**Sinclair Community College**

**Continuous Improvement Annual Update 2012-13**

**Please submit to your dean and the Provost’s Office no later than Oct. 1, 2012**

**Department:** 0630 – Surgical Technology

Year of Last Program Review: FY 2007-2008

Year of Next Program Review: FY 2014-2015

**Section I: Department Trend Data, Interpretation, and Analysis**

**Degree and Certificate Completion Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Degree and Certificate Completion Trend Data (Raw Data is located in Appendix A*): i.e. What trends do you see in the above data? Are there internal or external factors that account for these trends? What are the implications for the department? What actions have the department taken that have influenced these trends? What strategies will the department implement as a result of this data?*

  Trends:

The Surgical Technology Program is measured by five (5) outcomes by our accrediting body, the ARCSTSA (See appendix 1). These 5 outcome measures are Retention, Job Placement, CST Pass rate, Student Satisfaction, and Employer Satisfaction. For this past graduating class, we continue to successfully meet 3 of the 5 measures but have, for the first time, seen a drop in 2 of the outcome measures.

These two outcome measures are job placement, and the CST pass rate. Interestingly, we think these two outcomes are related. We saw a 45% pass rate on the CST exam, and a 72% job placement rate. The CST pass rate is benchmarked at 70% and the job placement rate is benchmarked at 80% by our accrediting body. Those who passed the CST exam did so with almost perfect scores, and they were also hired upon graduation. Many of the students who did not pass the CST exam were not actively looking for jobs and were not hired upon graduation. However, having the CST credential is not a mandatory criteria for working in the field of Surgical Technology.

It should be noted that the national pass rate for the CST exam in 2011 was 55%. I am not sure as to why our accrediting body has set the pass rate benchmark at 70% when the national average continues to hover at 55%. The Surgical Technology Program at Sinclair continues, as a whole over many years, to have an overall pass rate of 80%. This year's results have caused our overall pass rate to drop from 90% to 80%.

Causes and Implications:

It is difficult to account for such an abberation in the CST pass rates for this past graduating class. Intuitively, the faculty and I believe that some in the class had very low motivation to attain a job in the field. Many were already employed in fields with a higher income and went back to those jobs upon graduation.

As we saw last year, our job placement continues to be a challenge. The accreditation benchmark is 80% and our outcome for this year was 72%. Again, as mentioned above, many of our graduates were already in good paying jobs.

Action and Strategies:

This year's low pass rate on the CST exam has certainly captured our attention. As a faculty group, we feel our standards have remained high and feel we continue to put out the required information in various methods to ensure basic competency. Academic and clinical evaluations of each student has demonstrated the basic competency of each graduate.

It may be time for our department to look at an admission model that is more competitive. Currently admission is based solely on date of application.

The lower job placement can still be related to the overall decreased market, especially the healthcare market in Dayton. Although there appears to be a high demand for healthcare providers, most employers are specifically looking for workers with experience. It is one of our main duties to continue to discuss and demonstrate to the employers the cost effectiveness of highering a graduate who has completed their clinical hours in the employer's facility. We continue to discuss how orientation costs can be kept low if a graduate is highered who has experience in the employer's facility. We also continue to discuss the advantage of knowing the new grad as student. This gives the employer an opportunity to assess the students attitude before they are highered as a new employee.

**Course Success Trend Data – OVERALL SUMMARY**

Please provide an interpretation and analysis of the Course Success Trend Data (Raw Data is located in Appendix A). Looking at the success rate data provided in the Appendix for each course, please discuss trends for high enrollment courses, courses used extensively by other departments, and courses where there have been substantial changes in success.

Our course success trend data is above both the division and collegewide results. Once students pass the two initial 1st year courses, we are likely to retain that student. The first two courses lay the groundwork for the entire program. Many academic and personal adjustments must be made during this time, and most critical skills are learned during this time. Our overall retention rate is 89% since 2002, which is much higher than our accreditation benchmark of 70%.

Please provide any additional data and analysis that illustrates what is going on in the department (examples might include accreditation data, program data, benchmark data from national exams, course sequence completion, retention, demographic data, data on placement of graduates, graduate survey data, etc.)

As discussed on page 1 and 2 (see appendix 1).

**Section II: Progress Since the Most Recent Review**

Below are the goals from Section IV part E of your last Program Review Self-Study. Describe progress or changes made toward meeting each goal over the last year.

|  |  |  |
| --- | --- | --- |
| **GOALS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| The department’s goals included program expansion into both pre and post graduate non-cohort tracks. This included development of new certificate programs that meet the needs of the perioperative community.  | In progress [x] Completed [ ] No longer applicable [ ]  | The department has recently added a new degree program, Veterninary Technology. Although the program has been officially recognized by the Ohio Board of Regents, we are still in the initial stages of implementing this program. Much work remains to be completed. A Program Director has been hired, the first course is being taught, the program is making its way through CMT for approval, and the accreditation self-study process has begun. The first co-hort will be admitted this Spring Semester, 2013 for a Fall Semester start. |

Below are the Recommendations for Action made by the review team. Describe the progress or changes made toward meeting each recommendation over the last year.

|  |  |  |
| --- | --- | --- |
| **RECOMMENDATIONS** | **Status** | **Progress or Rationale for No Longer Applicable** |
| Document and analyze trend data of General Education outcomes across multiple sections and multiple years to identify successes and opportunities for improvements to assess the curriculum. | In progress [x] Completed [ ] No longer applicable [ ]  | We continue to assess the general education outcomes in each course according to the end of course evaluation rubric.  |
| Look for ways to broaden diversity of student populations. | In progress [ ] Completed [ ] No longer applicable [x]  | ?? I question this as our admission has always been open enrollment with every student having an equal chance to start the program. I believe our class makeup mirrors the applicant pool. |
| Develop appropriate assessment of impact of the hybrid admissions process. | In progress [x] Completed [ ] No longer applicable [ ]  | The department will look very closely at changing our admission model. Work thus far was delayed due  |
| Utilize existing campus resources, e.g., Service Learning, Career Services, Adjunct Faculty Services, Writing Center. | In progress [x] Completed [ ] No longer applicable [ ]  | We continue to encourage our students to use resources available on campus and have discussed Service Learning in conjunction with their involvement with the student organization for surgical technologists.  |
| Work with Jennifer Kostic to develop a plan for recruiting and hiring adjunct faculty who reflect the diversity of the community. | In progress [ ] Completed [ ] No longer applicable [x]  | There has been no hiring needs for the department. |
| Maintain existing and new connections with hospitals to ensure adequate availability of clinical sites. | In progress [x] Completed [ ] No longer applicable [ ]  | This continues to be an on-going and important issue for the department. It requires constant maintenance and attention that we give on a day to day basis. |
| Differentiate the position of our SUT program relative to others by marketing program quality, pass rates, cost of education, curriculum.  | In progress [x] Completed [ ] No longer applicable [ ]  | As above, this continues to be an on-going and important issue for the department. It requires constant maintenance and attention that we give on a day to day basis. |

**Section III: Assessment of General Education & Degree Program Outcomes**

The Program Outcomes for the degrees are listed below. **All program outcomes must be assessed at least once during the 5 year Program Review cycle, and assessment of program outcomes must occur each year**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Education Outcomes** | To which degree(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| Oral Communication | All programs | **2011-2012** | Group presentations and clinical communication | Program assessment plan benchmarks were met. Assignments and measures are currently under review for potential revision in semester courses. |
| Written Communication | All programs | **2011-2012** | Various writing assignments in first and second-year | Program assessment plan benchmarks were met. Assignments and measures are currently under review for potential revision in semester courses. |
| Critical Thinking/Problem Solving | All programs | **2012-2013** |  |  |
| Values/Citizenship/Community | All programs | **2013-2014** |  |  |
| Computer Literacy | All programs | **2014-2015** |  |  |
| Information Literacy | All programs | **2015-2016** |  |  |
|  |  |  |  |  |
| **Program Outcomes** | To which course(s) is this program outcome related? | Year assessed or to be assessed. | Assessment MethodsUsed | What were the assessment results? (Please provide brief summary data) |
| Utilize critical thinking as a basis for clinical judgment and anticipatory decision making when providing perioperative care. | SUT 1110, 1117, 1120, 1127, 2110, 2120, 2127, 2200, 2207, BIO 1121, 1122, 2205; ALH 1142, 1201; MAT 1130, SUT Elective | Assessed annually. | End of Semester Skills Assessment – SUT 1110 / 1120 | 100% of the students evaluated using the skills assessment, passed on the first attempt in both SUT 111 and SUT 112.  |
| Demonstrate safe performance of perioperative skills. | SUT 1110, 1117, 1120, 1127, 2110, 2120, 2127. 2200; 2207, COM 2206 or 2211; HIM 1101; MAT 1130; BIO 1121, 1122, 2205; ALH 1142 | Assessed annually. | End of Semester Skills Assessment – SUT 1110 / 1120 | 100% of the students evaluated using the skills assessment, passed on the first attempt in both SUT 111 and SUT 112.  |
| Demonstrate professional behaviors of caring, accountability, responsibility, and respect for the patient’s rights of privacy, confidentiality, dignity, comfort, and quality of care. | SUT 1110, 1117, 1120, 1127, 2110, 2117, 2120, 2127, 2200; 2207, COM 2206 or 2211; ALH 1101; PSY 1100, HUM Elective, SUT Elective | Assessed annually. | End of Course Faculty and Preceptor Evaluations | 100% of the students evaluated using the end of course faculty and preceptor evaluations showed a score of 3 or 4 in each category. |
| Utilize effective interpersonal communication and group process skills. | SUT 1110, 1117, 1120, 1127, 2110, 2117, 2120, 2127, 2200; 2207, COM 2206 or 2211; ALH 1101; ENG 1101, PSY 1100 | Assessed annually. | End of Course Faculty and Preceptor Evaluations | 100% of the students evaluated using the end of course faculty and preceptor evaluations showed a score of 3 or 4 in each category. |
| Assume the role of an involved, supportive surgical team member. | SUT 1110, 1117, 1120, 1127, 2110, 2117, 2120, 2127, 2200; 2207, PSY 1100; COM 2206 or 2211; ALH 1101 | Assessed annually. | End of Course Faculty and Preceptor Evaluations | 100% of the students evaluated using the end of course faculty and preceptor evaluations showed a score of 3 or 4 in each category. |
| Provide for physiological safety and emotional security of patient and surgical team. | SUT 1110, 1117, 1120, 1127, 2110, 2117, 2120, 2127, 2200, 2207; COM 2206 or 2211; PSY 1100 | Assessed annually. | End of Course Faculty and Preceptor Evaluations | 100% of the students evaluated using the end of course faculty and preceptor evaluations showed a score of 3 or 4 in each category. |

**General Education Outcomes**

1. Are changes planned as a result of the assessment of general education outcomes? If so, what are those changes?

No changes planned. Evaluation of student oral communication skills is an on-going process with similar issues faced with each new class. Communication is a large part of our curriculum design and is assessed and evaluated each course throughout the program using the end of course evaluation tool.

1. How will you determine whether those changes had an impact?

Through the analysis of results and the typical programmatic assessment cycle as required by the ARCSTST (Accreditation Review Committee on Surgical Technology and Surgical Assisting).

**Program Outcomes**

1. Are changes planned as a result of the assessment of program outcomes? If so, what are those changes?

No changes planned. Annual and on-going assessment is necessary and will continue to be in place.

1. How will you determine whether those changes had an impact?

Each program outcome is assessed and evaluated each year. Any deficiency is addressed through a plan devised to show the steps necessary to effect positive change.

**Improvement Efforts**

1. What were the results of changes that were planned in the last Annual Update? Are further changes needed based on these results?

The department will continue to use current assessment rubrics as the tool for assessment and evaluation.

1. Are there any other improvement efforts that have not been discussed in this Annual Update submission?

None

**APPENDIX – PROGRAM COMPLETION AND SUCCESS RATE DATA**

**Degree and Certificate Completion**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department | Department Name | Program | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 |
| 0630 | Surgical Technology | SUT.AAS | 12 | 19 | 17 | 14 |
| 0630 | Surgical Technology | TBT.STC | 4 | . | 18 | 11 |

**Course Success Rates**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department | Department Name | Course | FY 07-08 | FY 08-09 | FY 09-10 | FY 10-11 | FY 11-12 (excludes Spring) |
| 630 | Surgical Technology | SUT-100 | 70.0% | 81.8% | 92.3% | 85.7% | 91.7% |
| 630 | Surgical Technology | SUT-101 | 100.0% | 88.9% | 91.7% | 100.0% | 90.9% |
| 630 | Surgical Technology | SUT-111 | 94.7% | 100.0% | 100.0% | 86.7% | 100.0% |
| 630 | Surgical Technology | SUT-112 | 100.0% | 95.2% | 100.0% | 100.0% | . |
| 630 | Surgical Technology | SUT-201 | 100.0% | . | 100.0% | 100.0% | . |
| 630 | Surgical Technology | SUT-202 | 100.0% | . | 100.0% | 100.0% | . |
| 630 | Surgical Technology | SUT-211 | 100.0% | 100.0% | 95.0% | 93.3% | 91.7% |
| 630 | Surgical Technology | SUT-212 | 85.7% | 100.0% | 94.4% | 100.0% | 100.0% |
| 630 | Surgical Technology | SUT-213 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| 630 | Surgical Technology | SUT-220 | 100.0% | 100.0% | 100.0% | 100.0% | . |
| 630 | Surgical Technology | SUT-297 | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |