environment for student to gain appropriate experiences.

In what ways does the program demonstrate personal and professional ownership that generates accountability?

The longevity of the program and the long term excellent relationship and rapport with the clinical affiliates demonstrates professional accountability.

[b] Responsiveness to community needs and satisfaction of community demand

In what ways does the program address a verifiable need for the student, community, and society?

There continues to be a national shortage of surgical technologists. This information is obtained from the professional organizations. The dialogue between the clinical agencies and the program address the needs for graduates.

Describe the results of the program's most recent assessment of community need.

The community need for this program is documented by the employment history of the graduates. The program continues to provide employees for the area hospitals and ambulatory centers. Many students obtain employment prior to graduation.

How do the program's five-year enrollment trends compare with those of the College overall?

The surgical technology program increased its program size to two classes per year, which has increased the enrollment. The college's trend seems to be increasing and the program seems to be consistent with the growth.

[c] Accessibility to students and identification of unnecessary barriers

Analyze when and where courses are offered (by campus, time of day, mode of delivery).

Due to the nature of the course and the lab facilities, the program courses are offered only at the EVC. Pre-requisite and co-requisite courses may be taken at any campus in which they are offered at.

List the number of sections taught (by location).

All courses are at the EVC.

Fall: 11

Spring: 11

Summer: 8

List the number of sections closed or canceled per course.

None.

How does each of the five-year demographic trends (gender, ethnicity, age group) for this program compare to the overall college trend? (List the source of your information.)

According to the information obtained from OIE, the program is within or above the demographic averages compared to peers.

Identify any unnecessary barriers to students, especially those who are educationally disadvantaged and not well served by other colleges.

No barriers identified. Potential barriers include the cost of the physical, immunizations and criminal background checks that are required for all health science students. These costs can add up to hundreds of dollars.

[d] Student outcomes including participation and successful-completion rates

How do course completion rates (A-B-C-D rates) for courses within this program compare to College norms?

The college average for non-mastery for fall 2001 was 31.2 %. The average non-mastery rate for the surgical technology program for fall 2001 was 12.0%

What are the program completion or graduation rates (compared to intent as well as overall) for this program?

How do withdrawal rates for courses compare to College norms?
The college average withdrawal rate for fall 2001 was 22.5% and the surgical technology program for fall 2001 was 10.0%.

What do the results of the program's student learning outcomes assessments (departmental final exams, exit tests, standardized tests, etc.) indicate about the program?

Based on the assessment of data obtained from graduation rates, certification exams and survey results, the program is meeting or exceeding program goals.

[e] Measures of program quality and educational value added

- **Academic Standards**

What are the processes and procedures that the department uses to maintain academic standards and achieve consistency within the department?

The program utilizes a program student handbook that outlines program policies, procedures and academic standards. The program utilizes standard syllabi that are provided for each individual course that identifies grading criteria and objectives for the course. Some course content is taught by the same instructor every semester to ensure continuity in specialty instruction.

- **Curriculum**

What procedures are used to assure that the curriculum is current and adequately meets the needs of students?

The program follows the Core Curriculum for Surgical Technology Programs published by the Association of Surgical Technologists. The program also solicits feedback from the students on the graduate questionnaire regarding curriculum content.

Are learning outcomes defined for courses and the program? Yes No

Are course texts up-to-date?. Yes No

Are course and program listings in the ACC Catalog up-to-date? Yes No

Do all courses have up-to-date syllabi on file? Yes No

Evaluate the use of instructional resources (including those in the library).
Program faculty utilize standard classroom technology, including hands-on instruction using models, instruments, equipment in the lab. Audiovisual aids from the library are also utilized.

Evaluate the extent to which technology impacts the mode of instruction, including the number of courses and sections taught via distance learning.
The program does not offer any distance learning courses at this time.

Evaluate the extent to which instruction is focused on problem solving, active learning, and work-based elements.

The program courses, especially the laboratory and clinical courses, are based upon a mastery model and are competency based which require problem solving and critical thinking skills.

List below the current discipline-specific courses within the program and the date of the latest review.

CourseSRGT 1144 Technological Sciences for the Surgical Technologist	Date of Last Review	May 2004
CourseSRGT 1505 Introduction to Surgical Technology	Date of Last Review	May 2004
CourseSRGT 1509 Fundamentals of Perioperative Concepts and Techniques	Date of Last Review	May 2004
CourseSRGT 1160 Beginning Clinicals	Date of Last Review	Feb 2004
CourseSRGT 1441 Surgical Procedures I SRGT 1442 Surgical Procedures II	Date of Last Review	July 2004
CourseSRGT 1660 Intermediate Clinicals SRGT 2660 Advanced Clinicals		
SRGT 1391 Special Topics in Surgical Technology	Date of Last Review	Dec 2003

- **Faculty**

Do all faculty teaching in the program meet SACS requirements?

Yes No (if no, please explain) All faculty meet the SACS requirements except one. This faculty member has completed an individual action plan in order to meet the requirements. He is currently in progress of his plan.

What is the ethnic diversity of the faculty?

Full time faculty diversity is as follows:

5 Caucasian females

1 Caucasian male

Adjunct faculty diversity is as follows:

1 Hispanic male

What evidence is there that faculty are staying current in their respective disciplines and instructional methodologies?

Each full time faculty member completes 12 hours of professional development and / or continuing education to maintain currency of their professional certification. Faculty occasionally attend inservices at their clinical sites as well.

What recognition has been given to faculty within the last year?

Michele Richards was recognized for 10 years service

Barbara Hefner was recognized for 5 years service
Kathy Baumbach was selected for the Who's Who for Teachers recognition

Describe professional development activities in which program faculty participate.
Program faculty participate in professional development activities provided by ACC as well as attending professional surgical technology conferences sponsored by the state association of AST and national conferences sponsored by AST.

What percent (and the total number) of faculty participate in formal professional development activities on a regular basis?

50%

Describe the types of discipline-related professional development activities offered.

The Texas State Association of the Association of Surgical Technologists offers monthly conferences throughout the state of Texas. Examples of topics may include:

Endovascular AAA

Endoscopic Prostatectomy

Neuroanatomy

Crutzfeld-Jakob Disease

Professional Legislative Actions

What percent of sections do full-time faculty teach?

90-100%

What percent of contact hours do full-time faculty teach?

93-100%

Are student evaluations of instruction within acceptable range? Yes No

To what extent are alternative modes of instruction incorporated into classes?
Current methods of instruction include lecture, audiovisual aids, power point, hands-on laboratory experience and slide presentations.

- **Student Satisfaction**

Do student course evaluations demonstrate satisfaction with courses?

Yes No

[f] Adequacy of program resources and efficiency of resource use

Describe the overall adequacy of resources (human, technological and capital, facilities, and fiscal) available to the program for providing effective program delivery and outcomes.

The program recently acquired new full-time faculty to bring the full-time faculty level up to an adequate level. The program still needs to increase its adjunct faculty pool. The new laboratory physical setting is adequate, however, some additional supplies/equipment are still needed to bring the laboratory up to an adequate level. There continues to be inadequate funding for professional development activities for faculty. The program consumable supplies budget continues to be inadequate.

What is the ratio of full-time to adjunct faculty (by course and for the program overall)?

There is currently only one adjunct faculty member. This member teaches one of the special topics courses and does not teach in the general surgical technology program courses at this time.

Full time faculty: Adjunct faculty = 6:1

How up-to-date is the equipment used by the program? The majority of the equipment used in the lab is at least one generation older than the current equipment utilized at the hospital, with some equipment completely out of date. The program faculty are able to teach the groundwork using this equipment and updating the information to reflect the changes.

Identify possibilities for improving the efficiency of the program's use of resources.

The surgical technology program currently utilizes the expertise of other program's faculty to teach specific topics, such as radiology faculty teaching radiology safety in the operating room.

[g] Comparison of program performance, price, and enrollment with that of alternate local suppliers

How is the program competitive with similar programs offered by other institutions or schools in the service area in terms of performance, cost to students, and enrollments?

The Virginia College surgical technology program enrolls more students per class than the ACC program. The ACC program enrolls 32 students per year. The Virginia College program enrolls approximately 80 students per year; however, they may be enrolled in pre-requisite courses to be included in this number. The Virginia College program is not regionally accredited and the coursework is not transferrable to other colleges/universities in the area. The program cost for Virginia college is approximately \$19,000 for the AAS in surgical technology compared to the ACC cost of approximately \$4,000 for the AAS in surgical technology.

Feedback that I and other faculty have heard is that the ACC student is more prepared to be in the clinical site earlier and the performance of the ACC graduate is at a higher level.

[h] Direct and indirect program-related revenues and costs to the College

Identify the major sources of revenue for the program, including grants, partnerships, etc.

Tuition and reimbursement from the Texas Higher Education Coordinating Board.

Compare program costs to those of other ACC programs.

The cost is consistent with other health sciences programs.

Compare the program's actual expenditures to the approved program budget for the previous two years.

The program has stayed within the allotted budget in all areas except duplication. Last year, FY2004, was the first year the SRG program exceeded the duplication budget. The program expanded to admit two classes per year, however, the budget did not expand and the program is working two classes on a one class budget.

TRANSFER or WORKFORCE AREA-SPECIFIC INFORMATION

Only Workforce Programs complete the items below.

Report/status from latest external accrediting agency visit

The program submits annual outcomes based accreditation and has received an ongoing accreditation status.

When was the most recent program revision?

The program revised the degree plan by deleting Anatomy and Physiology I and II (due to the deletion of the courses by the BIOL department) and added Introduction to Anatomy and Physiology. The courses SRGT 1405 Introduction to Surgical Technology and SRGT 1409 Fundamental of Perioperative Concepts and Techniques were increased one hour each to SRGT 1505 and SRGT 1509. The course SRGT 1144 Technological Sciences for the Surgical Technologist was added to the curriculum as well. These changes were effective Fall 2004.

Number of declared majors intending to complete a program who complete degree/certificate requirements within 6 years

According to the information obtained by OIE, the number of students declaring surgical technology as a major between the years 1999-2003 equals 73 and the number of graduates for the same timeframe equals 42. This number shows 57% of the declared majors graduating within this timeframe. This number is inaccurate and students may declare majors while taking the pre-requisite courses, but never actually enter the program.

Average number of semesters it takes for students to gain degree/credential.
4-5

Number of graduates within the last three years

According to program numbers, the number of graduates from August 2002-December 2004 number 55.

Demographics of graduates

Males: 9: Caucasian 5 Hispanic 2 African American 0 Other 2
Females: 46 Caucasian 31 Hispanic 6 African American 3 Other 6

Percent of graduates who are employed within one year of graduation.

Of the graduates seeking employment in the field of surgical technology, approximately 90% are currently employed.

What evidence exists that program completers (or near completers) are successful on the job? What, if available, are their beginning salaries?

Employer questionnaires indicate the success of the graduates as well as verbal feedback from employers.

Typical salary for a graduate that has not taken the national certification exam \$10-12/hr. A certified surgical technologist's salary is \$13.50-15.00/hr.

Percent of employers indicating satisfaction with graduates.

100%

Discuss the most recent results of Focus Group or internal survey of employers.

The most recent survey of employers of Dec 03 graduates resulted in a poor return rate. However, the results that we did receive were above average indicating the graduates are performing at or above expectations.

Number of employers indicating need for more graduates

No employers have specifically approached us with regards to needing more graduates, however, the major hospitals in the Austin area are expanding their surgical suites and the opening of more ambulatory and private facilities will increase the need for surgical technologists.

Provide evidence of SCANS competency integration into course syllabi and programs.

Although I have been informed that the SCANS competencies are no longer required to be in the syllabi, the program has continued to include the SCAN competency form in all syllabi. Please see course syllabi.

How often does the program's advisory committee meet to discuss curriculum issues?

At least annually. Occasionally bi-annually.

When and where are advisory committee minutes maintained and posted?
ACC web

Evidence of recent review of curriculum by external advisory committee.
The advisory committee reviewed the curriculum and approved the changes that were implemented in fall 2004.

Advisory committee validation of entry level skills
Entry level skills are assessed and addressed on the employer survey.

Only Transfer Programs complete the items below.

Number and percent of graduates who transfer within one year of graduation.
[Redacted]

Number of articulation agreements with universities and colleges
[Redacted]

Number of courses that transfer
[Redacted]

Number of student complaints about problems with course transfer
[Redacted]

Discuss the results of the most recent Survey/focus group of transfer institutions.
[Redacted]

Discuss data from transfer institutions if available.
[Redacted]

Number of students transferring successfully.
[Redacted]

CONCLUSIONS

Based on the information collected and analyzed during the program review process, what are the major conclusions of this review of the program?

Summarize them here and complete the *Program Status* form.

The program appears to be performing well and is contributing to the needs of the Austin community. Weaknesses that need to be addressed included funding and budgetary needs that impact supplies and equipment for the laboratory and clinical site placements. The program has instituted an increase in laboratory hours to enhance the hands-on instruction.

PROGRAM VISION STATEMENT

State the program's vision or preferred future for the next five years. The vision statement should provide direction to the program as it makes improvements to enhance its effectiveness and efficiency. The program vision includes incorporating new clinical sites and expanding student admissions in correlation to the community growth. Program associated courses may be developed based on the community need, such as surgical first assisting and sterile processing. The program must also keep pace with the new technology and procedural advancements to ensure the graduates are well qualified for employment.

RECOMMENDATIONS

What does the self-study team recommend for improving or maintaining the quality of the program? Summarize the recommendations here and complete the *Quality Improvement Plan* form.

Assess the need for additional associated programs (sterile processing, SFA)
Increase the allocation of the consumable supply budget to purchase sutures for the laboratory setting.

Continue to incorporate the Core Curriculum into the program curriculum.

Assess the curriculum for current content and need for revisions.

ADDITIONAL COMMENTS



APPENDIX

List all documents that you used in your report:

Previous SWOT document Sept 2000

Current SWOT document October 2004

Previous IPR document December 2000

Documents provided by OIE

Self-Study Report for the Accreditation Review Committee for Surgical
Technology Programs 1997

When you have completed this report, send it via e-mail to the Coordinator for Institutional Assessment (rwall@austincc.edu) as an attachment.

Quality Improvement Plan for Surgical Technology Program

Date Completed: December 14, 2004

Please complete a table for each of the self-study team's recommendations for improving or maintaining the quality of the program. The first table provides information to assist you in determining what to put in each "cell." If you need more tables, please use the copy/paste function in word.

Field	What to include
Recommendation #	Assign a number to this recommendation for tracking purposes.
Recommendation:	Taken from the <i>IPRS</i>
Planned Implementation date:	When does the program expect to begin to implement this recommendation?
Estimated Completion date:	When does the program estimate this recommendation to be fully implemented?
Action/Task	What steps must the program do to implement the recommendation?
Measure of Success/ Desired Outcome	If the recommendation is implemented, what about the program will be improved? What difference will the implementation of this recommendation make in relation to students, the program's purpose, the College's mission? How will this recommendation improve learning and help meet targeted objectives?
Estimated Cost(s)	This field is particularly important because the information the program enters here is the information that the Instruction/credit Cluster Group will consider in its Master Plan process. Consider changes that require one-time costs (equipment, renovation, etc.) and changes that require recurring costs (typically new positions).
Consequence if not funded	If this recommendation is not funded, how will students, the program, the College, or the community be negatively impacted?

Recommendation #	1
Recommendation:	Increase budget to meet the needs of student capacity related to consumable supplies.
Planned Implementation date:	FY2006
Estimated Completion date:	FY2006
Action/Task	Request budget increase during budget planning
Measure of Success/ Desired Outcome	The increase in consumable supply budget will allow the program to increase the purchases of one-time use items and decrease the time the students have to stop their learning process to re-process the supplies. Suture material will allow the student to incorporate proper suture/needle selection for the appropriate tissue layer.

Estimated Cost(s)	\$5000
Consequence if not funded	Students will continue to lose valuable learning experiences due to the time lost re-processing. Students will be unable to incorporate proper suture selection for tissue layers because we have limited suture selection and various suture that has been acquired from the hospitals
Who is responsible?	Department Chair

Recommendation #	2
Recommendation:	Obtain specialty instruments
Planned Implementation date:	FY2006
Estimated Completion date:	FY 2006
Action/Task	Request budget increase to purchase specialty instruments
Measure of Success/ Desired Outcome	Students will be better prepared for specialty procedures by knowing common specialty instruments prior to seeing them in the operating room. Students will be able to immediately perform in the role of the first scrub due to their knowledge of the instrumentation.
Estimated Cost(s)	\$3000
Consequence if not funded	Students will lack the instrument recognition required to perform in the role of first scrub immediately and must observe to learn the instruments at the hospital site.
Who is responsible?	Department Chair

Recommendation #	3
Recommendation:	Evaluate the need to develop courses related to the surgical arena
Planned Implementation date:	FY 2006
Estimated Completion date:	On-going
Action/Task	Investigate the need for alternate courses of study, such as surgical first assisting, sterile processing, and perioperative nursing.
Measure of Success/ Desired Outcome	Provide the community necessary training in surgery associated areas
Estimated Cost(s)	Initially, none. However if it is determined a course or program is needed, funding will be necessary for development and implementation of the course / program.
Consequence if not funded	The community will need to find alternate sources for achieving training.
Who is responsible?	SRGT faculty

Recommendation #	4
Recommendation:	Assess integration of core curriculum requirements into curriculum

Planned Implementation date:	FY 2005
Estimated Completion date:	On-going. The Core Curriculum is updated and published every 1-2 years
Action/Task	Program faculty will review core curriculum to ensure the compliance in program curriculum
Measure of Success/ Desired Outcome	The integration of core curriculum requirements are essential to the continuation of programmatic accreditation.
Estimated Cost(s)	None
Consequence if not funded	Program will lose accreditation standing
Who is responsible?	SRGT faculty

Recommendation #	
Recommendation:	
Planned Implementation date:	
Estimated Completion date:	
Action/Task	
Measure of Success/ Desired Outcome	
Estimated Cost(s)	
Consequence if not funded	
Who is responsible?	