

Dixie State College of Utah

Program: Surgical Technology

Date Reviewed: 2007-08 Academic Year

Reviewers

External Reviewers

- Joyce Tate, RN BSN CNOR, Program Director, College of Coastal Georgia, Brunswick, GA
- Arthur Tony Makin, CST BS, Chair, Accreditation Review Committee on Education in Surgical Technology, Littleton, CO

Internal Reviewers

- Steven Sullivan, Associate Professor of Physics, Dixie State College

Other Evaluators

- Dixie State College Academic Council, comprised of faculty representatives and administrators
- Dixie State College Board of Trustees

Program Description

The Surgical Technology program is in the division of Health Sciences within the School of Business, Science, and Health. The Surgical Technology Program is accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and the Accreditation Review Committee on Education in Surgical Technology (ARC-ST). It was accredited in November 2005 and its next review is scheduled for November 2010. Surgical Technology is taught in conjunction with Dixie Regional Medical Center in St. George, Utah. Courses prepare the student to function as a Surgical Technologist in a hospital or surgical center operating room. After completion of prerequisite courses, the program can be completed in two semesters. Students who successfully complete the program will receive a certificate from the college. Graduates will be eligible to sit for the National Certification Exam.

Applicants are admitted into the program without discrimination in regards to age, sex, creed, ethnic origin, or marital status. Space in the program is limited and students are accepted in cohorts of ten every fall semester. Admission to the program requires students to have college entry level English and Math scores, or ACT scores that reflect competency. Other prerequisites include:

- HLOC 1000 Medical Terminology
- BIOL 1200 Human Biology or BIOL 2320/2325 Human Anatomy/Lab
Note: BIOL 1610 Biology I and BIOL 1615 Biology I Lab are prerequisites for BIOL 2320/2325 Human Anatomy/Lab OR BIOL 1010 General Biology for BIOL 1200 Human Biology

Graduation requires the successful completion of prerequisite and program courses with a minimum of 74% (C). The goals focus on providing a variety of classroom learning experiences, lab technical skills and clinical surgical experiences to prepare the Surgical Technology graduates to take the National Certification Examination.

Faculty & Staff

Faculty Headcount	Tenure	Contract	Adjunct
Number of faculty with Doctoral degrees			
Number of faculty with Master's degrees			
Number of faculty with Bachelor's degrees			1
Other Faculty			1
Total			2

NOTE: Faculty members are employed by Dixie Regional Medical Center and assigned to Dixie State College; hence, they are not full time faculty at DSC. Both are certified Surgical Technologists; one has a BSN degree and one has an RN.

Staff Headcount	Full-Time	Part-Time
Administrative	1	
Secretarial/Clerical		2
Laboratory Aides/Instructors		2
Advisors		
Teaching/Graduate Assistants		
Other Staff		
Total	1	4

Students

AY	# of Majors	Student FTE	# of Faculty	FTE-to-Faculty Ratio	# of Grads	# of Grads Placed
02-03	10				6	5
03-04	10				8	8
04-05	10				6	6
05-06	10				6	5
06-07	10				8	8

Market Demand: Surgical Technology is rated by Utah Occupational Projections, 2006-2016, as a three-star occupation with an annual average growth rate in Utah of 4.3%. Projections are that about 350 new surgical technologists will find employment in Utah in the next seven years, with an average of 30 annual new openings and 20 annual replacement positions. Median wages for trained and certified technologists is currently \$15.80 hourly.

Graduates of the Surgical Technology program are employed in Salt Lake City, St George, Moab, and Gunnison. A number of students have continued their education or started families and have not sought employment. Employer satisfaction is high. Program accreditation requires 50% return rate for surveys assessing employer satisfaction, with 85% of the returned surveys rating the program at a 3 or higher on a 5-point scale. Surveys are distributed after 9 months of employment. Graduates of the DSC program consistently receive 95%-100% approval ratings.

Financial Analysis

Financial Analysis Form					
	07-08	06-07	05-06	04-05	03-04
Expense					
Instructional Costs	8,070	7,420	5,322	7,200	15,860
Support Costs	6,767	4,044	2,077	1,525	2,964
Other Expenses					
Total Expense	\$ 14,837	\$11,464	\$7,398	\$ 8,725	\$ 18,823
Revenue					
Legislative Appropriation	10,197	7,719	5,132	6,025	13,149
Grants					
Reallocation					
Tuition to Program	4,640	3,746	2,267	2,700	5,674
Fees					
Total Revenue	\$ 14,837	\$11,464	\$7,399	\$ 8,725	\$ 18,823
Difference					
Revenue-Expense	\$0	\$1	\$ 1	\$ 0	\$ 0

Program Assessment

Students are assessed by periodic ongoing and summative evaluations. The results of the evaluations are reflected in the review and timely revision of the program. Outcome assessments include, but are not limited to: program assessment exam, program retention/attrition, graduate satisfaction, employer satisfaction, and job placement. The Program Assessment Examination (PAE) is a major tool. All students must complete the PAE Exam with scores in the required range; the DSC program graduates consistently score above or at the national averages for the PAE.

An advisory committee meets once a semester and provides a communication link between the Surgical Technology program and the community and reviews the educational process, outcomes, curriculum, facilities, student competences, and satisfaction with the program.

Frequent formal and informal meetings are held by the faculty and instructors to discuss student performance and evaluations. Written clinical evaluations are required from the preceptors for each clinical experience. The weak areas are identified and addressed immediately in the laboratory setting with the student.

Information from the clinical preceptors and the students is continually evaluated. For example, information from the preceptors indicated that the students from the 2002 class were not as prepared to begin the scrubbing role in October as the preceptors would have liked. The weak areas identified were knowledge of instrumentation and aseptic technique. The faculty re-evaluated the information, and SURG 1050 was reorganized to include instruments and aseptic technique before the students entered into the scrubbing role. Initial clinical time was utilized in Central Supply and Central Core to ensure additional exposure to instrumentation. Clinical labs were used for additional practice and demonstration of aseptic technique. This adjustment has proven beneficial and satisfactory to the faculty, preceptors, and hospital staff.

Program Strengths:

- Accredited Program
- New state-of-the-art hospital and equipment
- Multi surgical specialties for clinical experiences
- Supportive surgeons and clinical managers

- Strong didactic and clinical programs
- Variety of clinical sites
- Committed program instructors
- Small class size
- Instructors with excellent rapport with students and graduates
- Program revisions reflective of student and employer input

Program Challenges:

- Long distance travel to some clinical sites required
- High turnover of clinical preceptors
- Clinical placement with experienced preceptors
- Part time faculty – dual appointment between DRMC and DSC
- Lack of supply storage
- Recruitment to minimum number of required students
- High attrition rates

Plans for Improvement:

The program will continue to review preceptor clinical evaluations, test scores, PAE test scores, advisory committee evaluations, graduate and employers surveys to identify strengths and weakness of the program and implement adjustments as necessary. Future plans include:

- Building a supplemental library
- Developing surgical specialties speaker involvement
- Increasing the pool of student applications
- Increasing the clinical site opportunities

New technologies require additional teaching skills. Specialists in the ever - advancing technology will be utilized in class and the lab settings to supplement its core curriculum. The program is able to utilize clean, non-sterile wasted supplies from DRMC, and relocation into the Russell Taylor Building will provide adequate storage and inventory control for the donated supplies which will greatly reduce operational costs and improve resource utilization.

The program will work with the new Health Science Advisor to increase student recruitment and retention efforts.

The program is currently in the process of expanding the clinical sites to Mesa View Medical Center.

Institution's Response