



# Commission on Accreditation of Allied Health Education Programs

## ***Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting***

***Standards initially adopted in 2002; revised in 2008.***

***Adopted by the***

American College of Surgeons

Association of Surgical Technologists

National Surgical Assistant Association

Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the [Accreditation Review Council on Education in Surgical Technology and Surgical Assisting \(ARC/STSA\)](#).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Surgical Assisting profession.

**Standards** are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretations of the Standards.

**Standards** are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

### **Preamble**

The Commission on Accreditation of Allied Health Educational Programs (CAAHEP), the American College of Surgeons, the Association of Surgical Technologists and the National Surgical Assistant Association cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical assisting and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of surgical assisting programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

## **Description of the Profession of Surgical Assisting**

As defined by the American College of Surgeons, the surgical assistant provides aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant to the surgeon performs these functions during the operation under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.

### **I. Sponsorship**

#### **A. Sponsoring Institution and Affiliates**

A sponsoring institution must be at least one of the following:

- 1 A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
- 2 A foreign post-secondary academic institution acceptable to CAAHEP.
- 3 A hospital or medical center or branch of the United States Armed Forces.

#### **B. Consortium Sponsor**

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

#### **C. Responsibilities of Sponsor**

The Sponsor must assure that the provisions of these **Standards and Guidelines** are met.

### **II. Program Goals**

#### **A. Program Goals and Outcomes**

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s)

and the expectations of the communities of interest and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

*The program should demonstrate that it conducted a market survey.*

## **B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee that is representative of these communities of interest named in these Standards must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

## **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: "To prepare competent entry-level surgical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

# **III. Resources**

## **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical and support staff, curriculum, finances, offices, classroom, laboratory and ancillary student facilities, clinical affiliates, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education.

## **B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

### **1. Program Director**

The sponsor must appoint a full-time Program Director.

#### **a. Responsibilities**

The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

A method must be established for providing adequate communication of student progress toward course objectives between the clinical affiliate sites, clinical preceptors, and the sponsor.

*Full time is defined as the usual and customary time commitment required by the institution for faculty members in equivalent positions in other health educational activities. Under this definition, the Program Director should be sufficiently free from service and other non-educational responsibilities to fulfill the educational and administrative responsibilities of the surgical assisting program.*

*The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities. Program Directors are encouraged to pursue advanced academic degrees.*

**b. Qualifications**

The Program Directors must have experience/training as an educator. Program Directors with instructional responsibilities in core curriculum coursework, laboratory, and clinical instruction must hold a CFA, CSA or an equivalent credential in the surgical assisting profession. Program Directors must possess proficiency in instructional methodology, curriculum design, and program planning. Persons approved as Program Director under previous Standards will continue to be approved in that position in that institution.

*It is recognized that there are organizational differences and that the director/coordinator approved under previous Standards may not be an operating room professional; however, he/she should possess a working knowledge of the program's clinical activities.*

**2. Medical/Surgical Director**

**a. Responsibilities**

The Medical/Surgical Director must provide continuous competent guidance for the clinically related program components and for clinical relationships with other educational programs. The Medical/Surgical Director must actively elicit the understanding and support of practicing surgeons.

**b. Qualifications**

The Medical/Surgical Director must be a licensed physician and certified in a surgical specialty recognized by the American Board of Medical Specialties. The physician must be experienced in the type of health care services for which the student is being trained. Persons approved as Medical/Surgical Director under previous Standards will continue to be approved in that position at that institution.

**3. Didactic Faculty**

**a. Responsibilities**

The instructional staff must be responsible for directing, evaluating, and reporting student progress toward course objectives and for periodic review and updating of course material.

**b. Qualifications**

Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional

responsibilities in core surgical assisting courses must hold a CFA, CSA or equivalent credential in the surgical assisting profession, or be a licensed physician certified in a surgical specialty recognized by the American Board of Medical Specialties. Persons approved as Didactic Faculty under previous Standards will continue to be approved in that position at that institution.

*Faculty should have experience/training as an educator.*

*Core courses are found in the Core Curriculum for Surgical Assisting. Examples of non-core courses include Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, or Microbiology.*

#### **4. Clinical Preceptors**

##### **a. Responsibilities**

Clinical preceptors must ensure surgical assisting experience opportunities commensurate with the student educational preparation, evaluate the student performance in an ongoing manner, inform the Program Director about student performance, and attest to the level of student achievement during each rotation. Clinical preceptors must ensure the appropriate instruction of any intraoperative instructional tasks that are delegated.

*Clinical preceptors should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities.*

##### **b. Qualifications**

A clinical preceptor must be a doctor of medicine or doctor of osteopathy who has current surgical privileges at an appropriately accredited institution/healthcare facility.

#### **5. Clinical Preceptor Delegates**

##### **a. Responsibilities**

Clinical preceptor delegates must instruct delegated intraoperative instructional tasks and report student achievement to the Clinical Preceptor.

##### **b. Qualifications**

Clinical preceptor delegates must hold a CFA, CSA or an equivalent credential in the surgical assisting profession and must have a minimum of three years of current experience.

*Current experience spent as a practicing surgical assistant should be within the last five years.*

### **C. Curriculum**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the **Core Curriculum for Surgical Assisting**.

Programs whose entrance requirements do not require previous operating room experience or credentials specific to operating room practice must incorporate curriculum specific to introductory operating room components, as outlined in the latest edition of the **Core Curriculum for Surgical Assisting**.

#### **D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

### **IV. Student and Graduate Evaluation/Assessment**

#### **A. Student Evaluation**

##### **1. Frequency and Purpose**

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 competencies and learning domains stated in the curriculum.

##### **2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

*The evaluation system should provide each student and the program with a thorough analysis of the student's knowledge, performance-based strengths and areas needing improvement, and his/her progress toward attainment of the competencies and objectives as stated in the curriculum.*

#### **B. Outcomes Assessment**

##### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include, but are not limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*Programmatic summative measures should contribute to assessing effectiveness in specific learning domains. "Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military. Programs not meeting the established thresholds set by the [ARC/STSA](#) will begin a dialogue with the [ARC/STSA](#) to develop an appropriate plan of action to respond to the identified shortcomings.*

## 2. Outcomes Reporting

The program must periodically submit to [ARC/STSA](#) program goal(s), learning domains, evaluation systems (including type, cut score, validity, and appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

## V. Fair Practices

### A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, including technical standards (when used), policies on advanced placement, transfer of credits, credits for experiential learning, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and provide upon request, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards and Guidelines**.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates.*

### B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

### C. Safeguards

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

### D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

### E. Substantive Changes

The sponsor must report substantive changes as described in Appendix A to CAAHEP/ [ARC/STSA](#) in a timely manner. Additional substantive changes to be reported to [ARC/STSA](#) within the time limits prescribed include:

1. Change/addition/deletion of courses that represent significant departure in curriculum content;
2. Change in method of curriculum delivery;
3. Change in degree or credential awarded;
4. Substantial increase/decrease in clock or credit hours for successful completion of a program.

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.

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## **APPENDIX A**

### **Application, Maintenance and Administration of Accreditation**

#### **A. Program and Sponsor Responsibilities**

##### **1. Applying for Initial Accreditation**

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).  
6 West Dry Creek Circle, Suite 110  
Littleton, CO 80120

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the ARC/STSA. The on-site review will be scheduled in cooperation with the program and ARC/STSA once the self-study report has been completed, submitted, and accepted by the ARC/STSA.



## 2. Applying for Continuing Accreditation

- a. Upon written notice from the ARC/STSA, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).  
6 West Dry Creek Circle, Suite 110  
Littleton, CO 80120

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARC/STSA.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the ARC/STSA forwarding a recommendation to CAAHEP.

## 3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the Subcommittee on Accreditation for Surgical Assisting and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the ARC/STSA of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the ARC/STSA that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The ARC/STSA has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the ARC/STSA of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the ARC/STSA in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARC/STSA and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay ARC/STSA and CAAHEP fees within a reasonable period of time, as determined by the ARC/STSA and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with ARC/STSA policy.

- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARC/STSA accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the ARC/STSA.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

#### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

#### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC/STSA and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the ARC/STSA. The sponsor will be notified by the ARC/STSA of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

### **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the ARC/STSA forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the ARC/STSA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of

accreditation. The ARC/STSA's reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

3. Before the ARC/STSA forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The ARC/STSA's reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the ARC/STSA arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**