Standards and Guidelines
for an Accredited Educational Program for the Medical Illustrator

Essentials/Standards initially adopted in 1987
Revised in 1992, 1998, and 2003 by the

Association of Medical Illustrators

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Committee for the Medical Illustrator (ARC-MI).

These accreditation Standards are the minimum standards of quality used in accrediting programs that prepare individuals to enter the medical illustration profession. The accreditation Standards therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. Guidelines are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Association of Medical Illustrators cooperate to establish, maintain and promote appropriate standards of quality for educational programs in medical illustration, and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation Standards. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of medical illustration programs. On-site review teams assist in the evaluation of a program’s relative compliance with the accreditation Standards.

Description of the Profession

Medical illustrators specialize in the visual display and communication of scientific information. Their graduate level training in science, art and communications enables them to understand and visualize scientific data and concepts. They create visuals and design communication to teach medical professionals as well as the general public. The accredited programs prepare students for a career in academic or research health science centers, industry, or consulting. As members of the health career profession with strong communication skills, medical illustrators work closely with clients to interpret their needs and create visual solutions through effective problem solving.

I. Sponsorship

A. Sponsoring Institution

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

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

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of the Sponsor

The Sponsor must assure that the provisions of these Standards are met.

II. Program Goals

A. Program Goals and Outcomes

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

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

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee, which is representative of these communities of interest, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

*The annual advisory committee meeting need not be face-to-face but can be accomplished by a conference call. Contact, with the advisory committee members, can be maintained by telephone and digital correspondence.*

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level medical illustrators in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

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

*Nothing in this standard restricts programs from formulating goals beyond entry-level competence.*
III. Resources

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

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

1. Program Director
The program director must have a full time academic appointment.

   a. Responsibilities
   The director must be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program.

   b. Qualifications
   The director must possess a master's degree, and must be a certified medical illustrator. The director must be a competent medical illustrator and have appropriate experience in education. He/she must possess the necessary qualifications to perform the functions identified in the documented job description.

   Desirable that the director have a doctoral degree.

2. Didactic faculty (full- and part-time)
   a. Responsibilities
   Didactic faculty must be responsible for teaching each course assigned by the program director, evaluating students and reporting their progress as required by the sponsoring institution, and cooperating with the program director in periodic review and revision of course materials. Didactic faculty must maintain appropriate expertise and competencies through continuing professional development.

   b. Qualifications
   Didactic faculty must be knowledgeable in course content, effective in teaching their assigned subjects, and must meet the standards defined by the sponsor.

3. Clinical faculty (if applicable)
   a. Responsibilities
   Clinical faculty must be knowledgeable of the program goals, clinical objectives, and clinical evaluation system. Clinical faculty must provide students with appropriate and adequate clinical supervision and must evaluate student clinical competence.

   b. Qualifications
   A clinical faculty must be knowledgeable and effective in teaching the subjects assigned.

C. Curriculum
The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation.
The curriculum must be designed at a master's degree level and must demonstrate compliance with the latest edition of *The Standards and Competencies for an Entry-Level Medical Illustrator* approved by ARC-MI and the Association of Medical Illustrator's Council on Education and Board of Governors.

D. Resource Assessment

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

IV. Student and Graduate (Outcomes) Evaluation/Assessment

A. Student Evaluation

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

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

B. Outcomes Assessment

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

   "Assessing effectiveness" is done through evaluation systems such as graduate performance measures, employer and graduate satisfaction, job (positive) placement, and attrition.

   *Graduate performance measures may include comprehensive examinations, clinical faculty evaluations, student portfolios and projects, and graduate scholarly output and professional achievements.*

   *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.*

2. Outcomes Reporting
   The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, analysis of the outcomes and an appropriate action plan based on the analysis.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following shall be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies; admissions policies and practices; policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

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

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

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

All activities required in the program must be educational and students must not be substituted for staff.

For example, the program must ensure adequate ventilation, ergonomic equipment, and appropriate immunizations to protect from exposure to pathogens.

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

E. Substantive Change
The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ARC-MI in a timely manner. Additional substantive changes to be reported to ARC-MI within the time limits prescribed include:
1) Program resources, including budget/soft funds, scholarship support, personnel, resources, and space;
2) Degree granted at completion of program;
3) Admission process and procedures;
4) Admission target number or admission rate;
5) Attrition and graduation rates;
6) Program length;
7) Curriculum, including department-wide changes made in other departments;
8) Mechanisms for communicating student standing within the program.

F. Agreements
There shall be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity.
Appendix A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

   a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

      CAAHEP
      Attention: ARC-MI
      1361 Park Street
      Clearwater, FL 33756

      The “Request for Accreditation Services” form can be obtained from the CAAHEP website at www.caahep.org.

      Note: There is no CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

   b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

      The self-study instructions and report form are available from the ARC-MI. The on-site review will be scheduled in cooperation with the program and once the self-study report has been completed, submitted, and accepted by the ARC-MI.

2. Applying for Continuing Accreditation

   a. Upon written notice from the ARC-MI, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

      CAAHEP
      Attention: ARC-MI
      1361 Park Street
      Clearwater, FL 33756

   b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARC-MI.

      If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

      After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the ARC-MI forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

   a. The program must inform the ARC-MI and CAAHEP within a reasonable period of time (as defined by the ARC-MI and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.
b. The sponsor must inform CAAHEP and the ARC-MI of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the ARC-MI that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The ARC-MI has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

c. The sponsor must promptly inform CAAHEP and the ARC-MI of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the ARC-MI in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARC-MI and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay ARC-MI and CAAHEP fees within a reasonable period of time, as determined by the ARC-MI and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with ARC-MI policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARC-MI accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the ARC-MI.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC-MI and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the ARC-MI. The sponsor will be notified by the ARC-MI of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”
B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the ARC-MI forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the ARC-MI forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The ARC-MI reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the ARC-MI forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The ARC-MI reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the [committee on accreditation] arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.