|  | **Responsiveness to the Component** | **Evidence** | **Analysis: Explanation/ Rationale of Assertions Supported by Evidence** | **Overall Judgment** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1. What does the workforce program do? | Accepted Without Recommendations |  |  | Accepted Without Recommendations | Does an excellent job of describing the program from its inception in 2018, speaking to stringent program admission requirements, and attesting to the need of the program in the community, as well as employment opportunities for students after graduation. Includes degree pathways and regulatory standards for the program.  |
| 2. Program relationship to the college mission and strategic plan. | Accepted With Recommendations | Graduation/CSFA pass rate percentages since program inception. **Accepted With Recommendations** | **Accepted With Recommendations** | Accepted Without Recommendations | Director and teaching faculty credentialed in CSFA/CSA. Student graduation rates and CSFA pass rate percentages included from 2019-2022**. Credentials for Program Director, Full-time Faculty, and Adjunct Faculty have been included along with professional development.** |
| 3. Program relationship to student demand. | Accepted Without Recommendations | Bridge opportunity for students to enter the program. Partnership with hospitals and clinics**Accepted With Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations | Creation of a bridge opportunity for students who don’t possess an associate degree. Partnership with hospitals and surgical facilities to recruit prospective students.  |
| 4. Program relationship to market demand. | Accepted With Recommendations | Job requests for students/Average salaries for market**Accepted With Recommendations** | **Accepted With Recommendations** | Accepted With Recommendations | Demonstrated a need for program in the community with job requests and expected market salaries. **Include the Joint Commission’s statement and Medicare’s statement of requirements for the licensing of surgical assistants**.  |
| 5. How effective is the program’s curriculum? | Accepted Without Recommendations | Program completion rates/Reasons for non-completions/institution standard rates**Accepted Without Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations | No curriculum barriers are highlighted, and reasons for student withdrawal are included and were listed as personal in nature. Program comparisons to other states included. |
| 6. How well does program communicate? | Accepted Without Recommendations | Program summary/Website verification**Accepted Without Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations | Program is summarized and links to information about the program is included.  |
| 7. How well are partnership resources built & leveraged? | Accepted Without Recommendations | List of partners**Accepted Without Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations | Provided list of industry partners with formal agreements to arrange OJT for students.  |
| 8. Are the faculty supported with professional development? | Accepted Without Recommendations | Professional development attached**Accepted Without Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations |  |
| 9. [Optional] Does the program have adequate facilities, equipment and financial resources? |  |  |  |  |  |
| 10. How have past CIPs contributed to success? | Accepted Without Recommendations | CIP Tables**Accepted Without** **Recommendations** | **Accepted Without Recommendations** | Accepted Without Recommendations |  |
| 11. How will program evaluate its success? | **Accepted Without Recommendations** | **Accepted Without Recommendations** | **Accepted Without Recommendations** | **Accepted Without Recommendations** | Missing a summary in this section:Based on the revised submission: The didactic and clinical curriculum prepares students for success on the Certified Surgical First Assist (CSFA) credentialing exam through the National Board of Surgical Technology & Surgical Assisting (NBSTSA).This seems to address the issue.Accept without recoomendations |
| 12. Future Continuous Improvement Plan (CIP) | Accepted Without Recommendations |  AWOR |  | Accepted Without Recommendations | The issue seemed to be addressed.Accept without recommendation. |

**Overall Decision:**

|  |  |  |
| --- | --- | --- |
| [ ]  Accepted Without Recommendations |  [x]  Accepted With Recommendations | [ ]  Revisit and Revise |

**General comments about the submission or rationale for the conclusion:**

Overall, the surgical assisting program is well-outlined and does a great job of providing supportable evidence that backs up assertions for the continued demand of the program and successful arrangements with industry partners in the local area. No response provided for Question #11 of how will the program evaluate its success? The Medicare statement of requirements is mentioned in the response to Question #4, however, attaching a link to Medicare’s statement of requirements for the licensing of surgical assistants would provide specific evidence in support of the program.