



#### **Policies and Procedures**

- Accreditation after First Class A-1
- Accreditation Established Programs A-3
- Decisions for Accreditation D-3
- Onsite Review O-2
- Record Retention R-6
- Self Study S-6
- Student Evaluations S-13
- Summary Report of Onsite Review S-14

#### Preparation for an onsite visit

- Self-Study completed and submitted!
- Complete review of policies and procedures for onsite visit
- Begin to plan for the visit
- COA will appoint reviewers and determine the length of the visit

4

# Creating the Agenda for the meeting

- Develop the agenda with the Chair Reviewer approximately 8 weeks prior to the visit.
- Scheduling meetings with: Faculty, Students, Administrators, Student Support services, Clinical coordinators, anesthesiologists
- Plan for clinical site visits
- Review team needs during the creation of the agenda

5

### Some questions?

Can I initiate contact with my Chair before they contact me?
How many clinical sites should the review team visit? And which sites should we pick/suggest?
Who should the program invite to attend the various conferences (i.e. provost, Dean, IT, Financial Aid, Library and Student Services)?

### Some Questions?

•What types of documents should I have onsite? Do the documents need to be printed or can we have a computer available for the review team to access the information electronically? •If the review team requests additional information/documentation, how should we proceed with submitting the information via email or COAccess? •The university has a preferred hotel guests can stay at; can the program make the reservations for the review team?

7



	N	Materials for the review team (not all-inclusive Policy M-7)			
	1.	Access to online courses and materials including tracking program	1.	Examinations and testing materials.	
	2.	Program philosophy, objectives, and master schedule.	2.	Faculty teaching and time commitment data.	
	3.	Organizational charts.	3.	Alumni evaluations of the quality	
	4.	Administrative policies.		of the program for the preceding three years.	
	5.	5. Budget data.	4	Employer evaluations for the preceding three years.	
	6.	Committee meeting minutes of the preceding three years.	4.		
	7.	Clinical site demographics and case experiences.	5.	Clinical site contracts	
			6.	Clinical coordinator CVs	
	8.	Current course outlines, objectives, and student brochure.	7.	Sample student files, any grievance files	

## Day of Review

- Review of the agenda
- Review of supporting documentation
- Conferences with communities of interest \*\*\*\*
- CRNA faculty and students
- Workspace and time
- (quiet private space, materials, food and drink, transportation)

10

#### Clinical Site Visits (Day 2)

- Access
- Appointed individual/ scheduled time
- Any necessary approval documentation
- Observation of teaching and learning
- Reviewer will need access to OR rooms to observe students\*\*\*\*\*

11

#### Clinical Site Visit (Day 2)

- Pre-exit summary report to program administrators and sometimes university officials
- Exit conference with communities of interest\*\*\*\*

12

#### After the onsite visit

- Summary report is submitted by the review team to the COA within 14 days
- COA accreditation specialists and CEO review of the summary report
- Any changes to compliance in the summary report will be communicated to the program
- PDF copies will be provided to the program by the CEO of the COA
- Response to the summary report submission will be due March 1st for May meeting and August 1 for October meeting

13

#### Accreditation Decision

COA decision letter will be distributed within 30 days of the Council's decision-making meeting.

14

# Question

What are your top 2 questions for/about the visit?



