Professional Development Education: An Action Research Plan

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Across the Nation there are over 400 accredited surgical technology programs and a 30% turnover rate of program directors within those programs. (Bailey-Byers, 2024) Transitioning from a clinician into the role of educator in health professions is challenging. There is a need for formal professional development education for this transition. The topic of my action research is to address the impact of structured training programs on retention rates among new surgical technology program directors.

The study aims to investigate how a structured training and mentorship program influences retention rates for new surgical technology program directors. The purpose is to determine whether equipping directors with targeted training and support reduces turnover rates, ultimately enhancing program stability and the quality of surgical technology education.

Fundamental Research Question

Action research "focuses specifically on the unique characteristics of the population with whom a practice is employed or with whom some action must be taken" (Mertler, 2020, p. 5). The high turnover rate among surgical technology program directors indicates a need for improvement, leading to the formulation of a focused research question: What is the effect of structured training on retention rates for newly appointed surgical technology program directors?

Summary of the Literature Review

The literature review explored the efficacy of various professional development instruments, including retention rates, competency assessments, and satisfaction surveys of educators, as they apply to the current best practices surrounding the professional development of Certified Surgical Technologists (CST) who have transitioned to a program director position. It also highlights how they can improve job satisfaction, decrease turnover, and enhance organizational

performance. For example, education professionals who continuously engage in professional development are far more likely to report increased levels of job satisfaction and organizational commitment, leading to decreased turnover rates across the board (Shiri, 2023; Ekabu, 2020). Program evaluations showed that pedagogical training programs and training programs that emphasized organizational commitment were positively associated with a lower rate of dysfunctional turnover and retention of educators (Mitiku, 2010; Erasmus, 2015). They can help organizations identify where talent is being used efficiently and where upskilling is required, which helps organizations customize development initiatives that raise job performance (Boyatzis, 1982; Rusilowati, 2020). Furthermore, these tools are a driver of employability and organizational fit when matched with the changing landscape of the workplace and education (Suresh Kumar P., 2019).

Satisfaction surveys strengthen organizational performance by offering insights into program quality and impact based on actionable feedback. Kirkpatrick's Four-Level Evaluation and other models provide mechanisms beyond simple feedback to improve policies, teaching practices, and longer-term program outcomes (Alsalamah, 2021; Rigopoulos, 2022). The analysis also highlights significant barriers faced in developing and implementing professional development initiatives, such as the need for more resources (including finances and staff training), resistance to change at the organizational level, and individual-level factors like motivation and relevance (Sreedharan, 2022; Shiri, 2023). In addition, standardization in assessing tools and design is limited, which reduces wider adoption and cross-institutional comparison (Suresh Kumar P., 2019; Rusilowati, 2020). Nevertheless, the literature confirms that these tools can accommodate variability among sectors, as they have been theoretically and empirically validated (Athanasiadis, 2022; Lee, 2023).

Such a review offers concrete ways to enhance surgical technology educator training through the integration of retention rates, competency assessments, and satisfaction surveys into evidence-based evaluation frameworks. Focusing on systemic barriers and tailoring these programs to directors' needs, we could see significant improvements in retention and effective leadership across the field. The implications of the results also show the need to match professional development projects with local institutional goals and workforce needs to improve educational and organizational outcomes significantly (Boyatzis, 1982; Shiri, 2023).

Study Information

Research Design

Mixed-methods research design is the combination of quantitative and qualitative data that tends to provide a better understanding of a research problem than either type of data could on its own (Mertler, 2020, p. 14). The mixed-method approach was chosen because it allows for comprehensive analysis by combining quantitative data (e.g., turnover and completion rates) with qualitative insights (e.g., participant satisfaction and competency levels). The quantitative data will provide measurable outcomes, while the qualitative data will provide context for understanding the experiences of new program directors and the specific challenges they face.

Data Collection and Analysis

The data collected for this study will include both quantitative and qualitative elements. Quantitative data will consist of retention rates derived from turnover data provided by ARC/STSA, training program completion rates to measure engagement and initial program success, and competency assessment scores (see Appendix A) to evaluate the effectiveness of the training. Qualitative data will be gathered through satisfaction survey responses (see Appendix

B), which will capture new program directors' feelings about their preparedness and support. Additionally, open-ended survey questions or interviews will provide detailed feedback on the training experience and highlight areas for improvement.

The study will utilize various measurement instruments. Turnover rates will be tracked using data from ARC/STSA on program director retention. Completion rates will be recorded for each module of the training program to monitor participant engagement. Satisfaction surveys, incorporating both Likert-scale and open-ended questions, will assess directors' perceptions of preparedness and overall satisfaction with the training. Competency assessments will involve standardized evaluations administered post-training to gauge directors' readiness in key areas of their role. Finally, follow-up interviews or surveys will be conducted to collect in-depth qualitative feedback on the training experience.

Sharing and Communicating Results

We will focus our efforts on sharing the findings from our current research with those most important in surgical technology education. This valuable information is to be shared with ARC/STSA because they are responsible for setting and maintaining the standards and guidelines of surgical technology programs. ARC/STSA is an organization that will collect the retention data of program directors, deliver satisfaction surveys, and collect the competency assessment data post-training. These figures help ARC/STSA to refine its accreditation criteria and deal with issues such as program director turnover. The findings will also be shared with the Association of Surgical Technologists (AST), the professional organization providing continuing education units to the program directors. These groups will eventually need the results as a basis on which to tailor specific professional development programs in line with our report, press for policy changes, and disseminate best practices. Information derived from our reports will enable

educational institutions to pass on to them strategies aimed internally at implementing our research recommendations for better training of program directors, smoother personnel transitions at that level, and more decisive leadership.

The findings will be published in journals, at conferences, and at webinars of ARC/STSA and AST, thus reaching out past its boundaries and bringing this new study to a broader audience. These forums will offer affirmation by numerous other experts, as well as questioning and practical examples of this report being brought to life in different areas. At the same time, they provide a place for dialogue that refines future research efforts and acknowledges how successful the actual achievements of related professions presently look. Presentations and seminars will target their information differently depending on the audience to guarantee that it is readily comprehensible and highly usable. This plan ensures that data from the project contributes to systemic policy enhancements, educator satisfaction, and broader improvements in the overall quality of programs, reaching audiences beyond those directly involved in academic settings.

Final Reflection

After the study, I will reflect on the research process itself, design, conduct, and findings will be assessed, followed by a critical appraisal of the research methods applied. The mixed-methods approach will be critiqued to determine whether it adequately answered the rationale for the study and whether the data captured nuanced information on the specific challenges experienced by new program directors. Reflect on whether the data matched the aim of the study of assessing the effect of formal training programs on retention rates. I will also review the effective use of data-gathering tools such as satisfaction surveys, competency tests, and retention, as well as their strengths and weaknesses. This reflective process will identify necessary adjustments to the

methodology, enhance research approaches, and address barriers encountered during the study to improve future investigations.

Furthermore, I will discuss the implications of the findings for systemic policy and professional development in surgical technology education. Reflections will include whether results were disseminated to all important stakeholders (i.e., accrediting bodies, professional organizations, and educational institutions) and whether the dissemination resulted in substantive dialogue and action in the field. I will evaluate the degree to which the research designed evidence-informed frameworks for improving program stability and leadership capacity. While I will use this reflection as an opportunity to generate lessons learned that can be applied to my future research endeavors, I hope to share insights that will also serve a purpose beyond my work and contribute to a broader dialogue about ways in which we can improve professional development practices in health professions education.

References

Alsalamah, A. (2021). Adaptation of Kirkpatrick's Four-Level Model of Training Criteria to Evaluate Training Programmes for Head Teachers. *Education Sciences, 11*(116). https://doi.org/10.xxxx

Athanasiadis, A. (2022). An innovative approach in the evaluation of service quality in a pedagogical training program. *Education and New Developments, 1*. https://doi.org/10.xxxx

Bailey-Byers, L. (2024). Trends in surgical technology program director turnover. *Journal of Health Professions Education, 19*(3). https://doi.org/10.xxxx

Boyatzis, R. E. (1982). *The competent manager: A model for effective performance.* Wiley.

Ekabu, P. (2020). Professional development opportunities as a determinant of turnover intention: A case of teachers in public secondary schools in Meru County, Kenya. *Technium Social Sciences Journal, 11*, 36–45.

Erasmus, B. G. (2015). Employee retention in a higher education institution: An organizational development perspective. *Unisa Press Journals, 33*, 63. https://doi.org/10.xxxx

Lee, J. (2023). Development and validation of teaching competency self-assessment tool. *Korean Association for Learner-Centered Curriculum and Instruction.* https://doi.org/10.22251/jlcci.2023.23.10.643

Mertler, C. A. (2020). *Action research: Improving schools and empowering educators* (6th ed.). SAGE Publications.

Mitiku, T. (2010). Competency development and turnover reduction. *Journal of Organizational Behavior, 17*(4), 57–72.

Rigopoulos, G. (2022). Assessment and feedback as predictors for student satisfaction in UK higher education. *International Journal of Modern Education and Computer Science, 5*, 1–9. https://doi.org/10.xxxx

Rusilowati, U. (2020). Effect of competence and career development on turnover and its impact on productivity. *Jurnal Manajemen, 24*, 59–73. https://doi.org/10.xxxx

Shiri, R. (2023). The role of continuing professional training or development in maintaining current employment: A systematic review. *Healthcare, 11*(21). https://doi.org/10.xxxx

Sreedharan, J. K. (2022). Quality assurance in allied healthcare education. *Canadian Journal of Respiratory Therapy, 105*. https://doi.org/10.xxxx

Suresh Kumar P., M. (2019). Competency assessment and grading in higher education. *Pedagogy eJournal*, 127–136. https://doi.org/10.xxxx

Note: URLs ending with "xxxx" are placeholders and should be replaced with the actual DOI or links if available.

Appendix A

Professional Development Education: Competency Assessment Questions

1. What is the primary purpose of the ARC/STSA Standards and Guidelines for Accreditation of Educational Programs in Surgical Technology?
   A) To provide recommendations for state licensure requirements
   B) To ensure programs meet minimum education and training standards
   C) To outline employer expectations
   D) To establish salary benchmarks
2. Which agency collaborates with ARC/STSA for accreditation of surgical technology programs?
   A) Joint Commission
   B) Commission on Accreditation of Allied Health Education Programs (CAAHEP)
   C) National Board of Surgical Technology and Surgical Assisting (NBSTSA)
   D) Association of Surgical Technologists (AST)
3. How often are ARC/STSA-accredited programs required to submit Annual Reports?
   A) Every six months
   B) Every year
   C) Every two years
   D) Every five years
4. What is a key component of the self-study report required for accreditation?
   A) Financial audits
   B) Faculty evaluations
   C) Program learning outcomes and student success data
   D) Equipment maintenance logs
5. What is the minimum required number of scrubbed cases a student must complete in the First Scrub Role?
   A) 80 cases
   B) 120 cases
   C) 140 cases
   D) 200 cases
6. The ARC/STSA requires that surgical technology programs include instruction in which of the following areas?
   A) Pharmacology
   B) Robotics in surgery
   C) Medical coding
   D) Financial planning
7. According to ARC/STSA guidelines, clinical case logs must include documentation of:
   A) Procedure type, role performed, and supervisor signature
   B) Patient outcomes, procedure type, and surgeon signature
   C) Case start and end times, procedure details, and scrub attire worn
   D) All members of the surgical team and their responsibilities
8. What is the recommended maximum student-to-instructor ratio for laboratory settings?
   A) 10:1

B) 12:1
C) 15:1
D) 20:1

9. When assessing clinical competency, which of the following is considered a key indicator of student performance?
   A) Punctuality
   B) Technical skills
   C) Personality traits
   D) Academic grades
10. Which of the following methods is NOT recommended for assessing program learning outcomes?
   A) Student surveys
   B) Employer feedback
   C) Peer-reviewed publication rates
   D) Certification exam pass rates
11. A program's success rate on the Certified Surgical Technologist (CST) exam is a critical metric for:
   A) Federal funding eligibility
   B) Maintaining program accreditation
   C) Increasing student enrollment quotas
   D) Faculty salary determination
12. What is the minimum CST pass rate required for accreditation compliance?
   A) 50%
   B) 70%
   C) 80%
   D) 90%
13. If a program falls below compliance benchmarks, the ARC/STSA typically requires:
   A) An immediate site visit
   B) A corrective action plan with timeline
   C) Suspension of program operations
   D) Replacement of program faculty
14. Programs must notify the ARC/STSA of substantive changes within how many days?
   A) 30 days
   B) 60 days
   C) 90 days
   D) 120 days
15. A "substantive change" requiring notification to ARC/STSA includes:
   A) Addition of new faculty members
   B) Changes in course textbooks
   C) Relocation of clinical sites
   D) Student complaints
16. According to ARC/STSA best practices, program directors are responsible for ensuring faculty adhere to:
   A) HIPAA regulations
   B) Institution dress codes

C) Faculty-to-student engagement ratios
D) ARC/STSA Code of Ethics

17. A program director who encounters a conflict of interest during clinical site evaluation should:
    A) Discuss the matter informally with colleagues
    B) Document the issue and disclose it to the ARC/STSA
    C) Ignore it to avoid bias accusations
    D) Report it to the institution's legal team
18. When supervising clinical experiences, program directors must prioritize which of the following?
    A) Faculty development
    B) Patient safety
    C) Case log accuracy
    D) Student satisfaction
19. Which leadership strategy is most aligned with ARC/STSA best practices for program improvement?
    A) Relying solely on internal evaluations
    B) Incorporating feedback from stakeholders, including students and employers
    C) Focusing only on accreditation requirements
    D) Expanding enrollment without resource adjustments
20. What is the primary role of the program advisory committee (PAC)?
    A) Hiring faculty
    B) Overseeing clinical site contracts
    C) Providing guidance on curriculum alignment with industry needs
    D) Managing student complaints
21. What is the primary responsibility of the Program Advisory Committee (PAC)?
    A) Managing the program’s accreditation process
    B) Reviewing program effectiveness and offering improvement recommendations
    C) Overseeing faculty hiring decisions
    D) Managing student recruitment efforts
22. How often should the PAC meet to ensure compliance with ARC/STSA guidelines?
    A) Quarterly
    B) Semi-annually
    C) Annually
    D) Bi-annually
23. Which of the following stakeholders should be represented on the PAC?
    A) Students and program alumni
    B) Clinical site representatives and employers
    C) Faculty and community members
    D) All of the above
24. What type of documentation must be maintained to demonstrate PAC compliance?
    A) Minutes from meetings and attendance records
    B) Detailed clinical case logs
    C) Faculty performance evaluations
    D) Student course grades

25. When reviewing program effectiveness, the PAC is required to assess:
    A) Graduation rates, certification exam pass rates, and employer satisfaction
    B) Faculty attendance and punctuality
    C) Student attendance policies
    D) Marketing strategies for program recruitment
26. What is the role of the PAC in the program's continuous improvement process?
    A) Approving new hires for teaching positions
    B) Providing feedback on curriculum alignment with industry standards
    C) Conducting accreditation site visits
    D) Evaluating faculty workloads
27. PAC members are required to have expertise in:
    A) Surgical technology or related healthcare fields
    B) Marketing and public relations
    C) Financial management of academic programs
    D) Higher education administration
28. Which of the following is NOT a typical duty of PAC members?
    A) Monitoring student clinical performance
    B) Offering feedback on program effectiveness
    C) Assisting in developing community partnerships
    D) Supporting curriculum revisions
29. How should feedback from the PAC be implemented into program operations?
    A) Faculty should review and directly implement all recommendations.
    B) The program director should incorporate feedback into an action plan with timelines.
    C) Recommendations are advisory only and may be disregarded.
    D) Changes should only occur if they align with current institutional policies.
30. What role does the PAC play in the evaluation of clinical sites?
    A) Conducting direct evaluations of clinical instructors
    B) Assisting with selecting new clinical sites and ensuring alignment with program goals
    C) Managing clinical site contracts
    D) Supervising clinical experiences of students
31. When documenting PAC activities, which of the following must be included?
    A) Meeting agenda, minutes, and a list of action items
    B) Annual accreditation updates
    C) Student feedback on PAC decisions
    D) Financial expenditures of the committee
32. Who is typically responsible for organizing PAC meetings and preparing materials?
    A) The Program Director
    B) The Dean of the college
    C) A faculty member selected by PAC
    D) An external consultant
33. The PAC's input is most critical for which of the following processes?
    A) Clinical site contract negotiation
    B) Program self-study and accreditation review
    C) Faculty professional development
    D) Financial aid adjustments

34. How can a program director ensure PAC meetings are productive and compliant with ARC/STSA standards?
    A) Ensure meetings are scheduled regularly and follow a structured agenda.
    B) Delegate meeting leadership to the most senior PAC member.
    C) Focus exclusively on student satisfaction surveys during meetings.
    D) Limit meetings to one hour to save time.
35. What is the recommended method to select PAC members according to best practices?
    A) Program director appoints members unilaterally.
    B) Members are chosen from key stakeholders such as clinical partners, employers, and alumni.
    C) Faculty nominates representatives, and students vote on membership.
    D) All current faculty members are automatically added to the PAC.
36. What is the benefit of including employer representatives on the PAC?
    A) They help align program outcomes with workforce needs.
    B) They assist with student enrollment efforts.
    C) They provide direct funding for the program.
    D) They evaluate faculty teaching methods.
37. What actions should the program director take after a PAC meeting?
    A) Share meeting minutes with PAC members and prepare a follow-up action plan.
    B) Schedule a follow-up meeting with faculty to discuss PAC recommendations.
    C) Revise the program curriculum immediately based on feedback.
    D) Archive the meeting notes without sharing them.
38. Which of the following would be considered a conflict of interest for a PAC member?
    A) Employment at a clinical site affiliated with the program
    B) Providing objective feedback on program outcomes
    C) Voting on curriculum changes that directly benefit their organization
    D) Both A and C
39. PAC recommendations should primarily focus on which areas?
    A) Student recruitment, program curriculum, and clinical site partnerships
    B) Faculty salaries and program marketing
    C) Financial management and fundraising
    D) Equipment maintenance and inventory management
40. What is the minimum documentation required to show PAC compliance during an accreditation review?
    A) Evidence of meeting schedules, attendance, minutes, and actions taken
    B) Student surveys and course evaluations
    C) Faculty contracts and workload reports
    D) Financial contributions by PAC members
41. What is the required benchmark for a program's retention rate to meet ARC/STSA compliance?
    A) 50%
    B) 60%
    C) 70%
    D) 80%
42. How is the Certification Exam Pass Rate defined according to ARC/STSA guidelines?
    A) The percentage of students who pass the CST exam on their first attempt

B) The percentage of students who take and pass the CST exam within one year of graduation
C) The number of students who attempt the CST exam
D) The percentage of faculty who hold a CST credential

43. What is the minimum Certification Exam Pass Rate that programs must achieve to maintain compliance?
A) 50%
B) 70%
C) 80%
D) 90%
44. If a program's certification pass rate falls below the required threshold, the ARC/STSA may require:
A) Suspension of student enrollment
B) A corrective action plan to address the deficiency
C) Immediate removal of faculty
D) Increased student case requirements
45. Which of the following is considered a critical program outcome that must meet defined thresholds?
A) Faculty workload distribution
B) Student clinical attendance rate
C) Graduate employment rate in the field
D) Clinical site evaluation scores
46. What is the required employment rate for program graduates in the field of surgical technology to maintain compliance?
A) 50%
B) 60%
C) 70%
D) 80%
47. How often must programs report their outcomes (e.g., pass rates, retention rates, and employment rates) to the ARC/STSA?
A) Quarterly
B) Annually
C) Semi-annually
D) Bi-annually
48. When measuring program retention rates, the calculation includes:
A) The percentage of students who complete the program within 150% of the expected time frame
B) The number of students who enroll in the program each year
C) Only students who graduate with honors
D) The percentage of students who complete all clinical cases
49. Which of the following scenarios would result in a program falling below ARC/STSA standards for retention?
A) Retention rate of 90%
B) Retention rate of 65%
C) Retention rate of 75%
D) Retention rate of 85%

50. What corrective actions might ARC/STSA require if a program's employment rate threshold is not met?
    A) Elimination of specific clinical sites
    B) Submission of an improvement plan with specific strategies and deadlines
    C) Reduction in student enrollment capacity
    D) Implementation of higher tuition fees
51. How does ARC/STSA define a "positive placement" for program outcomes?
    A) Employment as a Certified Surgical Technologist (CST) or in a related field within six months of graduation
    B) Student enrollment in a graduate program
    C) Full-time employment in any health-related field
    D) Completion of clinical cases in a timely manner
52. If a program repeatedly fails to meet one or more outcome thresholds, what action might ARC/STSA take?
    A) Immediate loss of accreditation
    B) Program probation with ongoing monitoring
    C) Requiring all students to retake the CST exam
    D) Mandating a change in program directors
53. Which of the following tools can be used to track and report program outcomes to ensure compliance?
    A) Clinical case logs and student attendance records
    B) Certification exam results, alumni surveys, and employer surveys
    C) Faculty meeting minutes and course evaluations
    D) Financial budgets and institutional reports
54. How should a program respond if an individual threshold (e.g., pass rate or employment rate) is not met in one reporting year?
    A) Revise program outcomes to lower the required benchmarks
    B) Submit an action plan detailing steps for improvement
    C) Request an exemption from the ARC/STSA
    D) Immediately halt new student enrollment
55. What type of data must programs collect to demonstrate compliance with employment thresholds?
    A) Employer surveys and graduate placement data
    B) Clinical site reviews and student attendance logs
    C) Faculty evaluations and workload distribution reports
    D) Program financial statements
56. When reviewing a program's outcomes, the ARC/STSA prioritizes data that:
    A) Focuses on student satisfaction surveys
    B) Reflects objective, measurable metrics such as certification pass rates and employment rates
    C) Highlights institutional rankings and funding
    D) Compares programs within the same region
57. Which stakeholders are commonly involved in evaluating a program's outcomes for continuous improvement?
    A) Faculty, students, and clinical site representatives
    B) PAC members, employers, and alumni

C) Institutional leadership and accreditation specialists
D) All of the above

58. What is the role of the Program Advisory Committee (PAC) in monitoring program outcomes?
A) They directly calculate pass rates and retention rates
B) They review and provide feedback on outcome trends and benchmarks
C) They report outcome data to the ARC/STSA
D) They conduct surveys of current students
59. In calculating program outcomes, what timeframe is typically used for tracking graduate employment?
A) Within 30 days of graduation
B) Within 6 months of graduation
C) Within 12 months of graduation
D) Within 24 months of graduation
60. What is the significance of certification pass rates as an outcome metric?
A) It measures the financial stability of the program
B) It reflects the program's ability to prepare students for professional practice
C) It ensures compliance with institutional policies
D) It determines faculty salary increases
61. What is the primary purpose of a self-study report in the ARC/STSA accreditation process?
A) To identify program strengths and areas for improvement
B) To negotiate financial funding for the program
C) To compare student outcomes with peer institutions
D) To outline faculty salary adjustments
62. Which of the following is a required component of the self-study report?
A) Detailed curriculum map aligned with program outcomes
B) Faculty performance reviews
C) Student complaints against faculty
D) Clinical site equipment inventory
63. In preparing the self-study report, programs must provide documentation to demonstrate compliance with which of the following?
A) Student progression and retention data
B) State licensure requirements
C) Institutional marketing materials
D) Faculty attendance records
64. How often must a self-study report be submitted as part of the ARC/STSA accreditation process?
A) Every year
B) Every three years
C) Every five years
D) Every seven years
65. Which of the following documents must be included in the self-study report to demonstrate compliance with clinical case requirements?
A) Program budget reports
B) Student clinical case logs

C) Faculty teaching schedules
D) Employer feedback surveys

66. What type of data is typically included in the self-study report to document graduate outcomes?
A) Certification exam pass rates, employment rates, and graduate surveys
B) Student satisfaction surveys and class attendance records
C) Clinical site evaluations and equipment maintenance logs
D) Institutional funding reports and faculty retention rates
67. Which of the following is a mandatory element of the self-study report?
A) Detailed descriptions of program learning outcomes and their assessment methods
B) Faculty vacation schedules
C) Budgetary requests for new equipment
D) Detailed critiques of peer institutions
68. When documenting curriculum in the self-study report, programs must include:
A) A comprehensive curriculum map linking courses to program learning outcomes
B) Course textbook purchase receipts
C) Historical enrollment trends over the last decade
D) Student evaluations of faculty
69. To demonstrate compliance with faculty qualifications, the self-study report must include:
A) Faculty resumes or CVs documenting educational background and certifications
B) Faculty payroll records
C) Faculty office hours and attendance logs
D) Annual faculty professional development plans
70. Which of the following is NOT typically required in the self-study report?
A) Alumni feedback surveys
B) Institutional strategic plans unrelated to the program
C) Advisory Committee meeting minutes
D) Certification pass rate data
71. How should a program demonstrate compliance with student retention thresholds in the self-study report?
A) Provide a year-by-year breakdown of retention rates with analysis of trends
B) Submit clinical case evaluations for all students
C) Include faculty evaluations of student behavior
D) Submit institutional reports on tuition revenue
72. What is the role of the Program Advisory Committee (PAC) in the self-study process?
A) Review the draft report and provide feedback on program alignment with industry standards
B) Approve the final self-study report before submission
C) Write the majority of the report for the program director
D) Conduct on-site evaluations at clinical locations
73. Which of the following best describes the tone and structure of the self-study report?
A) Analytical and evidence-based, with clear documentation to support claims
B) Persuasive and promotional, emphasizing program success
C) Informal and descriptive, providing an overview of operations
D) Narrative and anecdotal, focusing on personal experiences of faculty and students

74. Which document should be included in the self-study report to provide evidence of compliance with advisory committee requirements?
    A) Meeting agendas, minutes, and attendance records
    B) Clinical site contracts
    C) Detailed student case logs
    D) Program director's annual performance review
75. What is the primary importance of including student clinical case logs in the self-study report?
    A) To demonstrate compliance with minimum case requirements and student competency
    B) To track the attendance of clinical site supervisors
    C) To ensure that students meet class attendance requirements
    D) To monitor case times for accreditation funding purposes
76. Which of the following sections is a critical part of the self-study report?
    A) Strengths, weaknesses, opportunities, and threats (SWOT) analysis
    B) Program director's personal goals and reflections
    C) Detailed marketing and outreach strategies
    D) Program budget proposals
77. Which accreditation benchmark is typically evaluated using data in the self-study report?
    A) Certification exam pass rates and employment outcomes
    B) Program enrollment growth rates
    C) Faculty-to-student interaction hours
    D) Institutional rankings
78. How should a program address deficiencies identified in a previous accreditation review within the self-study report?
    A) Provide a corrective action plan with evidence of implementation and results
    B) Highlight areas of success and ignore unresolved issues
    C) Dispute the previous review findings with additional data
    D) Focus only on current compliance without referencing prior issues
79. Which document would demonstrate compliance with ARC/STSA standards for clinical site evaluations in the self-study report?
    A) Clinical site agreements and evaluation forms completed by students
    B) Certification exam results from students assigned to each clinical site
    C) Faculty observations of student performance
    D) Institutional marketing plans
80. Why is it essential to include faculty development records in the self-study report?
    A) To demonstrate compliance with standards for faculty qualifications and ongoing professional growth
    B) To track faculty attendance at institutional events
    C) To justify annual salary increases
    D) To compare faculty performance against peer institutions
81. What is the role of the self-study report in achieving ARC/STSA accreditation?
    A) To provide a comprehensive analysis of program compliance with accreditation standards
    B) To market the program to potential students
    C) To solicit feedback directly from students
    D) To reduce the frequency of on-site evaluations

82. How should programs demonstrate compliance with certification pass rate thresholds in the self-study report?
    A) Include documentation of student preparation strategies and outcomes
    B) Provide faculty evaluations based on student feedback
    C) Submit marketing materials for the CST exam
    D) Focus solely on historical pass rate trends
83. What must be included in the self-study report to address program outcomes?
    A) Data on retention, pass rates, and graduate employment, along with analysis and action plans
    B) Historical enrollment numbers only
    C) Feedback from clinical site supervisors
    D) Results from institutional marketing efforts
84. How can the self-study report ensure alignment with industry standards?
    A) By including feedback from employers, graduates, and the PAC on curriculum and outcomes
    B) By focusing exclusively on institutional policies
    C) By avoiding details on clinical training requirements
    D) By benchmarking against unrelated healthcare programs
85. Which of the following is a best practice when preparing a self-study report?
    A) Begin preparation well in advance and involve key stakeholders in data collection and analysis
    B) Delegate the task entirely to the program director
    C) Focus only on past successes and omit areas needing improvement
    D) Use a generic template without tailoring to the program's specifics

Appendix B

Satisfaction Survey: Online Training for Program Directors

Thank you for completing the training module! Your feedback is invaluable in helping us improve future sessions. Please take 5–10 minutes to complete this survey.

Section 1: Training Content

1. **How relevant was the module content to your role as a program director?**
    - ☐ Very Relevant
    - ☐ Somewhat Relevant
    - ☐ Neutral
    - ☐ Not Very Relevant
    - ☐ Not Relevant at All
2. **Did the training content meet your expectations?**
    - ☐ Exceeded Expectations
    - ☐ Met Expectations
    - ☐ Somewhat Met Expectations
    - ☐ Did Not Meet Expectations
3. **Were the training objectives clearly defined and achieved?**
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neutral
    - ☐ Disagree
    - ☐ Strongly Disagree

Section 2: Delivery and Usability

4. **How would you rate the ease of accessing and navigating the online platform?**
    - ☐ Excellent
    - ☐ Good
    - ☐ Fair
    - ☐ Poor
5. **How effective was the online training format (e.g., videos, quizzes, presentations)?**
    - ☐ Very Effective
    - ☐ Effective
    - ☐ Neutral
    - ☐ Ineffective
    - ☐ Very Ineffective
6. **Was the pacing of the modules suitable for your learning style?**
    - ☐ Too Fast
    - ☐ Just Right
    - ☐ Too Slow

Section 3: Engagement and Interactivity

7. **How engaging was the training material?**
    - ☐ Extremely Engaging
    - ☐ Moderately Engaging
    - ☐ Neutral
    - ☐ Slightly Engaging
    - ☐ Not Engaging
8. **Did the training include sufficient interactive elements (e.g., quizzes, activities) to maintain your interest?**
    - ☐ Yes, Definitely
    - ☐ Somewhat
    - ☐ No

Section 4: Learning Outcomes

9. **To what extent has this training improved your understanding of your role as a program director?**
    - ☐ Significantly Improved
    - ☐ Moderately Improved
    - ☐ Neutral
    - ☐ Slightly Improved
    - ☐ No Improvement
10. **Do you feel more confident in applying what you learned to your role?**
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neutral
    - ☐ Disagree
    - ☐ Strongly Disagree

Section 5: Overall Satisfaction

11. **How satisfied are you with the overall quality of the training?**
    - ☐ Very Satisfied
    - ☐ Satisfied
    - ☐ Neutral
    - ☐ Dissatisfied
    - ☐ Very Dissatisfied
12. **Would you recommend this training to other program directors?**
    - ☐ Yes
    - ☐ No

Section 6: Open-Ended Feedback

13. **What did you find most valuable about this training?**

    _____
    _____
    _____
    _____

14. **What areas of training could be improved?**

    _____
    _____
    _____
    _____

15. **Do you have any additional comments or suggestions?**

    _____
    _____
    _____
    _____