**COMMITTEE ON ACCREDITATION**

**FOR EDUCATION IN**

**NEURODIAGNOSTIC TECHNOLOGY**

**(CoA-NDT)**

#### **Self-Study Report**

#### **For Initial Accreditation of an IONM Program**

*September 2014*

**ACCREDITATION SELF-STUDY REPORT**

**FOR AN EDUCATIONAL PROGRAM IN INTRAOPERATIVE NEUROPHYSIOLOGIC MONITORING (IONM)**

**INSTRUCTIONS:**

Each program conducts a self-study, which is a process that culminates in the preparation of a report. The CoA-NDT will use the report and any additional information submitted to assess the program’s degree of compliance with the *Standards and Guidelines for the Accreditation of Educational Programs in Intraoperative Neurophysiologic Monitoring* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [[www.caahep.org](http://www.caahep.org/)].

***Programs should carefully read the Standards and Guidelines to fully understand and respond to the corresponding questions in the Self-Study Report template.*** Please respond to the questions carefully and completely when preparing the self-study report.

The self-study report **MUST** be submitted using the CoA-NDT Self-Study Report Template. No paper copies will be accepted by the CoA-NDT.

**FEES:**

An initial application fee of $1,000.00 is due with the self-study.

**REPORT FORMAT:**

* Type the text of the response for each question directly into the spaces provided on the template form.
* Consecutively number each page of the report, including appendices.
* **Please save your self-study document and all supporting documentation to a USB drive** and send it the CoA-NDT, 1449 Hill Street, Whitinsville, MA 01588.

**CAAHEP REQUEST FOR ACCREDITATION SERVICES**

Programs must electronically file the [CAAHEP Request for Accreditation Services](https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices) at the time the self study report is submitted.

**TITLE PAGE**

1. Type of degree offered (Associate, Bachelors, Masters, etc.):

2. Name and address of the sponsoring institution:

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

3. Name and contact information of administration and Key Personnel:

# a. Chief Executive Officer (to whom all correspondence will be directed)

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

**b. Dean or Comparable Administrator**

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

**c. Program Director**

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

 Is the Program Director employed full-time by the sponsor? [ ]  Yes [ ]  No

**d. Medical Director(s)**

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

 **Co-Medical Director** (if applicable)

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

4. a. Graduation date of first class:

 b. Graduation date of next class:

5. Is the program applying for accreditation for distance education? (Distance Education is defined as a program in which the students never steps foot on campus.)

 [ ]  Yes [ ]  No

6. Name and phone number of person responsible for the preparation of the self-study report:

 Name:

Title :

 Telephone:

Fax:

E-mail:

**TABLE OF CONTENTS**

After sequentially numbering all pages in the self-study report, including the appendices, reference the questions in each **PART** and each **Appendix** in the Table of Contents with the appropriate page indicated.

|  |  |
| --- | --- |
| **STANDARD** | **PAGE** |
| **I. Sponsorship** |
|   | I.A |  Sponsoring Institution |       |
|  | I.B | Consortium Sponsor (if applicable) |       |
|  | I.C | Responsibilities of the Sponsor |       |
| **II. Program Goals** |
|  | II.A | Program Goals and Outcomes |       |
|  | II.B | Appropriateness of Goals and Learning Domains |       |
|  | II.C | Minimum Expectations |       |
| **III. Resources** |
|  | III.A | Type and Amount |       |
|  | III.B | Personnel |  |
|  |  | III.B.1.a Program Director |       |
|  |  | III.B.1.b Medical Director |       |
|  |  | III.B.1.c | Faculty and Clinical Instructional Staff |       |
|  | III.C | Curriculum |       |
|  | III.D | Resource Assessment |       |
| **IV. Student and Graduate Evaluation/Assessment** |
|  | IV.A | Student Evaluation |  |
|  |  | IV.A.1 | Frequency and Purpose |       |
|  |  | IV.A.2 | Documentation |       |
|  | IV.B | Outcomes |  |
|  |  | IV.B.1 | Outcomes Assessment |       |
|  |  | IV.B.2 | Outcomes Reporting |       |
| **V. Fair Practices** |
|  | V.A | Publications and Disclosure |       |
|  | V.B | Lawful and Non-discriminatory Practices |       |
|  | V.C | Safeguards |       |
|  | V.D | Student Records |       |
|  | V.E | Substantive Changes |       |
|  | V.F | Agreements |       |
| **APPENDICES** |
|  | Appendix A |       |
|  | Appendix B |       |
|  | Appendix C |       |
|  | Appendix D |       |
|  | Appendix E |       |
|  | Appendix F |       |
|  | Appendix G |       |
|  | Appendix H |       |
|  | Appendix I |       |
|  | Appendix J |       |
|  | Appendix K |       |
|  | Appendix L |       |
|  | Appendix M |       |
|  | Appendix N |       |

 ***If you are submitting the Self-Study as a Word document, create a folder labeled APPENDICES and place each document required in the appendices in the appropriate folder (e.g., within the APPENDICES folder create subfolders for Appendix A; Appendix B, etc.). If you are converting the Self-Study to pdf, insert each appendix in the primary document, with a page labeling each appendix appropriately.***

**Standard I. Sponsorship**

**A. Sponsoring Institution**

## A sponsoring institution must be at least one of the following:

## 1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

2. A hospital or medical center that has an articulation agreement with a baccalaureate-level post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

3. A branch of the United States Armed Forces, which awards a minimum of a certificate at the completion of the program.

1. Name and address of the sponsoring institution:

 Name:

Address:

 City/State/Zip:

Telephone:       Fax:

E-mail:

2. Type of Sponsoring Institution (check only one of the following):

 [ ]  U. S. post-secondary institution

 [ ]  Hospital or medical center

 ***Place a copy of the articulation agreement with a baccalaureate-level post-secondary academic institution in APPENDIX A, labeled A-1.***

 [ ]  Branch of the United States Armed Forces

3*.* Is the sponsoring institution accredited?

[ ]  Yes [ ]  No

 ***Place a copy of the sponsor accreditation certificate or award letter in APPENDIX A, labeled A-2.***

 3.a What agency accredits the sponsoring institution?

 Name:

 Address:

 City/State/Zip:

 Telephone:       Fax:

 E-mail:

3.b Date of the most recent Institutional Accreditation:

 3.c Number of years granted from most recent action:

 3.d Date of next Institutional review, Month/Year:

 3.e Is the sponsoring institution legally authorized under applicable state laws to provide a post- secondary program? [ ]  Yes [ ]  No

3.f What agency authorizes the sponsor to provide a post-secondary program?

3.g ***If the answer is NO to any question in this section, please provide an explanation for the NO response:***

4. Type of award upon program completion:

 ***(Note: Choose only one award level. Accreditation is granted only to the award level curriculum that gives the graduate eligibility for entry into the profession.)***

 [ ]  Certificate of Completion

 [ ]  Associate Degree

 [ ]  Baccalaureate Degree

 [ ]  Graduate Degree (Specify:       )

 ***Place a copy of the award in Appendix A, labeled A-3.***

**Standard I. Sponsorship**

1. **B. Consortium Sponsor**
	1. 1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.
2. 2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

1. Is the program sponsored by a Consortium? [ ]  Yes [ ]  No

 ***If the answer is YES, please complete the Consortium Information Form and place it in Appendix A, labeled A-4.***

**C. Responsibilities of Sponsor**

 1. The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

 ***Place a copy of the organizational chart(s), showing all program positions and the position of the IONM program within the sponsoring institution, in Appendix A, labeled A-5.***

**Standard II. Program Goals**

**A. Program Goals and Outcomes**

 There must be a written statement of the program’s goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

 Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

1. Describe the needs and expectations of each of the communities of interest. List any communities of interest served by the program in addition to those specified in Standard II.A.

|  |  |
| --- | --- |
| **Community of Interest** | **Briefly describe the needs and expectations of each community of interest** |

1.a Students:

1.b Graduates:

1.c Faculty :

1.d Sponsor administration:

1.e Employers:

1.f Physicians:

1.g Public:

1.h Hospitals & clinics:

1.i Other (specify):

1.j Other (specify):

1.k Other (specify):

2. Describe how the IONM program is responsive to demonstrated needs and expectations of the communities of interest.

3. State the sponsoring institution’s mission:

4. Describe how the program determined that the program goal(s) is/are compatible with the mission of the sponsor.

**Standard II. Program Goals**

**B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

1. List the individuals and the community of interest each represents on the Program Advisory Committee (use row 11 for additional individuals).

|  |  |
| --- | --- |
| **Community of Interest** | **Member Name & Organization** |
| 1. Employer  |       |
| 2. Employer |       |
| 3. Employer |       |
| 4. Program Graduate | Not applicable prior to graduation of first cohort |
| 5. Physician/Program Medical Director |       |
| 6. Currently enrolled student(s) |       |
| 7. Public member |       |
| 8. Faculty (*ex officio*): (List name(s) and role(s) in program) |       |
| 9. Program Director: (*ex officio*) |       |
| 10. Sponsor administration (*ex officio*) |       |
| 11. List name(s) and role(s)/communities of interest of other committee members: |       |

2. Has the Program Advisory Committee met at least once? [ ]  Yes [ ]  No

If NO, please explain:

3. List the dates of all Program Advisory Committee meetings in the last two calendar years:

 ***Place in APPENDIX B copies of the Program Advisory Committee meeting minutes for the dates listed.***

**Standard II. Program Goals**

**C. Minimum Expectations**

 The program must have the following goal defining minimum expectations: “To prepare competent entry-level intraoperative neurophysiologic monitoring specialists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

 Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

1. **Standard II.C** states the minimum expectation goal as: “To prepare competent entry-level intraoperative neurophysiologic monitoring specialists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

 Are there any additional goals to be reviewed for accreditation? [ ]  Yes [ ]  No

 If YES, list the additional program goals and learning domains:

 If YES, describe the methods/process by which the additional stated goal(s) were developed and adopted:

2. Describe how the minimum goal(s) were established and communicated to the communities of interest.

3. How will the program ensure that the goal(s) and learning domains continue to meet the needs and expectations of the communities of interest listed in Standard II.A? Check all that apply in the list below.

Advisory Committee [ ]

Employer Surveys [ ]

Graduate Surveys [ ]

Student Surveys [ ]

Other [ ] ; please describe:

**Standard III. Resources**

**A. Type and Amount**

 Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials; physician instructional interaction; and faculty/staff continuing education.

1. Are the program resources sufficient to ensure achievement of the program’s goals and outcomes?

 [ ]  Yes [ ]  No

2. Describe the process used to determine that the current number of faculty is sufficient to ensure the achievement of the program’s goals and outcomes. Describe the process by which the faculty:student ratio for lecture and laboratory courses was determined.

 3. ***Complete a Faculty Workload Form for each faculty who teaches in the program and insert it in APPENDIX C.***

4. Describe the type and amount of clerical/support staff designated to support the IONM program, including how it was determined that this amount of clerical/support staff would adequately support attainment of the program’s goals and outcomes. List the name of each individual who provides support to the program, and describe the responsibilities of those individuals.

5. Describe the process used to develop the program’s curriculum, including how the current curriculum has been determined to support achievement of the program’s goals and outcomes.

6. Describe the process through which the budget has been determined to be sufficient to support achievement of the program’s goals and outcomes. ***Place in APPENDIX D the program’s budget for the current fiscal year.***

7. Describe administrative offices, classrooms, laboratories, and other facilities used by the program, including how it has been determined that the space is adequate to support the achievement of the program’s goal and outcomes.

8. Describe ancillary facilities available to students (e.g., student union, food service, campus café).

9. Describe the equipment/supplies, computer resources, and instructional reference materials available to students, and the process by which it has been determined that these resources are sufficient to support the achievement of the program’s goals and outcomes.

10. Describe the type and amount of all planned physician instructional involvement in the program.

11. Describe the resources available for faculty/staff continuing education, including an analysis of how the planned faculty/staff continuing education activities will contribute to the achievement of the program’s goals and outcomes.

12. Describe the processes used to determine that the clinical education sites are sufficient in number to provide parallel learning experiences for each student, and provide sufficient variety to permit each student to achieve the program’s goals and outcomes.

 ***Complete APPENDIX E, which is a list of all clinical affiliates. List the affiliates in alphabetical order. For each affiliate, include the name, full address (including website and telephone number), distance from the program, and the designated clinical instructor.***

**Standard III. Resources**

 **B. Personnel**

 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

 **1. Required Position(s)**

1. **a. Program Director**

 **(1) Responsibilities**

The Program Director must be responsible for the continuous review, planning, development, and general effectiveness of the program and professional content.

 **(2) Qualifications**

 The Program Director must:

 (a) hold active verifiable certification or registration within the IONM profession(s);

 (b) possess at least a Bachelor’s Degree;

 (c) have a minimum of three (3) years clinical experience in IONM; and

 (d) have a minimum of two (2) years teaching experience in a related field.

1. Is the program director responsible for continuous review, planning, development, and general effectiveness of the program and professional content? [ ]  Yes [ ]  No

2. Does the program director have sufficient non-teaching time to complete all of the responsibilities identified in Standard III.B.1.a(1)? [ ]  Yes [ ]  No

***If the answer to either question #1 or #2 is NO, please explain the NO answer:***

|  |
| --- |
| **Program Director** |
| Name and Credentials/Certifications: |       |
| Title: |       |
| Date of appointment to position: |       |
| Status: | Full time: [ ]   | Part time: [ ]  |
| Total number of hours employed by school per week: |       |  |  |
|  | Percent of time assigned to teaching responsibilities: |       | *Enter a number or 0* |
|  | Percent of time assigned to IONM program administrative responsibilities: |       | *Enter a number or 0* |
|  | Percent of time assigned to all other responsibilities (e.g., student academic advising, institutional governance or committees): |       | *Enter a number or 0* |
|  | *TOTAL* |       | *Note: The percentages of time allocated to each activity MUST add up to 100%* |
| **Credentials/Certifications:** |
| **Credential/Certification** | **Awarding Agency** | **Date Obtained (Month/Year)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Post-Secondary Education:** |
| **Name of institution** | **Address of institution** | **Dates attended** | **Major Area of Study** | **Certificate or Degree Awarded** | **Date Awarded** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **IONM Clinical Experience (show at least three years)** |
| **Name of Employer** | **Address of Employer** | **Dates Employed** | **Title and Duties** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Teaching Experience (show at least two years teaching experience in a related field)** |
| **Name of Employer** | **Address of Employer** | **Dates Employed** | **Title and Duties** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 ***Place the following documents related to the program director in Appendix F, labeled F-1:***

 ***1) job description;***

 ***2) curriculum vitae;***

 ***3) copy of each certification (a screen shot of the verification page from the issuing agency is acceptable); and,***

 ***4) copy of the individual’s academic transcript showing the date upon which the degree was conferred by the conferring institution.***

**Standard III. Resources**

 **B. Personnel**

 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

 **1. Required Position(s)**

1. **b. Medical Director**

 **(1) Responsibilities**

 The Medical Director of the program must provide the input necessary to ensure that the medical components of the curriculum, both the didactic and supervised clinical practice, meet current standards of medical practice. He/she shall promote the cooperation and support of practicing physicians.

 **(2) Qualifications**

 The Medical Director must:

 (a) be a neurologist or neurophysiologist licensed to practice in the United States;

 (b) be credentialed in a subspecialty that includes IONM;

 (c) have a minimum of five (5) years experience in IONM; and,

 (d) have completed 300 IONM cases within the past five years, with at least 60 of the cases requiring physical presence in the operating room.

**1.** Does the program have a co-medical director? [ ]  Yes [ ]  No

 ***If the program uses a co-medical director, please complete the Co-Medical Director Information Form and place it in Appendix F, labeled F-2.***

|  |
| --- |
| **Medical Director** |
| Name and Credentials: |       |
| Title: |       |
| Date of appointment to position: |       |
| Total number of hours employed by school per week: |       |  |  |
|  | Percent of time assigned to teaching responsibilities: |       | *Enter a number or 0* |
|  | Percent of time assigned to IONM program administrative responsibilities: |       | *Enter a number or 0* |
|  | Percent of time assigned to all other responsibilities (e.g., student academic advising, institutional governance or committees): |       | *Enter a number or 0* |
|  | *TOTAL* |       | *Note: The percentages of time allocated to each activity MUST add up to 100%* |
| **Licensure and Credentials:** |
| **License / Credential** | **Awarding Agency** | **Date Obtained (Month/Year)** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **IONM Clinical Experience (show at least five years)** |
| **Name of Employer** | **Address of Employer** | **Dates Employed** | **Title and Duties** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **IONM Cases (document at least 300 IONM cases within the past five years, with at least 60 of the cases requiring physical presence in the operating room)** |
| **Name of Employer** | **Address of Employer** | **Dates Employed** | **Number of cases** |
|       |       |       |      Physical presence in OR:[ ]  Yes [ ]  No |
|       |       |       |      Physical presence in OR:[ ]  Yes [ ]  No |
|       |       |       |      Physical presence in OR:[ ]  Yes [ ]  No |
|       |       |       |      Physical presence in OR:[ ]  Yes [ ]  No |

 ***Place the following documents related to the medical director (and co-medical director, if applicable) in Appendix F, labeled F-3:***

 ***1) job description;***

 ***2) curriculum vitae; and,***

 ***(3) copy of each credential and license (a screen shot of the verification page from the issuing agency is acceptable).***

**B. Personnel**

 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

 **1. Required Position(s)**

1. **c. Faculty and Clinical Instructional Staff**

 **(1) Responsibilities**

 In classrooms, laboratories, and all clinical facilities where a student is assigned, there must be a qualified individual(s) clearly designated to provide instruction, supervision, and timely assessments of the student’s progress in meeting program requirements.

**(2) Qualifications**

Instructors must be appropriately credentialed in the field in which they teach, knowledgeable in subject matter by virtue of training and experience, and effective in teaching assigned subjects.

1. Describe how the program determines that all faculty are qualified to provide instruction, supervision, and timely assessments of the students’ progress in meeting program requirements.

2. Describe how the program determines that clinical instructors/clinical preceptors demonstrate competence in the area of practice in which they are providing clinical instruction. Include a description of how the program determines that clinical instructors/preceptors have the ability to be effective clinical instructors, including the ability to assess student performance and to document student performance as it relates to achieving the program’s goals and outcomes.

 ***Complete a Faculty and Instructional Staff Information Form for each didactic and laboratory instructor, as well as for each clinical instructor/clinical preceptor, and place it in APPENDIX F, labeled F-4.***

 ***Place the following documents related to the faculty and clinical instructional staff in Appendix F, labeled F-4.1:***

 ***1) job description;***

 ***2) curriculum vitae; and,***

 ***3) copy of each credential or certification (a screen shot of the verification page from the issuing agency is acceptable.)***

 **NOTE: These documents are not required for support academic faculty (e.g., basic sciences, social sciences, liberal arts, computer science).**

**C. Curriculum**

 The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The curriculum must include competencies in emergency preparedness consistent with the profession.

 **1. CoA-NDT Approved Curriculum**

1. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content requirements of the latest edition of the CoA-NDT Graduate Competencies for Performing Intraoperative Neurophysiological Monitoring Procedures (see Appendix B).

**2. Clinical Cases**

Students must gain practical experience in a significant variety of surgical cases as well as be exposed to a wide variety of monitoring modalities.

1. How has the program determined that the curriculum meets the minimum expectations goal and learning domains, thus leading to the achievement of the program goals and learning objectives?

**2. Complete Appendix G, which is the Program Course Requirements table.**

3. How did the program determine the competencies in emergency preparedness included in the curriculum?

4. List each competency in emergency preparedness included in the curriculum, and identify the location by course and objective.

|  |  |  |
| --- | --- | --- |
| **Competency** | **Course Name(s) and Number(s)** | **Objective number(s) within the course** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

5. Describe the instructional methodologies used in each type of course in the IONM curriculum (didactic, laboratory, and clinical). Include a description of how the faculty determined the appropriateness of each instructional methodology.

6. Describe how the faculty determined that the instructional plan includes an appropriate sequence of classroom, laboratory, and clinical activities. Describe how the clinical and laboratory activities are integrated with the didactic portion of the program.

7. What is the the type and minimum number of clinical cases required to complete the IONM program? How has the program determined these are adequate to allow each student to achieve the NIOM graduate competencies?

 ***Place in Appendix H a Clinical Rotation Schedule, showing each student enrolled in the program, for at least the first clinical course.***

8. ***Complete Appendix I, which is the Curriculum/Competency Matrix to document where the program’s curriculum meets the content requirements of the CoA-NDT IONM Graduate Competencies.***

9. ***Place in Appendix J all IONM-specific syllabi for didactic, laboratory, and clinical courses. (Syllabi for general education classes are not required, UNLESS the content in a general education course is used to demonstrate curriculum compliance with the CoA-NDT IONM Graduate Competencies.)***

**D. Resource Assessment**

 The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

1. Describe the plan the program will use to assess the program’s resources on an annual basis. If the program plans to use the Resource Assessment Matrix (RAM), complete at least the first five (5) columns and insert it in Appendix K.) A [sample RAM](http://coa-ndt.org/wp-content/uploads/2013/06/Sample-Resource-Assessment-Matrix.pdf) can be downloaded from the CoA-NDT website.

 The program will use the RAM, and a copy is included in ***Appendix K***. [ ]

 The program will not use the RAM. The specific resource assessment plan is provided below. ***(Note: the resource assessment plan must demonstrate that each program resource is/will be evaluated at least annually; the purpose for each resource has been identified; at least one valid and reliable measurement system is in place; the schedule for evaluating each resource has been defined; and, the individuals who will be involved in evaluating each resource have been identified.)***

**IV. Student and Graduate Evaluation/Assessment**

 **A. Student Evaluation**

 **1. Frequency and Purpose**

 Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the student’s progress toward and achievement of the competencies and learning domains stated in the curriculum.

1. Describe the type and frequency of evaluations of students that are conducted in the didactic, laboratory, and clinical courses in the program.

2. Describe how student progress is tracked through the didactic, laboratory, and clinical courses and how students are regularly informed of their academic status throughout the program.

3. Describe the process the program uses to assure that each student achieves all competencies.

 ***In APPENDIX L provide a copy of each clinical evaluation form used by the program, labeled L-1.***

 ***In APPENDIX L, please place sample evaluations (e.g., tests, quizzes, skills check lists) from each didactic and laboratory course, labeled L-2.***

 ***NOTE: If actual student evaluation forms are submitted, please redact all student identifying information.***

**IV. Student and Graduate Evaluation/Assessment**

 **A. Student Evaluation**

 **2. Documentation**

 Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

1. Are records of student evaluations maintained in sufficient detail to document learning progress and achievements?

 [ ]  Yes [ ]  No

2. Are records maintained for all students enrolled in the program, whether they complete the program or not?

 [ ]  Yes [ ]  No

 If the answer is NO, please explain the basis upon which it was determined that records will not be maintained for students who do not complete the program (e.g., is there an institutional policy governing student record retention?).

3. Location(s) where student records are stored:

4. How many years are records stored before disposal?

**IV. Student and Graduate Evaluation/Assessment**

 **B. Outcomes**

 **1. Outcomes Assessment**

 The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

 Outcomes assessment must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

1. Describe how the program plans to monitor and report success on the professionally recognized credentialing examination(s).

2. Describe the process by which the program will track retention/attrition for each entering cohort of students.

3. Describe how the program will track and monitor positive job placement for each graduating cohort.

4. Describe how the program will survey its graduates and their employers using the standardized CoA-NDT Graduate and Employer Survey within 12 months following graduation for each graduating cohort.

5. Describe how the program will use the outcomes data (e.g., retention; graduate surveys; employer surveys; credentialing examinations) in program evaluation and revision (if warranted).

**IV. Student and Graduate Evaluation/Assessment**

 **B. Outcomes**

 **2. Outcomes Reporting**

 The program must periodically submit to the CoA-NDT the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

 Programs not meeting the established thresholds must begin a dialogue with the CoA-NDT to develop an appropriate plan of action to respond to the identified shortcomings.

1. Who is responsible for submitting the Annual Report and any follow-up documentation to the CoA- NDT?

2. If this individual is not the program director, how does the program director participate in collecting and analyzing data, and incorporating the findings into program improvement?

**V. Fair Practices**

 **A. Publications and Disclosure**

 1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

 2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

 3. At least the following must be made known to all students: academic calendar; student grievance procedure; criteria for successful completion of each segment of the curriculum and graduation; and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and make available to the public, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

 Does the institution/consortium publish a general catalogue/bulletin for its educational programs?

 [ ]  Yes [ ]  No

If yes, year(s) of the latest edition:

 Insert a hyperlink(s) to the online catalogue/bulletin and other web based documents related to Standard V, A-E, if applicable:

2.Complete the following table listing the location(s) of the disclosures identified in Standard V.A.2.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page #** |
| Accreditation status of the sponsor with address, website address, and telephone number |       |       |       |
| Accreditation status of the program with address, website address, and telephone number |       |       |       |
| Admission policies and practices |       |       |       |
| Technical Standards, if used by the program |       |       |       |
| Policies on advanced placement in the program |       |       |       |
| Policies on transfer of credits |       |       |       |
| Policy on credits for experiential learning |       |       |       |
| Number of credits required to complete the program |       |       |       |
| Tuition/fees and other costs associated with the program |       |       |       |
| Processes for withdrawal from the program/institution, and for refunds of tuition/fees |       |       |       |

 ***Place in APPENDIX M a copy of pages from the most recent college catalogue and any other documents that make known to applicants and the information specified in Standard V.A.2, labeled M-1.***

2. Complete the following table listing the location(s) of the disclosures specified in Standard V.A.3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page #** |
| Academic calendar |       |       |       |
| Student grievance procedure |       |       |       |
| Admission policies and practices |       |       |       |
| Criteria for successful completion of each segment of the curriculum and graduation |       |       |       |
| Policies and procedures by which students may perform clinical work while enrolled in the program. |       |       |       |

 ***Place in APPENDIX M a copy of pages from the most recent college catalogue and any other documents that make known to applicants and the information specified in Standard V.A.3, labeled M-2.***

3. What is the process by which the sponsor maintains, and makes available to the public, current and consistent information related to student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**? (***Note: The CoA-NDT requires the program to publish, at a minimum, results of the Positive Placement outcome.***)

**V. Fair Practices**

 **B. Lawful and Non-discriminatory Practices**

 All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

1. Describe how the program ensures that all activities associated with the program are non-discriminatory and in compliance with federal and state statues, rules, and regulations.

2. What is the method by which all paid faculty are informed about the faculty grievance procedure?

3. Complete the following table listing the location(s) of the disclosures specified in Standard V.B.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page #** |
| Non-discrimination policy for student admissions |       |       |       |
| Non-discrimination policy for faculty employment |       |       |       |
| Policies and procedures for processing faculty grievances |       |       |       |

 ***Place in APPENDIX M a copy of pages from the most recent college catalogue and any other documents that make known to applicants and the information specified in Standard V.B, labeled M-3.***

**V. Fair Practices**

 **C. Safeguards**

 The health and safety of patients, students, and the faculty associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students, whether compensated or not, must not be substituted nor left alone with patients.

1. How does the sponsor ensure that health and safety is adequately safeguarded for:

Patients:

 Students:

 Faculty:

2. Describe how the program determines that each student is competent prior to being assigned to perform procedures on patients in the clinical environment.

3. Describe the processes used by the program to ensure that all activities during clinical education courses are designed to promote student achievement of the learning outcomes?

3. How does the program ensure that students are not substituted for staff during clinical education hours?

 4. State the program policy related to student pay during the clinical experience.

**V. Fair Practices**

 **D. Student Records**

 Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

1. Are grades and credits for courses recorded on the student transcript and permanently maintained?

 [ ]  Yes [ ]  No

2. If NO, how many years are transcripts stored before disposal?

 Is there either a state or institutional policy governing the disposal of records? [ ]  Yes [ ]  No

 If YES, insert the relevant policy:

2. Where is the student transcript stored?

**V. Fair Practices**

 **E. Substantive Changes**

 The sponsor must report substantive change(s) as described in Appendix A to CAAHEP-CoA-NDT in a timely manner. Additional substantive changes to be reported to the CoA-NDT within a reasonable time include:

 1. faculty;

 2. program delivery method (seated or distance);

 3. curriculum; and,

 4. department, college, or hospital-wide changes that have an impact on the program and affect compliance with the **Standards.**

1. Who is responsible for reporting substantive changes to the CoA-NDT?

**V. Fair Practices**

 **F. Agreements**

 There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of students describing the relationship, roles, and responsibilities of the sponsor and that entity.

1. Is there a formal affiliation agreement or memorandum of understanding with all entities that participate in the education of students?

 [ ]  Yes [ ]  No

 ***Place in APPENDIX N complete, signed copies of all clinical affiliation agreements (in alphabetical order by affiliate).***

**LIST OF APPENDICES FOR SELF-STUDY REPORT**

|  |  |  |
| --- | --- | --- |
| **Appendix** | **Document** | **Page(s)** |
| Appendix A |  |  |
| A-1 | Articulation agreement with baccalaureate-degree granting post-secondary institution, if applicable |       |
|  A-2 | Copy of the sponsor accreditation letter or certificate |       |
| A-3 | Copy of diploma, certificate, or degree awarded |       |
| A-4 | Consortium Information Form, if applicable |       |
| A-4.1 | Agreement /Memorandum of Understanding for Consortium (if applicable) |       |
|  A-4.2 | Organizational chart for consortium (if applicable) |       |
| A-5 | Institutional organization chart |       |
| Appendix B | Copies of Program Advisory Committee meeting minutes |       |
| Appendix C | Faculty Workload Forms |       |
| Appendix D | Program budget, current fiscal year |       |
| Appendix E | Clinical affiliates |       |
| Appendix F |  |  |
| F-1 | Program director job description, CV, copies of certification(s), and copy of academic transcript. |       |
| F-2 | Co-Medical Director Information Form (if applicable) |       |
| F-3 | Medical director job description, CV, copies of credential(s) and license. |       |
| F-4 | Faculty and Clinical Staff Information Forms |       |
| F-4.1 | Faculty and clinical instructor job description(s), CV for each individual, and copy of credential(s)/certification(s) for each individual. |  |
| Appendix G | Program Course Requirements Table |       |
| Appendix H | Clinical Rotation Schedule |       |
| Appendix I | Curriculum/Competency Matrix |       |
| Appendix J | IONM-specific course syllabi |       |
| Appendix K | Resource Assessment Matrix (RAM) |       |
| Appendix L |  |  |
| L-1 | Clinical Evaluation Forms |       |
| L-2 | Sample didactic and laboratory evaluations |       |
| Appendix M |  |  |
| M-1 | Information related to Standard V.A.2 |       |
|  M-2 | Information related to Standard V.A.3 |       |
| M-3 | Information related to Standard V.B |       |
| Appendix N | Complete, signed copies of clinical affiliation agreements (PLACE IN ALPHABETICAL ORDER) |       |