



## AMERICAN SOCIETY OF CYTOPATHOLOGY

### **“Outcomes-based Assessment in the Cytotechnology Programs Review Process”**

**Bob Goulart and Don Simpson**

**This document was compiled by members of the Cytotechnology Programs Review Committee (CPRC). The CPRC is composed of individuals dedicated to the quality practice of cytopathology education. The membership of this group serves in a variety of health care settings and strives to assure that the CPRC is always accessible and responsive to the needs of cytotechnology programs.**

#### **Cytotechnology Programs Review Committee:**

**Maria Friedlander, M.P.A., CT(ASCP), Chair**

**Robert A. Goulart, M.D., Vice Chair**

**Stanley J. Radio, M.D.**

**Abdelmonem Elhosseiny, M.D.**

**Donna K. Russell, M.S., CT(ASCP)**

**Talaat Tadros, M.D.**

**Donald Schnitzler, CT(ASCP)**

**Donald D. Simpson, Ph.D., M.P.H., CT(ASCP)<sup>CM</sup>**

**Nancy J. Smith, M.S., SCT(ASCP), ASC Commissioner to CAAHEP**

**Kalyani Naik, M.S., SCT(ASCP), Alternate**

**Sondra Flemming, M.S., R.N., CAAHEP Liaison ASC Commissioner to CAAHEP**

**Deborah A. MacIntyre, Coordinator, CPRC**

#### **Contact information:**

American Society of Cytopathology

400 West 9th Street, Suite 201

Wilmington, Delaware 19801

Phone: (302) 429-8802

Fax: (302) 429-8807

[dmacintyre@cytopathology.org](mailto:dmacintyre@cytopathology.org)

[www.cytopathology.org](http://www.cytopathology.org)

**I. Tell Me More About the Electronic Self-Study and Site Visit!**  
**Mary Ann Friedlander and Don Schnitzler**

**1. Why change the report?**

- Streamline and standardize process of collecting information for accreditation process.
- It was originally designed by a representative of the Medical Assistant Committee on Accreditation (CoA). With support and assistance from CAAHEP, the CPRC has modified the report for cytotechnology program accreditation. Other CAAHEP CoAs use e-SSR template with language modified as appropriate.

**2. Differences between the old report and the new report**

OLD	NEW
<ul style="list-style-type: none"> <li>• Bulky printed copy.</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic format in an Excel spreadsheet.</li> </ul>
<ul style="list-style-type: none"> <li>• Supporting documentation required that samples or photocopies of existing documents be included.</li> <li>• Citations appeared within narrative of self-study report referencing page numbers that directed reviewer to specific reference in appendix making it easy to locate each item of interest.</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting documentation is included in the appendix.</li> <li>• Electronic formats as Word documents, PDF files, or weblinks are similar in amount and character to that requested in the old SSR.</li> <li>• Each Standard tab includes a list of required appendices relevant to the specific standard.</li> <li>• With ease of electronic documentation, programs may wish to submit more material than required (i.e., an entire policy manual for their university) to assist CPRC in assessing overall compliance. If so, programs should create an index document that directs reviewer specifically to each required document within the appendix. For example, “<i>Employee Grievance Policy is found in University Catalog, page (specify).</i>”</li> </ul>

**3. Self-study process vs. e-self-study report (eSSR)**

- The SSR is not intended to replace the “self-study process” – a formal process during which a program critically examines its structure and substance; judges the program’s overall effectiveness relative to its goals and learning domains; identifies specific strengths and deficiencies; and indicates a plan for necessary modifications and improvements.
- The self-study process should include:

- a. An assessment of the extent to which the program is in compliance with established accreditation Standards.
- b. The appropriateness of program goals and learning domains to the demonstrated needs and expectations of the various communities of interest served by the program.
- c. The program's effectiveness in meeting set thresholds for established outcomes.
- o The purpose of the e-SSR is to document results of this self-study process.

#### **4. Review structure of the report (*laptop demonstration of the e-report*).**

- o The report is organized into twenty (20) colored tabs, each corresponding to a particular section of the document.
- o The instructions tab identifies the content of each tab in the file and differences in color-coded boxes are seen throughout the file.
  - a. Green and yellow = free-text boxes.
  - b. Blue = drop-down boxes.
  - c. Placing the cursor over boxes with red corner triangles will reveal a pop-up box with standard text.
- o Five (5) tabs contain that are specific to each Standard I thru V.
- o Eleven (11) tabs correspond to specific information that supplements responses provided in each of the Standards tabs.
- o Required appendices are a list of required exhibits found in the "Instructions" tab as well as in each Standard tab, as a list in the final rows of the each section.
  - a. It is preferable to submit in electronic format (i.e., on a CD-ROM) with WORD, PDF or web addresses organized.
    - Suggestion: create a table of contents or label folders and files as listed in instructions.

#### **5. Required on-site exhibits**

- o Programs should have on-site exhibits prepared that will be reviewed by the site visit team during the site visit.
- o Share on-site exhibit list – which is provided at time notification of re-accreditation period – along with other documents.

#### **6. Preparation of site visit**

- o Programs should be prepared to substantiate responses provided in the e-SSR through supporting DOCUMENTATION.
- o Supporting documentation includes:
  - a. Completed surveys of graduates and employers.
  - b. Resources assessment tools.
  - c. Past advisory committee meeting minutes.
  - d. Student records.
  - e. Site visitors will review for consistency with data submitted in the annual survey.

**A list of additional points and questions pertaining to this topic has been created for the purpose of additional discussion. The goal of this exchange is to get things stimulated in your group while also addressing issues that programs are actively struggling with.**

**Lessons learned to date:**

- Submit a complete and organized self-study. Make sure every tab is completed by scrolling down and out.
- Providing electronic documents and appendices are highly preferred.
- Programs should tag or annotate specific areas within appendix materials that address each element of the Standards. This streamlines the review process and makes it easier for both the self-study reviewer and site visitor.
- Use hyperlinks for web addresses.
- Specify page numbers to assist in locating the required elements within program materials; brochures; course catalogs; student manual; and other supporting documentation.
- Resources assessment tools and documentation that it was performed at least annually should be available on-site for review by the site visitors.
- Completed graduate and employer surveys should be available for review by the site visitors. Consistency of data provided in the annual surveys will be assessed.
- A preliminary assessment of the e-SSR by educators suggested its potential use as an on-going assessment tool for programs.
- If sending links that connect to “*internet or intranet*” sites, be aware that access to those URLs may not work for individuals attempting to access them from outside the institution. Some links require an employee login and password which prevents the reviewers from accessing information.
- Reviewing the new eSSR and preparing the new eSSR, may require some organizational skill at using Excel – for example, the need to have multiple tabs within a document and review supporting documentation that may be in other file formats when opened simultaneously.
- When submitting completed “samples” of documents utilized, documents should be de-identified of personal information. Examples of personal information include names; dates of birth; social security numbers; and school identification numbers.
- When example copies of blank forms (i.e., clinical evaluation tools; resources assessment tools; graduate and employer surveys) are requested, the program should be prepared to share completed forms and records on-site with site visitors. If the program utilizes other tools that summarize useful, relevant data, programs may find it helpful to share such information to expedite the review process.

## II. How and Why Do I Have to Complete All Those CPRC Forms and Surveys? Bob Goulart and Talaat Tadros

### 1. Questions and answers.

“It takes a significant amount of time to complete and submit these forms, and I’m already too busy with my everyday teaching responsibilities.”

#### a) “Why do I have to do these?”

**Trust** that members of CAAHEP and the CPRC realize the time-constraints and demands currently faced by program and medical directors, teaching faculty, students, and employers alike.

They offer data and opinions from a **number of different sources** with different and complimentary perspectives on your program (akin to a 360 degree review).

#### b) “What does the committee do with them?”

**Know** that all forms and surveys distributed by the CPRC for its use in fulfilling the tasks involved in formulating its accreditation recommendations to CAAHEP are certainly not “for not.”

Each committee member bears a significant responsibility for reviewing, summarizing and presenting data for committee discussion and voting.

**Nothing goes unread.**

#### c) “Are they really of use to the committee?”

Rather they are put to **practical and formal use** by the committee (see specifics for each form/survey in section 2).

They allow the CPRC to base its recommendations to CAAHEP on **relatively objective data**, rather than solely on subjective rumor and hearsay.

#### d) “I’m investing the time and energy to complete them fully and correctly, rather than as simply a quick-and-easy go through – does this really matter?”

They are a **tool for open communication.**

They are a **tool to demonstrate the good work** your program is doing every day.

They are designed to be **informative and self-reflective** for each program in its own internal assessment and review. This serves not only the individual program, but also:

Allows the CPRC to see new and innovative ways of instructing and fulfilling the standards, which with the program's permission, **can be shared with colleague programs that are struggling or looking for new ideas in these areas.**

Allows for formal data collection and presentation that you may choose to **share with your sponsoring institution to strengthen your argument for continued support.**

e) Is there a better way?

The CPRC is **always open** to constructive suggestions and opinions on how the committee can best due its charge, and receive the appropriate information from the programs. Examples of feedback mechanisms include, but are not limited to:

- a) Forums such as the PFS round-table meeting you are currently attending and other CPRC-related workshops.
- b) The majority of forms allow for free text feedback to the CPRC – these areas are taken very seriously by the committee and discussed in formal committee forums, such as conference calls or the committee meeting at the ASC Annual Meeting.
- c) The committee leadership and coordinator are available for direct (and confidential as appropriate) feedback and discussion via phone call or e-mail.

There are CPRC charges with flexibility in regards to the process, and other areas with more specific guidelines (via CAAHEP) to which the committee is more stringently held.

## 2. Bullet points of the specific forms and surveys.

### I. Annual Data Survey:

- Required documentation.
- Mechanism to monitor:
  - Outcome results
  - Resources
  - Demographic information
- Opportunity to share any other information the program deems as pertinent.
- Formally reviewed by two CPRC members individually.
- Formal summary review by entire CPRC during conference call.

### II. Graduate Survey:

- CPRC-mandated.
- Program may model its own similar survey **but including all survey information is required.**

- Aid to monitor the marketability and competitiveness of your graduates.
- Information on strengths useful as positive feedback to affiliated institution and future applicants to the program.
- Information on relative weaknesses (areas of potential improvement) useful to petition for additional funds/personnel/training equipment from affiliated institution.

### **III. Employer Survey:**

- CPRC-mandated .
- Program may model its own similar survey ***but including all survey information is required.***
- Are you training entry-level cytotechnologists, who meet the needs and expectations of potential employers?
- Are there specific areas of weakness (or strength) that were evident in your recent graduates?
- Are there future unmet needs of employers they envision that have not made their way into program curricula?
- Information on strengths useful as positive feedback to affiliated institution.
- Information on relative weaknesses (areas of potential improvement) useful to petition for additional funds/personnel/training equipment from affiliated institution.

### **IV. Faculty and Student Program Resources Assessment Surveys:**

- Not required.
- Available for use to assess program resources and complete circular self-evaluation.
- May reveal unanticipated needs, either in the opinion of the students, faculty, or both.
- Allows students and faculty to feel engaged and empowered in choosing the direction of their respective program.
- Add to identify need and request further monetary support and other resources from your affiliated institution.

### **V. Post Site Visit Questionnaire:**

- Mechanism for CPRC site visitor evaluation that is focused on visitor attitude; competence; working knowledge; objectivity; and overall interaction.
- Based solely on the perspective of the program(s).
- Invitation to share ideas for improving the accreditation process.
- Taken very seriously by the site visitors and the committee.

**III. Outcomes Assessment –  
What Does it Mean When My Program Doesn't Meet the Thresholds?  
Kalyani Naik and Don Simpson**

**1. What is an outcome and what is a threshold?**

- **Outcomes** are the measure(s) by which a program's effectiveness is evaluated.
- There several outcomes that are listed in the Standards.
- These outcomes are mandatory for all programs.
- Programs may also identify additional outcomes, but these must be reported to CPRC annually along with the mandatory outcomes.
- **Thresholds** are the specific minimum value that indicates acceptable performance.
- Each outcome must have a threshold which must be met or exceeded in order to be considered acceptable performance.

**2. What are the current outcomes identified in the Standards and the associated threshold levels?**

Outcome	*Threshold
<b>Student retention/graduation rate</b>	<b>80%</b>
<b>Job (positive) placement</b>	<b>75%</b>
<b>Registry pass rate</b>	<b>80%</b>
<b>Graduate survey return rate</b>	<b>50%</b>
<b>Employer survey return rate</b>	<b>50%</b>
<b>Graduate survey satisfaction rate</b>	<b>80%</b>
<b>Employer survey satisfaction rate</b>	<b>80%</b>

**\*Thresholds are evaluated over three-year rolling averages.**

**IV.B.1. Student and Graduate Evaluation/Assessment: Outcomes Assessment.**

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

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

*Programmatic summative measures, if used, should contribute to assess effectiveness in specific learning domains. "Positive Placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.*

**3. How are these thresholds established?**

- Thresholds were established with input from program faculty and other COI's using the Delphi technique conducted during a PFS.
- Thresholds are not set in stone. They can be re-evaluated as the profession changes or other circumstances arise.

**4. What do I do when my program doesn't meet a threshold?**

- Programs are required to assess and analyze their programs' outcomes annually.
- If a program doesn't meet a particular threshold, the analysis should include such questions as:
  - a. Was it just the one year, or is there a trend over several years?
  - b. Why did my program not meet the threshold? What were the circumstances that led to my program not meeting the threshold and were they beyond my control?
  - c. What measures can be implemented to improve the outcome and how should they be implemented?
- Once the analysis is completed, a plan of action should be developed and implemented, with reassessment and analysis in subsequent years.

**5. What circumstances are considered "positive" job placement and how should these individuals be counted with regards to graduate and employer surveys?**

- The Guidelines define "positive placement" as being employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.
- To reiterate: *Programmatic summative measures, if used, should contribute to assessing effectiveness in specific learning domains. "Positive Placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.*
- Related fields might include professions that utilize the knowledge base and/or skills acquired in Cytotechnology training which would include . . . ?
- With regards to the graduate and employer surveys, these individuals should or should not be counted . . . ?

**6. What does the CPRC do when my program doesn't meet a threshold?**

- The CPRC reviews the analysis for each outcome in the annual survey and asks similar questions to those above.
- The CPRC does NOT develop a plan of action, but rather looks for the plan of action (if it is appropriate) in the analysis and then looks for follow up information in subsequent years.
- If this information is not provided, the CPRC requests specific information from the program and initiates a dialogue with the program.

**A list of additional points and questions pertaining to this topic has been created for the purpose of additional discussion. The goal of this exchange is to get things stimulated in your group while also addressing issues that programs are actively struggling with.**

**1. Why did the CPRC move to outcomes assessment based Standards? Are there other alternatives or options?**

- a. CAAHEP began to transition to outcomes based Standards with a new template in early 2000's. CAAHEP requires all professions that are accredited by CAAHEP to adopt this Standards template language when they are due for the next Standards revision. Cytotechnology adopted the new template in 2004. Maintaining CAAHEP accreditation assures the utilization of these outcomes based Standards. Other options for accreditation include the use of different accrediting organizations such as NACCLS or creating our own accrediting body. Each of these options has benefits and drawbacks.

**2. Will the CPRC ever “do away” with the self studies?**

- o CAAHEP policies and procedures require a comprehensive review of programs at least once every 10 years. The comprehensive review generally includes some type of self study, though this is not specifically mandated.

**3. What are the guidelines for filling program faculty vacancies? What does a program do if a vacancy goes un-filled?**

- o The CPRC has developed guidelines for filling program faculty vacancies. Generally, programs are provided ample time to fill vacancies and the CPRC tries to work with programs that have developed a plan to “develop” an individual that has been identified to fill the vacancy but does not meet every qualification listed in the Standards.

<p style="text-align: center;"><b>IV. I Have My Advisory Committee Together, But Now What?</b> <b>Donna Russell and Stan Radio</b></p>
--

**1. Your Advisory Board is made up of representatives of the following communities of interest: students, graduates, faculty, sponsor administration, employers, physicians and the public.**

*How do you chose who is your public representative(s)? Is it possible to have more than one representative from the communities of interest?*

- Your public representative can be anyone from the public sector.
- It is possible to have more than one representative from each of the communities of interest representing the Advisory Board.

**2. Members of the Advisory Board are chosen and you find there is an institutional imbalance. How can this be avoided? How might this affect the meeting? How would voting issues be handled? What impressions might be inferred by the outside personnel coming to this meeting?**

- An institutional imbalance can be avoided by selecting graduates, employers, physicians and the public member from outside the institution.
- The meeting may be one-sided and voting could be unanimous whether the vote was “yes” or “no”.
- Those members representing the outside sector may feel they have no influence in the decision making process of the Advisory Board.

**3. The Advisory Board meets annually and has been in place for the past three years. Are there term limits to members of the Advisory Board? Who sets the limits? How is it working? Should you meet more than annually?**

- Term limits are your call. The Advisory Board sets the limits.
- The Advisory Board is required to at least meet annually to assist personnel in formulating and revising goals and learning domains, monitoring needs and expectations and ensuring program responsiveness to change, however they can meet more frequently if so desired.

**4. A few members of the Advisory Board consistently do not show up for annual meetings. What do you do if members do not show up?**

- Expectations of Advisory Board members should be distributed when members agree to join the Board.
- Members should make all attempts to attend the annual meeting.
- If persistent absence occurs, a replacement should be found.

**5. The Advisory Board meetings tend to get off course. How do you lead with thought provoking issues? Would an agenda help from getting side-tracked?**

- An agenda is the best way to stay on course.
- Stick to the issues at hand.
- Chose a leader to lead the Board and focus on the tasks at hand.

- If assignments are given make sure they are clear and save time for input from all members of the Advisory Board.
- 6. At the Advisory Board meeting the Employer Survey showed a decrease in professionalism competencies. How would a program encourage and promote a higher level of professionalism?**
- The program should address the expectations up front during orientation.
  - Articles on professionalism, as well as textbooks could be included in the curriculum.
  - Some programs have instituted a “White Coat” ceremony to encouraged professionalism.
- 7. The Cytology Program presented the graduate employment survey result findings. The students were not finding positions in the state. Only one position was available within the state. Two graduates had to relocate out of state for cytology positions. Two additional cytotechnologists were unable to find jobs in the field and were unemployed. How would you assess the needs of those laboratories in the area? And those outside of your area?**
- The Midwest region has an Upper Midwest Regional Cytology Program Needs Assessment Survey that demonstrates the needs of those laboratories in those regions.
  - Other geographic regions could produce similar surveys.
  - Students should know up front that there is a possibility they would need to relocate to become employed in the field of cytotechnology.
- 8. What interpersonal skills can be employed to assist in the focus on tasks at hand of the Advisory Board?**
- The Board members should be active listeners, have an open mind, provide courteous responses, and interact with one another respectfully.
- 9. Do some of the same items show up on your Advisory Committee meeting agenda? If so, what are they and why?**
- Some items may consistently show up on the Advisory Committee meeting agenda. They may deal with changes in the profession and how to best approach them.
  - Some items will be dealt with immediately and others may need additional research before implementation.
- 10. What is the role of the Chair at the Advisory Committee meeting? Do you alternate Chairs?**
- The Chair is the Advisory Board leader.
  - He/she should lead the Advisory Board with thought provoking ideas, follow the agenda while focusing on the tasks of the Board, encourage input from all members, and push for consensus on issues that need to be addressed.

**11. How do you avoid the “yes” Advisory Board? Do you want conflict on the Board? Should everyone always agree? What do you do in a situation if consensus cannot be achieved?**

- The “yes” Advisory Board can be avoided by proper representation from all communities of interest and by engaging discussion on all agenda items.
- Conflict on the Board can be useful. Everyone will not always agree.
- If a consensus cannot be achieved, the agenda item may need tabled for a future Advisory Board meeting.

## V. What Do New Educators Need to Know About Accreditation? Nancy Smith

### 1. What is the purpose and value of Accreditation?

- To assess the quality of institutions, programs and services, measuring them against agreed-upon Standards and thereby assuring that they meet those standards.
- Institutional accreditation – “assure potential students that a school is a sound institution and has met certain minimum standards in terms of administration, resources, faculty and facilities.”
- Programmatic accreditation – “examines specific programs/schools within an institution. The standards by which these programs are measured have generally been developed by the professionals involved in each discipline and are intended to reflect what a person needs to need and be able to do to function successfully within that profession.”
- Serves public interest. A tool intended to help assure the public that “quality patient care is provided by competent, well-trained professionals.”

### 2. What is the role of the ASC, the CPRC and CAAHEP in the Accreditation Process?

- ASC – sponsoring organization for the CoA – supports the accreditation process, approves curriculum.
- CPRC – reviews self-study, conducts site visits, formulates an accreditation recommendation for CAAHEP consideration and action (evaluates programs for compliance with Standards).
- CAAHEP – is the accreditor and carries out the accreditation action (programmatic, postsecondary accrediting agency recognized by the Council for Higher Education Accreditation/CHEA).

### 3. What steps are involved in the Accreditation Process?

- Accreditation is a collaborating system between CAAHEP, the CoAs (CPRC) and sponsoring organizations.
- Institution files application with CAAHEP requesting accreditation services, signed by the CEO or designated individual with fiduciary authority. This form authorizes CAAHEP to begin the accreditation process and to work with the program. This request to begin the process is **NOT** an application. A program is not considered to have applied until a completed self-study is submitted. **A program that is NOT currently CAAHEP accredited may not publicize in any manner that it has applied for CAAHEP accreditation.**
- The Request for Accreditation Services form should be completed and submitted to the CPRC. The Committee on Accreditation will submit the completed and signed Request for Accreditation Services Form to CAAHEP as part of the final accreditation recommendation package.
- The CPRC provides guidance, procedures and policies and forms regarding the accreditation process.

- The program conducts a self-evaluation and submits the Self-Study Report to the CPRC.
- The CPRC evaluates the Self-Study Report to determine compliance with the Standards and the readiness of the program to be site visited. (Two members of the CPRC review the SSR).
- If major problems/issues exist in the Self-Study Report, clarification or further documentation is requested prior to the site visit.
- Site visitors (cytotechnologist and pathologist) conduct a review of the program. Completes a site visit report and submits to CPRC (no accreditation action is recommended by site visitors).
- Site visit report submitted to program to provide an opportunity for comment and or clarification or submission of additional information.
- CPRC makes an accreditation recommendation to CAAHEP based upon review of the Self-Study Report, the Site Visit Report and other appropriate information.
- CPRC forwards recommendation to CAAHEP for action. If the CPRC recommends probation or accreditations withhold or withdraw, the program is notified and offered an opportunity to request CPRC reconsideration.
- The CAAHEP Board of Directors reviews and votes on recommendations from the CPRC.
- The institution and program are informed of the accreditation action taken by the CAAHEP Board.

#### 4. What is a Standard? What is a guideline?

- **Standards** are minimum requirements for accrediting educational programs. Standards are adopted by the ASC and CAAHEP and are used by the CPRC, the program personnel, site visitors and CAAHEP. Any requirement for which a program is held accountable must be included in the Standards. Standards are requirements therefore they are stated in imperative terms (auxiliary verbs, i.e., shall, must, will). Standards are: qualitative not quantitative; board applicable; non-restrictive; emphasize board consensus and designed for quality, continuity and flexibility.
- **Guidelines** assist programs in complying with the Standards by providing examples of how general statements in the Standards may be interpreted. Guidelines are in italics with the Standards document.

#### 5. How are Standards Used?

- Standards are used by all constituents involved in the accreditation process. All CAAHEP Standards require a review by the CPRC every five years.

- Potential sponsor applicants to determine whether or not they have the resources and commitment to develop an accredited program.
- Programs – for guidance in conducting their Self-Study and in writing the Self-Study.
- Site Visitors – focus their review determining if the program is in compliance with the Standards.
- CPRC & CAAHEP BoD – evaluating programs to determine appropriate accreditation action.

## **6. What are the categories of Accreditation Awards?**

- Initial Accreditation – 3-5 years. For programs seeking accreditation for the first time. Program is in substantial compliance with the Standards.
- Continuing Accreditation – Program, following comprehensive review is found to be in compliance with Standards. Time that next comprehensive review may be up to 10 years.
- Probationary Accreditation – a temporary status of accreditations for programs that are not currently in substantial compliance with the Standards but are expected to be able to meet them within a specified time. Letter from CAAHEP clearly indicates each deficiency found and provides a date that a progress report is required. Currently enrolled students and/or applicants must be informed of probationary status. Probationary Awards are final and are not subject to appeal. Program continues to be accredited. Failure of program to come into substantial compliance with Standards will result in withdrawal of accreditation.
- Administrative Probationary Accreditation – failure of program to submit an annual report or progress report and/or non-reporting of significant program changes. Non-payment of fees may place programs in this category. Removed when program is in administrative compliance.
- Withholding Accreditation – for programs in initial or probationary accreditation if not in substantial compliance.
- Withdrawing Accreditation – for programs under probationary and/or administrative probationary accreditation; when after due process, the program is found to not be in compliance with the Standards and all attempts to remedy the deficiencies have failed.  
 Note: withholding and withdrawal actions are appealable. Students in the program at the time of these actions are still considered as graduates from an accredited program.
- Note: Accreditation Awards are continuous/continuing. The award is in effort until the next action is recommended by the CPRC and acted upon by CAAHEP Board of Directors.

**Note: The above information is from the CAAHEP Accreditation Manual and CAAHEP Policies & Procedures.**

## **7. Where can you find Accreditation Information?**

- ASC National Office – Debby MacIntyre
- CAAHEP Web site – [www.caahep.org](http://www.caahep.org)

**Additional points and questions pertaining to this topic has been created for the purpose of additional discussion. The goal of this exchange is to get things stimulated in your group while also addressing issues that programs are actively struggling with.**

### **Should the ASC seek to be the accrediting agency for cytotechnology programs?**

- Advantages associated with this scenario including gaining (or losing) independence and autonomy.
- Would this be more costly or save programs money?
- Disadvantages associated with this scenario including a lack of accountability and liability issues.
- Separation between professional organization and accrediting agency
- Direct and indirect costs associated with this scenario.
- The gaining or losing (or maintaining) of credibility this branding would have.