

AMERICAN ASSOCIATION OF BLOOD BANKS
COMMITTEE ON ACCREDITATION OF
Specialist in Blood Bank Technology/Transfusion Medicine

Document A – Initial Accreditation
GUIDELINES FOR CONDUCTING THE INITIAL SELF STUDY
AND
INSTRUCTIONS FOR PREPARING THE INITIAL SELF-STUDY REPORT

Revised: September 2005
Effective: November 1, 2005

Committee on Accreditation
Specialist in Blood Bank Technology/Transfusion Medicine

Initial Accreditation Self-Study Report
Of Educational Programs for the Specialist in Blood Bank Technology

THE INITIAL SELF-STUDY PROCESS

It is important to distinguish between the self-study process and the Self-Study Report.

Definition:

Self-study is a formal process during which an institution critically examines its plans for structure and substance of an entire educational program, judges the program's overall position relative to its mission, identifies specific strengths and deficiencies, and outlines the plan for development and implementation of the program. The process should include a consideration of external factors influencing educational direction as well as an assessment of how the planned program will meet established accreditation standards.

Elements of the Self-Study Implied in the Definition:

formal process: organized and systematic activity that precedes the Self-Study Report

critically examines: identifies and analyzes the current status of the proposed program.

structure and substance: a comprehensive process that considers all elements of the program.

entire educational program: process is conducted with the participation of appropriate constituencies.

judges the program's overall position: conclusions should be reached

relative to mission: state goals and objectives that are appropriate to the institutions's mission

identifies specific strengths and deficiencies: the self-study should be open, objective and precise in its assessment.

outlines the plan for development and implementation: formal long-range planning is a logical sequel to the self-study process.

external factors influencing educational direction: conditions within the sponsoring institution; projected changes in the profession's role; and the legal, social, political and economic climate affecting the institution and program should be considered in the extent to which the program will meet established accreditation standards.

assessment of how the planned program will meet established accreditation standards: a review of each standard to determine compliance.

THE INITIAL SELF-STUDY REPORT

Definition:

The Initial Self-Study Report (I-SSR) is an evidential document that summarizes the methods and findings of the self-study process.

Elements of the I-SSR Implied in the Definition

evidential document: the Report includes a statement how and for what purpose the study was conducted and provides clear evidence that an identifiable process actually took place

summarizes the methods and findings: the Report contains a synopsis of relevant data, conclusions and plans generated by the self-study. The latter two items may be incorporated into the body of the report or presented separately in the conclusion.

REPORT FORMAT FOR THE I-SSR

- The Self-Study Report consists of two volumes of materials, summarized in the following pages, to be presented to the Committee on Accreditation of Specialist in Blood Banking/Transfusion Medicine (CoA-SBBT) when initial accreditation is requested.
- An additional set of materials, provided elsewhere in these instructions, is to be available on site.
- The two volumes of the I-SSR need NOT be in two books, but can be combined into one.
- Number pages to facilitate the review process.
- Separate each section by tabs.
- Submit one hard copy of the I-SSR to the AABB National Office, ATTN: Director of Education, complete with all appropriate signatures.
- Additionally, submit the report electronically to the AABB Education Department via email or on CD.
- All appropriate fees must be paid in full before evaluation of the I-SSR by the CoA-SBBT.

OUTLINE FOR VOLUME I:

- Tab 1 Table of Contents
- Tab 2 Introduction
- Tab 3 CAAHEP Request for Accreditation Services
- Tab 4 Narrative
- Tab 5 Summary

OUTLINE FOR VOLUME II:

- Tab 1 Table of Contents
- Tab 2 Program/Institutional Information (*Standard I-A, Standard V-F*)
- Tab 3 Consortium Information, if applicable (*Standard I-B*)
- Tab 4 Identification of key Program Officials, faculty and instructional staff (*Standard III-B*)
- Tab 5 Evidence of financial resources for the program, including proposed budget
- Tab 6 Curriculum (*Standard III-C*)
- Tab 7 Evidence of compliance with Fair Practices (*Standard V*)

INSTRUCTIONS AND EXPLANATIONS FOR VOLUME I

Tab 1. Table of Contents

The Table of Contents will identify the location of each section of the document.

Tab 2. Introduction

This section should include a statement of how the self-study was conducted, the period of time devoted to the study, and a list of participants and their assignments. A brief historical overview of the institution and orientation to the program's setting is helpful to the I-SSR reviewers.

Tab 3. Request for CAAHEP Accreditation Services

This form may be obtained from the CAAHEP website (www.caahep.org) and contains factual data on the sponsoring institution that are common to all allied health programs sponsored by that facility. The material requested is self-explanatory. It may be helpful to complete this form at the onset of the self-study process, so the participants can use the basic data it provides.

Tab 4. Narrative

The narrative is the "heart" of the Self-Study Report, and should reflect the findings and conclusions resulting from the self-study process. It is to be a qualitative assessment of the strengths and deficiencies of the program and of the extent to which the program is in compliance with the Standards and Guidelines (S&G). It is not necessary to repeat data or information contained in the CAAHEP Application and in the Appendices, unless it is absolutely essential for the sake of clarity. Descriptions of other planned program elements should be kept to a minimum and generally used only where called for in the Narrative Contents Outline and Instructions. Information contained in the appendices can be referenced in the Narrative.

Note that the Narrative outline parallels that of the S&G. In general, each section requires a summary of the Self-Study Report findings relevant to that S&G. This includes the strengths and concerns, an assessment of compliance with the S&G, and a summary of plans to remedy any significant deficiencies noted.

OUTLINE:

I. Sponsorship

Describe how the sponsoring institution(s) meets the requirements stated in this S&G. Indicate how any deviations affect the SBB program.

If the program sponsorship is a consortium, explain the responsibilities of each sponsoring institution/

Summarize plans to correct any deficiencies or concerns.

II. Program Goals

State the program's overall goals and objectives.

Describe how appropriateness of goals and learning domains is evaluated and ensured.

State the minimum expectations for the program's outcomes.

III. Resources

A. Type and Amount

Provide a brief general statement concerning the overall adequacy of the program's resources, including financial and physical, to support the number of students enrolled and to achieve the stated program outcomes.

B. Personnel

Identify the key program officials [Medical Director/Advisor(s), Program Director, and Education Coordinator(s)

State whether program officials meet the requirements stated in this S&G noting specifically any deviations from the responsibilities and qualifications listed. Indicate how any deviations affect the program. Summarize briefly how the efficacy of program administration is evaluated. Summarize plans to correct any deficiencies or concerns.

Comment on the extent to which the number, qualifications and responsibilities of faculty and/or instructional staff fulfill the requirements stated in the S&G. Summarize plans to correct any deficiencies noted. Briefly describe the process by which the performance of instructional staff is evaluated and how the evaluation results are used.

Outline how continuing professional growth is evaluated for key program officials.

C. Curriculum

Describe the overall structure of the program, including sequencing, length, modes of delivery and content of didactic and clinical experiences.

Comment on the quality and appropriateness of curriculum content, objectives, instructional methods, course syllabi and, where relevant, the adequacy of the setting (eg, a clinical facility).

Summarize strengths and concerns noted and indicate plans for correcting any deficiencies noted.

D. Resource Assessment

Describe the process for assessing the appropriateness and effectiveness of the resources described in S&G. Indicate how results of the resource assessment will be utilized.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

Comment on how the program meets the requirements of this S&G, noting especially the quality and efficacy of the evaluation methods, timing, and instruments used.

Describe documentation and retention of student records.

Summarize plans to correct any deficiencies noted.

B. Outcomes

Describe the expected student outcomes and how these will be measured.

Outline any outcomes specific to this program

V. Fair Practices

A. Publications and Disclosure

Describe briefly how the program meets the requirements of S&G, noting specifically how the program/institution relays information to applicants and students.

B. Lawful and Non-discriminatory Practices

Comment on the defined policies and procedures for faculty and student recruitment and grievances, student admission, and faculty employment.

C. Safeguards

Describe how the institution ensures the health and safety of patients, students and faculty during educational activities, including adequacy of staffing irrespective of students.

D. Student Records

Comment on how the requirements of this S&G are met.

E. Substantive Change

Describe the process for notifying the CoA-SBBT of an substantive change in the organization or administration of the educational program.

F. Agreements

Describe the process for obtaining agreements between the sponsoring institution(s) and any entities that participate in the education of the students, including the relationship, role and responsibilities of each party.

Summarize plans to correct any deficiencies noted in A-F above.

Tab 5. Summary

This section is a brief summary of the significant findings from the self-study process including strengths and concerns. It should also include a review of how the program has addressed any concerns cited during the previous accreditation review.

INSTRUCTIONS AND EXPLANATIONS FOR VOLUME II

This volume contains specific documents to show compliance with S&G.

Tab 1. Table of Contents

The Table of Contents will identify the location of each section of the document.

Tab 2: Program/Institutional Information (*Standard I-A, Standard V-F*)

1. The completed Program/Institutional Information Form including the signatures of the CEO, Medical Director/Advisor, and Program Director.
2. Mission statement of the sponsoring institution, or a reference to the appropriate page in the institution's bulletin.
3. A institutional Organizational Chart, clearly indicating how the Program fits into the overall operation of the sponsoring institution(s).
4. Copies of all signed agreements with clinical affiliates.
5. The completed Advisory Committee Information Form.

Tab 3: Consortium Information, if applicable (*Standard I-B*)

Tab 3 is to be completed by programs sponsored by a Consortium only.

1. A completed Consortium Data Form, if applicable.
2. A copy of all formal, signed, Consortium Agreement(s).
3. If not applicable to your program, insert a blank page stating, "Not Applicable."

Tab 4: Identification of key Program Officials, faculty and instructional staff (*Standard III-B*)

1. Curricula Vitae for key Program Officials, including continuing education for the past two years.
 - Medical Director/Advisor
 - Program Director
 - Education Coordinator(s)
2. List of all program faculty, including their responsibilities.
3. Process for approval of mentors (Distance programs only)

Tab 5: Evidence of financial resources for the program, including proposed budget

1. Description of the financial support of the SBB Program.
2. Include proposed program budget.

Tab 6: Curriculum (*Standard III-C*)

1. Didactic lecture schedule, including each lecture topic/subject, instructor name and/or job title, and number of class hours per subject.
2. Clinical rotation schedule, including the rotation subject, instructor name

and/or job title, and rotation length. Indicate location of instruction, if other than sponsoring institution.

3. A representative sample of objectives for the clinical rotations and for the didactic lectures.

Tab 7:

Evidence of compliance with Fair Practices (*Standard V*)

1. Copy of current catalog, program brochure and/or link to institution's website, if applicable

2. A copy of published admissions policies and criteria, including any technical standards required for admission, or a reference to appropriate pages in institution/program bulletin.

3. A brief summary of program's admissions process.

4. Copies of policies regarding criteria for progression in and completion of program, or a reference to the appropriate pages in bulletin.

5. Summary of methods used to evaluate student's success in completing each course or segment of the curriculum (to include written, practical and oral exams, if applicable).

6. Representative samples of exam questions (written, oral, practical).

7. Copy of policies addressing lawful and non-discriminatory practices.

Documents for Initial and Continuing Accreditation Site Visits

The Committee would like to help program directors be better prepared for site visits. The site visitors will be looking for documentation to support information in the program self-study. They will specifically be looking for results of all the evaluations used in the program. The following is a list of documents and information that the site visitors may be interested in viewing. Some items will not be available at the time of initial accreditation. The program should have a plan in place for all required documentation.

Sponsorship – Standard I:

- Clinical Affiliate Agreements for each affiliate in use
- Institutional Accreditation (certificate or letter)
- Institutional catalog, if applicable

Goals and Expectations Information - Standard II:

- Needs assessment, methods associated with goals and standards development and community of interest input (Advisory Committee minutes)
- Current program goals and standards (only if changed since the self-study)

Resource Assessment Material (collated by year) – Standard III-A, B, C:

- Assessment instrument for each program resource with cover page collating all results, written analysis of results and action plan, and raw data by class

Resources to be addressed:
Faculty – Didactic and Clinical
Support Personnel
Facilities
Laboratory Equipment and Supplies
Library
Financial Resources
Clinical Resources
Physician Instructional Input
Other

Curriculum – Standard III-C:

- Instructional Plan
- Schedules for lectures and clinical experience
- Course Syllabi (for all lectures, labs and clinical courses) – including goals and objectives
- Sample examinations

Administrative Materials – Standard III-A, D:

- Budget (previous, current and next fiscal year)
- Evaluations of faculty by students, peers and administrators
- Advisory Committee meeting minutes

Student Materials – Standard V-B:

- Sample of student academic transcripts (includes record of academic progress)
- Sample of student clinical experiences
- Student enrollment data, including attrition and graduation rates.

Program Assessment Materials – Standard IV-B:

- SBB(ASCP) exam results collated by graduation date, including ASCP School Score reports
- Summative assessment instruments, surveys, etc., reliability and validity statistics, results and analysis collated by graduation date.
- Comprehensive program analysis and corrective action plans, if applicable

Publications and Non-Discriminatory Practices – Standard V-A,B:

- Announcements, catalogs, publications, websites and advertising used in student recruitment
- Student employment policies