

# ACCREDITATION REVIEWERS' MANUAL

## COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS

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222 South Prospect Avenue  
Park Ridge, Illinois 60068-4001  
(847) 655-1160

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## Preface

The onsite Chair Reviewer and review team members are important to the accreditation process. The Council on Accreditation of Nurse Anesthesia Educational Programs depends upon the review team to be the "eyes and ears" of the Council when reviewing educational programs that prepare Certified Registered Nurse Anesthetists (CRNAs). Importantly, the review team must collect, review, observe, verify, and document information pertaining to the program accurately and reliably. Information gathered in this manner and documented provides the Council with a sound basis for rendering a fair accreditation decision to a program under review.

The objectives of this manual are to:

1. Provide onsite reviewers with a procedural guide for conducting onsite accreditation reviews.
2. Assist onsite reviewers in identifying and understanding their work and responsibilities within the accreditation process.
3. Emphasize that the onsite reviewer must be knowledgeable of the Standards for Accreditation of Nurse Anesthesia Educational Programs, Accreditation Policies and Procedures, and Self Study published by the Council.
4. Inform onsite reviewers that all data, observations, conversations, conclusions, and reports relating to the evaluation of specific programs are strictly confidential and that acceptance of membership on a review team constitutes an agreement to safeguard the confidentiality of all information acquired while serving in this capacity.

Suggestions for future revisions should be forwarded to:

Council on Accreditation of Nurse Anesthesia Educational Programs  
222 South Prospect Avenue  
Park Ridge, Illinois 60068-4001  
(847) 655-1160

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## Aborting an Onsite Review

### POLICY

An onsite review may be aborted for cause with approval from the Chief Executive Officer or a member of the Council's Executive Committee.

### PROCEDURE

1. A request to abort an onsite review may be made by the chair reviewer or the program official to the Chief Executive Officer or to a member of the Council's Executive Committee in the director's absence.
2. The Chief Executive Officer will consult with the chair reviewer before making a decision when the request is made by a program official.
3. The Chief Executive Officer will consult with the President of the Council or his/her representative when the President is unavailable.
4. A request to abort an onsite review must be supported by a valid reason.
5. A written request to abort an onsite review must be submitted by a program official before the scheduled date or during the course of the review.
6. If the review is under way, the onsite review team will inform the program director, chief executive officer of the conducting institution, and members of the communities of interest of the aborted review and that a second onsite review will be scheduled.
7. The onsite review team will submit a letter to the Council summarizing the reason(s) for aborting the onsite review.
8. The same onsite review team will be asked to conduct the rescheduled onsite review. At the discretion of the Council, a different team may be selected.
9. An onsite review that has been aborted will be rescheduled as soon as possible. Although the lapse of time between onsite reviews should not exceed six weeks, at the discretion of the Council, additional time may be given to reschedule the visit.
10. The program is responsible for paying an additional fee for the rescheduled onsite review, according to the Council's printed fee schedule.
11. The summary report of the rescheduled onsite review will contain a statement that summarizes the reason(s) why the previous onsite review was aborted. The chair reviewer will also provide written comment in the summary report about how successful the program has been in resolving the problem(s) that resulted in termination of the earlier review.

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## Accreditation Policies and Procedures

### POLICY

The Council publishes an Accreditation Policies and Procedures manual. Onsite reviewers are expected to be familiar with the contents of the manual.

### PROCEDURE

Several policies and procedures hold specific interest for onsite reviewers. Examples of relevant policies and procedures are:

1. Confidentiality in the Accreditation Process

The accreditation process requires mutual commitments from the Council and a nurse anesthesia program to interact with candor, cooperation, integrity, and trust. All individuals working on the accreditation process have the responsibility to maintain confidentiality regarding information of which they become aware as a result of accrediting activities. Only information that is procedurally identified as being public or that legally must be released will be disclosed. The policy is binding on: directors of the Council; staff; consultants; committees, special interest groups, and task forces appointed by the Council; and onsite reviewers.

2. Confidentiality and Disclosure of Information

The accreditation process requires mutual commitments between the Council and a nurse anesthesia program to interact with candor, cooperation, integrity, and trust. All individuals working within the accreditation process have the responsibility to maintain confidentiality regarding information of which they have knowledge as a result of accrediting activities. Only information that is procedurally identified as being public or must be legally released will be disclosed. The policy is binding on members of the council, staff, consultants, and onsite reviewers.

3. Conflicts of Interest

Onsite reviewers are required to guard against conflicts of interest or the appearance of conflicts of interest. Onsite reviewers who may have a potential conflict of interest must immediately contact the Council's Chief Executive Officer to determine whether a conflict of interest exists. If there is a real or perceived conflict, the reviewer will be replaced.

The U.S. Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) require the development of clear and effective controls against conflicts of interest or the appearance of conflicts of interest by Council directors, onsite reviewers, consultants, administrative staff, or other Council representatives.

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#### 4. Evaluation of Onsite Reviewers

All onsite reviewers will be evaluated individually after each accreditation review. Program representatives, the staff analyst, and Council members will be given the opportunity to evaluate or comment on the reviewers' performance. The chair will be asked to evaluate the performance of team members and team members will be asked to evaluate the chair reviewer. The reviewers should receive feedback from these evaluations after the accreditation decision to provide them with information needed to reinforce positive performance and/or identify areas that need improvement. Evaluations will be treated confidentially and reserved for Council use only.

#### 5. Onsite Review, Onsite Reviewers, and Observation of Onsite Reviews

**Onsite Review:** Review by an onsite review team of the Council to evaluate a program's degree of compliance with the *Standards for Accreditation of Nurse Anesthesia Educational Programs* and/or *Standards for Accreditation of Nurse Anesthesia Programs: Practice Doctorate\**, as documented by the program in its written self study. Discussions with faculty, students, and other interested parties are essential to the evaluation process. Any assistance afforded to the program or its constituents during the onsite review is expected to be offered in a manner that does not obscure the objectivity of the evaluation. In-depth qualitative and quantitative evaluations of the administrative and educational aspects of the program will be obtained.

**Onsite Reviewers:** Individuals appointed by the Council to conduct onsite reviews for the Council and nurse anesthesia programs.

**Observation of Onsite Reviews:** An individual who desires to broaden his/her perspective of the accreditation process may accompany an onsite review team as an observer with the permission of the Council and program. The purpose of the individual accompanying an onsite reviewer team is to observe the process and not to evaluate the program or reviewers. Observation conducted as part of the recognition requirements of the US Department of Education (USDE) will be accommodated in accordance with USDE policies and procedures.

#### 6. Student and Faculty Evaluations

The anonymity of individual students and faculty must be assured. Student and faculty evaluations are compiled by an external organization. The compilation must ensure student anonymity. A summary of the evaluations will be made available to the pertinent program and onsite reviewers as a part of the review process.

\*Effective January 1, 2015

Revised: 10/09/20; 01/24/14

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## Business Travel and Reimbursement Policy

### POLICY

The Council will pay approved travel expenses.

To ensure uniform application of expense approvals and to facilitate compliance with federal income tax regulations, the COA has established the following guidelines that apply to business travel and entertainment reimbursement.

### PROCEDURE

#### **Air Transportation**

Air transportation will be reimbursed based on the lower actual airfares paid or the airfare price for a 14-day advance purchase with a Saturday night stay, if applicable. One should check the total costs of extending a stay over a Saturday night to reduce the cost of airfare and contact the office before such action. Travelers should seek to obtain the lowest fares possible, without undue comfort or burdens.

Airline tickets are to be booked using coach class only. The cost of upgrading service will not be reimbursed by the Council. Baggage fees are reimbursable up to \$75 roundtrip. Charges for seat assignments may be approved by the Chief Executive Officer as long as they are reasonable and are for coach tickets. Any ticket fares higher than \$500 will need prior approval by the Chief Executive Officer.

For bona fide emergencies, or COA business-related travel changes, penalties and fees for late cancellation or modification of air travel or hotel reservations **may** be reimbursed upon submission to the Chief Executive Officer. Travel changes for personal convenience will be the traveler's responsibility.

To facilitate obtaining the lowest fares, the Council has developed a relationship with Direct Travel in Chicago. Travelers may make their airline reservations through Direct Travel. Direct Travel can be reached at 773-380-0133 (within the Chicago area) or 800-847-2343 (outside the Chicago area).

#### **Meals**

Meals will be reimbursed up to \$100 per day. Receipts for **all** meal expenses must be provided (itemized receipts are preferred but credit charge slips or hotel folios will also be accepted).

Please note that when the COA pays for a meal on a master account or when one person pays for a group, you may not claim reimbursement for that meal. Your daily reimbursable meal costs should take into account the fact that one or more meals were already provided for you, or that your COA duties have not comprised an entire day.



**Ground Transportation**

COA travelers should utilize the most cost effective means of ground transportation available. Hotel shuttles, airport to downtown bus service and/or other public transportation should be used where possible. Taxis and /or private limousines should only be used when they provide a cost savings, are required to meet time constraints and/or other means of ground transportation are not available. If necessary for business reasons, car rentals must be approved in advance by the Chief Executive Officer. When approved, car rental reservations should be made in advance.

When getting from home to the airport for COA travel, COA travelers should weigh the costs associated with driving and parking near the airport versus taking a taxi or similar service. We ask that you use the least expensive method. These expenses are reimbursable including the personal mileage per the personal auto usage section below.

**Personal Auto Usage**

On occasions where it is more practical to use a personal automobile to travel on Council business, reimbursement will be at the current IRS rate per mile. If a person chooses to use his/her own automobile for personal convenience, reimbursement for personal auto in lieu of air, bus or rail transportation will be based on the less costly or coach airfare (based on a 14-day advance purchase). If there is any question regarding the mileage, the Chief Executive Officer will follow up. Permission should be received from the Chief Executive Officer before renting a car. Car rentals should be made for standard or smaller cars.

**Telephone Charges**

Telephone charges are not reimbursable unless business related and supported with appropriate documentation.

**Entertainment**

The Council will reimburse the actual costs of entertaining persons who have a business relationship with the Council, provided that the entertainment consists of a business meal in a place "generally considered to be conducive to a business discussion." Entertainment expenses are not considered as part of an onsite review.

**Charges to COA**

Charges cannot be made directly to the Council unless authorized by the Chief Executive Officer, with the exception of airfare reservations made through Direct Travel.

**Upgrading**

No upgrades will be covered by the Council. If included in an air reservation, the individual will need to reimburse the Council for the charges.

**Non-reimbursed Expenses**

The following types of expenses are not reimbursed:

- a) Premiums for travel accident insurance;
- b) Theft, loss of funds, damage, or loss of personal luggage and/or effects;

- c) Personal expenses, such as the cost of videos, exercise facilities, and laundry;
- d) Expenses related to spouses, significant others, or guests unless prior approval by Chief Executive Officer.

### **Expense Reports**

All those who travel on Council business are required to submit expense reports within 30 days on the current COA Expense Report Form (Excel file). **Reports submitted after 30 days require Chief Executive Officer approval.**

It is important that onsite visit expenses are submitted so that programs can be billed in a timely manner. **Expense reports submitted more than 30 days after the last day of an onsite visit will not be reimbursed, unless they are approved by the Chief Executive Officer.**

The following provides more detail on completion of expense reports:

- a) The business purpose of the expenses incurred must be documented on the expense report.
- b) Individual expenditures (excluding meals which require receipts for all expenses) of \$50 or more must be supported by original (scanned or faxed) receipts. Credit card statements are not acceptable receipts. In the case of hotel expenses the entire hotel folio is required as supporting documentation.
- c) After approval by the Chief Executive Officer, the report is forwarded to the accounting department for check issuance.
- d) Checks will be issued by the Council, generally within ten (10) business days from receipt of Chief Executive Officer approval by the accounting department.
- e) A cash advance may be obtained through a request to the Chief Executive Officer.
- f) The COA staff is responsible for auditing all expense reports and may request the individual to furnish additional documentation or explanation necessary to support expenditure.

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Revised: 01/20/17  
Revised: 10/14/15  
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## Conferences with Program Representatives

### POLICY

Conferences will be held with program representatives during an onsite review to provide an opportunity to discuss the program. The Council prefers that more than one reviewer be present for each conference. At the discretion of the chair reviewer, a conference may be held with only one reviewer present. In the event that only one reviewer is present for a conference, that conference will be audio-taped. The tape will remain the property of the Council on Accreditation which will retain custody of the tape. The tape will be destroyed after the final accreditation decision is made.

### PROCEDURE

1. A conference will be held with a representative of all authorities that conduct/finance the program.
2. A group conference will be held with CRNAs who are representative of the entire program.
3. A conference will be held with the medical director of the program if such a position exists.
4. A group conference will be held with physician anesthesiologists when they are involved with teaching or conducting the program.
5. A conference will be held with the chair of the anesthesia department when deemed necessary at the discretion of the chair reviewer.
6. A group conference will be held with students, who may be separated into classes for interviews but may not be interviewed individually.
7. An individual conference or a group conference will be held with university faculty at the discretion of the chair reviewer.
8. Other conferences will be held to meet the individual program needs at the discretion of the chair reviewer.
9. The program will submit a signed consent form with the self study documents permitting the taping of the conferences.
10. The program will provide the audio-taping equipment.

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## Cooperative Onsite Reviews

### Accreditation Commission for Midwifery Education (ACME)

Subject: Guidelines for Collaborative or Joint Site Visits by ACME and Other Accrediting Bodies

This document has been developed to assist accreditation site visitors and programs hosting a collaborative or joint accreditation site visit by the Accreditation Commission for Midwifery Education (ACME) and other accrediting bodies. These are guidelines to facilitate the coordination of concurrent site visits.

#### FOR PROGRAMS:

##### Scheduling Visits

The ACME is willing to schedule collaborative or joint accreditation site visits at the request of the program. The request must be sent in writing to both (or all, if more than two are involved) accrediting agencies and must be signed by the appropriate chief executive officer of the academic unit under review, indicating that a joint visit is requested. The educational institution should work with the appropriate staff of each accrediting agency to determine dates for the visit that are convenient for the program and the accrediting agencies. The timing of the review cycles of the accrediting agencies may make it difficult to schedule dates for a visit that meet the needs of both agencies. If any agency deems it necessary to adhere to the required accreditation schedule for the program review and not to deviate in order to accommodate a collaborative visit, then a joint visit will not be possible.

##### Site Visit Teams

The program should work with each agency in the appointment of site visitors. Once site visit teams are approved, the program should provide the ACME senior site visitor and the leader of the other team(s) with the name, address, telephone number and email address of the other(s) so they may communicate prior to the visit. Other members of the team should also be identified. The program should make hotel reservations for all teams (single rooms) at the same hotel to facilitate joint meetings of the teams.

##### The Self Study Document

In the absence of common accreditation criteria and any guidelines for writing a joint self study document that have been approved by the accrediting agencies, it is recommended that separate self study documents be written. The accrediting agencies will not exchange separate self study documents, unless the dean or other appropriate program official chooses to share this information. In such a case, one copy of the other accrediting agency's self study should be sent to the team leader/senior site visitor of the other team.

### Preparing the Schedule for the Site Visit

The program should consult the respective Policies and Procedures manuals of the accrediting agencies for the necessary interviews and activities that must be arranged during the site visit. Some of these interviews/activities may occur jointly between the groups of site visitors. Examples might be interviews with higher university and medical center officials, e.g. chancellor, president, vice-president, provost, meetings with the graduate program/curriculum committee or graduate program director, and tours of facilities and resources. Other interviews/activities will need to be separate, e.g. interview with the dean, meetings with students and faculty. It is preferable not to schedule meetings during mealtimes. The program should consult the ACME senior site visitor and the other team leader(s) about the preparation of the schedule and send a draft of the respective schedules for the visit to them at least 4 weeks prior to the start of the visit. The senior site visitor and team leaders should consult with each other as well as other members of their teams, and the final schedule should be prepared based on their recommendations.

### Exhibits/Documents and Facilities for Site Visitors

The program should consult the Policies and Procedures manuals of each accrediting agency to see what kinds of exhibits and documents are required. These should be organized according to the requirements of each agency and be available in a workroom in the school. These exhibits/documents may be organized separately for each team or may be placed in a common room to reduce the need to duplicate documents that all teams require. In the latter case, the room should be large enough to accommodate all teams, and the documents should be clearly organized so that each team can find the documents that it needs. If a common document room is used, then other space should be made available so the teams can meet separately when needed.

Laptop computers should be made available to each site visitor. The program should consult the team leader/senior site visitor about which word processing program they prefer. The program should have a computer expert available in case computer problems arise during the visit.

### Information-sharing between Teams

The ACME senior site visitor and the other team leader(s) should discuss in advance of the visit what information will be shared between the teams. Information may be shared when it is to the benefit of all teams and will facilitate the process of information-gathering. Examples might be the validating of clinical contracts, faculty CVs, physical facilities, verification of admissions policies and non-discrimination statements, and support for scholarly productivity. Each team will make its own interpretation of the data. Impressions or evaluative opinions will not be shared. The dean and program director should be informed about the planned information-sharing.

### The Accreditation Team Report

Each site visitor team should prepare a report according to the guidelines of the accrediting agency it is representing. These will not be shared between the teams unless the dean chooses to do so. The ACME team will leave a copy of the written report at the end of the site visit.

### The Exit Report

A joint exit report may be scheduled for both teams. The ACME team will read its entire report in the usual fashion. The other teams(s) will make their report(s) according to their approved procedure. The ACME team will not make an accreditation recommendation about the program under review.

### The Accreditation Decision

Each accrediting agency will make an independent decision about the accreditation status of the programs reviewed. The decision of one agency will not be considered by the other agency in making its accreditation decision.

### FOR SITE VISITORS:

#### Preparation for the Visit

As soon as the program informs the team leader/senior site visitor of the identity of the other(s), they should call or email to begin to discuss the visit and the expectations of each team. After a draft of the visit schedule has been received, they should discuss it and make recommendations to the program for any changes necessary. After the schedule(s) have been confirmed, the team leader/senior site visitor should plan time in the schedule when the teams will meet.

According to the guidelines from the agencies about what information can be shared between teams, the team leader/senior site visitor should discuss in advance of the visit a specific plan for obtaining and sharing this information.

#### During the Visit

The evening before the visit begins, the teams should allow time to meet as a group and clarify how joint meetings and interviews will be managed and to confirm what data will be collected (if any) that the other team will also use. Time will be saved if the team leader/senior site visitor do most of this work in advance. At some point during each day, these leaders should talk to discuss how the visit is going and if any plans need to be modified.

As the reports are being written, when each team has a general idea of when they will be finished, they should communicate this information to the other team(s) and to the program, so a tentative time for the exit report can be scheduled. This information should be updated as necessary to allow for modifications in the schedule. The team leader/senior site visitor should discuss which report should be read first. Such things as tight plane schedules may be taken into

consideration, although in making travel plans site visitors should allow plenty of time at the end of the visit to make sure all responsibilities of the visit have been met.

If there is sufficient time after the exit report, the teams should discuss the visit and how it might have been improved. Each team should give this information to the appropriate person in each accrediting agency, so that this information may be collated with that of other joint visits and these guidelines modified as appropriate.

- Note:
1. Reprinted with permission of the Accreditation Commission for Midwifery Education.
  2. A program that has been approved to write a combined Self Study (Council plus ACME) must also submit information on Standard III, Program of Study, for the Council.

Reviewed: 05/19/17  
Editorial changes: 02/05/14

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## COA Guidelines for Programs Hosting a Collaborative Review for Accreditation by CCNE and COA

This communication is intended to relay suggestions to programs that are preparing to host a collaborative evaluation by the Commission on Collegiate Nursing Education (CCNE) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). While this paper provides general guidance about preparations and expectations for review, it is only meant to be a guideline. The document has been developed to help facilitate the coordination of accrediting efforts.

CCNE and COA are willing to schedule collaborative reviews, at the request of the program. The request must be submitted to both accrediting agencies. If a collaborative review is to be conducted, the agenda must be arranged to facilitate the combined effort.

### The Self Study Document

It is the nursing program's discretion whether to prepare two separate self study documents -one for each accrediting agency -- or a single self study document to be used by representatives of both agencies. Regardless of the option selected, the nursing program under review must address its compliance with the accreditation standards/criteria that have been adopted by each accrediting agency. If a single document is prepared, the program must ensure that it clearly identifies for the participating reviewers where each agency's standards/criteria are addressed. The program should organize the document so that each evaluation team will be able to locate the information it needs to thoroughly assess the program in relation to the applicable standards/criteria. If a single document is prepared, the self study is to be submitted to both agencies and teams no later than six weeks prior to the visit (or date specified). If separate documents are prepared the CCNE document should be submitted to the CCNE and the CCNE evaluation team no later than six weeks prior to the visit, and the COA document should be submitted to the COA and the COA team no later than six weeks prior to the visit (or date specified).

### Preparing the Agenda

The nursing program should prepare a structured agenda for the onsite evaluation no later than eight weeks before the visit. Once the proposed agenda has been developed, program officials should share it with the CCNE team leader and the COA team chair. You should expect that the team leader and team chair will review the proposed agenda and contact you to discuss the agenda and/or to request revisions to the agenda. You should make sure that the agenda is agreeable to the team leader and the team chair before distributing the final agenda to the teams and to agency staff. The final agenda should be submitted to the teams at least one month before the visit.

You should expect that both teams will want to meet separately with a variety of constituents, including students, faculty, alumni, community representative (e.g., employers of graduates and/or agency representatives), program administrators, and institution officials. In other words,



when the teams meet with students, program representatives and any faculty who are also students in the program should not be present; when the teams meet with institution officials, program representatives should not be present.

Use good judgment in scheduling interviews and coordinate the agenda with the CCNE team leader and the COA team chair. In some cases, it may be appropriate to schedule both teams to meet with a particular constituent group. In other cases, one team may need to meet with a constituent group that the other team does not need to interview; in addition, the COA team may need to spend more time than the CCNE team meeting with nurse anesthesia faculty. One or both teams may request a tour of the physical facilities and an opportunity to observe students engaged in clinical practice.

### Evaluation Teams

Each agency is responsible for proposing a team of evaluators to review the nursing program. Programs are advised of the proposed team composition by each agency, and are provided an opportunity to identify any conflicts of interest. If a conflict of interest exists for a member of either team, the program must make the affected agency aware of the conflict and the agency would seek a replacement for that team member, if appropriate. Each agency will send a listing to the program of the final team with each reviewer's contact information. It is the programs' responsibility to provide the contact information for the COA review team to the CCNE review team and vice versa. Due to the collaborative nature of the review process, one or both accrediting agencies may decide to change the size or composition of their respective teams. The teams will be invited by the agencies to provide feedback to the agencies regarding the collaborative review process.

Program personnel should make hotel reservations for all team members and request that the hotel send confirmations to the individuals. It is expected that arrangement for both teams will be made at the same hotel, in the event that team collaboration is needed. Doing so also will help facilitate the transportation of the teams to and from the campus.

### The Accreditation Report

Each evaluation team is expected to write the accreditation report for the agency it is representing. Copies of the written accreditation reports are not to be shared or exchanged between teams. No written documentation related to the findings of the teams, including the accreditation report, should be left on site or with program representatives.

### The Exit Interview

Each team's accreditation report will be summarized verbally by the appropriate team leader/chair at the exit interview. Although it is appropriate for one team to hear the findings of the other team, it is not appropriate for the teams to exchange the written reports, which are considered by both agencies to be confidential documents. It is the discretion of the program official(s) who to invite to the exit interview, although it is expected that all team members will be present. Neither team is to formulate an accreditation recommendation about the nursing program under review.

### The Accreditation Decision

Each agency's governing body will make an independent decision about the accreditation status of the nursing program(s) reviewed.

To contact CCNE staff, call (202) 887-6791. To contact COA staff, call (847) 655-1160. Staff at each agency is available to assist you as you prepare for the collaborative review for accreditation.

- Note:
1. Reprinted with permission of the Commission on Collegiate Nursing Education.
  2. A program that has been approved by the COA to write a combined Self Study must also submit information on COA Standard III, Program of Study (*Standards for Accreditation of Nurse Anesthesia Educational Programs*) and Standard E, Curriculum Standards (*Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*).

Editorial changes: 02/05/14  
Reviewed and Revised 03/26/15

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## ACCREDITATION COMMISSION FOR EDUCATION IN NURSING (ACEN)

Subject: Guidelines for Cooperative onsite Reviews with the Accreditation Commission for Education in Nursing (ACEN)

These guidelines are intended to provide the framework for cooperative onsite visits between the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and ACEN. Flexibility and judgement should be used in designing a schedule and conducting a cooperative visit to meet the needs of a school of nursing and its nurse anesthesia program.

The final schedule for the review should be agreeable to the school of nursing and the Chairs of both onsite review teams who represent the accrediting agencies. Additionally, the needs and requirements of both COA and ACEN must be met. This necessitates that the Chairs consult with each other and their respective accrediting agencies before agreeing on an agenda with the school. Periodic communication should continue up to and during the accreditation review.

1. A school of nursing may elect to write one self study that addresses the accreditation requirements of both COA and ACEN. Permission must be obtained from the COA and ACEN before proceeding.
2. Both COA and ACEN will appoint individual chairs and team reviewers. Curriculum vitae will be exchanged prior to the review.
3. COA's Chair will confer with the program director and ACEN's Chair will confer with the Dean of the School of Nursing to inquire about their scheduling needs and preferences.
4. The two Chairs will have a telephone conference to discuss how to schedule the onsite review. Responsibility for creating and finalizing the schedule will be agreed upon.
5. A decision should be made prior to the review on what conferences and activities will be conducted jointly and what will be conducted separately.
6. Both review teams should meet the evening before the visit to go over the conduct of the review.
7. Individual summary reports must be written by each review team to evaluate the degree of compliance with each appropriate set of standards.
8. Chairs of both teams should confer after drafting their summary reports to share their findings.
9. Chairs of both teams should hold a pre-exit conference(s) with the Dean of the school of nursing to discuss the findings of COA and ACEN reviewers,
10. Exit reports may be given sequentially.
11. Reviewers and representatives from the school of nursing and nurse anesthesia program will be asked to evaluate the cooperative review. Information from the evaluations will be considered in improving the process.

Note: A program that has been approved to write a combined Self Study (Council plus ACEN) must also submit information on Standard III, Program of Study, for the Council.

Reviewed: 05/19/17  
Editorial changes: 02/05/14

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## Council on Accreditation Deliberations

### POLICY

The Council will meet at least twice a year to accredit and/or take appropriate accreditation actions for programs under review.

### PROCEDURE

1. The deliberations of the Council will be based on:
  - a. The self study.
  - b. The summary report of the onsite review.
  - c. The program's response to the summary report along with any additional documentation furnished by the program.
  - d. Any other appropriate information from other sources available to the COA.
2. If a program desires an appearance before the Council, the Chief Executive Officer must be notified in writing as directed by COA staff. Presentations are conducted according to a written procedure (*Accreditation Policies and Procedures*, A-10 – “Appearances before the Council”).
3. The chair reviewer of the onsite review team may be required to be present during the program's presentation. The chair should be prepared to present highlights of the onsite review and to answer questions.
4. At the discretion of the program, adverse decisions of the Council are subject to reconsideration and appeal. In the event of an appeal, the presence of the chair reviewer may be requested to answer any questions posed by the appellate body.

Revised: 05/30/18  
Editorial Revision: 02/05/14

## Curriculum Vitae

### POLICY

Curriculum vitae of onsite reviewers are distributed by the Council to pertinent individuals who are involved in an accreditation onsite review.

### PROCEDURE

1. Reviewers are required to provide the Council with an up-to-date curriculum vitae upon reappointment or as directed by Council staff.
2. The program administrator is sent the current curriculum vitae of each member of the review team who is assigned to the program.
3. Each reviewer is sent the current curriculum vitae of each team member.

Rev. 5/31/19

## Decorum of Onsite Reviewers

### POLICY

An onsite reviewer is required to represent the Council by conveying the appropriate attitude, behavior, speech, and dress.

### PROCEDURE

Onsite reviewers will:

1. Dress in appropriate business attire.
2. Use proper language and avoid the use of profanity or other forms of speech that may be offensive.
3. Consider themselves as professional colleagues who are interested in the program's growth and development.
4. Recognize that there is an opportunity to offer suggestions for improvement during the exit conference as documented in the appropriate section of the summary report.
5. Prevent imposing personal bias by limiting the program review to compliance with the Standards for Accreditation of Nurse Anesthesia Educational Programs.
6. Avoid comparison of a program with any other program.
7. Avoid discussing personal or other experiences not related to the program being reviewed.
8. Adhere to assigned responsibilities as determined by the chair.
9. Recognize that an onsite review is a working session. Social activities cannot be included in the schedule.
10. Refrain from recruiting faculty or staff from the program being reviewed.
11. Refrain from suggesting themselves as consultants or employees of the program being reviewed.
12. Refuse gifts, favors, or services from the program. Souvenir gifts are permissible if they are inexpensive items that represent the program or its geographic location.
13. Report objective observations and not be swayed by good intentions or promises.

14. Report problem areas observed at a program regardless of the size or reputation of the program or its faculty.
15. Avoid taking sides with special interest groups or individuals.
16. After the onsite review, refer all communication from the program regarding the review to the Chief Executive Officer.
17. Maintain the confidentiality of the program being reviewed.

Reviewed: 05/19/17

Revised: 02/05/14

## Destruction of Self Study Materials

### POLICY

To ensure confidentiality, all documents submitted to onsite reviewers must be destroyed after an onsite review and accreditation decision are made.

### PROCEDURE

1. The onsite reviewers must keep the self study and supporting documents until after the accreditation decision is made.
2. A copy of the accreditation decision letter will be sent to each onsite reviewer.
3. Upon receipt of a COA accreditation decision letter, reviewers must complete and return the “Confirmation of Destruction of Self Study Materials” form as instructed by COA staff. Documents must be destroyed by individual reviewers or returned to the Council office. Exception: Reviewers’ copies of the self study may be left with the program if they do not contain markings or comments written by the reviewers.

Revised 05/31/19  
Revised 1/24/14



## Background for Reviewers Visiting Programs that Offer Distance Education Courses and Programs

### Background

There are considerable differences among nurse anesthesia programs in the amount of didactic instruction offered via distance education. By definition distance education is an educational process that is characterized by the separation, in time or place, between faculty and student and supports regular and substantive interaction between students and faculty, and student-to-student interaction, either synchronously or asynchronously. The term includes courses in which 50 percent or more of instruction is provided via communication technologies, including Internet-based courses, two-way and one-way interactive video, audio conferencing, multimedia, compact disc, video cassette and audio tape. The Council requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional education offerings. The attention reviewers pay to issues of quality related to distance education modalities will vary according to the amount of distance education provided and the type of delivery as well.

In many respects the aspects that reviewers might be concerned about in examining programs that offer courses via distance education are the same as they are for onsite education. In fact, some distance educators make the point that the attention accrediting agencies are expected to give to evaluating quality in distance education courses and programs should pertain equally to programs and courses delivered onsite.

### **What, then, are some of the areas COA reviewers should examine when they review a program that offers part or all of its didactic courses via distance education?**

#### 1. Faculty Training and Support

The amount of training required often depends upon the faculty member's role in course development. Distance education, particularly computer-based distance education, has often led to the "unbundling" of responsibility for course development where the faculty member has the responsibility for the content of the course and other experts are responsible for course design and the technical aspects of the course. If the faculty member's responsibility in course development is primarily to provide the content, faculty training could be limited to teaching in the computer-based instructional environment and use of the learning management technology.

However, if faculty members develop courses themselves, considerably more training is needed to ensure course quality. In this case, training should also include pedagogy and best practices in facilitating learning through course design.

Teaching via one- or two-way virtual technology also presents challenges different from working in a classroom where all students are present. It is important that faculty members teaching in this environment develop strategies for involvement of students in remote classrooms or online. They also must be cognizant that the tools they use in the classroom, such as PowerPoint presentations and blackboards, must be visible to students online as well as to students onsite. Handouts and tests need to be prepared sufficiently in advance such that they are available to students at the remote sites or online at the time the class is delivered. Additionally, graded assignments and tests must be returned to students in a timely fashion.

Technical support for faculty and students is also critical to quality instruction. In the case of virtual instruction, it is important that support is available during the broadcast to manage any technical problems that may arise. For computer-based instruction, technical support must be readily available to both students and faculty. If 24/7 support is not provided, faculty members need to be sure assignments, such as tests or collaboration on group projects, that require students to be online during a specific period of time, are scheduled when technical support is available.

## 2. Opportunities for and Effectiveness of Interaction between Faculty and Students

Interaction between faculty and students that promotes learning is a hallmark of all instruction. Given faculty and students are separated in the distance education environment, it is important that special attention be given to faculty/student interaction in this mode of instruction with evidence of regular and substantive interaction between students and faculty and similarly, student to student interaction to facilitate learning.

## 3. Other Indices of Quality

Several indicators of course quality have been discussed above. In addition to the indicators already specified, there are other sources of information that are important to examine in evaluating course quality. The COA standard dealing most directly with distance education is Standard III, Criterion C11 of the 2004 *Standards for Accreditation of Nurse Anesthesia Educational Programs* and Standard E.7 of the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*:

Distance education programs and courses satisfy accreditation standards and achieve the same objective/outcomes as traditional educational offerings.

The breadth of the standards suggests that in reviewing programs that offer distance education, hybrid, or online, it is important to keep in mind the possible implications each of the standards and criteria might have for students studying at a distance, and faculty teaching distance education courses.

#### 4. Academic and Student Services

For programs that offer a substantial percentage of their programs offsite or online, it is important that academic resources and student services, such as library services, registration, financial aid, and advising are available (ref. “Outline for Requesting Approval of Distance Education Classes, Courses, and/or Programs,” *Accreditation Policies and Procedures* manual, AA-9). While COA policy does not define clinical training offsite as distance education, availability of such services may also be important to students assigned to remote clinical sites.

#### 5. Program Growth

Distance education may be a strategy the program is using to increase the number of students in a program. The COA has established an initial class size for existing entry into practice programs; the established class size will equal the largest number of students admitted in any class during the previous three years starting with the date the policy was implemented (i.e., January 1, 2014). If the numbers of students in the program have increased substantially since the program’s last accreditation review or as a result of distance education, it may be important to confirm that the program has sufficient budget, staff, faculty, and/or support services to maintain a high level of program quality (ref. “Program Resources and Student Capacity” policy, *Accreditation Policies and Procedures* manual, P-15).

#### **For Further Reference**

Refer to “Guidelines for Reviewers Visiting Programs that Offer Distance Education Courses and Programs” (D-7) for additional information on the Standards and criteria that bear particularly on distance education courses or programs, guidelines for applying these Standards and criteria in the distance education context, and possible sources of information that will help reviewers determine compliance.

Revised: 10/09/20; 01/21/16; 02/05/14

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## Guidelines for Reviewers Visiting Programs that Offer Distance Education Courses and Programs

### Guidelines for Specific Standards and Criteria

Below are listed the Standards and criteria that bear particularly on distance education courses or programs, guidelines for applying these standards in the distance education context and possible sources of information that will help reviewers determine compliance with the criteria and Standards to supplement the material and documentation provided in the self study. However, it is important to note that Standard III, Criterion C11 (*2004 Standards for Accreditation of Nurse Anesthesia Educational Programs*) and Standard E.7 (*Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*) require that distance education courses and programs must satisfy all accreditation Standards.

### Standard III: Program of Study / Standard E: Curriculum Standards

#### Criterion C11 / Standard E.7

Distance education courses and programs satisfy accreditation standards and achieve the same objectives/outcomes as traditional educational offerings.

#### **Guideline**

In determining compliance with each standard and criteria, reviewers should be cognizant of the need to consider the program as a whole including both distance offerings as well as onsite.

Reviewers should examine distance education course or program outcomes, and where comparable courses or programs are also offered onsite, compare the outcomes of the courses to determine whether the outcomes are comparable.

#### Possible Sources of Information

- Data concerning course outcomes
- Interviews with faculty members teaching the distance and onsite course
- Examination of student work
- Student grades

#### **Guideline**

Course objectives for courses delivered both onsite and at a distance must be comparable

### Sources of Information

- Syllabi
- Interviews with faculty

### **Guideline**

Verification that the student who participates in class or course work is the same student who registers, completes the course, and receives credit for the course.

### Possible Sources of Information

- Use of security mechanisms such as identification numbers or other pass code information each time a student participates online.
- Use of proctored exams
- Use of new or other technologies and practices that are effective in verifying student identity
- Student submission of an academic assignment
- Documented student participation in an interactive tutorial or computer-assisted instruction
- A posting by the student showing the student's participation in an online study group that is assigned by the program
- A posting by the student in a discussion forum showing the student's participation in an online discussion about academic matters
- An e-mail from the student or other documentation showing that the student initiated contact with a faculty member to ask a question about the academic subject studied in the course

### **Guideline**

Reviewers should examine distance education policies and courses to determine if students attend distance education courses.

### Possible Sources of Information

- University and program policies
- Student handbook
- Syllabi
- Interviews with distance education course instructors and students
- Examination of computer-based courses to determine the opportunities for interaction between faculty and students and between students and students and whether the interaction is substantively related to the learning objectives of the courses.

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**Standard II: Resources / Standard A: Conducting Institution Standards****Criterion B1**

Resources are adequate to promote effective teaching and student learning and to achieve the program's stated outcomes within the context of the institutional mission.

**Guideline**

If the program is using distance education as a means of increasing the number of students it admits, it must ensure there is sufficient budget, staff, faculty, and/or support services to maintain a high level of program quality.

**Possible Sources of Information**

- Interviews with program and administrative support staff
- Adequate numbers of faculty and administrative support staff
- Program budgets
- Interviews with staff at clinical sites to determine adequacy of oversight

**Criterion B4**

The conducting institution(s) demonstrates ongoing commitment to and support of both the clinical and academic components of the nurse anesthesia program by providing adequate:

- b. Physical resources including facilities, equipment, and supplies.
- c. Learning resources including clinical sites, library, technological access and support.
- f. Student services.

**Standard A.10**

The program's resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including:

- 10.2 Physical resources including facilities, equipment, and supplies.
- 10.3 Learning resources including clinical sites, and technological access and support.
- 10.6 Student services.

**Guideline**

Programs that offer courses or programs at a distance should provide online access to

academic resources and student services, such as library services, registration, and financial aid. Programs should also ensure that academic advising is available to online students on the same basis as onsite students.

Possible Sources of Information

- Program or institutional website
- Interviews with program staff
- Comparison of services available to onsite students versus distance students
- Satisfaction of distance students with availability of student services

**Criterion B4**

The conducting institution(s) demonstrates ongoing commitment to and support of both the clinical and academic components of the nurse anesthesia program by providing adequate:

- e. Support personnel.

**Standard A.10**

The program's resources must be adequate to support the size and scope of the program to appropriately prepare students for practice and to promote the quality of graduates including:

- 10.5. Support personnel.

**Guideline**

The program must provide the technical support necessary to support televised and/or computer-based instruction.

Possible Sources of Information

- Feedback from faculty who teach distance education courses
- Student satisfaction with the technical support
- Policies the program may have in place concerning expectations for technician response time

**Criterion B5**

The conducting institution provides sufficient time and resources to permit faculty to fulfill their teaching, scholarly activities, service, administrative and clinical responsibilities.

**Standard A.8**

The conducting institution provides sufficient time to permit faculty to fulfill their obligations to students including clinical and classroom teaching, counseling and evaluation, and advising on doctoral level scholarly responsibilities.

**Guideline**

The program provides faculty members with: (1) training in developing quality online or televised courses, and (2) access to resource personnel expert in the pedagogy of teaching at a distance and the technology to be used in delivering courses.

**Possible Sources of Information**

- Feedback from faculty who teach distance education courses
- Examination of the faculty training and support available
- Examination of online courses (Reviewers will find it desirable to examine online courses prior to the visit since such an examination is often time consuming.)

**Guideline**

The program provides faculty members charged with developing online courses with the release time necessary to migrate the material and learning activities to the online environment.

**Possible Sources of Information**

- Feedback from faculty who teach distance education courses
- Faculty handbook
- Interview with program director

**Standard III: Program of Study****Criterion C5**

The educational environment fosters student learning and promotes professional socialization.

**Criterion C12**

The educational environment promotes academic quality as evidenced through a variety of indicators.

**Guideline**

Distance education courses must provide significant opportunities for interaction between faculty and students and among students.



### Sources of Information for Computer-Based Courses

- Examination of course syllabi to determine if courses include requirements for students to participate in discussions, work in small groups on projects, or other activities that would promote interaction
- Evidence that grades are based in part on activities that require interaction
- Examination of computer-based courses to determine the opportunities for and frequency of interaction between faculty and students and between student and students and whether the interaction is substantively related to the learning objectives of the courses
- Interviews with faculty members and students

### Sources of Information for Televised Courses

- Observation of televised courses
- Student satisfaction with the level and substance of interaction in televised distance education courses
- Faculty interviews

Revised 05/30/18  
Revised 01/21/16  
Revised 1/05/07

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## Evaluation of Clinical Affiliations/Sites

### POLICY

All clinical affiliations/sites must be evaluated during some phase of the onsite review. Selected sites may be visited. Requests from programs to visit all sites will be honored if possible.

1. Selected sites needed to meet COA requirements will be visited during an onsite review. Sites will be selected by the Chief Executive Officer and the chair of the review team based on considerations to include:
  - a. Feedback from clinical evaluations.
  - b. Random selection.
2. Sites needed to meet COA requirements that are not visited will be evaluated by an alternative method.

Various methods that may be considered in lieu of a site visit include a written evaluation of the clinical affiliation/site by the students and faculty, with visits to those regarded as being problematic; telephone conversations; teleconferences where available.

3. For sites that are not clinical affiliates/sites needed to meet COA requirements, alternative methods of evaluation are permissible and should be selected based on the needs of the program.
4. Sites that have been previously visited as part of another program's review and are used as clinical affiliations may not need to be visited.

Revised 01/21/16  
Revised Effective: 10/11/07  
Editorial changes: 01/19/06

## Fact-Finding versus Consultation

### POLICY

The primary purpose of the onsite review is fact-finding not consultation. In addition, onsite reviewers may make suggestions for program improvement.

### PROCEDURE

Program personnel may ask accreditation reviewers their opinions of the anticipated decision by the Council, however, all reviewers:

1. are fact-finders and reporters. Decisions are the prerogative of the Council and should not be anticipated by reviewers, either verbally or in writing.
2. must adhere to the principles of observation, assessment, and fact-finding, as opposed to personal preference or sentiment. This is essential to provide the required degree of objectivity. The Council depends on the summary report being factual, pertinent, and unbiased
3. must refrain from expressing any opinion that may be interpreted as the Council's decision.
4. may choose to include suggestions for improvement in a summary report of an onsite review.

Revised1/24/14

## Fees Paid to Onsite Reviewers

### POLICY

The COA pays fees to chair onsite reviewers for each day spent conducting an accreditation review at a program. Preparation for the onsite review and activity following the onsite review are not eligible for payment.

### PROCEDURE

1. An experienced chair onsite reviewer will be paid \$300.00 per day for conducting an onsite review.
2. Expense forms are provided on which to record expenses for reimbursement. Expenses must be included on the forms submitted by the onsite reviewers.

Revised: 05/30/18  
Effective: September 1, 2000

## First Onsite Review as a Chair

### POLICY

An experienced chair onsite reviewer (advisor) is assigned to accompany an inexperienced chair (new chair) on his/her first onsite review. The advisor receives the customary chair's fee while the new chair does not begin to receive a chair's fee until the next onsite review.

### PROCEDURE

1. Advisor's actions
  - a. Serve as a member of the onsite review team.
  - b. Serve as a resource to advise, and answer questions from, the new chair on the conduct of the onsite review.
  - c. Provide feedback to the new chair about his/her performance.
  - d. Inform the Chief Executive Officer about the performance of the new chair.
2. New chair's actions
  - a. Contact the advisor as soon as possible to discuss the role of new chair and to discuss the onsite review process.
  - b. Assume responsibility and duties for conducting the onsite review as defined in the Accreditation Reviewers' Manual. This includes planning the agenda and submitting a completed written summary report of the onsite review to the Council's office.
  - c. Contact the advisor periodically while planning and preparing for the onsite review to keep the advisor informed and to seek advice.

Revised: 05/30/18

## Material Available for Onsite Review

### POLICY

A variety of material should be made available to the reviewers. While much of this material is expected to be provided by the program prior to or during the onsite review, certain documents will be compiled by the COA into a backup file shared with reviewers in advance of the visit. Materials that would require having students enrolled in the program would not be available for new programs undergoing capability review. For capability reviews, compliance with Standards related to student outcomes will be assessed by determining whether programs have relevant assessment tools, policies, and procedures in place.

### PROCEDURE

#### 1. Program requirements

Suggested materials to be made available to the onsite review team are:

- a. Current Self Study
- b. Budget data
- c. Conducting institution(s) statistics and data
- d. Organizational charts
- e. Philosophy and program objectives
- f. Master schedule
- g. Course outlines and objectives
- h. Examinations, testing material, and scholarly works
- i. Current student brochure
- j. Student records (e.g. applications, life support certifications, etc.)
- k. Faculty teaching and time commitment data
- l. Minutes of faculty/committee meetings, specifically documenting program improvement using the ongoing evaluation process
- m. Reports of evaluation conferences
- n. Copies of all summative program review sections of COA Annual Reports since the last onsite review
- o. Student time commitment data

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- p. Published accurate information about the nurse anesthesia program's programmatic accreditation status.
  - q. Published information indicating the specific academic program covered by the accreditation status.
  - r. Example in program documents of where the name, address, telephone number and URL (<https://coacrna.org>) of the Council on Accreditation of Nurse Anesthesia Educational Programs is published.
  - s. Examples of published information for the most recent graduating class including but not limited to:
    - a) attrition.
    - b) employment of graduates within six months of graduation.
    - c) NBCRNA NCE pass rate for first first-time takers (see Glossary "Published Outcomes").
  - t. Student evaluations of the quality of
    - a) courses
    - b) didactic instruction
    - c) clinical sites
    - d) clinical instruction
    - e) teaching and learning environment
    - f) advising/mentorship
    - g) their own achievement (self-evaluation)
    - h) program
    - i) institutional/program resources
    - j) student services
    - k) curriculum
  - u. Faculty evaluations of
    - a) the quality of faculty services offered by the program
    - b) their own contributions to teaching, practice, service, and scholarly activities (self-evaluation)
  - v. Alumni evaluations of the quality of the program and their preparation to enter anesthesia practice (self-evaluation) for the preceding three years
  - w. Employer evaluations for the preceding three years
  - x. Outcome measures of academic quality including:
    - a) student attrition
    - b) NBCRNA NCE pass rates and mean scores
    - c) employment rates
    - d) any other outcome methods of student achievement identified by the program and/or institution (see Glossary "Academic Quality").

- y. Audio taping equipment if applicable

2. Council actions

The COA will provide onsite reviewers with the following back-up materials:

- a. Correspondence reaffirming the program's eligibility for accreditation in advance of its current continued or initial accreditation review.
- b. All COA decision letters sent to the program since the time of its last accreditation review.
- c. Student and faculty evaluations collected from the program, including but not limited to those collected at the midpoint of its accreditation cycle and prior to its current accreditation review. For new programs undergoing their first continued accreditation review, the COA will also provide the student and faculty evaluations collected two (2) years after the start of the program's first class of students.
- d. Other documents relevant to the program's accreditation review.

Revised 10/11/19  
Revised 10/18/17  
Revised 10/14/15  
Revised 1/24/14



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## Onsite Review: Activities after the Review

### POLICY

Responsibilities to be carried out after an onsite review.

### PROCEDURE

1. The chair reviewer will submit the summary report to the Chief Executive Officer within 14 days after the completion of the onsite review.
2. The Chief Executive Officer and staff will review the summary report. If the COA staff recommend any revisions to the summary report, the revised report is returned to the chair reviewer who reviews the document for correctness of information. The chair reviewer will confirm approval of the summary report, via e-mail or telephone conversation, with an Accreditation Specialist or the Chief Executive Officer. Only revisions of a technical nature can be made by the Chief Executive Officer. If a citation is incorrectly identified, permission to make a change must be obtained from the chair reviewer. The COA Executive Committee may review and approve changes to the summary report if permission is not obtained from the chair reviewer.
3. The Chief Executive Officer will furnish appropriate program officials with copies of the summary report.
4. The Chief Executive Officer will provide the review team with copies of the program's accreditation decision letter.
5. Copies of all self study documents must be destroyed according to policy.

Revised: 10/09/20; 1/24/14

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## Onsite Review: Activities before Arriving at the Program

### POLICY

Responsibilities must be carried out in preparation for an onsite review.

### PROCEDURE

1. Reviewer responsibilities
  - a. Each reviewer will be responsible for making his/her own transportation arrangements (ref. “Business Travel and Reimbursement” policy).
  - b. The chair reviewer will make the housing arrangements for all reviewers and will ensure that the other reviewers are notified of such arrangements.
  - c. The chair reviewer will contact the program administrator to develop a tentative agenda at least six weeks prior to the onsite visit.
  - d. Each reviewer will review documents (Council office or Chief Executive Officer may be contacted for clarification of documents).
  - e. Each reviewer should be familiar with:
    1. Accreditation Policies and Procedures.
    2. Standards for Accreditation of Nurse Anesthesia Educational Programs and/or Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate.
    3. Completed Self Study.
2. Council responsibilities
  - a. Availability of reviewers will normally be determined at least six months in advance of the scheduled onsite review for initial or continued accreditation\*.
  - b. All materials for a regularly scheduled review, including the complete Self Study, will be provided to the reviewers approximately one month in advance of the review. Supporting documents will be provided to each reviewer from the Council's office.

\*For exceptions, refer to the “Onsite Review: Unannounced” and “Supplemental Onsite Review” policies (*Accreditation Policies and Procedures* manual, O-6 and S-16).

Revised 01/20/17

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## Onsite Review: Activities during the Review

### POLICY

Onsite reviewer responsibilities that must be carried out during an onsite review.

### PROCEDURE

1. The day before an onsite review, the chair reviewer will hold an initial conference with the review team. The chair reviewer will clearly outline the task ahead.
2. The reviewers will compare their independent evaluations of the self study and arrive at a consensus regarding:
  - a. program information requiring clarification, verification, or amplification.
  - b. areas to which the review team should pay particular attention.
  - c. questions that have arisen from the review of the self study report.
  - d. materials missing from the self study report.
3. For programs offering a single degree plan for both practice doctoral degrees for entry into practice and practice doctoral degrees for CRNAs, reviewers must assess the institution's advanced standing policy to ensure it is appropriate for the single degree plan and assess whether all students (entry into practice and CRNA students) are meeting the same program terminal outcomes.\*
4. The chair reviewer will prepare a detailed assessment of the program's performance regarding student achievement based on the review team's assessment. This assessment will be included in the summary report of the onsite review. Criteria for preparing the summary should include at minimum:
  - a. Program attrition rates (per COA policy)
  - b. Graduate employment rates (80% or greater within 6 months of graduation, averaged over 5 years)
  - c. Certification Examination pass rates (per COA policy)
5. The chair reviewer will develop a plan for the responsibilities of each reviewer, based on his or her expertise.

\* Note: A single degree plan has following components: 1) there is one curriculum plan for both entry into practice students and master's prepared CRNAs seeking a practice doctoral degree; 2) students complete the same coursework; 3) the institution has in place an appropriate advanced standing policy, and master's prepared CRNAs are given advanced standing for coursework completed in their entry into practice program or completed as pre-requisites for admission into the nurse anesthesia program; and 4) students in both programs meet same program terminal objectives on completion of the program.

Revised: 05/30/18  
Revised: 05/30/14  
Effective: 04/10/07

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## Onsite Review Protocol

### POLICY

Reviewers must follow onsite review protocol.

### PROCEDURE

1. First day
  - a. Arrival at the facility conducting the anesthesia program will be at 8:00 a.m. or at a time mutually agreed on by the chair reviewer and program director.
  - b. The proposed agenda will be reviewed with the program director to ensure inclusion of:
    1. Review of self study and supporting documentation. Other interested parties may be included by the program director.
    2. Conferences with the community of interest.
    3. Review of a primary or affiliate academic institution.
    4. Conferences with CRNA faculty and students.
    5. Adequate time for the entire review team to prepare a draft of the summary report during the evening.
2. Second day
  - a. All clinical sites must be evaluated during some phase of the onsite review.
    1. A tour of the physical plant at selected clinical sites may include, but not be limited to, post anesthesia care units, call facilities, learning resources, and classroom and office facilities (as applicable). Refer to "Evaluation of Clinical Affiliations/Sites" (E-1) for additional guidelines.
  - b. The reviewers should arrive in the clinical area of the facility (or facilities) in time to observe the students' preparation of patients for anesthesia.
  - c. Observations should include patient management intraoperatively, as well as transfer of patient care from student to the postanesthesia care unit personnel.
  - d. The review team will meet privately to complete the summary report that incorporates the evaluation of clinical observations.

- e. Upon completion of the report, the review team will present a pre-exit report to the CRNA program director and other interested parties.
  - g. An exit conference will be held with the Chief Executive Officer or designee, CRNA program director, and representative members of the community of interest. The CRNA program director must be present for the exit conference. Their failure to attend requires that the Chief Executive Officer be notified for a decision relative to completion of the onsite review prior to the exit conference.
  - h. Departure from the program should be mutually determined by the reviewers and the program to ensure that all appropriate material was reviewed and all relevant discussion with interested parties occurred. At no time should the program be made to feel that a cursory or superficial review was made to facilitate the reviewer's (or reviewers') departure. If additional time is needed, the chair reviewer will contact the Chief Executive Officer of the COA for a determination. All members of the review team must be present for the exit conference.
3. Third day

If a three-day review is required, the protocol to be followed will be similar to the two-day review, except that the agenda will be expanded to include reviews of clinical sites and academic institutions as appropriate.

Revised: 10/09/20  
Editorial Revisions: 02/05/14

## Seeking Advice

### POLICY

The chair reviewer may contact the Chief Executive Officer at any time if questions arise regarding any aspect of the review. The Chief Executive Officer will forward any questions to the Council President for his/her determination if necessary.

### PROCEDURE

Examples of situations in which a chair reviewer could seek advice:

1. Adding an onsite reviewer to the team.
2. Adding an extra day to an onsite review before it is conducted.
3. Clarifying the standards and criteria.
4. Clarifying accreditation policies and procedures.
5. Confirming that the onsite review is being conducted according to Council policy.
6. Discussing unique situations or problems that arise during an onsite review.
7. Consideration of aborting an onsite review.
8. Extending the length of an onsite review while visiting the program.
9. Discussing the organization and content of the written summary report of the onsite review.

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## Training Program for Onsite Reviewers

### POLICY

New onsite reviewers must complete a formal training program before participating in onsite reviews. Established onsite reviewers must attend periodic training sessions to keep themselves up to date on policies, procedures, and activities pertaining to accreditation.

### PROCEDURE

1. Newly appointed onsite reviewers will be notified in writing after their appointments.
2. Reviewers will be notified in writing of the date and time a training session is to be held. Material of importance to accreditation will also be provided to each onsite reviewer with instructions for reading before the training session.
3. Individuals who are experienced in conducting onsite reviews and the accreditation process will conduct the training session.
4. A consistent outline for the training session will be used to avoid variations in the training process.
5. Attempts will be made to assign each new onsite team reviewer to work with the same chair reviewer for two consecutive onsite reviews.
6. An experienced chair will accompany a new chair to serve as a mentor during the first onsite review.
7. Onsite reviewers will be asked to complete written evaluations of the training process immediately after the session.
8. Expenses will be reimbursed for attending the training session, according to the Council's reimbursement policy and procedure.

Revised: 01/21/16  
Revised: 01/19/06



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## Writing the Summary Report of the Onsite Review

### POLICY

The onsite review team will write a summary report that appraises a program's degree of compliance with the Standards for Accreditation of Nurse Anesthesia Educational Programs and/or Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate. A program's strengths and weaknesses must be based on an analysis of observations made by the onsite review team.

### PROCEDURE

1. The report will:
  - a. Comment on the quality of the program's self study. Evidence of quality includes the provision of sufficient information to assess compliance with each standard and criterion. Other evidence of quality includes cogency of narrative responses and inclusion of relevant supporting documents that are appropriately labeled.
  - b. Identify criteria by which a program meets or exceeds the standards by noting they are "in compliance." Reasons for citing strengths of the program should be explained.
  - c. Identify criteria with which a program is in "partial compliance." Describe the deficiency in sufficient detail so it can be easily understood by readers.
  - d. Identify criteria by which a program does not meet the standards by noting they are in "non-compliance." Describe the deficiency in sufficient detail so it can be easily understood by readers.
  - e. Identify areas of possible critical weakness. Areas of critical weakness are marked with an asterisk in the Standards for Accreditation of Nurse Anesthesia Educational Programs and Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate.
  - f. Request further clarification and documentation on any specific areas of partial or noncompliance.
  - g. Include a concise overview of the review team's findings. Citations in the body of a summary report will be restated in the overview of the onsite review at the end of the summary report.

- h. Make suggestions for program improvement if identified by the onsite reviewers.
  - i. Make it clear to the program that there are no obligations to adopt the suggestions contained in the summary report.
  - j. All standards and criteria must be assessed during a capability review, with the exception of specific criteria identified by the Council (e.g., criteria related to distance education and experimental/innovative curricula). Such criteria should be identified as "not applicable" in the "Reviewer Comments" section of the summary report form. Compliance with Standards related to student outcomes will be assessed by determining whether programs have relevant assessment tools, policies, and procedures in place.
  - k. Document investigations conducted by the review team. The outcome of an investigation by reviewers into major areas of concern that are raised in student evaluations, faculty evaluations, or formal complaints should be recorded in the summary report.
  - l. Identify the academic and clinical sites reviewed.
  - m. Document attendance at the exit conference. Individual names of people attending group conferences do not need to be included in the written summary report. It is acceptable to include individual names for key individuals and list others as representatives of particular groups in the community of interest.
2. Summary reports in COAccess
- a. The summary report of the onsite review will be completed within COAccess.
  - b. The completed summary report should be submitted in COAccess. A final electronic copy of the report will be provided to the program.
  - c. A copy of the draft summary report must not be given to a program at the end of an onsite review.

Revised: 01/19/06, 10/11/07, 10/18/17

## Evaluation of Chair Reviewer

Team Reviewer	_____	_____
	Name	Date

Please complete and submit this evaluation(s) of the Chair Reviewer(s) to the Council within 10 business days of the completion of the onsite review. The evaluation will be kept on file for consideration by the Council when making future appointments. It will also become part of a compilation of evaluations sent to the chair reviewer upon consideration for reappointment. Thank you.

Name of program	_____
Chair Reviewer	_____

	YES	NO	IF NO, CITE EXAMPLES
1. Actively and effectively participated in discussions and evaluation activities.			
2. Demonstrated knowledge of the Council's Standards, policies, and procedures.			
3. Demonstrated objectivity during the onsite review.			
4. Was prepared for the onsite review (i.e., there was evidence the Chair had reviewed the Self Study and its supporting documentation).			
5. Promoted an atmosphere that was conducive to open discussion.			
6. Exhibited a professional demeanor at all times during the visit.			
7. Served as a valuable leader of the evaluating team.			

## Evaluation of Team Reviewer

Chair Reviewer	_____	_____
	Name	Date

Please complete and submit this evaluation(s) of the team reviewer(s) to the Council within 10 business days of the completion of the onsite review. It will be kept on file to be considered by the Council when making future appointments. It will also become part of a compilation of evaluations sent to the review team member(s) upon consideration for reappointment. Thank you.

Name of program	_____
Team Reviewer	_____

	YES	NO	IF NO, CITE EXAMPLES
1. Actively and effectively participated in discussions and evaluation activities.			
2. Demonstrated knowledge of the Council's Standards, policies, and procedures.			
3. Demonstrated objectivity during the onsite review.			
4. Appeared appropriately prepared for the onsite review (i.e., there was evidence the Team reviewer had reviewed the Self Study and its supporting documentation).			
5. Promoted an atmosphere that was conducive to open discussion.			
6. Exhibited professional demeanor at all times.			
7. Served as a valuable member of the fact-finding team.			

## Program Evaluation of Onsite Reviewers

Instructions:

The program administrator is requested to complete this form and return it to the address below within 10 business days of the completion of the onsite review. These evaluations will be reviewed by the Council and forwarded to the respective visitors as indicated in the COA's "Evaluation of Onsite Reviewers" policy (ref. *Accreditation Policies and Procedures* manual, E-4). The administrator is invited to duplicate and distribute copies of this document to other responsible parties who may wish to provide input; their evaluations should also be enclosed. Each evaluation sheet is headed by the appropriate reviewer's name.

Any charges of bias in reference to the conduct of the onsite review must be submitted to the Council within 10 business days of the completion of the onsite review.

NAME OF PROGRAM: \_\_\_\_\_  
CITY AND STATE: \_\_\_\_\_  
DATE OF REVIEW: \_\_\_\_\_

NAMES OF ONSITE REVIEWERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDIVIDUAL COMPLETING EVALUATION:

\_\_\_\_\_  
\_\_\_\_\_

MAIL COMPLETED FORM TO:

Council on Accreditation of Nurse  
Anesthesia Educational Programs  
222 S. Prospect Avenue  
Park Ridge, Illinois 60068-4001

Name of program \_\_\_\_\_

Chair Reviewer \_\_\_\_\_

	YES	NO	IF NO, CITE EXAMPLES
1. Contacted the program director in time to adequately arrange the visit agenda and complete plans.			
2. Demonstrated knowledge of the Council's Standards, policies, and procedures.			
3. Demonstrated leadership during the onsite review.			
4. Demonstrated objectivity during the onsite review.			
5. Encouraged an atmosphere that was conducive to open discussion.			
6. Exhibited a professional demeanor at all times during the visit.			
7. Conducted the exit conference using specific Council standards and criteria that reflected an accurate and thorough review of the program.			
8. Allowed adequate time for questions and relevant discussion during the exit conference.			

Name of program \_\_\_\_\_

Team Reviewer \_\_\_\_\_

	YES	NO	IF NO, CITE EXAMPLES
1. Actively and effectively participated in discussions and evaluation activities.			
2. Demonstrated knowledge of the Council's Standards, policies, and procedures.			
3. Demonstrated objectivity during the onsite review.			
4. Promoted an atmosphere that was conducive to open discussion.			
5. Exhibited a professional demeanor at all times.			
6. Served as a valuable member of the fact-finding team.			

Name of Program: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL COMMENTS BY PROGRAM ADMINISTRATOR**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE -- To be used only by the Council on Accreditation**

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**COMMENTS BY STAFF ANALYST** (regarding summary report)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**COMMENTS BY COUNCIL** (regarding onsite reviewers; e.g., summary report, conduct of visit, etc.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Tentative Agenda for Onsite Accreditation Review

(Two Days)

### FIRST DAY:

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1. Finalize agenda for onsite review.
2. Review self study, with verification, amplification, and/or clarification of information.
3. Review program records.
4. Visits/conferences at the academic institution.
5. Confer with all students and review of student records.
6. Confer with all CRNA faculty (including representation from affiliate faculties).
7. Confer with physician anesthesiologists involved with the program.

### SECOND DAY:

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1. Observe clinical practicum and clinical facilities.
2. Review physical plant, teaching/learning resources, and related areas as appropriate (OB, ICU, PACU, etc.)
3. Finalize draft summary report.
4. Review draft report with program officials.
5. Review draft report with communities of interest.

## Tentative Agenda for Onsite Accreditation Review

(Three Days)

### FIRST DAY:

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1. Finalize agenda for onsite review.
2. Review self study, with verification, amplification, and/or clarification of information.
3. Review program records.
4. Visits/conferences at the academic institution.
5. Confer with all students and review of student records.
6. Confer with all CRNA faculty (including representation from affiliate faculties).
7. Confer with physician anesthesiologists involved with the program.

### SECOND DAY:

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1. Observe clinical practicum in all facilities.
2. Conduct additional conferences at the academic institution as needed.
3. Review physical plant, teaching/learning resources, and related areas as appropriate (OB, ICU, PACU, etc.).

### THIRD DAY:

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1. Finalize draft summary report of review.
2. Review draft report with program officials.
3. Conduct exit conference with the communities of interest.

## Training Program for Onsite Reviewers

### Agenda

1. Introductions
2. Overview
  - a. History of accreditation of nurse anesthesia educational programs
  - b. The value of accreditation
  - c. Membership of the Council
3. Accreditation Review Process for Programs
  - a. Capability review for accreditation
  - b. Accreditation after graduation of first class of students
  - c. Accreditation review for established programs
  - d. Supplemental onsite reviews
  - e. Planning the agenda for an onsite review
  - f. Evaluating traditional and distance education offerings
4. Important documents
  - a. Standards for Accreditation of Nurse Anesthesia Educational Programs and Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate
    1. Importance and use of documents
    2. Discussion of revisions to the Standards made since the last scheduled onsite reviewer training program.
    3. Guidelines for interpretation and application from Council database
    4. Illustrative examples of interpretation and application during onsite reviews
  - b. Accreditation Policies and Procedures
    1. Importance and use of document
    2. Discussion of revisions to the policies and procedures made since the last scheduled onsite reviewer training program.
    2. Guidelines for interpretation and application
    3. Illustrative examples of interpretation and application during onsite reviews
  - c. Accreditation Reviewers' Manual

Overview and purpose of document

- d. Self Study
  - 1. Overview and purpose of document
  - 2. Guidelines for reviewing a program's completed self study
- e. Summary Report of Onsite Accreditation Review
  - 1. Overview and purpose of document
- 5. Responsibilities of Onsite Reviewers
  - a. Activities before the review
  - b. Activities during the review
  - c. Activities after the review
  - d. Onsite review protocol
  - e. Decorum of onsite reviewers
- 6. Discussion of policies and procedures
  - a. Aborting an onsite review
  - b. Conferences with program representatives
  - c. Council on Accreditation deliberations
  - d. Curriculum vitae
  - e. Destruction of self study materials
  - f. Distance Education – Background and Guidelines for Reviewers Visiting Programs that Offer Distance Education Courses/Programs
  - g. Evaluations of clinical affiliations/sites
  - h. Evaluation versus consultation
  - i. Material available for onsite review
  - j. Measuring Program Outcomes – Certification Examination
  - k. Measuring Program Outcomes – Attrition Monitoring
  - l. Seeking advice
  - m. Travel policy
  - n. Evaluations of team members
  - o. Evaluations of onsite reviewers
- 7. Writing the summary report of the onsite review
  - a. Review of citations made during recent onsite accreditation reviews
  - b. Practice writing citations based on sample citation scenarios
  - c. Review of what should and should not be included and why
- 8. Summary
  - a. Questions and answers
  - b. Suggestions for maintaining current knowledge between site visits
  - c. Identification of follow-up activities as needed

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