PROGRAM ASSESSMENT REPORT

Program Code APST	**Program Name Surgical Technology**
Division Health	**Department Allied Health-Surgical Technology**
Award ☐ A.A. ☐ A.S ☒ A.A.S. ☐ Cert. ☐ Adv. Cert. ☐ Post-Assoc. Cert. ☐ Cert. of Completion	

I. Review previous assessment reports submitted for this program and provide the following information.

1. Was this program previously assessed and if so, when?

   No

2. Briefly describe the results of previous assessment report(s).

   N/A

3. Briefly describe the Action Plan/Intended Changes from the previous report(s), when and how changes were implemented.

   N/A

II. Background Information

1. Indicate the semester(s) and year(s) assessment data were collected for this report.

Fall (indicate years below)	Winter (indicate years below)	SP/SU (indicate years below)
	2022 and 2023	

2. Assessment tool(s) used (check all that apply):

   ☐ Portfolio
   ☐ Test or outcome-related test questions
   ☒ Other external certification/licensure exam (please describe): **NBSTSA national board certification exam for Surgical Technologists**
   ☒ Externally evaluated performance or exhibit
   ☐ External evaluation of job performance (internship, co-op, placement, other)
   ☐ Capstone experience (please describe):
   ☐ Graduate Survey
   ☐ Employer Survey
   ☐ Transfer follow-up
   ☐ Other (please describe): _____

3. Indicate the number of students assessed/total number of students enrolled in the course(s)/program.

# of students assessed	*Total population in course(s) or program*
27	27

4. Describe how you selected students for the assessment.
   a. Describe your sampling method.
   b. Describe the population assessed (e.g. students in capstone course, graduating students, alumni, etc.).

a. All students enrolled in SUR 241 and 250 for 2022 and for Winter 2023 b. All students who were enrolled their last clinical rotation and in the capstone course and sat for the NBSTSA exam.

III. Results

1. State every outcome (verbatim) from the Program Proposal form or the Assessment Plan Change Form for the program. *Add more lines as needed.*

1. Exhibit proficiencies required for an entry level surgical technologist position in the operating room surgical setting. SUR 241
2. Pass National Certification Exam for Surgical Technologists. SUR 250
3.

4. Briefly describe assessment results for each outcome based on data collected during the program assessment, demonstrating the extent to which students are achieving each of the learning outcomes listed above. ***Please attach a summary of the data collected (as a separate document).*** *Add more lines as needed.*

1. For Outcome 1, there were 10 tasks on the rubric that had to be completed proficiently on their preceptor forms that were scored by their preceptors related to the outcome.
2.For Outcome 2, the goal for them all to pass the national board certification exam for Surgical Technologists by scoring at least 102 out of 150 questions on the national board exam that go over all aspects of the Surgical Technologists role.

5. For each outcome assessed, indicate the standard of success used, and the number and percentage of students who achieved that level of success. ***Please attach the rubric/scoring guide used for the assessment (as a separate document).*** *Add more lines as needed.*

1. For outcome 1, 80% of students will score a 80% or higher for this outcome. For both 2022 and 2023 100% of the students assessed achieved that level of success.
2. For outcome 2, 80% of students will score a 102 or higher for this outcome out of the 150-question national certification exam. For 2022, 80% of the students scored a 102 or higher achieving the level of success. For 2023, 83% of the students scored a 102 or higher achieving the level of success.

6. Describe the areas of strength and weakness in students' achievement of the learning outcomes shown in assessment results.

Strengths:

For 1 (SUR 241) Students did well at their clinical sites in recognizing any breaks in sterile technique from themselves and were able to correct it before the procedure started. Students also did well in speaking up if they saw another person in the room break sterile technique.

For 2 (SUR 250), Most of the students did well on their national certification exam showing their level of understanding Surgical Technology as it pertains to the Surgical Patient

Weaknesses:

There were no real weakness identified for any of the items for both 241 and 250.

IV. Changes influenced by assessment results

1. Based on the previous assessment report Action Plan(s) identified in Section I above, please discuss how effective any changes were in improving student learning.

N/A

2. If weaknesses were found (see above) or students did not meet expectations, describe the action that will be taken to address these weaknesses. If students met all expectations, describe your plan for continuous improvement.

3. Identify any other intended changes that will be instituted based on results of this assessment activity. Describe changes and give rationale for change. (Check all that apply).

   a. ☐ Outcomes/assessments from Program Assessment Plan Change Form or Program Proposal form:

   b. ☐ Program Curriculum:
      - ☐ Course sequencing
      - ☐ Course deletion
      - ☐ Course addition
      - ☐ Changes to existing program courses (specify):
      - ☐ Other (specify):

   c. ☒ Other (specify): No changes at this time

4. What is the timeline for implementing these actions?

N/A

V. Future plans

1. Describe the extent to which the assessment tools used were effective in measuring student achievement of learning outcomes for this program.

The tools used proved to be effective for both the preceptor forms and national board certification exam.

2. If the assessment tools were not effective, describe the changes that will be made for future assessments.

3. Describe when and how these assessment results will be discussed with the department and/or the faculty at large.

These results are discussed with faculty every year and throughout the courses.

Signatures:

Reviewer	Print Name	Signature	Date
Initiator	Kathryn Walker	Kathryn Walker	1/7/25
Department Chair		Tina Sprague, BS, RDA, CDA, FADAA Digitally signed by Tina Sprague, BS, RDA, CDA, FADAA Date: 2025.01.13 09:47:35 -05'00'	
Division Dean/Administrator	Sharl Lambert	Sharl Lambert	1/16/25
Please return completed form to the Office of Curriculum & Assessment, SC 257 or by e-mail to curriculum.assessment@wccnet.edu .			
Assessment Committee Chair	Jessica Hale	/s/ Jessica Hale	09/25/25

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Washtenaw Community College
Surgical Technology Daily Preceptor Evaluation

Date: _____ Clinical Site: _____

Student: _____ Preceptor: _____

PROCEDURE	SURGEON	ROLE: S1/S2/O	PRECEPTOR SIGNATURE

4- Excellent; 3- Above Average; 2- Average; 1- Below Average; 0- Poor; N/A- not applicable

SKILL PERFORMED	RATING
Interest & Initiative: Punctual arrival in room. Helped open & set up room/case. Asked pertinent questions.	4 3 2 1 0 N/A
Scrubbing Duties: Watched procedure closely. Gowned & gloved correctly. Knew instruments & suture. Draped correctly. Knew between case routine.	4 3 2 1 0 N/A
Aseptic Technique: Maintained sterile technique. Recognized breaks in sterile technique & took corrective action.	4 3 2 1 0 N/A
Accepted Constructive Guidance: Listened to staff & surgeon suggestions. Accepted criticism & continued with case.	4 3 2 1 0 N/A
Preparedness: Instruments were ready for use. Anticipated needs of surgeon, surgical team, & patient. Anticipated need for additional supplies.	4 3 2 1 0 N/A
Time Management: Prepared for case with adequate time allowance. Movements were planned during back table & Mayo stand set up. Set up without wasted movement.	4 3 2 1 0 N/A
Performance: Overall performance for the entire day.	4 3 2 1 0

Additional Comments: _____

_____

Student Signature: _____

Clinical Instructor Signature: _____