



# The Onsite Visit

Self Study Workshop

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# Conflict of Interest Disclosure Statement

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- I will not discuss off-label use during my presentation

# Objectives

**01**

**List activities associated with the successful preparation for an Onsite Visit.**

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**02**

**List activities associated with the successful conducting of an Onsite Visit.**

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**03**

**List activities associated with the successful follow-up after an Onsite Visit.**

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# Setting the Stage: Celebrating the Self Study



**Acknowledge the significant work completed in preparing and submitting the Self Study and supporting documents**

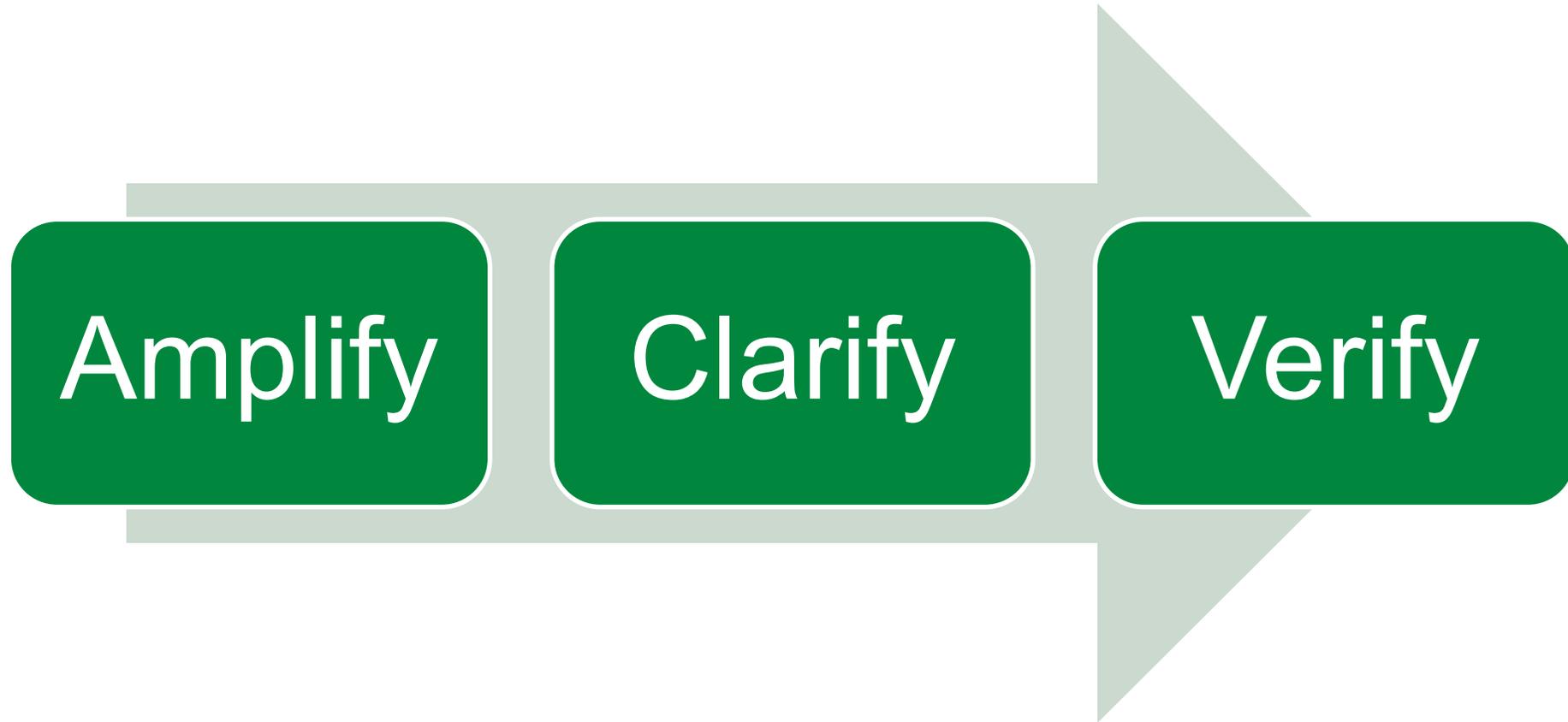


**The Self Study is a comprehensive effort to measure program progress against established objectives and national standards**



**Serves as your evidence base, documenting qualitative and quantitative assets, and institution-wide compliance**

# Impact of the Onsite Visit: Validation and Assurance



# Preparation: Setting Up for Success

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The COA appoints reviewers and determines the length of the visit

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Proactive coordination with the Chair Reviewer

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Timely agenda development (typically 6-8 weeks prior to visit)

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Plan for clinical site visits (plan time for travel, parking, tours, and OR observation)

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Finalized agenda must include meetings with all critical communities of interest

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Secure spaces on campus (resource rooms, conference rooms)

# Reviewer Meetings with Communities of Interest

**Faculty**

**Students**

**Administrators**

**Student/Faculty Services**

**Clinical Partners**

# Sample Agenda: COA Agenda Template

## SAMPLE AGENDA

Onsite Review Team		
Chair Reviewer: Jasmine Flowers, PhD, CRNA		
Team Reviewer: Brandon Gulf, DNP, MBA, CRNA		
Day 1 – November 8, 2026		
TIME (EST)	MEETING INFORMATION AND LOCATION	PARTICIPANTS
0730	Meeting with University and School Leadership Location:---	<ul style="list-style-type: none"> <li>• J. Flowers, PhD, CRNA</li> <li>• B. Gulf, DNP, MBA, CRNA</li> <li>• Charles Moose, MD, MBA, Executive Vice President, Provost and Dean</li> <li>• Deborah Smite, PhD, MSN, RN, Senior Vice President and Dean, School of Nursing</li> </ul>
0800	Review of Visit Agenda Location:---	<ul style="list-style-type: none"> <li>• Dr. Flowers</li> <li>• Dr. Gulf</li> <li>• Cathy Rose, DNP, CRNA, Program Administrator</li> <li>• Marlene Ninja, PhD, MSN, CRNA, Assistant Program Administrator</li> </ul>
0815	Review of Self Study, supporting documentation, and program files Location:---	<ul style="list-style-type: none"> <li>• Dr. Flowers</li> <li>• Dr. Gulf</li> <li>• Dr. Rose</li> <li>• Kristen Snooze, PhD, CRNA, Vice Dean and Chair of Academic Affairs Chair</li> <li>• Kerri Stars, PhD, Vice Chair of Academic Affairs</li> </ul>
0945	Meeting with Educational Innovations Location:---	<ul style="list-style-type: none"> <li>• Dr. Flowers</li> <li>• Dr. Gulf</li> <li>• Jack O’Lantern, DNP, APRN, Director of Educational Innovations</li> </ul>
1030	Health Education Building Center tour: Classroom, Student study spaces	<ul style="list-style-type: none"> <li>• Dr. Flowers</li> <li>• Dr. Gulf</li> <li>• Dr. Rose</li> </ul>

# Pre-Visit Collaboration: Setting the Agenda for Success



**Housing arrangements**



**Food: Ask about dietary restrictions**



**Quiet, private space with snacks/beverages**

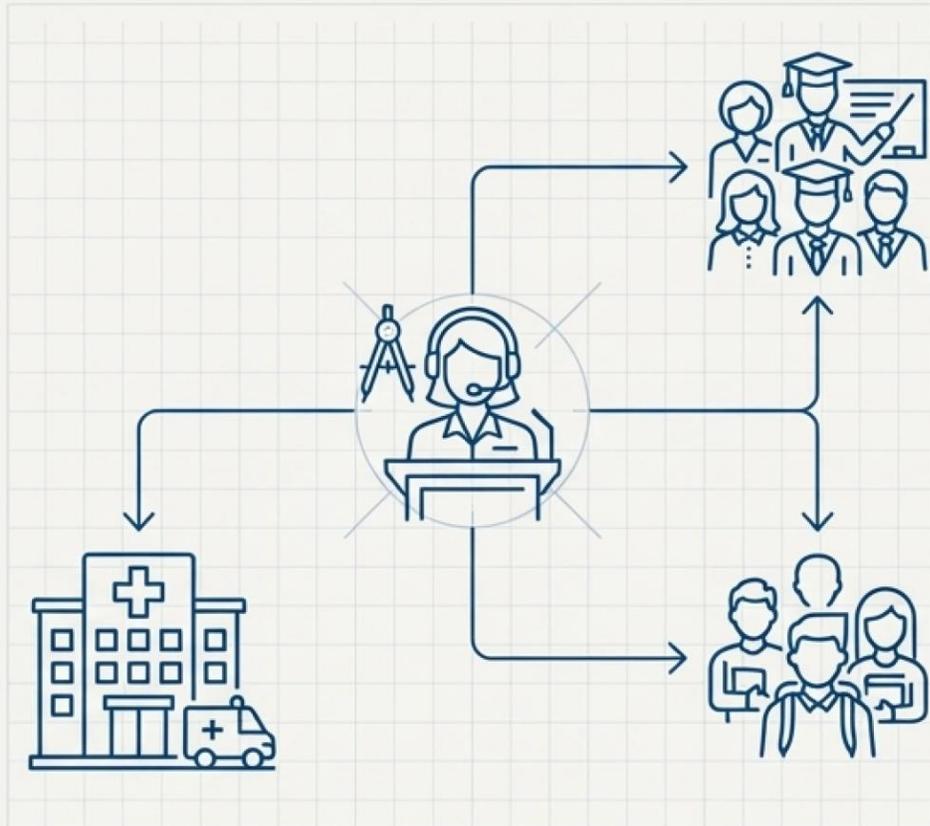


**Comfortable workspace**



**Consider staging room if back-to-back meetings in same space**

# Preparing Your People: Aligning Expectations, Reducing Anxiety



**A successful visit depends on a prepared and confident team.**

- **Brief Your Stakeholders**

Hold pre-visit meetings with faculty, students, and clinical partners. Explain the process, review the agenda, and clarify their roles. Reassure them about the process to decrease anxiety.

- **Normalize the Process**

Frame potential citations not as failures, but as a normal and constructive part of a peer-reviewed process for quality improvement.

- **Emphasize the Full Picture**

Remind your team that the COA's final decision is made only *after* considering your program's formal written response to the summary report. The visit is one part of a larger dialogue.

# Internal Preparation and Socializing Expectations



**Mock meetings with reviewers**



**Photos of reviewers with their bios**



**One-pagers for key stakeholders**



**Normalizing citations and the response process**

# During the Onsite Visit: Showcase your Program!

- Conferences: Engage openly and honestly in scheduled meetings
- Document review: Guide reviewers to the evidence in your resource room that supports your Self Study
- Ensure the Program Administrator and Assistant Program Administrator(s) are always available to answer reviewer questions
- Stay positive!



## Pro Tip

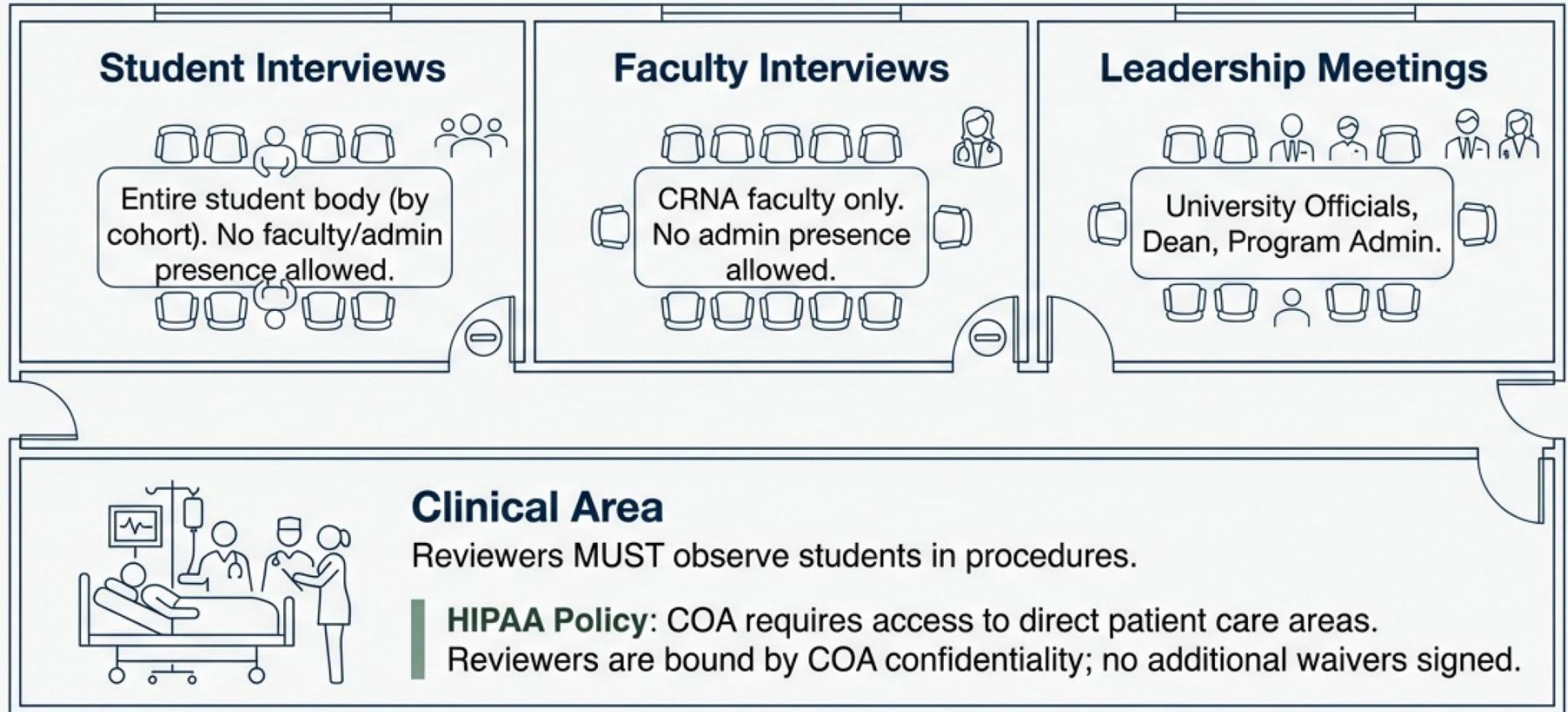
Ask the reviewers their preference for digital vs. printed documents. If digital, provide a dedicated computer. If printed, use tabs and highlight relevant sections to guide them.

# Material Available for Onsite Review (M-7)

- Current Self Study
- Budget data
- Conducting Institution stats/data
- Organizational charts
- Philosophy/program objectives
- Master schedule
- Course outlines and objectives
- Exams/scholarly works
- Current student brochure
- Student records
- Faculty teaching/time commitment

- Meeting minutes
- Reports of evaluation conferences
- Copies of summative program review
- Student time commitment data
- Published information regarding accreditation and outcomes
- Student, faculty, alumni, employer evaluations of quality
- Outcome measures

# Execution: Total Transparency and Access



**The Reviewer Mission: Amplify, Clarify, Verify the Self Study**

# Clinical Site Visits

- Purpose: Reviewers will observe students and clinical faculty in the clinical arena to assess teaching and learning
- Remember: Sites are selected by the COA CEO and Chair Reviewer based on clinical evaluation feedback or other factors (case requirements, random)
- Access is non-negotiable!
- COA onsite reviewers are bound by the COA's “**Confidentiality and Disclosure of Information**” policy and therefore do not execute any additional confidentiality agreements, consent forms, or waivers that may be authored by a program's clinical sites.

# Concluding the Visit: The Exit Conference



## 1. Private Summation

Review team presents findings to the Program Director and Assistant Program Director.



## 2. Formal Exit Conference

Chair Reviewer presents oral summary report to the wider program and university audience.

## What to Expect During the Conference

- The team will address each standard, stating a finding of “in compliance,” “partial compliance,” “non-compliance,” or “not applicable.”
- This is an oral report of findings. It is not the final decision.

## What Happens Next

- The Chair Reviewer submits the written summary report to the COA within 14 days.
- Your program will receive the final, official written summary report from the COA's CEO. This report will formally identify strengths and any areas of non-compliance.

# Exit Conference: Reminders & Tips

- ORAL presentation of findings
- Ensure your Exit Conference is well attended
- Communities of interest include program administrators, university officials, students, clinical partners, staff, student/faculty support staff, and the public
- Virtual option for your clinical partners or key stakeholders who may be sick
- Remember, each standard will be read in its entirety and will have “in compliance, partial compliance, non-compliance, or not applicable”
- Reviewers typically depart immediately after the conference

# After the Onsite Visit: Final Steps to Decision

- A 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 communicated to the program
- PDF copies will be provided to the program by the COA
- If your program is in capability review, you will need to complete a Distance Education application if applicable

# Response to the Summary Report

- If the summary report identifies citations or critical weaknesses, the program must file a written response by the deadline set by the Council
- The response is uploaded to COAccess like the Self Study
- The response must detail how the deficiencies have been resolved and include appropriate documentation to demonstrate compliance
- Deadlines for submission for the response to the summary report are typically March 1st for the May/June meeting or August 1st for the October meeting

# Accreditation Decision



The Council reviews the documentation (Self Study, summary report, program response, staff analysis) and renders an accreditation decision



A decision letter will be sent within 30 business days of the Council's decision-making meeting.



Continued accreditation can be granted for lengths varying from 10 years down to 2 years



Initial accreditation can be granted for 5 years

**Questions?**