



**OAKLAND
COMMUNITY
COLLEGE**

**Oakland Community College
Curriculum Review Committee**

**Reports Supporting the Review of the
Surgical Technology Program**

**Prepared by the Office of Assessment & Effectiveness
March 2009**

Major Highlights

Plan for the Assessment of Student Learning

Assessment of Student learning Results

Dashboard 2007-08

Dashboard 2007-08 Percent of Targets Achieved

Credit Hour Trends

Degree Trends

Occupational Projections

Occupational Skills Analysis

Marketing Plan

CRC Recommendations

CRC Follow Up

**Surgical Technology
Major Highlights
April 2009**

Overview

The information contained in this binder represents supporting reports and data associated with the CRC's review of the Surgical Technology program. These reports are intended to provide a historical perspective, as well as an idea of current strengths and future challenges facing the program which may impact short and long term curriculum development.

Major Highlights

- In terms of assessing student learning the Surgical Technology program has articulated six learning outcomes and nineteen benchmarks, which is in accordance with the requirements established by the Student Outcomes Assessment Committee (SOAC) and affirmed by the Chancellor's Cabinet. However, there is no time table for the implementation of the student learning assessments. Specific dates must be identified in order for the plan to be in compliance with all guidelines established by SOAC and OAE.
- Throughout 2008, no assessment of student learning was undertaken in accordance with the student learning assessment plan. Although courses were offered, the Program Coordinator position was vacant for most of the year which caused a void in the implementation process.
- The overall composite dashboard score for the Surgical Technology program has declined over the past three years and at 9.08 in 2007-08, it ranked 45th out of all OCC curriculum. The downward trend is mostly driven by the declining percent of sections filled to capacity, as well as the fall in the number of minority students enrolled in SUR courses.
- More specifically, the number of SUR sections filled to capacity recently fell to 52%, which is well below the college-wide average of 86%, while the percent of minority students fell sharply from 46% in 2005-06 to 18% in 2007-08.
- On a positive note, two of the seven dashboard measures exceeded the established benchmarks in 2007-08. Although the percent of students completing SUR courses with a grade of "C" or higher has declined over the last three years, 87% of the students successfully pass their SUR courses. Moreover, this rate surpasses the college-wide average of 67%. Also, in the most recent reporting year, no SUR courses were cancelled.
- Since the inception of the Surgical Technology program in 2000, the number of credit hours has experienced considerable fluctuation. The program generated the greatest number of credit hours during the 2005-06 academic year. However, since then the number of credit hours has declined.
- In the programs history, a total of 77 Associate Degrees have been awarded which equates to an average of 11 degrees per year. In terms of the number of degrees awarded the program ranks 12th highest of all curriculum at OCC in 2007-08.
- Based on the most current labor market data, the Surgical Technologist occupation is projected to see moderate growth over the next five years in the four-county region of Southeast Michigan. Over 100 new jobs are projected for this occupation, while an additional 164 replacement job openings may need to be filled by 2014.

**Surgical Technology
Program Assessment Plan**

Last Revised 8/21/2008

Statement of Purpose

Reflect College mission, values, and goals; prepare students to be competent surgical technologists.

Surgical Technology Program Assessment Plan

Learning Outcome

Students will integrate knowledge synthesized from surgical technology, the humanities and biological, behavioral and social sciences into the practice of surgical technology.

Benchmark	Assessment Method	Assessment Date
767.1A 80% of the students will pass the PAE exam by a score of 80% or higher.	PAE Course Final Exams.	
767.1B 80% of the students will be rated on their knowledge of surgical technology at 85% or higher.	Cognitive evaluation sections of the final Clinical Skills Evaluation (SUR 1510).	9/1/2009
767.1C 80% of the students will pass the clinical skills component of each SUR course at 85% or higher.	Clinical Skills Evaluation and clinical skills components of the Final Exams.	

Surgical Technology Program Assessment Plan

Learning Outcome

Students will utilize clinical judgment and critical thinking in the performance of duties of the surgical technologist.

Benchmark	Assessment Method	Assessment Date
767.2A 80% of the students will pass the Liaison Council Certification for the Surgical Technologist Exam (LCC-ST) by a score of greater than or equal to 80%.	Liaison Council for Certification of the Surgical Technologist National Certification Exam.	
767.2B 80% of the students will be rated on their application of surgical technology skills at greater than or equal to 85% following the clinical Evaluation Tool.	Clinical Evaluation Tools.	
767.2C 80% of the students will use available information to determine interventions and evaluate care at greater than or equal to 85% competency following the Clinical Performance Evaluation.	Clinical Performance Evaluation.	
767.2D 80% of the students will make sound clinical decisions 85% of the time in the clinical setting.	Clinical Evaluation Tools.	

Surgical Technology Program Assessment Plan

Learning Outcome

Students will be able to competently perform the technical skills required for safe surgical technology.

Benchmark		Assessment Method	Assessment Date
767.3A	80% of the students will pass the theory component of SUR courses final exams with a score of 85% or higher.	SUR courses final exams.	
767.3B	80% of the students will successfully pass all critical thinking components of the competency assessments with a score of greater than or equal to 3 on the clinical evaluation tools.	Clinical evaluation tools.	
767.3C	80% of the students will pass the clinical component of SUR courses at greater than or equal to 85%.	SUR courses final exams.	
767.3D	80% of the students will incorporate knowledge of pharmacological agents in the practice of safe surgical care at greater than or equal to 85%.	Clinical evaluation tool.	

Surgical Technology Program Assessment Plan

Learning Outcome

Students will be able to utilize the principles of patient care in the practice of surgical technology.

Benchmark	Assessment Method	Assessment Date
767.4A 80% of the students will achieve greater than or equal to 85% on the course exams covering patient care.	Course final exams.	
767.4B 80% of the students will achieve greater than or equal to 85% on the clinical evaluations for utilizing patient care principles.	Clinical evaluation tools.	
767.4C 80% of the students will be rated at greater than or equal to 3 on the employer survey in the areas related to the use of patient care principles.	Employer survey.	

Surgical Technology Program Assessment Plan

Learning Outcome

Students will function effectively and safely as a team member.

Benchmark	Assessment Method	Assessment Date
767.5A 80% of the students will pass the LCC-ST exam with a score of 171-178 or better.	LCC-ST exam scores.	
767.5B 80% of the students will pass the PAE with a score of 75% or higher.	PAE exam scores.	
767.5C 80% of the students will be rated by program personnel at greater than or equal to 85% on their development in identifying interactions between various departments regarding the surgical client.	Clinical evaluations performed by the program director and clinical coordinator based on observing students' interactions with various departments.	
767.5D 50% of the employers surveyed will rate the students at greater than or equal to 85% in their ability to function as a team member.	Employer Survey (be sure this skill is adequately represented on the survey to provide a statistically significant finding).	

Surgical Technology Program Assessment Plan

Learning Outcome

Students will assume personal responsibility for professional growth and continued learning.

Benchmark

767.6A 100% of the students will satisfactorily identify areas for professional growth and educational goals with strategies for achieving them.

Assessment Method

Journal Writings SUR 2540.

Assessment Date

Summary of Program Assessment Findings

1/1/2008 to 12/31/2008

Statement of Purpose

Within this timeframe:

21 Benchmarks were scheduled to be assessed

0 Benchmarks were assessed

21 Benchmarks were not assessed

Note: The following pages reflect findings for those Benchmarks that were assessed.

Summary of Program Assessment Findings

1/1/2008 to 12/31/2008

Learning Outcome

Benchmark

Findings	Benchmark Met?	Planned Change	Expected Completion	Status
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Oakland Community College Dashboard

The purpose of the dashboard is to provide a data driven tool designed for the objective review of all curriculum offerings. Based on a common set of measures which apply to all curriculum the dashboard facilitates the systematic identification of well performing as well as ailing curriculum in order to support short and long range curriculum development.

In a rapidly changing economic and competitive environment it is necessary if not imperative to continually review curriculum offerings annually. Dashboard reports are a useful tool for monitoring program performance. In addition, they allow for an integrated approach for collecting, presenting, and monitoring data to meet long and short-term curriculum decision-making needs.

The Dashboard is based on seven measures which include:

- Sections Filled to Capacity
- Percent of Canceled Sections
- Credit Hour Trend Ratio
- Percent of Minority Students
- Percent of Withdrawals
- Percent of Incompletes
- Student Course Completion Rate

The following report provides summative information for the most recent academic year as well as detailed trend data on each measure over the past several years.

Program Dashboard Detail Report

Prefix SUR
Title Surgical Technology

	Discipline				All Curriculum College Wide
	2004-05	2005-06	2006-07	2007-08	2007-08
Sections Filled to Capacity	30.9%	67.1%	58.1%	52.4%	85.6%
Percent of Cancelled Sections	16.7%	0.0%	11.1%	0.0%	9.7%
Credit Hour Trend Ratio	0.96	1.23	1.20	1.05	1.02
Percent of Minority Students	22.2%	45.8%	40.0%	17.8%	28.7%
Percent of Withdrawals	2.6%	4.8%	4.2%	8.5%	18.4%
Percent of Incompletes	6.6%	2.4%	0.0%	2.3%	1.5%
Student Course Completion Rate	90.8%	92.7%	93.7%	86.8%	67.4%
Dashboard Score	8.77	10.94	10.44	9.08	

Sections Filled to Capacity

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Total Students	76	165	143	129
Total Capacity	246	246	246	246
Sections Filled To Capacity	30.9%	67.1%	58.1%	52.4%

Definition:

Of all available seats, the percent that are filled based on end of term enrollment data. Calculation includes all four terms within the academic year Summer II, Fall, Winter and Summer I. This measure reflects the extent to which all credit "sections" are filled to their designated capacity e.g. allocated seats divided by the total number of available seats between July 1 and June 30. In particular, this measure provides one indication of the magnitude of student demand.

Percent of Cancelled Sections

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Active Sections	10	8	8	8
Cancelled Sections	2	0	1	0
Total Sections	12	8	9	8
Percent of Cancelled Sections	16.7%	0.0%	11.1%	0.0%

Definition:

Of all offered credit sections the percent of sections that are cancelled as of the end of the term. Calculation includes all four terms during the academic year Summer II, Fall, Winter and Summer I. The calculation is based on a simple formula which takes the number of cancelled credit sections which is then divided by the total number of offered credit sections. This measure is one indicator of scheduling strategies and student demand.

Credit Hour Trend Ratio

Prefix SUR
Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Credit Hours Year 1	488	384	300	446
Credit Hours Year 2	384	300	446	646
Credit Hours Year 3	300	446	646	575
Credit Hours Year 4	446	646	575	536
Credit Hours Period 1	391	377	464	556
Credit Hours Period 2	377	464	556	586
Credit Hours Ratio	0.96	1.23	1.20	1.05

Definition:

Trend in credit hour enrollment based on a three year rolling average. Includes total credit hours over the academic year Summer II, Fall, Winter and Summer I. The calculation is based on those students enrolled on the terms official census date (one-tenth day). In order to establish a meaningful enrollment statistic which applies to large as well as small disciplines/programs a "ratio" is calculated based on a three year rolling average of student credit hours. The formula used to calculate this measure involves three simple steps:

- a. $\text{Year 1} + \text{Year 2} + \text{Year 3} / 3 = \text{Period 1}$
- b. $\text{Year 2} + \text{Year 3} + \text{Year 4} / 3 = \text{Period 2}$
- c. $(\text{Period 2} - \text{Period 1}) / \text{Period 1} = \text{Ratio}$

If the ratio is greater than "1" this means there has been an enrollment increase. On the other hand, if the ratio is less than "1" this translates into an enrollment decline. The larger the number the larger the enrollment increase. Likewise, the lower the number the greater the enrollment decline.

Percent of Minority Students

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Minority Students	4	11	8	23
Total Students	18	24	20	129
Percent of Minority Students	22.2%	45.8%	40.0%	17.8%

Definition:

The percent of students who are minority in relation to all enrolled students. Minority status is self-reported by the student and includes African American, Asian, Hispanic, Native American Indian and Other. Calculation is based on the full academic year Summer II, Fall, Winter and Summer I. Percentages are computed on those students enrolled as of the end of the term and exclude missing data.

Percent of Withdrawals

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Total Withdrawals	2	8	6	11
Total Grades	76	165	143	129
Percent of Withdrawals	2.6%	4.8%	4.2%	8.5%

Definition:

The percent of students who withdraw from their course after the term begins. Calculation includes the entire academic year Summer II, Fall, Winter and Summer I. Moreover, the calculations are derived from end of session data, after grades are posted. Percent of withdrawals is derived by dividing the total number of student initiated withdrawals by the total number of grades and marks awarded throughout the academic year. The Withdrawal-Passing (WP) and Withdrawal-Failing (WF) are considered Withdrawals (W). Meanwhile, calculations exclude: Audit (AU), Not Attended (N), Not Reported (NR), and Missing status. This is one indication of student success.

Percent of Incompletes

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Total Incompletes	5	4	0	3
Total Grades	76	165	143	129
Percent of Incompletes	6.6%	2.4%	0.0%	2.3%

Definition:

The percent of students who receive an incomplete in their course. Calculation includes the entire academic year Summer II, Fall, Winter and Summer I. Moreover, the calculations are based on end of session files, after grades are posted. Percent of incompletes is derived by dividing the total number of incompletes by the total number of grades and marks awarded throughout the academic year. The Continuous Progress (CP) grade is considered an Incomplete (I). Meanwhile, calculations exclude: Audit (AU), Not Attended (N) Not Reported (NR), and Missing status. This is one indication of student success.

Student Course Completion Rate

Prefix SUR

Prefix Title Surgical Technology

	2004-05	2005-06	2006-07	2007-08
Successful Grades	69	153	134	112
Total Student Grades	76	165	143	129
Student Course Completion Rate	90.8%	92.7%	93.7%	86.8%

Definition:

The percent of students who successfully complete a course with a grade of "C" or higher. Calculation includes grades from the entire academic year Summer II, Fall, Winter and Summer I. Student success rates are based on end of session data after grades have been posted. The following grades/marks are excluded from the calculation: Audit (AU), Not Attended (N), Not Reported (NR), and Missing status. This is one indication of student success.

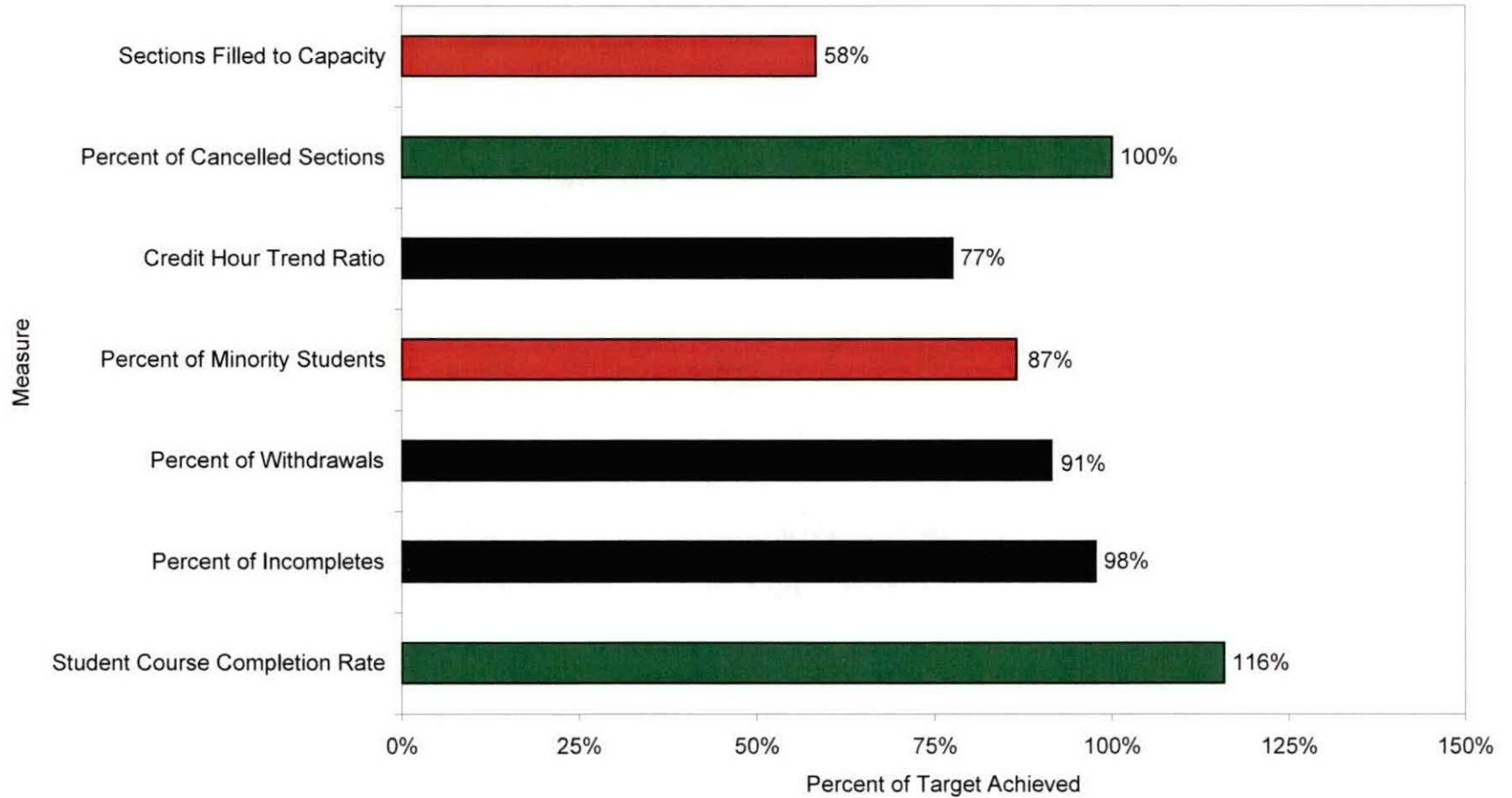
Oakland Community College Program Dashboard Percent of Targets Achieved

The following graph and table depict the extent to which each of the seven dashboard measures met established college-wide benchmarks. Benchmarks (targets and trouble scores) are based on historical data and reflect a range within which each measure is expected to perform.

Measures which exceed the established benchmark are depicted in green, while those that fall short of the benchmark are shown in red. This information is useful in identifying areas of excellence, as well as areas of concern. As a consequence, this report can help to identify specific areas which may require additional attention by program staff.

Oakland Community College Percent of Target Achieved 2007-08

Surgical Technology SUR



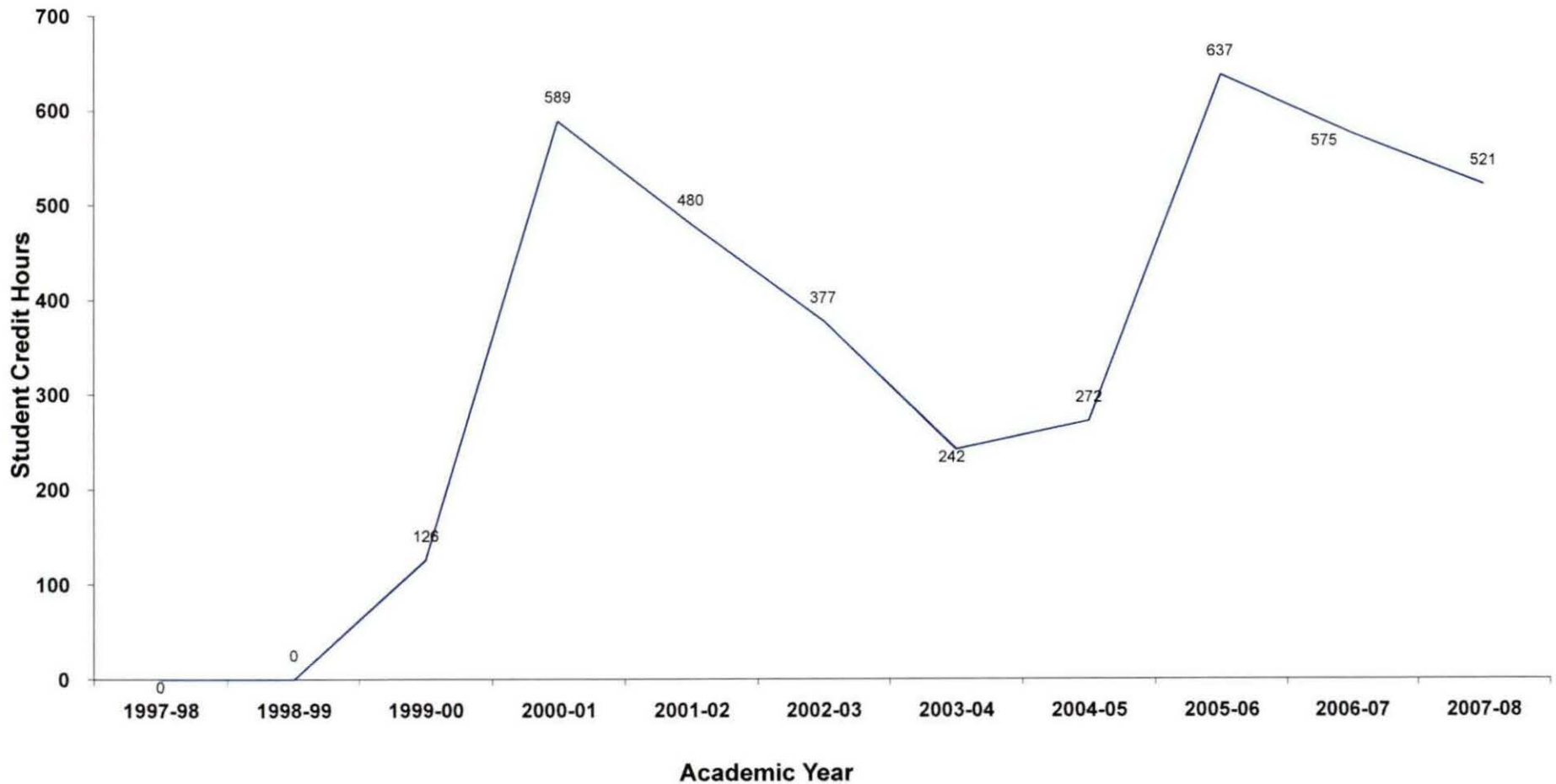
Oakland Community College Program Dashboard Report 2007-08

Surgical Technology SUR Dashboard Score: 9.08

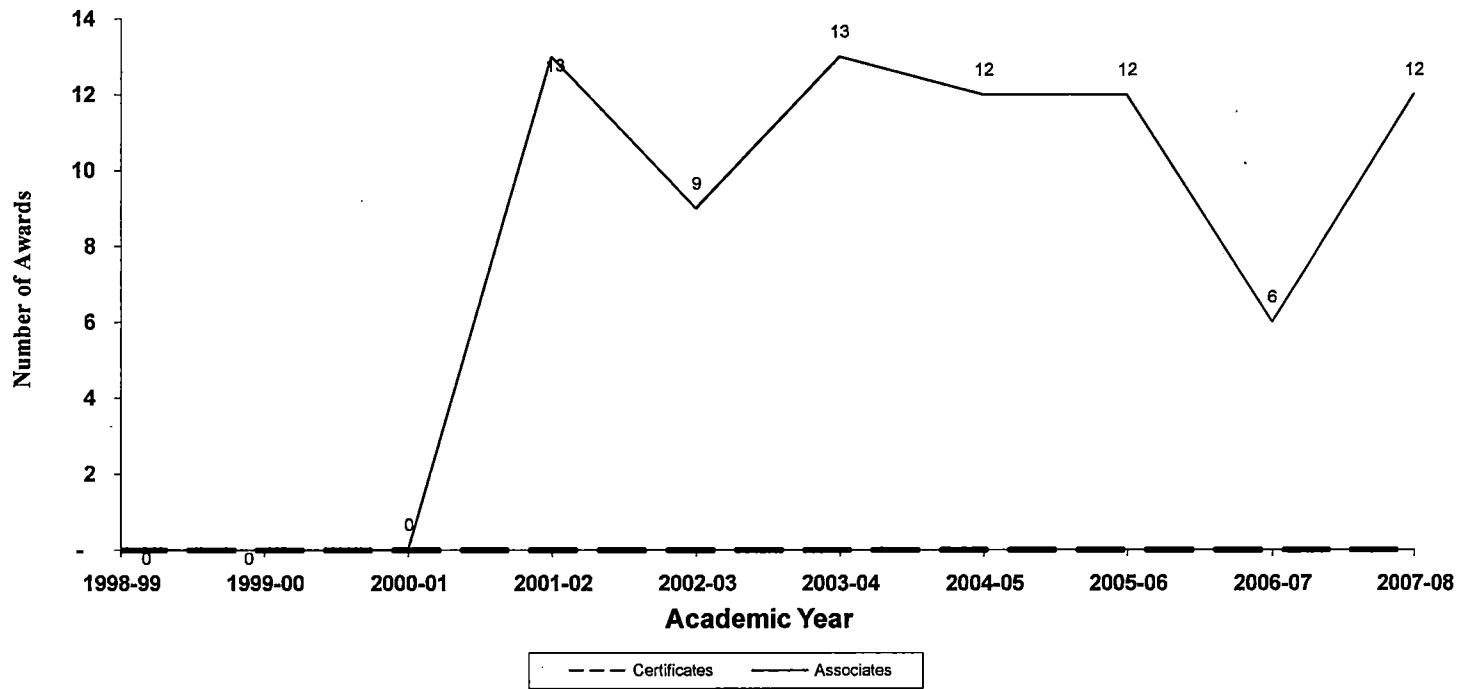
Measures	Benchmarks			Percent of Target Achieved	Weight	Weighted Score
	Current Score	Trouble Score	Target Score			
Sections Filled to Capacity	52.4%	75.0%	90.0%	58.3%	18.3%	1.07
Percent of Cancelled Sections	0.0%	25.0%	0.0%	100.0%	14.8%	1.48
Credit Hour Trend Ratio	1.05	0.68	1.36	77.5%	17.6%	1.36
Percent of Minority Students	17.8%	18.5%	20.6%	86.6%	5.9%	0.51
Percent of Withdrawals	8.5%	15.0%	0.0%	91.5%	10.3%	0.94
Percent of Incompletes	2.3%	3.0%	0.0%	97.7%	6.5%	0.63
Student Course Completion Rate	86.8%	60.0%	75.0%	115.8%	26.6%	3.08

**Oakland Community College
Ten-Year Trend in Student Credit Hours
Surgical Technology
1997-98 through 2007-08**

	1997-98 SCH	1998-99 SCH	1999-00 SCH	2000-01 SCH	2001-02 SCH	2002-03 SCH	2003-04 SCH	2004-05 SCH	2005-06 SCH	2006-07 SCH	2007-08 SCH	5-Year % Change	10-Year % Change
Surgical Technology	0	0	126	589	480	377	242	272	637	575	521	38.2	--
College Wide Totals	431,521	440,448	438,997	453,054	447,928	478,827	468,777	472,892	487,597	493,655	506,474	5.8	17.4



**Oakland Community College
Associate Degrees and Certificates Awarded
Surgical Technology
1998-99 through 2007-08**



<u>Academic Yr.</u>	<u>Certificates</u>	<u>Associates</u>
1998-99	0	0
1999-00	0	0
2000-01	0	0
2001-02	0	13
2002-03	0	9
2003-04	0	13
2004-05	0	12
2005-06	0	12
2006-07	0	6
2007-08	0	12

Occupational Projections 2009 – 2014

The following projections are for those occupations most closely associated with this program based on national and regional labor market data. However, the extent to which specific OCC programs lead to employment within a given Standard Occupational Code (SOC) is dependent upon the way in which the U.S. Department of Labor groups specific occupations.

Occupational projections are presented at the "Detailed Standard Occupational Code" level as defined by the U.S. Department of Labor.

Although based on sound well tested economic modeling procedures, projections are subject to change based on emerging economic, political and social forces.

These projections reflect the four county region of Oakland, Macomb, Livingston and Wayne counties.

Projections are based on data from 24 major data sources, including the U.S. Department of Commerce, Bureau of Labor Statistics (BLS), Internal Revenue Service (IRS), and Census data. To forecast occupational demand at the county level, BLS data are regionalized and adjusted for emerging technological changes, the age of workers by occupation, and other factors affecting occupational demand.

Occupational forecast data was obtained from EMSI (Economic Modeling Specialists Inc.).

Surgical Technologist Occupation Definition

SOC Detail Definitions

SOC Code 29-2055

Name Surgical technologists

Definition

Assist in operations, under the supervision of surgeons, registered nurses, or other surgical personnel. May help set up operating room, prepare and transport patients for surgery, adjust lights and equipment, pass instruments and other supplies to surgeons and surgeon's assistants, hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments.

Examples

Operating Room Technician, Scrub Technician, Surgical Orderly

Source: OCC, Office of Assessment & Effectiveness (CCSP)

Surgical Technology Occupation Projection 2009-2014

Region Info										
Region: SE Michigan Four-County Region										
County Areas: Livingston, Michigan (26093), Macomb, Michigan (26099), Oakland, Michigan (26125), Wayne, Michigan (26163)										
		2009		2014		New & Rep.		2007 Median		2007 Avg
SOC Code	Description	Jobs	Jobs	Change	% Change	Jobs	% New & Rep.	Hourly Earnings	Hourly Earnings	Education Level
29-2055	Surgical technologists	1,118	1,229	111	10%	275	25%	\$19.5	\$19.89	Postsecondary vocational award
		1,118	1,229	111	10%	275	25%	\$19.50	\$19.89	
Source: EMSI Covered Employment - Fall 2008										

Occupational Skills Analysis

The following report provides detailed information on the knowledge, skills and abilities required for a given occupation. Consideration of these different competencies and levels of attainment while designing and reviewing curriculum will ensure that students enrolled in our programs are adequately prepared for employment.

In particular this report provides:

Importance of the competency to the occupation (in general terms)

- Not important
- Somewhat important
- Important
- Very important
- Extremely important

Importance of the competency to the occupation (in specific terms).

- 0 to 20 = not important
- 21 to 40 = somewhat important
- 41 to 60 = important
- 61 to 80 = very important
- 81 to 100 = extremely important

Level of Attainment in the competency required by the occupation:

- Basic = 0 to 24
- Intermediate = 25 to 49
- Advanced = 50 to 74
- Expert = 75 to 100

Surgical Technology - Occupational Knowledge

Knowledge	Importance	Imp (0-100)	Level	Lvl (0-100)
Customer and Personal Service	Important	62	Advanced	67
Medicine and Dentistry	Very Important	75	Advanced	67
Psychology	Important	54	Advanced	54
Education and Training	Important	59	Advanced	53
Biology	Important	51	Intermediate	48
English Language	Important	60	Intermediate	45
Chemistry	Somewhat Important	42	Intermediate	42
Public Safety and Security	Important	54	Intermediate	41
Mechanical	Somewhat Important	38	Intermediate	35
Mathematics	Somewhat Important	44	Intermediate	35
Therapy and Counseling	Somewhat Important	38	Intermediate	34
Computers and Electronics	Somewhat Important	36	Intermediate	34
Production and Processing	Somewhat Important	38	Intermediate	31
Philosophy and Theology	Somewhat Important	26	Intermediate	30
Administration and Management	Somewhat Important	47	Intermediate	30
Clerical	Somewhat Important	34	Intermediate	29
Sociology and Anthropology	Somewhat Important	29	Intermediate	27
Physics	Somewhat Important	26	Intermediate	25
Engineering and Technology	Somewhat Important	26	Basic	24
Personnel and Human Resources	Somewhat Important	31	Basic	24
Law and Government	Somewhat Important	29	Basic	22
Foreign Language	Not Important	24	Basic	20
Communications and Media	Not Important	22	Basic	18
Transportation	Not Important	19	Basic	17
History and Archeology	Not Important	18	Basic	17
Economics and Accounting	Not Important	15	Basic	16
Telecommunications	Somewhat Important	26	Basic	15
Geography	Not Important	12	Basic	13
Design	Not Important	17	Basic	12
Sales and Marketing	Not Important	8	Basic	10
Building and Construction	Not Important	9	Basic	9
Fine Arts	Not Important	9	Basic	8
Food Production	Not Important	3	Basic	6

Surgical Technology - Occupational Skills

Skill	Importance	Imp (0-100)	Level	Lvl (0-100)
Coordination	Important	66	Advanced	52
Reading Comprehension	Important	60	Advanced	52
Active Listening	Very Important	75	Advanced	52
Monitoring	Important	72	Advanced	50
Speaking	Important	69	Advanced	50
Service Orientation	Important	53	Intermediate	46
Operation Monitoring	Important	56	Intermediate	46
Active Learning	Somewhat Important	47	Intermediate	46
Social Perceptiveness	Important	60	Intermediate	45
Critical Thinking	Important	66	Intermediate	45
Writing	Somewhat Important	47	Intermediate	43
Judgment and Decision Making	Important	56	Intermediate	43
Instructing	Somewhat Important	44	Intermediate	43
Time Management	Important	56	Intermediate	41
Quality Control Analysis	Important	50	Intermediate	41
Complex Problem Solving	Important	50	Intermediate	39
Learning Strategies	Somewhat Important	47	Intermediate	39
Operation and Control	Somewhat Important	41	Intermediate	37
Mathematics	Somewhat Important	47	Intermediate	37
Systems Analysis	Somewhat Important	35	Intermediate	36
Persuasion	Somewhat Important	38	Intermediate	34
Troubleshooting	Somewhat Important	35	Intermediate	34
Negotiation	Somewhat Important	35	Intermediate	34
Management of Personnel Resources	Somewhat Important	41	Intermediate	32
Systems Evaluation	Somewhat Important	35	Intermediate	32
Equipment Selection	Somewhat Important	35	Intermediate	30
Equipment Maintenance	Somewhat Important	31	Intermediate	29
Repairing	Somewhat Important	25	Basic	21
Management of Material Resources	Somewhat Important	25	Basic	21
Management of Financial Resources	Not Important	13	Basic	11
Technology Design	Not Important	9	Basic	9
Programming	Not Important	0	Basic	0
Operations Analysis	Not Important	0	Basic	0
Science	Not Important	0	Basic	0
Installation	Not Important	0	Basic	0

Surgical Technology - Occupational Abilities

Ability	Importance	Imp (0-100)	Level	Lvl (0-100)
Oral Comprehension	Very Important	85	Advanced	59
Oral Expression	Very Important	78	Advanced	57
Information Ordering	Important	66	Advanced	55
Near Vision	Important	72	Advanced	54
Arm-Hand Steadiness	Important	72	Advanced	54
Problem Sensitivity	Important	72	Advanced	52
Category Flexibility	Important	60	Advanced	52
Speech Clarity	Important	63	Advanced	50
Written Comprehension	Important	66	Advanced	50
Manual Dexterity	Important	60	Advanced	50
Speech Recognition	Important	69	Intermediate	48
Inductive Reasoning	Important	63	Intermediate	48
Written Expression	Important	50	Intermediate	48
Perceptual Speed	Important	60	Intermediate	48
Finger Dexterity	Important	69	Intermediate	48
Control Precision	Important	56	Intermediate	46
Visualization	Important	56	Intermediate	46
Selective Attention	Important	53	Intermediate	46
Deductive Reasoning	Important	63	Intermediate	46
Static Strength	Important	50	Intermediate	45
Multilimb Coordination	Important	53	Intermediate	45
Trunk Strength	Important	53	Intermediate	45
Visual Color Discrimination	Somewhat Important	44	Intermediate	45
Extent Flexibility	Somewhat Important	41	Intermediate	41
Time Sharing	Somewhat Important	47	Intermediate	41
Flexibility of Closure	Somewhat Important	44	Intermediate	41
Memorization	Somewhat Important	44	Intermediate	39
Speed of Closure	Somewhat Important	38	Intermediate	39
Reaction Time	Somewhat Important	38	Intermediate	39
Far Vision	Important	50	Intermediate	39
Auditory Attention	Somewhat Important	44	Intermediate	39
Fluency of Ideas	Somewhat Important	41	Intermediate	37
Number Facility	Important	53	Intermediate	37
Mathematical Reasoning	Somewhat Important	44	Intermediate	36
Gross Body Coordination	Somewhat Important	38	Intermediate	36
Depth Perception	Somewhat Important	44	Intermediate	36
Hearing Sensitivity	Somewhat Important	44	Intermediate	36
Originality	Somewhat Important	38	Intermediate	34
Stamina	Somewhat Important	41	Intermediate	32
Wrist-Finger Speed	Somewhat Important	35	Intermediate	32
Response Orientation	Somewhat Important	31	Intermediate	30
Speed of Limb Movement	Somewhat Important	28	Intermediate	29
Dynamic Strength	Somewhat Important	28	Intermediate	27
Rate Control	Somewhat Important	28	Intermediate	27
Gross Body Equilibrium	Somewhat Important	28	Intermediate	25
Glare Sensitivity	Not Important	22	Basic	20
Night Vision	Not Important	9	Basic	4
Dynamic Flexibility	Not Important	3	Basic	4
Explosive Strength	Not Important	3	Basic	4
Spatial Orientation	Not Important	0	Basic	0
Sound Localization	Not Important	0	Basic	0
Peripheral Vision	Not Important	0	Basic	0

Data Sources and Calculations							
Occupation Data							
Organizing regional employment information by occupation provides a workforce-oriented view of the relationships taken from the Occupational Employment Statistics program (U.S. Bureau of Labor Statistics). A (SOC-to-CIP) crosswalk is based on one from the U.S. Department of Education, with customizations.							
Competency Data							
The competency data in this report is taken directly from the O*NET database.							
State Data Sources							
This report uses state data from the following agencies: Michigan Department of Labor and Economic Development							

regional economy. EMSI's occupation data are based on EMSI's industry data and regional staffing p Wage information is partially derived from the American Community Survey. The occupation-to-program by EMSI.								
Growth, Bureau of Labor Market Information and Strategic Initiatives.								

**Oakland Community College
Surgical Tech/Surgical First Assistant
Marketing Strategies
2006/2007**

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Situational Analysis

The development of the Surgical First Assistant program is unique. Leveraging an exceptional relationship with William Beaumont Hospital has given OCC an opportunity to become a provider in a new occupation in which employer demand will exceed graduate supply for many years. The college now has the opportunity to take the curriculum that was created in the practical setting of the hospital and expand it as a full-fledged academic certificate program consisting of 21 credits and a clinical rotation that can be completed at any hospital. It also fits into the college's existing allied health programs, particularly the Surgical Technology program. With a product that was essentially created by the very marketplace it will serve, little adaptation is necessary and the college can fulfill its mission of meeting a need in the labor market.

Labor Market

The emergence of the role of Surgical First Assistants is relatively new, resulting from a need to reduce overall healthcare costs. Surgical First Assistants assume many operating room duties of the Physician Assistant, at substantially less cost. The position is attractive to those working as Surgical Techs, with increased responsibility and higher pay. It is also attractive to the healthcare institutions that reap the benefits of a more skilled person in the OR without the high salary of a full-fledged Physician Assistant. As healthcare institutions continue to seek ways to lower costs, the opportunities for SFAs will increase. Overall the growth rate for Surgical Techs and Physician Assistants is estimated at 17% and 38% respectively from 2004 to 2014. Many of these positions will actually be filled by SFAs.

OCC will be the first college in Michigan with an accredited SFA program. There are currently 9 other programs in the country, of which 7 are CAAHEP accredited.

Locally, Macomb Community College is starting a SFA program, however it is currently not accredited. Accreditation is key to the employer, with most hospitals requiring it upon hiring, or within six months.

Objectives: Opportunity vs. Capacity

While there is plenty of demand and it is expected to increase quickly, capacity and staffing issues limits the number of students OCC can initially put through the program. The objective for the first term offering is to attract 10 students. (This actually reflects keeping the program at its current size; while housed at Beaumont capacity was limited to 10.) The program is designed to be completed in 10 months. Future growth of the program will be determined by allocation of college resources, student demand, employer demand and potentially employer partnerships/resources.

Target Markets

Stringent qualifying criteria make the target population very distinct.

Entrance to the program is limited to individuals who:

- hold an Associate degree in an allied health field plus three years scrubbing (OR) experience; or
- Are currently certified Surgical Technologists with a minimum one year OR experience; or
- Have military medical training with surgical assistant experience
(eligibility will be assessed on an individual basis)

Since the Surgical First Assistant program is a step up the career ladder for surgical techs, this may be the most easily attracted group. Lists of certified Surgical Technologists can be obtained from the state Assembly of Surgical Techs.

Word about the career opportunities can also be spread through Clinical Administrators at hospitals. These people can serve as influencers for staff and often play a counseling role in career development. Surgical First Assistant represents a career step up from Surgical Technologists and is the highest level in the career path. The path of continuation would be to obtain a bachelor's or master's degree. In addition to the hospital career path, SFAs may have the opportunity to teach or work for private practices.

Other target markets include Schools of Allied Health. Surgical tech students from Macomb, Wayne County, Lansing Community Colleges and Baker should be made aware of the career advantages of continuing on to become SFAs.

Marketing Strategies

Promotional Brochure: A promotional brochure highlighting the career opportunities and the exclusive nature of the accredited program should be developed ASAP and used for targeted mailings and in response to inquiries. To maximize the usefulness of the brochure, it should be designed to also highlight the Surgical Technology program. This way, it will appeal to a larger potential audience – those beginning a career as a Surgical Tech and those looking to advance to Surgical First Assistant. This cross-marketing will be implemented in as many marketing strategies as possible. In the long-term, the

Surgical Technology program will act as a feeder to the First Assistant. Likewise, building interest in the FSA could boost enrollments by those who need first to become certified as Surgical Technologists. The brochure should include success stories and depict real-life scenarios, rather than an academic description. Initially mailings would be done to:

-All certified Surgical Technologists in the tri-county area

-Hospital Clinical Administrators

With respect to capacity, these mailings may result in a waiting list. If the response is not as high as anticipated, or the college is able to increase capacity, mailing lists can be expanded to the students in Allied Health Programs at other colleges and current OCC Allied Health students who may not be aware of this career option.

Website: The Surgical Tech/SFA programs should be featured on their own URL. This site should give detailed information on the career opportunities, admission requirements, credentialing and links to the state and national Association of Surgical Technologists Board Assemblies. Hospitals could be invited to post educational articles and even job postings on the site, crating a useful resource for those already working as Surgical Techs.

Public Relations: The fact that OCC has the first and only accredited SFA program in the state, and one of only 10 in the country, makes this newsworthy. OCC is at the leading edge of a trend in healthcare and needs to capitalize on the timing of announcing this.

The story should be pitched to all media, including local TV health reporters. Articles could also be submitted to hospital newsletters.

These strategies are low-cost and ideally need to be implemented prior to the registration period for the Fall 2006 semester. Public Relations can get the word out quickly and at no cost. This effort should begin immediately, as should work on the promotional brochure with a target print date of mid-July. The program already received some inquiries but has no or limited marketing materials. Development of the website should also begin concurrently.

Long-Term Strategies

This report focuses on short-term strategies that will fill the first and most likely second semester offering of the program. Looking down the road, the program could expand its marketing efforts geographically once an on-line program was developed and eventually have graduates from around the country. This would require full-time faculty commitment from the college. Since the clinical portion can be performed at any hospital, it is possible the OCC SFA program could become promoted nationally through links on state assembly websites, national groups and advertising in the Surgical Technologist Journal.