ACAHM Accreditation Commission for
Acupuncture and Herbal Medicine

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SELF-STUDY GUIDE

Document Title:	ACAHM Self-Study Guide
Approved By:	ACAHM Executive Director
Document History:	Release Date: 2008
	Last Updated: 24 January 2024
Related ACAHM Policies and Documents:	Accreditation Procedures policy; Site Visit Manual; Glossary; Comprehensive Accreditation Standards and Criteria;
References:	34 CFR §600.17
Responsible Official:	ACAHM Director of Accreditation Services

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APPENDIX: Slide presentation from 2017 ACAHM self-study training seminar

INTRODUCTION

Pursuing and maintaining Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM or the Commission) accreditation is a voluntary process to help ensure that institutions/programs meet acceptable levels of quality.

Functions of the ACAHM accreditation process include:

1. assess the quality of academic programs at institutions of higher education,

2. create a culture of continuous improvement of academic quality at colleges and universities and stimulate a general raising of standards among educational institutions,

3. involve faculty and staff comprehensively in institutional evaluation and planning, and

4. establish criteria for professional certification and licensure and for upgrading courses offering such preparation.

The United States Department of Education's criteria for recognition of accrediting agencies (specifically 34 CFR 602.17) specify that in order to reach an accrediting decision ACAHM must evaluate whether an institution/program:

- Maintains clearly specified educational objectives that are consistent with its mission and appropriate in light of the degrees or certificates awarded;
- Is successful in achieving its stated objectives; and
- Maintains degree and certificate requirements that at least conform to commonly accepted standards.

To this end, ACAHM must require the institution or program to prepare, following guidance provided by the agency, an in-depth self-study that includes the assessment of educational quality and the institution's or program's continuing efforts to improve educational quality.

As delineated in ACAHM's Accreditation Procedures policy, every institution or program seeking pre-accreditation, initial accreditation, or continued accreditation must engage in an intensive self-study process culminating in the composition and submission of a self-study report (SSR) that will serve as:

1. a critical component of the accreditation record documenting compliance with ACAHM's accreditation standards,

2. documented evidence that the institution/program is achieving its mission, goals, objectives and outcomes, and

3. a guide for institutional/programmatic improvement.

This guide is intended to apply to all phases of the accreditation procedures (i.e., eligibility, pre-accreditation, and accreditation).

This guide describes the self-study process and serves to guide administrators, staff, and faculty at institutions/programs in SSR development. This guide should be used in conjunction with the following foundational resources:

1. the *ACAHM Comprehensive Standards and Criteria* which include the Eligibility Requirements, Standards, and Criteria for Accreditation (http://acahm.org/resources/comprehensive-standards-and-criteria/);

2. ACAHM Policies and Procedures (http://acahm.org/policies/).

    a. consult ACAHM's Accreditation Procedures policy for the steps leading up to the self-study process, requirements for eligibility to submit a SSR, and subsequent steps following the submission of a SSR.

NOTE: *In the event of a conflict between any information contained in this Self-Study Guide and information contained in ACAHM's standards and policies – the standards and policies shall prevail.*

For the institution or program to demonstrate its effectiveness relative to the standards, the institution must continuously and systematically collect and develop institutional/program outcome data. The self-study report is most useful when it focuses on the results of an analysis of these institutional/program data, which reflect program and student learning outcomes.

Because much of the information about an institution or program is readily available in institutional documents, the SSR should not be descriptive in nature. The SSR should identify and prioritize issues that require further development, and present a well-articulated, viable plan for improvement.

An institution/program seeking pre-accreditation must demonstrate that it complies with select accreditation criteria further classified by the Commission as Eligibility Requirements. While all accreditation standards and criteria are assessed during the eligibility phase, compliance with all criteria designated as Eligibility Requirements is a requirement for pre-accreditation status.

Pre-accredited institutions/programs seeking initial accreditation have an additional responsibility of demonstrating remediation of areas identified during the pre-accreditation period as needing further development.

Submitted SSR's will undergo a self-study report review, as outlined in ACAHM's Accreditation Procedures policy. Upon report acceptance, the institution/program is eligible to host a comprehensive site visit (see ACAHM's Site Visit Manual for details).

Although each self-study process is unique to an institution/program, the resulting SSR must appraise every aspect of each institution/program as articulated in the relevant accreditation standards and criteria, particularly documenting the AOM programs' success with respect to student achievement.

Freestanding institutions of acupuncture and herbal medicine for which the Commission provides *institutional* accreditation must address all relevant institutional and programmatic standards and criteria in their self-study and SSR.

Institutions that are regionally or nationally accredited by an agency other than ACAHM must address all relevant programmatic standards and criteria in their self-study and SSR.

The self-study report must be organized into the following sections or chapters relative to each of the Commission's Standards and Criteria for Accreditation.

- Self-Study Report Cover Sheet – Part 1 and Part 2, if applicable
- Table of Contents
- Manifest of supporting documents
- Introduction
- A chapter for each of the standards
- Summary of findings, conclusions and recommendations

- Clearly organized and easily navigable supporting documents
- [Attestation/Signature Page for Self-Study and Other Reports](#)

OVERVIEW OF THE SELF-STUDY PROCESS

The self-study should be a penetrating, comprehensive and institution-wide self-analysis and assessment of the mission, goals, objectives, programs, services and resources, as well as documentation of institutional/program effectiveness and student learning outcomes in relation to compliance with the accreditation standards. The self-study process is not complete without the documentation of institutional effectiveness and student learning outcomes.

The self-study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional/program commitment to self-examination as a basis of institutional/programmatic improvement. Effective leadership is essential to the self-study to ensure that self-assessment is well planned, organized, and documented.

An effective self-study process normally begins with the establishment of a Self-Study Steering Committee (SC) appointed by the Chief Executive Officer. The SC establishes work groups, assigns groups to standards/content areas. The work groups develop inquiries, analyze existing data, and develop plans to generate new data. The SC should ensure that relevant constituencies are involved: students, alumni, faculty, administration and board. The SC may review and edit draft reports from the work groups, produce drafts for discussion/input from the wider institution/program community, and disseminate the final self-study report following approval by the institution's governing board.

The self-study process may include the use of comprehensive survey(s) developed by the institution/program and completed by all program constituencies to gather information about the institution's mission, goals, objectives, operations, resources, faculty, students, programs, services, activities, the program's performance with respect to the Commission's accreditation standards and the use of focus groups and other strategies that use both qualitative and quantitative approaches to the analysis and interpretation of data. The ultimate product, the SSR, must demonstrate and document the assessment of institutional/program outcomes as well as student learning outcomes. The self-study should also include plans for improvement as well as opportunities for further growth and development relative to the accreditation standards that are specifically tied to the outcomes of the assessment process. The institution/program should review these results as necessary for full realization of the program's defined role in acupuncture and East Asian medicine education. Each of these elements must be assessed in close relation to the purposes, mission, goals, objectives and outcomes of the institution/program. The complementary goals of the self-study process are self-improvement and demonstrable compliance with Commission Standards.

STRUCTURE OF THE SELF-STUDY

Mobilizing for the Self-Study Process

The self-study process should be initiated no less than 12-18 months in advance of submission of the self-study to the Commission. Early in the self-study process, each program should develop a plan for carrying out the self-study. Each institution/program should have a plan, which outlines at a minimum the following elements:

a. State the purpose for self-study with a general outline of the institution's goals and priorities relative to its strategic plans for further development.

b. Prepare a calendar and timeline for completing each phase of the self-study.

c. Establish the composition and structure of the SC that is responsible for providing leadership for the self-study process.

d. Organize work/focus groups, how these groups will be composed, and their role and scope with respect to the self-study process.

e. Establish a reasonable process for participation of the program's relevant communities of interest (e.g., faculty, administration, staff, students, alumni, governing board), and the means by which the results of the self-study process can be communicated with the college community.

f. Determine the questions that the self-study is intended to answer to validate compliance with accreditation standards and criteria (see *Guidelines for Assessing Compliance with Standards and Criteria for Accreditation* in ACAHM's Site Visit Manual).

g. Identify the data, statistics, reports, surveys, and other relevant information that must be developed and analyzed as part of the self-study process, which will be essential to provide evidence of the achievement of outcomes relative to the accreditation standards.

h. Articulate the process for writing and finalizing work group reports that will be used as a basis for preparing the self-study report, including the documentation of institutional/program and student learning outcomes.

i. Articulate the process for integrating work group reports into a comprehensive self-study report that includes the institution/program's conclusions, recommendations and documented effectiveness and student learning outcomes. The plan should specifically address how the report will be drafted and finalized by the institution/program.

j. Identify exhibits to be appended to the SSR that are essential to a fuller understanding of the institutional/programmatic responses to Commission standards. The *Guidelines for Assessing Compliance with Standards & Criteria for Accreditation* in ACAHM's Site Visit Manual provide lists of suggested resources that should be considered by the SC and its work groups as it conducts the self-study process. Appended supporting resources should not be an exhaustive set of all documents that the institution/program has available. Rather they should include catalogs, handbooks, planning documents, organizational charts, evidence of regulatory approvals, audited financial statements, budgetary documentation, program syllabus template, samples of relevant meeting minutes, etc. A more comprehensive array of documents, such as

all program syllabi, resumes for all faculty and staff, job descriptions, governing board and faculty meeting minutes, and curriculum files should be provided onsite for the site visit team's review.

k. Articulate the process of obtaining institutional approval of a final self-study report by the governing board before it is transmitted to the Commission.

Outline and General Requirements for a Self-Study Report

Commission accreditation standards require that each institution/program be evaluated in light of its own mission, goals, objectives and institution/program and student learning outcomes.

Therefore, the self-study report is expected to accurately reflect the unique aspects of program education/training as reflected in its educational objectives, plans for the further growth and development of the program, and institutional/programmatic compliance with accreditation standards.

Expectations for Internal Assessment

Federal USDE regulations require that ACAHM review success with respect to student achievement in relation to the institution/program's mission, goals and objectives. Self-study reports must include a comprehensive review of relevant program outcomes including, for example, course completion rates, graduation rates, pass rates on licensing and national certification exams, and other appropriate data to document student learning outcomes in AOM programs. Assessment of institutional/program and student learning outcomes must be an integral component of quality assurance and accreditation. As such, institutions must develop and implement a comprehensive assessment program that will result in documented program and student learning outcomes. Specifically, for AOM institutions, this means that the assessment process must cover both didactic and clinical competencies as well as assessment of overall institutional components such as administration, governance, finances, student services, faculty, and staff, among others. Therefore, assessment means more than the mere development of a plan; it means that the institution is serious about the determination and documentation of its outcomes, especially student learning outcomes. To focus the accreditation process toward analysis, achievements and improvement as opposed to assertions and descriptions, the self-study process should focus on the fundamental questions of:

1. Is the institution/program achieving what it must achieve in relation to its mission, goals, goals objectives and outcomes? and,
2. What should the institution/program do to both document and improve its effectiveness relative to the achievement of its mission, goals, objectives and outcomes?

These questions can only be addressed when the institution/program has a clear sense of what it needs to accomplish and how effectively it is achieving its mission, goals, objectives and outcomes. Determining what the institution/program must accomplish and how achievement of accomplishments will be assessed and documented are the heart of the self-study process.

The Commission requires that assessment be the primary area of focus in self-study and review processes. Institutions/programs must implement effective and appropriate assessment plans that evidence achievement of institutional/program and student learning outcomes. The Commission further expects that planning and assessment are not activities designed solely to achieve or retain accreditation. Assessment must be a systematic initiative that continually governs institutional/programmatic decision-making regarding programs, services, resources, and structures needed to support quality AOM training and the documentation of outcomes. The documentation of outcomes also provides the site visit team and the Commission with evidence sufficient for decision making purposes. While it is essential for institutions/programs to comply with all ACAHM standards, the standards are not intended to be prescriptive with respect to particular formats, structures, processes or philosophical principles.

Expectations for External Assessment

External assessment by ACAHM or other recognized accrediting bodies is the phase of the quality assurance process designed to be a validation of institutional/program self-study processes. The extent to which the institution/program prepares a comprehensive and well documented SSR permits the site visit team to provide a more objective and focused review of the status and effectiveness respecting program and student learning outcomes and compliance with accreditation standards. As a part of the validation process, the institution/program should address appropriately the requirements of federal and state regulatory agencies, as well as other accrediting agencies that may have jurisdiction over the institution or its other programs (see ACAHM Legal and Regulatory Compliance Checklist posted in ACAHM's Resources and referenced under Standard 2 of ACAHM Comprehensive Standards and Criteria).

Legal and Regulatory Requirements

The self-study process must assess, document, and validate continuous compliance with laws and regulations governing institutions/programs that are required in several of ACAHM's accreditation standards (e.g., Legal and Regulatory Requirements, Institutional and Program Resources). Institutions/programs should refer to ACAHM Legal and Regulatory Compliance Checklist, posted in ACAHM's Resources and referenced under Standard 2 of ACAHM Comprehensive Standards and Criteria, which outlines components that site visit teams are expected to validate. Institutions/programs should ensure that they are prepared to address all relevant components of the Compliance Checklist through the SSR or provision of onsite resources for team review during a comprehensive site visit.

The Higher Education Act imposes certain requirements on accrediting agencies and on institutions that participate in Title IV student financial aid programs. Some requirements are affected through federal-mandates. Institutions/programs should demonstrate they meet the additional requirements listed below.

1. If the institution underwent or is subject to a pending program review or other action by the U.S. Department of Education, the self-study must fully address the issues and plans for remediation.

2. Federal regulations require ACAHM to consider the actions of state agencies and other accreditors when rendering accreditation decisions. The self-study must include copies of state agency and accreditation reports that pertain to the institution/program.

3. Institutions/programs must demonstrate that they continuously comply with: (1) all relevant federal laws and regulations, (2) all recognized state approval agencies and relevant state laws and regulatory requirements for operation within the state(s) in which they conduct operations, (3) recognized state approval agencies and relevant state law with respect to the awarding of degrees and diplomas, and (4) all relevant local and municipal laws, ordinances, codes and regulatory requirements for operation within the jurisdiction(s) in which they conduct operations.

4. Institutions/programs should consult with ACAHM staff and keep abreast of changes in Commission policies, procedures, and standards to document compliance with new requirements.

Self-Study Timetable

Developing a realistic timetable for the self-study process is critical to developing an effective self-study report. The institution/program should create the timetable early in the process and ensure that it is realistic and considers events at the institution that might interrupt the self-study process. The timetable should also consider the status of the institution/program, including identified challenges and opportunities. For example, it must allow adequate time to develop research questions and areas of inquiry, to locate and generate relevant information and statistics, to analyze results, to write report drafts, to seek comment from institution constituencies, and to finalize the report.

The institution/program must begin self-study planning and preparation well in advance of the date of the next comprehensive review, ideally 24-30 months prior. The institution/program must initially contact the Commission to determine self-study training requirements at that time. This lead time is intended to provide institutions/programs with adequate time to mobilize the self-study process and to submit to ACAHM the final SSR by the due date (i.e., October 1 for a program to be reviewed at a Commission Summer meeting, or by April 1 for a program reviewed at a Winter meeting).

The deadline dates will be scrupulously observed except under extenuating circumstances that will require ACAHM's prior approval. See ACAHM's Waiver Policy.

Planning and Organizing for Self-Study

Institutions and programs should rely on existing resources and identify the topics that will be most useful when preparing for the self-study. The self-study need not require the institution/program to ignore or postpone its needs and priorities to undergo the peer review process required for pre-accreditation/accreditation.

The requirements for an effective self-study process include:

Communication

A collegial environment of respect, communication, and commitment among those who are involved in self-study is essential to the process. Self-study planning requires a consensual understanding of institutional/programmatic activities and priorities. It also requires a commitment to achieving measurable program and student learning outcomes.

Institutional/Programmatic Resources

An effective self-study is a major initiative that requires a significant commitment of time, data collection and analysis, documentation of outcomes, as well as human and fiscal resources. Some institutions/programs may support the self-study process by adjusting the responsibilities and workloads of faculty and staff that will perform critical roles in the self-study process. Self-study working groups must have adequate work space, computer and other resources needed for collecting and analyzing data, documenting outcomes and generating draft and final reports.

Assessment

Research, planning and assessment of student outcomes are required components of the self-study process. The assessment process should focus on data analysis and documentation of outcomes. Proper assessment requires institutions/programs to implement an ongoing program of data collection and institutional research, which documents institution/program effectiveness and student learning outcomes.

Verifiable Evidence

Verifiable evidence must document whether and how the institution/program meets ACAHM's accreditation standards within the context of its mission, goals, objectives and outcomes.

Initiation of Self-Study Process

An institution/program begins planning the self-study process well in advance of Commission review. Research, assessment and writing the SSR may take 12 to 18 months to complete. If the institution/program is encountering challenges or problems, the self-study process should focus on resolving these issues.

Role and Functions of the Steering Committee

The steering committee (SC) is the primary institutional vehicle for leading the self-study process. It is typically composed of a small group of administrators, faculty, staff, and students. Members should be selected based on their abilities, availability, and commitment to the process and institutional/programmatic improvement. Members should be familiar with the institution's mission, goals and objectives, and with the critical functions of the institution/program. They must be given adequate time, resources, and authority to carry out the self-study process. The SC should work closely with the governing board to ensure that recommendations identified during the self-study process are appropriately addressed.

As the SSR must represent a consensus about the current status and future plans for the entire institution/program, **the report must not be the work product of a single individual**, such as the institution's President/CEO, Program Director, or an outside consultant. If the institution/program retains a consultant to assist with the self-study process, it must be understood that the consultant is to provide only technical assistance and does not provide the content for the SSR.

The SC should provide leadership for the self-study process, which includes:

- Preparing a written plan addressing the entire structure for the self-study process in advance of its implementation.

- Identifying the key issues for the self-study. This begins with a review of the mission, goals and objectives of the institution/program.

- Establishing work groups, appointing work group chairs, providing instructions for the identification of key issues and the development of appropriate analytical research questions to address them. In establishing charges for the work groups, the SC ensures that the groups address all the ACAHM standards to which they have been assigned, while also addressing the key issues that are important to the institution/program.

- Each work group should be assigned to study one or more of ACAHM's Standards. The SC coordinates and provides feedback to the work groups on the key issues to be studied and the degree to which institution/program complies with ACAHM standards.

- Reviewing, providing feedback on and approving draft reports prepared by the work groups.

- Establishing the time table for completing the self-study process.

- Working throughout the self-study process to promote communication among the work groups, administration, staff, faculty, students, the board, and other relevant communities of interest.

- Ensuring institution-wide review of all self-study drafts including the use of web site postings (if applicable).

- Analyzing the draft and final reports from the work groups to assess whether the key issues and self-study research questions have been addressed.

- Documenting institutional/program performance and student learning outcomes including the analysis of relevant statistics and evidence.

- Overseeing the completion of the final report, including the identification and compilation of relevant appendices and supporting exhibits; analyzing, editing, and formatting draft and final reports.

- Ensuring that recommendations for institutional/programmatic improvement are tied to the self-study findings.

The self-study process requires that the institution/program assess every aspect of its operations, including programs, services, resources, and supporting structures. The process must make provision for the assessment of program and student learning outcomes. The final self-study report must address the degree of compliance with all

ACAHM standards, the degree to which the institution/program is achieving its mission, goals, objectives, and expected outcomes, as well as provide recommendations for improvement based on these assessments.

Preparing Effective Self-Study Research Questions

An effective self-study process does not merely seek to document compliance with ACAHM standards. An effective SSR documents that the various communities of interest of the institution/program have assessed the current status and reached consensus on plans for further development and improvement. To properly achieve these objectives and outcomes, the institution/program must develop appropriate research questions that reflect the characteristics and circumstances of the institution and document compliance with ACAHM standards.

It is the prerogative of the institution/program as to how it wishes to develop self-study research questions. However, the guiding principle must be that they are ***analytical rather than descriptive*** in nature. The SC may draft detailed questions in consultation with the established work groups. The SC may decide to draft general questions with instructions that the work groups will develop more specific questions relative to the issues and the accreditation standards that they have been assigned to address. If the work groups are to draft specific questions, it is prudent for the SC to review the questions to ensure: (1) that the questions are analytical rather than descriptive in nature; (2) that they are not redundant with questions drafted by other work groups; and (3) that they collectively address all the Commission's standards and result in a comprehensive self-study.

Effective research questions are critical to the self-study process. They must focus the institution/program on the areas that are important to the institution/program, while documenting compliance with ACAHM standards. The research questions must lead to a final SSR that formulates a detailed plan for institutional/programmatic improvement. Research questions should ***not*** solicit purely descriptive responses. However, some description is necessary in a SSR to provide background information for a complete understanding of the characteristics and status of the institution/program. An effective final SSR should exhibit internal clarity and completeness and should not depend on the indiscriminate attachment of documents that can be reviewed on site by site visit evaluators. Where documents are appended to the report, they must be essential to a complete understanding of the self-study narrative and compliance with ACAHM standards. In such instances, the self-study text must provide appropriate citations to items that are included in the appendices for ease of location and review by the reader.

To be considered analytical in nature, self-study questions have the following characteristics:

- They stimulate thinking about issues important to the institution/program. Steering Committees and working groups attempt to relate ACAHM standards to unique dimensions, goals, developments and initiatives relevant to the institution/program.
- They demonstrate compliance with each of the standards relative to developments and issues bearing upon the institution/program. SCs and

working groups identify the elements of each of ACAHM standard that pertains to the institution's/program's unique goals, resources, activities and developments. Further, research questions demonstrate the degree to which each of the standards is being met.

- They address important issues bearing upon the institution/program that require evaluation and assessment.
- They contribute to a self-study report that constitutes an effective plan for institutional/programmatic improvement.

Types of Questions that Should Be Avoided:

- Questions with yes/no answers;
- Questions with obvious answers;
- Questions that directly mirror the elements of ACAHM standards;
- Questions that cannot be answered;
- Questions that begin with the words "What" and "Where," as these generally elicit descriptive, rather than analytical, responses.

Illustrations of effective analytical questions by standards can be found in ACAHM's Site Visit Manual under *Guidelines for Assessing Compliance with Standards & Criteria for Accreditation*. That section of the SV Manual provides an orientation to the kinds of questions that institutions/programs should address in their self-study and that site visit team members should seek to answer as they conduct the site visit process. Resources are suggested that the team should review to validate compliance with ACAHM's accreditation standards and criteria.

Converting Responses to Research Questions into Effective Narrative Reports

Once an institution/program has answered the analytical questions, it must then convert those answers into effective integrative narrative to be included in the work group drafts and final self-study report. The analytical nature of the research questions should be reflected in an analytical narrative that is clear, concise, and well-supported.

The narrative of the self-study should be evidence-based and should focus on the results of data analysis and institutional/programmatic research rather than unsupported assertions and description. Descriptive narrative should only be provided as necessary for the reader to understand the institution/program's analysis of its strengths and opportunities for further development and improvement. For example, if an institution or program makes the statement, "*we have graduated 15 students*" as simply a description of an outcome, it would be more effective to state that the institution *"…has graduated X number of students who have achieved specific didactic and clinical competencies necessary to be safe and effective practitioners of AOM as evidenced by the following …"* Such statements should be documented through verifiable evidence generated as part of the analytical self-study process.

Self-Study Report Documentation

The self-study process should not have as its objective the creation of new documentation to support the self-study narrative. Rather, it is a process for analyzing existing documentation and evidence to gain a better self-understanding of the institution/program's strengths and

opportunities for further growth, development, and improvement in relation to the accreditation standards. The Self-Study Steering Committee and its work groups must identify existing institutional/program documentation that will support the self-study report narrative and demonstrate compliance with ACAHM standards, including current policies, procedures, and resources in existing documents. If the institution/program does not have adequate documentation to support the self-study, it may need to engage in research to develop such documentation.

The work group reports, self-study drafts, and final report should refer to and cite existing documents. It should not include extensive descriptions of information contained in those documents. Additional information used to support the self-study narrative should be judiciously selected to avoid redundancy in the appendage of documents.

The SSR narratives must include, where relevant, appropriate citations to enable the reader to easily locate supporting documentation and the relevant information within them. Where certain documents apply to more than one of the Commission's standards, the SSR must provide in the report narrative the citation to those documents and not submit multiple copies of the same documents in SSR appendices. Each SSR narrative chapter must list the supporting documents for that narrative, with a citation to the page number where they can be located.

Documentation that May Assist in the Development of the Self-Study

The *Guidelines for Assessing Compliance with Standards & Criteria for Accreditation* in ACAHM's Site Visit Manual provide lists of suggested resources that should be considered by the SC and its work groups as it conducts the self-study process. The institution/program should be prepared to provide any/all of those supporting documents for site visit team review, either appended to the SSR or provided on-site during the visit.

MANAGING THE SELF-STUDY PROCESS AND WRITING THE REPORT

The self-study report must summarize the institution/program's self-analysis and translate the findings into recommendations and plans for improvement. The report will be used as a foundation for the site visit evaluation team's assessment of the institution/program and serve as a strategic plan for institutional/program development.

Managing the Self-Study Process

The roles and responsibilities of the self-study steering committee (SC) and its work groups are described earlier in this Guide. At the beginning of the self-study process, the SC develops a plan for conducting the self-study and establishes work groups and their charges. As the work groups are answering the research questions and drafting reports, the SC must consistently monitor the work groups' progress. Systematic communication between and among the SC and the work groups is required to ensure that the reported findings sufficiently analyze the institution/program's strengths and areas that require development relative to the standards. The final product, the self-study report, must be sufficiently comprehensive and analytical to document the degree of compliance with ACAHM standards.

While there is no one "correct" structure for the self-study process, in all cases the SC must ensure that the process proceeds on schedule and that it includes adequate opportunity for input by all the relevant communities of interest of the institution/program.

Potential Stumbling Blocks

In conducting the self-study process, the institution/program should avoid circumstances that might present challenges, such as:

1) Viewing the self-study as irrelevant or incidental to the institution/program's work.

    The self-study should focus on matters of importance to the institution/program. The process of self-assessment and accreditation review identifies opportunities for development, which can assist the institution in improving the quality of its programs.

2) Describing the institution/program rather than analyzing strengths and opportunities for development.

    Analyze how well the institution/program fulfills its mission, goals, objectives and student learning outcomes in relation to ACAHM standards.

3) Making conclusory assertions that are unsupported by data.

    Integrate the results of data analysis into the report and explain how these data were used to assess institution, program and student learning outcomes.

4) Submitting unexplained confusing or inconsistent data with the report.

    Ensure that the report narrative is analytical and explains what was revealed regarding institutional/program effectiveness in relation to outcomes.

5) Providing nebulous, un-measurable aspirations in strategic plans and plans for curriculum improvement.

    Plans should state specific, measurable institutional/program goals in relation to resources, mission, goals, objectives and student learning outcomes. Assessment results should be used to establish plans and strategies for improvement.

6) Assuming that the institution/program is so unique that it need not use readily accessible benchmarks.

    Consider the use of relevant benchmarks to establish goals for the institution/program and use those goals to establish a foundation for assessment purposes. If suitable criteria or benchmarks are unavailable, consider other methods such as achievement of other goals and objectives, progress over time, etc.

7) Permitting one institutional/program group such as faculty or administrators to dominate the self-study process.

    Ensure that there is diversity of representation among the communities of interest at all levels of the self-study process.

Writing the Self-Study Report

The product of the self-study process is an honest, comprehensive, analytical report, which accurately reflects the institution/program and its recommendations for improvement while demonstrating compliance with ACAHM standards.

The SC should provide guidelines to its work groups for editorial, style, and content of their reports before work groups begin their work. The work groups should submit outlines and drafts of their sections to the SC for review and comment. It is important that the SC carefully review work group reports to ensure that they are comprehensive, address appropriate analytical questions, and provide evidence that will support the self-study and demonstrate compliance with the standards. Once the SC has been presented with sufficient information and evidence from its work groups, the SC then begins compiling the SSR. If the work groups have not provided sufficient information to address the analytical questions or compliance with ACAHM standards, the SC should instruct the work groups to address these deficiencies in a timely manner.

Once the SC has received adequate information from its work groups, the SC then needs to draft a comprehensive, readable analytical self-study report for review and comment by the institution/program's communities of interest. The final report narrative should not exceed 100 single-spaced pages or 200 double spaced pages. This does not include tables, appendices, or supporting documentation. The report must include analytical substance and demonstrate compliance with ACAHM standards.

Expectations for Report Quality, Coherence and Usefulness

The quality of the final SSR presentation reflects on the school. Report editing should be performed by an individual or group with strong English language writing skills. Recognizing that initial drafts may originate from a variety of authors, the final narrative should be harmonized into "one voice" with appropriate transition language and grammatical and syntactical conventions. The report must be written in a style that reflects clarity of ideas and provides evidence that demonstrates the degree to which the institution/program is in compliance with ACAHM accreditation standards or has adopted and initiated action plans to comply fully with the standards/criteria for accreditation during the pre-accreditation period. SSR's submitted to the Commission will undergo a staff review. SSR's determined to be deficient in readability, navigability, or completeness will be rejected, which may result in additional review fees, delayed Commission review, and/or sanctions by the Commission.

Report Organization

The self-study report is organized to include the following components:

a. **The Cover Sheet**:
The Cover Sheet to the SSR must be completed by the program and inserted at the beginning of the self-study report. The cover sheet(s) can be downloaded from ACAHM's website under RESOURCES. Note that some program levels require Part 1 and Part 2 cover sheets.

b. **Table of Contents**:

The SSR must include a table of contents that indicates how the report and its supporting documents are organized. The table of contents must include clear references to page numbers where specific standards and criteria are addressed, and where supporting documents are located.

c. **Manifest of supporting documents/exhibits**:
The SSR must include a comprehensive, well organized list of all appended supporting documents. This list and the supporting documents must be organized to readily support: (1) the ACAHM staff review of the SSR to ensure that all intended documents are received in the SSR submission; and (2) the SSR reviewer (i.e., site visitors and Commissioners) to easily locate all supporting documents referenced in the narrative.

If the supporting documents are not organized to support SSR readability and navigability, ACAHM staff may reject the report. Resubmission of a rejected report may result in additional review fees, delayed Commission review, and/or sanctions by the Commission.

d. **Introduction**:
The SSR must contain an introduction, which briefly describes the background and history of the institution and its AOM programs(s). This chapter must describe of the process the institution/program used to conduct the self-study and the names and affiliations of each person who served on the self-study SC and on each work group.

e. **Narrative addressing the accreditation standards and criteria**:
A self-study should provide a useful and meaningful vehicle for further institutional/program development, the strengthening of program and student learning outcomes, and demonstrating compliance with ACAHM standards. The narrative must analyze the degree to which the institution/program is achieving its mission, goals, objectives and outcomes relative to ACAHM standards.

This narrative must be a single PDF document* divided into chapters for each of the accreditation standards. Each of these chapters must present: (1) an analytical narrative with respect to the institution/program's findings reflecting strengths, areas identified for improvement, and compliance with each of ACAHM's accreditation criteria; (2) a list of documents/exhibits with appropriate citations that support the analytical narratives; and (3) the plans and recommendations for future development and improvement of that area of the institution/program.

*Note: ACAHM will not accept consolidated Adobe PDF documents, where the document consists of a main "page" with internal "folders". Refer to ACAHM's Document Submission Instructions.

(1) *Analytical Narrative*

The self-study report must be more than an amalgamation of reports prepared by work groups and must not substitute description for analysis. Rather, the report must present the results of the institution/program's careful analysis and assessment of the sufficiency and effectiveness of its policies, procedures, practices, programs, activities, resources, structures, and outcomes relative to the accreditation standards. Due regard must be made to the recognition of achievements and the identification of areas that warrant improvement. This critical self-assessment is a significant internal activity of the self-study process to which the site visit team and the Commission will pay particular attention, as these judgments provide considerable insight into internal planning and management of the institution's resources to achieve mission, goals, objectives and student learning outcomes.

Appraisals of program strengths and areas that warrant further development relative to the standards assist the program with analyzing and assessing its processes, structures, activities, resources, etc. relative to the achievement of mission, goals, objectives and student learning outcomes and compliance with ACAHM standards.

An institution/program seeking pre-accreditation must demonstrate that it complies with select accreditation criteria further classified by the Commission as *Eligibility Requirements (ER)*. While all accreditation standards and criteria are reported in the SSR and assessed during the eligibility phase, compliance with all criteria designated as *Eligibility Requirements* is a requirement for pre-accreditation status. Given the essential nature of the ERs, institutions/programs are encouraged to dedicate particular attention to their assessment and documentation.

(2) *Plans and Recommendations for Future Development*
Having analyzed its policies, procedures, practices, resources, programs, activities, and outcomes in a given area, the self-study narrative for each standard must address plans and recommendations for future development. Recommendations should be briefly stated, realistic, and specific. To be meaningful, these recommendations must be part of the program's overall planning process, representing a definite commitment by the Board, administration, faculty and other constituencies to improve the quality of its educational services over the next years. It is at this point that the results of self-study are translated into practice. For this reason, the recommendations for improvement must be linked or tied directly to the specific findings identified in analytical narrative. The institution should be prepared to demonstrate to the site visit team actions toward the recommendations for improvement that have been implemented since the SSR submission.

(3) *Materials to be Appended to the Report*
Evidence supporting the narrative must be readily accessible and easily identifiable. The narrative chapter for each Standard must list the supporting documents for that section, where they can be found in the appendices, and

page citations within general documents (i.e., catalog, handbooks) where the relevant information is located.

For meeting minutes or comparable documents, highlighting specific areas that are being referenced should be considered.

Copies of records (i.e., personnel, academic, clinical) submitted as supporting evidence with the SSR, should safeguard personally identifiable information (PII) and sensitive PII (e.g., student or patient names, social security numbers, medical information, financial account numbers, etc.). However, site visitors performing onsite review are authorized to review complete records.

Supporting documents should be organized in folders for each standard and a general folder for resources referenced in multiple standards (i.e., catalog). <u>Do not</u> embed hyperlinks to document storage folders or Cloud storage locations. Hyperlinks to documents/information publicly posted on an institutional website are acceptable. Refer to ACAHM's [Document Submission Instructions](#) for additional guidelines.

f. **Summary:**
In this final part of the SSR, the institution/program must bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for use by the visiting team. The programs' plans and recommendations for future development should be considered and presented in three ways: (1) summarizing the recommendations from each of the standards; (2) synthesizing and prioritizing the recommendations from all standards into *realistic* short and long-range timetables for implementation; and, (3) assessing the recommendations and their effect on one another. The summary should also articulate the ongoing structure for long-range planning of the program and how it relates to the recommendations identified by the self-study. Because the timetables and priorities for implementing the recommendations must have support of the governing board, administration and faculty, this support must be demonstrated and documented in the summary chapter.

Submission of Final Self-Study Report

After the institution/program has prepared a final draft of the SSR, the final report must be approved by the governing board of the institution before it is submitted to the Commission.

The institution must submit the final, board-approved SSR to the Commission per ACAHM's [Document Submission Instructions](#). These general guidelines will apply to all application/document/report submissions to ACAHM, until such time as the Commission is able to fully migrate to the online accreditation management system.

Please check ACAHM's website or inquire with ACAHM staff to be sure you have the most current version of submission instructions before making a submission.

The Self-Study Report and Ongoing Institutional/Program Assessment

The hallmark of the self-study process is self-examination as a basis for institutional/programmatic improvement. The self-study should not be viewed as a single purpose, one-time event required to achieve pre-accreditation/accreditation. Rather, the self- study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional/programmatic commitment to assessment.

Accordingly, an ongoing commitment to assessment and evaluation provides an opportunity for the institution/program to determine its progress and to document program and student learning outcomes. For the self-study to be meaningful, it must be clear in its content and recommendations and be made available to the institution's communities of interest who are involved in implementing recommendations and plans for improvement.

The institution/program should ensure that the recommendations generated through the self- study process are used to assess and improve the achievement of mission, goals, objectives and student learning outcomes by taking the following steps:

- Maintaining the SC, or some equivalent entity, to continually assess effectiveness and implement recommendations for improvement
- Assigning designated members of administration and faculty responsibility for carrying out the self-study recommendations along agreed upon timelines
- Incorporating the recommendations into the charges to institutional/program committees, task forces, or other work groups that already exist
- Using appropriate administrative staff to support and track progress toward implementing institutional/program priorities and recommendations

Tracking progress in the implementation of the recommendations should be integrated into the institution/program's systems for ongoing assessment and planning.

THE ACCREDITATION PROCESS FOLLOWING SUBMISSION OF THE SELF-STUDY REPORT

The accreditation process following the submission of the self-study report is fully described in ACAHM's Accreditation Procedures policy.

Institutions and programs that have questions regarding the self-study and accreditation processes are encouraged to contact Commission staff.

Date Revised	Summary of Revisions	Approved By
180416	Updated 2008 version; examples of analytical questions and supporting documents referred to SV Manual	ACAOM Executive Director
180427	Added slide presentation as appendix	ACAOM Executive Director
191108	Revised Report Organization section	ACAOM Executive Director
240124	Reviewed; no revisions	ACAHM Executive Director

ACAOM SELF STUDY WORKSHOP

Jason Wright, MS, Dipl. OM (NCCAOM), LAc
Director of Accreditation Services

New Orleans, LA
November 15, 2019

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OUTLINE FOR TODAY

- Purpose of the Self Study

- Organizing the Self Study Process

- Introduction to Assessment/Evaluation

- Assessment Tools and Strategies

- Analyzing ACAOM's Standards

- Writing the Self Study Report

- Preparing for the Site Visit

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Purpose of the Self Study

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STANDARDS AS STRATEGIC TOOLS

- Consider ACAOM accreditation standards as foundation, NOT ceiling

- Build program up and out from the Standards

- Program development becomes more creative as minimum requirements have been met

- Avoid playing catch-up with compliance

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PURPOSE OF THE
SELF STUDY

- Structured opportunity for reflective thinking and development of data driven analysis regarding program/institution

- Demonstrates institutional mission being met

- Demonstrates program learning outcomes (educational objectives) reflect professional standards for safety, health and professional training

- Demonstrates program meets ACAOM Standards for quality education and training

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SELF STUDY = *YOUR*
STRATEGIC PLAN

- *Your* college's or program's strategic plan for improvement. Own it!

- Self study process is NEVER done by one person.

- Requires involvement from the college's various constituencies: students, alumni, faculty, staff, administration and board.

- Provides data and analysis of *your* institution/program in relation to ACAOM's Standards.

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SELF STUDY CONTENT

- Analysis of the Standards
  - What is working?
  - What needs improvement: immediate attention and further development?

- Immediate attention items – fix

- Further development: short term, long term, resources

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SELF STUDY CONTENT

- Ultimately strengthens the further development of the institution/program and student learning outcomes

- Provides a multi-year road map for growth and development

- Final Self Study report with outcomes requires Board approval

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DOCUMENTATION OF SELF STUDY PROCESS

Q: How formalized or documented is the self study process? Should it be clearly described in the report?

A: Yes, the self study process should be clearly described in the introduction section of the final report, including identifying various work groups and naming individuals and titles

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Organizing the Self Study Process

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WHAT TO AVOID

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ORGANIZING
THE PROCESS

- Effective leadership critical to well planned, organized and documented process

- Establish self-study steering committee (SC) - appointed by CEO or President

- SC establishes work groups to develop inquiries, analyze existing data, generate new data

- SC ensures relevant constituencies are involved: students, alumni, faculty, administration and board.

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OUTLINE OF STEPS

- Establish Steering Committee

- Identify current groups of constituencies:
  - student council,
  - faculty senate or faculty meetings,
  - existing curriculum work groups,
  - alumni association

- Identify any other needed work groups: clinic, library, policies and procedures

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SC RESPONSIBILITIES

SC sets tone for project
  - Openness to feedback
  - Active solicitation of input
  - Progress updates

SC ensures relevant stakeholders participate in self study via:
  - Steering Committee
  - Small work groups
  - Within own areas of interest

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SC RESPONSIBILITIES

- Identifies timelines for various phases of work

- Ensures work group reports come in

- Collates results

- Discusses and organizes findings, including editing

- Ensures final report written

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SELF STUDY TIMELINE

Self study process takes a minimum of 12-18 months

Allows for:
- assessing current available data
- development of research questions
- generation of relevant information and new data
- analysis of findings
- report writing
- review and approval by governing board

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SELF STUDY TIMELINE

Prepare a calendar and timeline for completing each phase: inquiry, data identification, analysis, write up, approval from board.

Establish timeline working backwards from Board meeting when final approval occurs

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WORK GROUP CHARGE

- Steering Committee provides clear direction to workgroups
  - Avoids overlap with other workgroups
  - Avoids redundancy of effort

- Each work group coordinates with Steering Committee regarding their findings

- Workgroup draft report should provide initial analysis for Steering Committee review

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SELF STUDY STEPS

SELF STUDY STEPS

11/14/2019
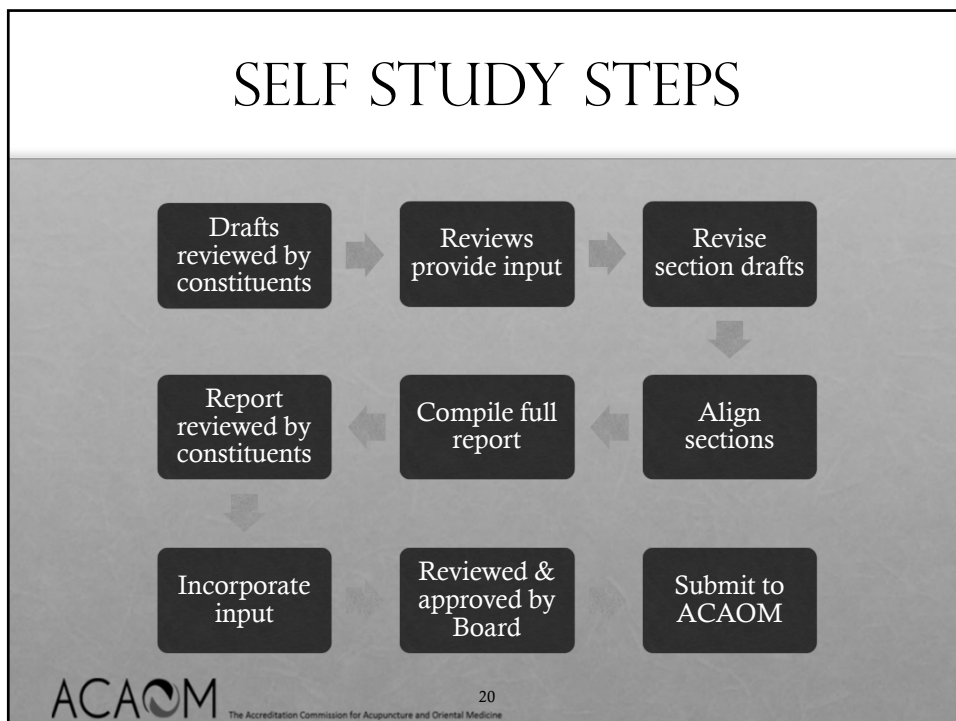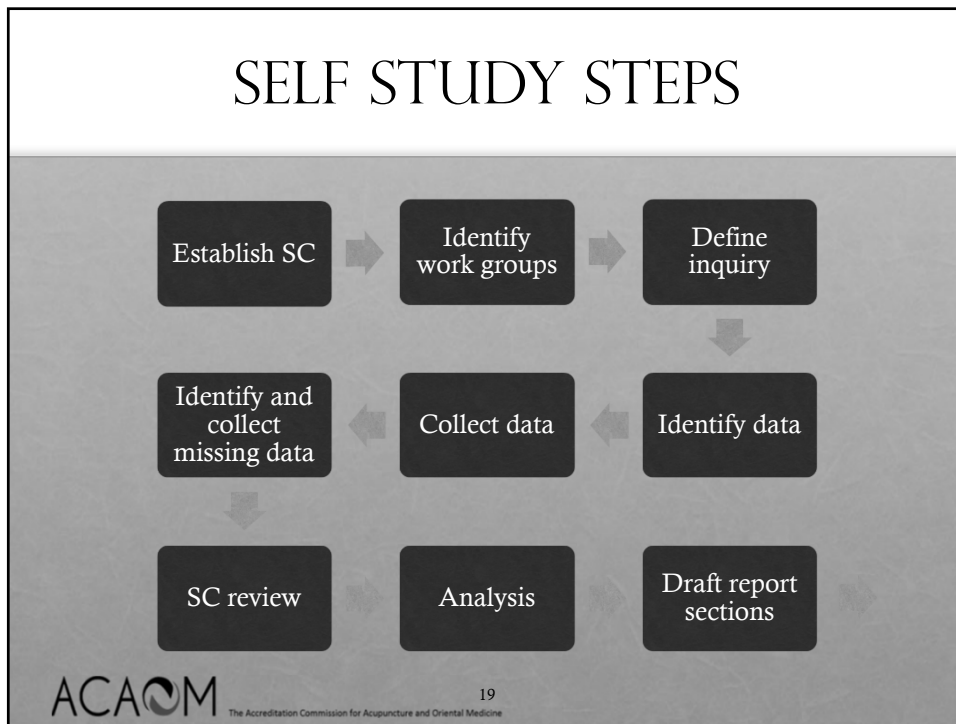
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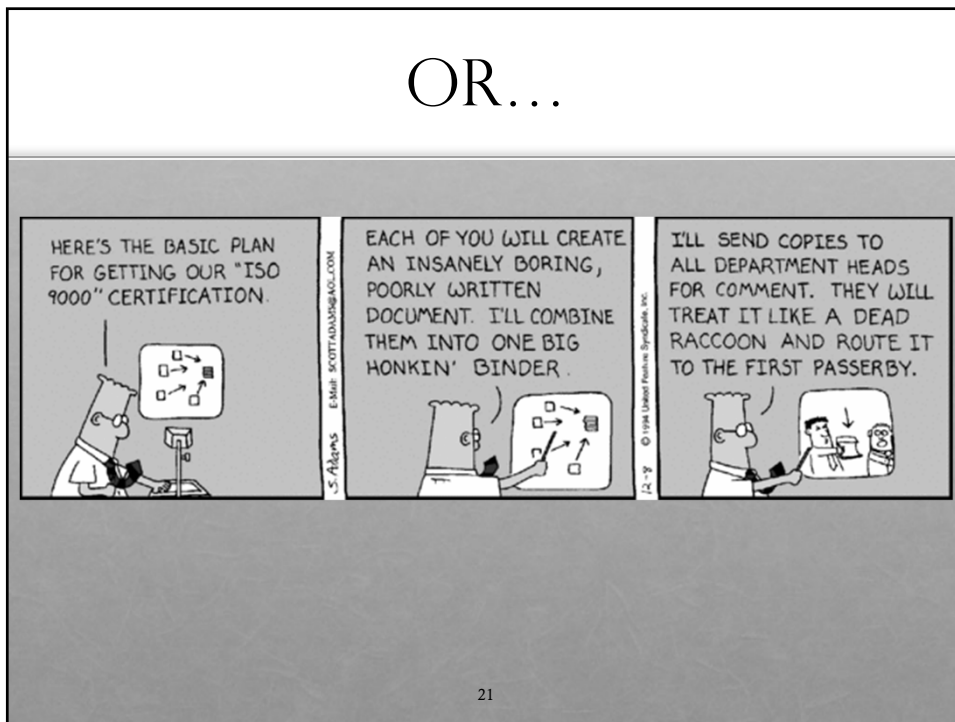
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WORK GROUP QUESTIONS

- Are we achieving our institutional mission?

- Do we comply with the ACAOM standard(s) relevant to the work group's area of focus?

- Is there data to demonstrate compliance?

- What challenges are we having in this area?
  - Data needed to understand problem?
  - Quick fix or longer term?
  - Cross over with other Standards?

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PROGRAMS APPLYING FOR PRE-ACCREDITATION

An institution/program seeking pre-accreditation must demonstrate that it complies with the select accreditation criteria further classified by the Commission as *Eligibility Requirements*. While all accreditation standards and criteria are assessed during the eligibility phase, compliance with the criteria designated as *Eligibility Requirements* is a requirement for achieving pre-accreditation status

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PROGRAMS IN PRE-ACCREDITATION

Pre-accredited programs seeking initial accreditation must also demonstrate remediation of those areas within the Standards that were identified during the pre-accreditation period as needing strengthening and further development.

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POLICIES & PROCEDURES

Review is critical part of self study process

- Ensure policies & procedures (1) exist, (2) are current and, (3) are consistently followed across institution

Purpose

- Supports students

- Provides for defined and consistent practices

- Reduces institutional legal liability

- Supports site team/peer review process – provides roadmap to school

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WORK GROUP TASKS

- Identifies strengths and challenges in their area, including policies and procedures

- Collects and analyzes data or identifies need for data
  - Develops list of supporting documents

- Works with SC on data issues

- Proposes realistic changes (short and long term)

- Writes up draft report and submits to SC

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FINAL SC WORK PRODUCT

Ensures that inquiry and assessment across the ACAOM Standards has:

- Involved all key constituencies

- Defined strengths

- Defined areas needing improvement

- Policies and procedures reviewed and updated

- <u>Realistic</u> changes proposed

- Final draft report summarizes above

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Introduction to Assessment and Evaluation

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ASSESSMENT

Assessment (of student learning)

An ongoing, iterative process consisting of four basic steps:

1. defining course learning outcomes;

2. choosing a method or approach and then using it to gather evidence of learning (e.g., exams, essays, group work);

3. analyzing and interpreting the evidence; and

4. using this information to improve student learning (both for formative and summative feedback). Assessment is related to student performance and is closely associated with grading.

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EVALUATION

Evaluation

A process for measuring and judging the quality of performance of an institution, a program, a process, or individuals, e.g., instructors, administrators.

Evaluation for institutions/programs demonstrates the institution/program's ability to meet or exceed mission/purpose, goals and program learning outcomes.

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ASSESSMENT & EVALUATION

- Cornerstone of higher education

- Required by all accreditors

- Vast range of tools and strategies

- Life beyond surveys
  - Use existing data to inform self study
  - Identify gaps in data
  - Generate new inquiries

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ASSESSMENT & EVALUATION

- Established plan
- Involvement of stakeholders
- Data gathering and analysis
- Determination of action steps
- Implementation of action steps
- Ongoing, continuous process
- DOCUMENTATION

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ASSESSMENT LEADERSHIP

- Develop a *culture* of assessment/evaluation

- Build culture of trust for constructive feedback

- Promote intellectual curiosity

- Ensure assessment/evaluation imbedded in all program operations

- Ensure new initiatives have assessment/evaluation strategies and timeline

- Ensure accreditation activities are not in a silo

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CONSIDER EXISTING DATA

Identify current assessment/evaluation activities:

- Admissions analysis

- Response to marketing initiatives

- Patient numbers

- Library usage

- Student academic progress

What does this data say? What more is needed? How does this data inform program development?

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GOOD PLACES TO START

Identify areas of inquiry that will help program:

- Why did latest NCCAOM exam numbers do down?

- Why are less students using the library?

- Why has there been an enrollment decrease?

- Are the patient numbers and conditions meeting program needs?

- Why do the second year students seem remarkably happy?

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RETENTION & STUDENT SERVICES

Cultural competency issues
- Student retention affected without sufficient support
- What is being provided for students from different ethnic or cultural communities?

Students new to area
- What can school do to assist students with finding community resources?

What do current students think of services provided?

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SPECIAL STUDENT POPULATIONS

Is school fully prepared to serve:

- Students with part time study status?

- Veterans and VA benefits?

- Aid animals?

Students with accommodation status for:

- Sensory impairment?

- Learning disabilities?

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CURRENT ASSESSMENT & EVALUATION

- What data gaps exist?

- What steps can be taken to obtain new data?
  - Staff meetings?
  - Information from other departments?
  - Qualitative vs. quantitative information

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DAILY EVALUATION

Most of us *informally evaluate and act* on a regular basis
- Evaluate and purchase new software/data bases
- Install moxa smoke extractors in treatment rooms based on patient feedback
- Investigate and respond to student complaints
- Examine pass rates on comprehensive exams

Establish accountability. Who monitors and coordinates activities? Train them accordingly.

Formalize these activities into the self study process (and ongoing day-to-day operations)

Document, document, document. If it's not written down, it didn't happen.

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CLOSING THE LOOP

Often overlooked and contributes to perception of ineffective process. Assessment and evaluation are incomplete without closing the loop.
- Data from assessment/evaluation activities must be evaluated in order to determine action next steps
- Action steps must be initiated

Document, document, document.
- What did you find out?
- What did you do about it?
- Who was involved in reviewing data and determining action steps?

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ASSESSMENT OF STUDENT LEARNING
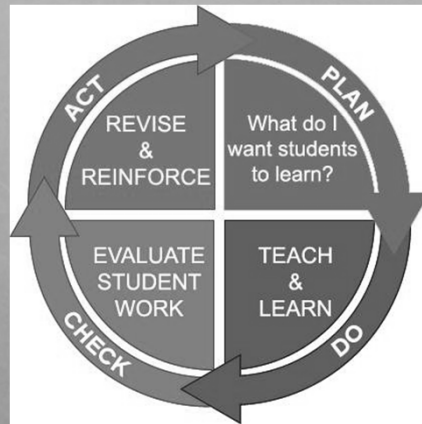
Image from: https://serc.carleton.edu/departments/degree_programs/assess.html

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PROGRAM REVIEW & EVALUATION OF GRADUATE SUCCESS

Image from: https://www.oaklandcc.edu/assessment/programassessment.aspx
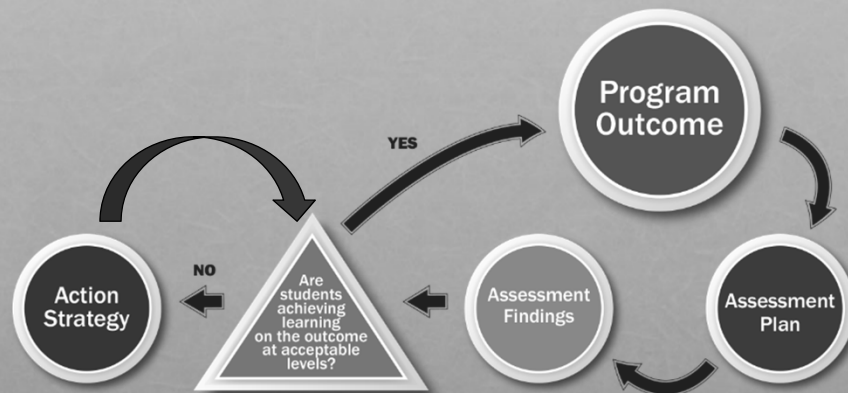
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DEVELOP LOGIC MODEL

What **results** do you want to achieve?

- Outputs (direct evidence of what you've done)
- Outcomes* (short & long term desired results)
- Impacts* (longer term desired results, i.e. grad success)

*SMART: Specific, Measurable, Action-oriented, Realistic, Timed

What **activities** will produce those results?

What **resources** are necessary to conduct activities?

See: https://serc.carleton.edu/departments/degree_programs/logicmodels.html

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CLOSING THE LOOP EXAMPLE

- *Problem*: beginning intern cohort has poor point location skills

- *Inquiry*: talk with anatomy and point location faculty; hold focus group with student cohort; review class exam scores & student evaluations of course instruction; review curriculum.

- *Analysis*: new curriculum was added to address changes in state boards but lab time not increased.

- *Action*: increase lab time by 1 credit

- *Assess*: Does next intern cohort show improved point location skills?

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INSTITUTIONAL EVALUATION STRUCTURE

- Every school needs institutional evaluation in place

- Need identified staff trained

- Single point person/entity to manage and coordinate evaluation activities

- Regular, cyclical collection and analysis of data

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BENCHMARKS

- Established numerical goals that determine success with stated objectives (provide rationale for determination of numerical goal)

- Useful for evaluating mission/purpose statements, program learning outcomes (educational objectives) or other types of action statements

- Generate quantitative or numerical data for evaluation

- Document how benchmarks were determined

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BENCHMARKS

Objective: Our grads will be prepared to achieve licensure and establish AOM practices

Indicators	Benchmark for Successful Accomplishment	Benchmark Met or Exceeded?
Percent of grads with licensure per alum surveys	70%	Yes (91%)
Percent of licensed grads with practices	70%	Yes (89%)
Percent of practicing grads who report working full time	70%	No (68%)

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Assessment Tools and Strategies

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SURVEYS

- Can be effective for identifying further areas of inquiry

- Effectiveness dependent on design and scale

- Can be overused (death by….)

- Can be inconclusive
  - Poorly worded
  - Small response
  - Not scaled correctly

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SURVEY SCALE

Well validated scale for self assessment statements:

- Strongly agree (2)

- Agree (1)

- Neutral/neither agree nor disagree (0)

- Disagree (-1)

- Strongly disagree (-2)

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FOCUS GROUPS

- Provide qualitative information

- Use for general or focused feedback

- Utilize outside/neutral facilitator

- Works well for specific cohorts
  - alumni
  - students by year
  - clinic patients
  - faculty

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LIBRARY ISSUE

Issue: Library hours may be insufficient
- student council
- complaints to library staff
- student satisfaction survey

Research/analytical question: To what extent are we providing library access to students to support student learning outcomes?

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LIBRARY DATA

Data Collected/Outcome Data:
- Library gate counts over X time
- Student survey with time blocks Mon-Sat from 8am-9pm

Data Analysis: The outcome data of those two items were analyzed /compared to existing library hours and revealed insufficient hours

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LIBRARY OUTCOMES

- *Results/Recommendation*: Extend library hours to include Mon-Wed 6-9 pm

- Identify start date

- Evaluate staffing FTE and workload

- Develop budget proposal

- *Assessment Activity and Timeline*: Continue with quarterly gate counts for coming year, include in annual student satisfaction survey

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LIBRARY OUTCOMES

Look at the following 3 data presentation slides

- Assess the strengths and weaknesses of each

- What else should be done to strengthen data presentation?

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LIBRARY DATA PRESENTATION

Analysis of new extended hours and gate count

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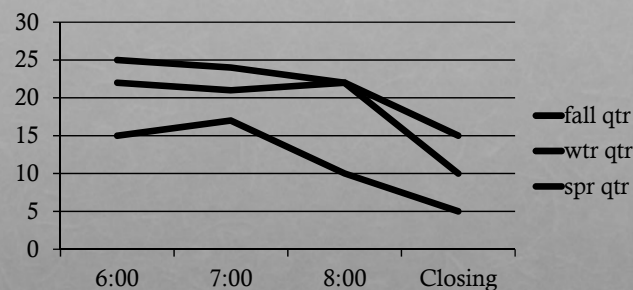
LIBRARY DATA PRESENTATION

Analysis of new extended hours and gate count

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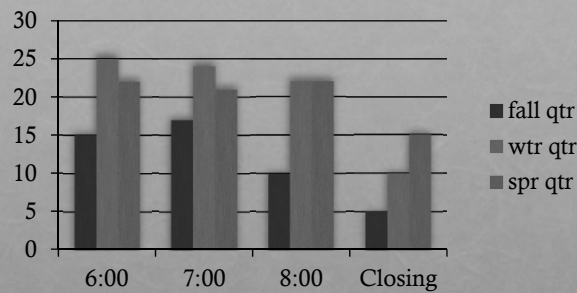
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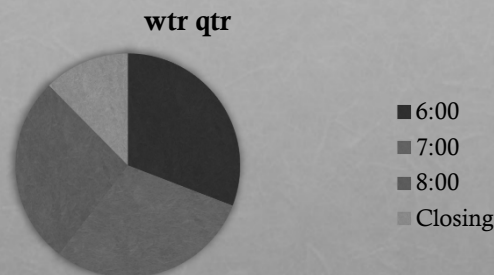
GRAPHS, BARS AND PIES …OH MY!

Consider the type of data being presented and the readability of the data

- Graph – tracking changes over time

- Bar chart – comparisons between data sets

- Pie chart – comparison of a unit (slice) within the total (whole pie)

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QUANTITATIVE VS QUALITATIVE DATA

Q: What does ACAOM expect from schools in terms of the use of quantitative statistics versus the use of qualitative data?

- The amount (and usefulness) of quantitative vs. qualitative data in the self study process is dependent on dedicated institutional resources/expertise
- Schools with assessment offices and dedicated staff may be more prepared to provide stronger quantitative data.
- All schools need to be building assessment resources and structure
- The self study process should include evaluation of both qualitative and quantitative data

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Analyzing ACAOM's Standards

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SELF STUDY QUESTIONS BY STANDARD

Q: Are the sample analytical questions for the various Standards ones that ACAOM is particularly focused on reviewing or just examples?

A: They are illustrative examples only.

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PURPOSE

- How effectively are the various elements of the mission statement reflected in the institution's goals?

  For example, if the mission statement requires students to acquire certain values or attributes, what curriculum and/or activities exist that demonstrate this?

- How effective is the institution/program in achieving its student learning outcomes vis-à-vis its mission?

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LEGAL ORGANIZATION

- How effective are the institution's policies, procedures and practices for ensuring compliance with all federal, state and local laws and regulations applicable to its operations?

- How effective are the institution's processes for the oversight of training conducted at off-campus locations, or in collaboration with other institutions and agencies?

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GOVERNANCE

- How effective is the public representation in the governance structure of the institution both numerically and substantively?

- How effective is the governance structure with respect to the following functions:
  - establishing policy,
  - engaging in effective planning,
  - evaluating performance of the President/CEO,
  - overseeing the budget process,
  - approving major program changes

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ADMINISTRATION

- In what ways and for what reasons have staffing patterns and reporting lines been changed since the last accreditation review?

- How have these changes impacted the effectiveness of administrative functioning for the institution and its program?

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RECORDS

- How effective are the program's policies, procedures and practices for ensuring that record keeping practices meet relevant legal requirements (e.g. FERPA, HIPAA, state laws and regulations?)

- How effectively does the institution/program manage and safeguard clinical records consistent with generally accepted health care practices and legal requirements?

- How effective are the systems for maintaining data and statistics for institutional and program assessment processes?

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ADMISSIONS

- If the program is not meeting its admissions goals, are the goals sufficiently clear, realistic and consistent with the mission?

- To what extent are recruiting materials and processes coordinated to support recruitment?

- How effective are the program's policies, procedures and practices for ensuring that students matriculated in the program have sufficient English language competency to communicate effectively with patients and other health care personnel?

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ASSESSMENT

- How can the institution/program's current assessment program be strengthened ?
  - What variety of assessment tools are being used?
  - How can they be more effectively utilized?
  - What other tools could be developed?

- How effective are the program policies, procedures and practices for assessing and monitoring student academic progress and grading?

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PROGRAM OF STUDY

- How appropriate are the competencies for each phase of clinical training in meeting the knowledge, skills and abilities expected of a safe and effective practitioner?

- For DAOM programs, how effectively does the program demonstrate and document that students are achieving the competencies and student learning outcomes in the clinical specialty areas designated by the program?

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FACULTY

- How effective are the program provisions for regular, systematic communication among faculty and between the faculty and administration?

- How effectively does the program provide for faculty participation and responsibilities with curriculum development and assessment?

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STUDENT SERVICES & ACTIVITIES

- How does the program provide support to students who are having academic difficulty? How effective are these support services?

- How effective are program policies, procedures and practices governing students in the areas of:
    - a) student rights and privileges,
    - b) disciplinary procedures,
    - c) satisfactory academic progress and iv) grading?

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LIBRARY AND LEARNING RESOURCES

- How effective is the program in providing training to students, faculty and staff in the appropriate utilization of information resources, with a particular emphasis on information literacy? How might such training be improved?

- To what degree do program plans for continued library development strengthen the achievement of program goals, objectives and student learning outcomes? How might these plans be strengthened?

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PHYSICAL FACILITIES & EQUIPMENT

- To what extent are institutional facilities and equipment sufficient to support program and student learning outcomes, including in the areas of: classroom space, learning resources, space and equipment for staff, faculty and students, clinical facilities, herbal pharmacy, etc.?

- How effective are policies, procedures and practices for ensuring compliance with applicable federal, state and local, fire, safety and health standards?

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FINANCIAL RESOURCES

- How effective is student advising/counseling, policies, procedures and practices for reducing student default rates?

- How effective are the institutional and program financial management and budgeting systems?

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PUBLICATIONS & ADVERTISING

- In what areas do school publications need to be strengthened to improve their accuracy, clarity and completeness?

- To what extent do program catalogs, website, handbooks and other publications accurately portray the program's goals and objectives, admissions, program offerings, faculty and staff?

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ACAOM SELF STUDY WORKSHOP

Writing the Self Study Report

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REPORT FORMAT

- Self Study Cover Sheet

- Table of Contents

- Manifest of supporting documents/exhibits

- Introduction

- Narrative addressing the standards as chapters of single PDF document

- Summary of Findings: analysis of how the program will move forward to address findings

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SELF STUDY COVER SHEET

- Self Study Cover Sheet posted on ACAOM's website under RESOURCES

- Provides quick intro/reference to institution/program for site visitors and the Commission [Cover Sheet – Part 1]

- Curriculum Competency Chart for master's and PD programs [Cover Sheet – Part 2]

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TABLE OF CONTENTS

Indicates:

- how report is organized and

- how supporting documents are arranged.

Must include clear references to page numbers where specific standards and criteria are addressed, and where supporting documents are located.

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EXAMPLE SELF STUDY
TABLE OF CONTENTS

Contents

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INSTRUCTION TO READER

Our report is being shared through OneDrive with info@acaom.org. One folder, CCAOM MAc SSR, which contains twelve subfolders (Self-Study, 1, 2, 3, 4, 5, 6, 7, 8, 9,10 and General docs) is being shared.

The full self-study report is in the folder labeled Self-Study.

The Self-Study folder has four documents, including this letter, Cover Sheets Part 1 and Part 2, and the Self-Study narrative document. There are no supporting documents in this folder.

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INSTRUCTION TO READER

Each chapter is an analytical narrative of how CCAOM meets the standards supported by referenced supporting documents, an overview of improvements made as a result of the self-study process with recommendations for future improvements. Supporting documentation is in the other ten folders with the associated standard narrative.

The ten folders labeled by standard number each contain the chapter of the self-study report narrative for that standard and all supporting PDF documents referenced in that chapter. Each chapter is identical to the chapter in the full report.

In addition, the full Self-Study has the combined summary for each narrative.

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MANIFEST OF SUPPORTING DOCUMENTS

A comprehensive, well organized list of all appended supporting documents.

This list and the supporting documents must be organized to readily support:

(1) the ACAOM staff review of the SSR to ensure that all intended documents are received in the SSR submission; and

(2) the SSR reviewer (i.e., site visitors and Commissioners) to easily locate all supporting documents referenced in the narrative.

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INTRODUCTION

- Background and history of institution and AOM program

- Description of the self study process with timelines

- Provide names/affiliations of each person who served on steering committee and work groups

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NARRATIVE

- Single PDF document organized by chapter

- Maximum of 100 single spaced or 200 double spaced pages

- Tables, appendices and supporting documents are <u>not</u> included in page count

- Font: Times New Roman or font with "foot," 12 point

- Paginated throughout document, including support documentation

- Support documentation placed in separate section. <u>Do</u> <u>not</u> attach directly to each Standard.

- see ACAOM's <u>Document Submission Instructions</u>

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CHAPTERS

Each chapter has 3 components:

1. Analytical narrative regarding strengths, areas needing improvement and compliance with each component of the criteria

2. Plans and recommendations for improvement and future development

3. List of documents that supports the narrative
   - Required ACAOM documents
   - Internal documents that support the school's analysis

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ANALYTICAL NARRATIVE

- Presents self study <u>analysis</u> for that Standard.

- Uses primarily analytical narrative and avoids use of descriptions found elsewhere

- Uses hyperlinks to general descriptions or background sources

- Identifies school's achievements, but not to exclusion of identifying areas that need further work

- Outcome: Site visit confirmatory not discovery

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CRITICAL SELF-ASSESSMENT

- Embrace it!

- If nothing identified for improvement and no data utilized, then no self study occurred

- Self study should show insights into internal planning and management

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PLANS AND RECOMMENDATIONS FOR FUTURE DEVELOPMENT

- Briefly stated, specific, realistic, and likely

- Must be related directly to the narrative and findings related to the Standards

- Must be part of the institution/program's overall planning process with approval by the administration and board

- Must be included in Summary section

- Expect that the site visit team will want to hear about progress

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PROGRAM OF STUDY PLANS & RECOMMENDATIONS

Plans and Recommendations for Future Development

- Create a faculty module in Populi and upload all syllabi, exams and other course materials for reference by all faculty.
- Recruit additional qualified orthopedic acupuncture faculty to upgrade biomedical integration in teaching of anatomy and orthopedic acupuncture.
- Explore the feasibility of developing a strong track of specialty training in pediatrics as the basis of a future doctoral program.
- Explore the feasibility of developing a more convenient part-time program that would be helpful for many adult learners for whom continuing employment is a requirement.

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IMPACT OF SELF STUDY RECOMMENDATIONS ON EACH OTHER

- List various constituencies who participated in SS

- List data utilized and sources

- Analysis of college's performance in relation to ACAOM standards & criteria

- Short and long term goals established

- Senior management reviews & approves

- SS linked to institutional strategic plan and budget

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SUMMARY

Plans and Recommendations for Future Development should be presented in 3 ways:

1. Summarized by chapter, then….

2. Organized into short and long term priorities with specific timelines

3. Analysis of effect on one another

Institutional support of these recommendations by administration, faculty and board must also be documented in the Summary section.

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APPENDED MATERIALS

Two types:

1. Specific school documents are required to be cited

2. Documents that the school identifies are relevant to the narrative

Appended documents must be cited in the narrative as to location in the report and also listed separately at the end of the chapter with location

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SUPPORTING DOC SUGGESTIONS

Include page citations within general documents (i.e., catalog, handbooks) where relevant information is located.

For meeting minutes or comparable documents, highlighting specific areas that are being referenced should be considered.

Copies of records (i.e., personnel, academic, clinical) should safeguard personally identifiable information (PII) and sensitive PII (e.g., student or patient names, social security numbers, medical information, financial account numbers, etc.). However, site visitors performing onsite review are authorized to review complete records.

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SUPPORTING DOC SUGGESTIONS

Supporting documents should be organized in folders for each standard and a general folder for resources referenced in multiple standards (i.e., catalog).

Do not embed hyperlinks to document storage folders or Cloud storage locations.

Hyperlinks to documents/information publicly posted on an institutional website are acceptable.

Refer to ACAOM's Document Submission Instructions for additional guidelines.

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FOLDER ORGANIZATION

Name	Date modified	Type	Size
1	11/9/2019 11:44 AM	File folder	
2	11/9/2019 11:44 AM	File folder	
3	11/9/2019 11:44 AM	File folder	
4	11/9/2019 11:44 AM	File folder	
5	11/9/2019 11:44 AM	File folder	
6	11/9/2019 11:44 AM	File folder	
7	11/9/2019 11:44 AM	File folder	
8	11/9/2019 11:44 AM	File folder	
9	11/9/2019 11:44 AM	File folder	
10	11/9/2019 11:44 AM	File folder	
General docs	11/9/2019 11:46 AM	File folder	
Self Study	11/9/2019 11:44 AM	File folder	

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FOLDER ORGANIZATION

This PC > acaom (\\EgnyteDrive) (Z:) > Private > wright_j > SS training > CCAOM MAc SSR example > 2 >

Name	Date modified	Type	Size
2.05 IPEDS proof of submission	11/9/2019 11:44 A...	File folder	
1- Standard 2 Narrative	3/27/2019 1:41 PM	Adobe Acrobat D...	192 KB
2.01 Articles of Incorporation	3/27/2019 1:41 PM	Adobe Acrobat D...	63 KB
2.01 St Higher Ed Authorization	3/27/2019 1:41 PM	Adobe Acrobat D...	492 KB
2.02 ACAOM approval of MAc	3/27/2019 1:41 PM	Adobe Acrobat D...	228 KB
2.02 ACCSC Program Approvals	3/27/2019 1:41 PM	Adobe Acrobat D...	124 KB
2.03 State Med Brd Ltr of Good Standing	3/27/2019 1:41 PM	Adobe Acrobat D...	52 KB
2.04 Beijing Hosp Agreement	3/27/2019 1:41 PM	Adobe Acrobat D...	811 KB
2.05 Clery Annual Security Rpt	3/27/2019 1:41 PM	Adobe Acrobat D...	707 KB
2.05 Crime and Incident Log	3/27/2019 1:41 PM	Adobe Acrobat D...	72 KB
2.05 disclosures re sex offenders	3/27/2019 1:41 PM	Adobe Acrobat D...	112 KB
2.05 Drug and Alcohol abuse prevention	3/27/2019 1:41 PM	Adobe Acrobat D...	64 KB
2.05 FA Audit	3/27/2019 1:41 PM	Adobe Acrobat D...	616 KB
2.05 FA Code of Conduct	3/27/2019 1:41 PM	Adobe Acrobat D...	306 KB
2.05 FA Procedural manual	3/27/2019 1:41 PM	Adobe Acrobat D...	981 KB
2.05 Gainful Emplymnt PMLA	3/27/2019 1:41 PM	Adobe Acrobat D...	32 KB
2.05 HIPAA-OSHA-CNT-BBP Training	3/27/2019 1:41 PM	Adobe Acrobat D...	222 KB
2.05 Military Sel Srvc procedures	3/27/2019 1:41 PM	Adobe Acrobat D...	57 KB
2.05 Personnel Constitution Day	3/27/2019 1:41 PM	Outlook Item	59 KB
2.05 SEVIS approval	3/27/2019 1:41 PM	Adobe Acrobat D...	79 KB
2.05 USDE Prog Rev Response	3/27/2019 1:41 PM	Adobe Acrobat D...	3,299 KB
2.05 VA approval	3/27/2019 1:41 PM	Adobe Acrobat D...	50 KB
2.05 VAWA Letter	3/27/2019 1:41 PM	Adobe Acrobat D...	77 KB
2.05 Voter reg efforts	3/27/2019 1:41 PM	Adobe Acrobat D...	339 KB
2.06 Fire Drill Report	3/27/2019 1:41 PM	Adobe Acrobat D...	82 KB
2.06 State Higher Ed audit results	3/27/2019 1:41 PM	Adobe Acrobat D...	82 KB
2.06 Tornado Evacuation Unannounced	3/27/2019 1:41 PM	Adobe Acrobat D...	76 KB
2.07 fire inspection	3/27/2019 1:41 PM	Adobe Acrobat D...	30 KB

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EDITING

- Editor must have strong English language writing skills

- Final report "one voice"

- The quality of the report presentation reflects on the school

- *No typos or formatting problems is a thing of beauty*

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REPORT SUBMISSION

- Prepare introductory section to reader regarding any technical aspects that will enable moving smoothly through the document

- Follow Document Submission Instructions to send report to ACAOM office

- Submit by **October 1** for review at following Summer Commission meeting (action letter in Sept.)

- Submit by **April 1** for review at the following winter Commission meeting (action letter in March)

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LIFE AFTER SUBMISSION OF REPORT

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NEXT STEPS

ACAOM staff will review SSR to assess readability, navigability, and completeness. Staff may:

1) accept the report and approve the scheduling of a comprehensive *Site Visit*,

2) require additional or clarifying information from the institution/program, or

3) reject the report if it fails to adequately document and demonstrate compliance with the Commission's *Standards and Criteria for Accreditation*

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REAL LIFE AFTER SUBMISSION OF REPORT

- Show and document progress
- Start working on findings
- Implement changes as possible
- Provide written update for team prior to arrival or onsite

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ACAOM SELF STUDY WORKSHOP

Preparing for the Site Visit

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PREPARING FOR THE SITE VISIT

Refer to ACAOM's Site Visit Manual

- School liaison
  - Schedule – to be completed prior to travel arrangements
  - Travel logistics

- Team work room
  - Private locked room
  - Quiet space with sufficient work area and printer
  - Exhibits
  - Office supplies
 - Snacks/restaurant menus
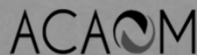
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DURING SITE VISIT

- Ensure staff, students, alumni, faculty, administration are available

- Ensure classes and clinics are observable

- Flexibility with schedule

- Team confirms self study
  - Progress made
  - Document requests

- Exit interview – very general, no specifics provided
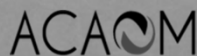
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SITE VISIT REPORT

- Final team report sent to ACAOM office for review within 7 days of visit end

- ACAOM staff reviews for clarity of narrative & works with chair to ensure report is coherent with standards

- Within approximately 30 days after the visit, ACAOM sends final report to school for 1) corrections to factual errors and 2) Formal Institutional Response

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COMMISSION REVIEW

Refer to ACAOM Accreditation Procedures Policy and Commission Actions Policy

- Commission reviews Accreditation Record: self study report, site visit report, and Formal Institutional Response

- Private hearing with Commission prior to accreditation decision may be held at request of either Commission or school to clarify record

- Program is notified of Commission action within 30 days of Commission's decision

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ACCEPTANCE OF ACCREDITATION

- An institution/program granted ACAOM pre-accreditation/accreditation status has 14 days from receipt of notification to accept the Commission's action and submit all relevant acceptance fees

- Payment of dues constitutes formal acceptance of ACAOM accreditation status.

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FORMAL INSTITUTIONAL RESPONSE

- Institution/program provided 14 calendar day window to provide <u>required</u> Formal Institutional Response (FIR)

- FIR is brief acknowledgement of site visit report or maximum 25 page response

- Correct any factual errors

- No new information, policies or procedures not available at site visit can be submitted

- Confirmation or clarification only

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QUESTIONS?

KEY RESOURCES:

Self Study Guide [for SS process and preparation]

Site Visit Manual [for institutions and visitors]

Comprehensive Standards

Accreditation Procedures policy

Jason Wright, Director of Accreditation Services,
Jason.wright@acaom.org (952) 212-2434 ext. 104

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