



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines *for the Accreditation of Educational Programs in Perfusion*

Essentials/Standards initially adopted in 1980; revised in 1989, 1994, 2000, and 2005 by the:

American Academy of Cardiovascular Perfusion
American Association for Thoracic Surgery
American Board of Cardiovascular Perfusion
American Society of Extracorporeal Technology
Perfusion Program Directors' Council
Society of Cardiovascular Anesthesiologists
Society of Thoracic Surgeons
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Committee – Perfusion Education (AC-PE).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Perfusion 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), the American Academy of Cardiovascular Perfusion, the American Association for Thoracic Surgery, the American Board of Cardiovascular Perfusion, the American Society of Extracorporeal Technology, the Perfusion Program Directors' Council, the Society of Cardiovascular Anesthesiologists, and the Society of Thoracic Surgeons cooperate to establish, maintain and promote appropriate standards of quality for educational programs in perfusion 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 perfusion programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation **Standards**.

I. Sponsorship

A. Sponsoring Educational 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 must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.

2. A hospital or medical center or branch of the United States armed forces, which awards a minimum of a certificate at the completion of the program.

B. Consortium Sponsor

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

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 Sponsor

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

The Sponsor must assure that the graduates of the program have obtained or will obtain a baccalaureate degree upon completion of the program.

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

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level perfusionists 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.

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

a. Responsibilities

The program director must be responsible for the organization, administration, periodic review, continued development and general effectiveness of the program. The clinical assignment of the program director must allow adequate time for administrative and teaching responsibilities.

b. Qualifications

The program director must possess at a minimum, the following:

- i) A baccalaureate degree;
- ii) Five years of professional experience as a perfusionist;
- iii) Two years of experience as an instructor in an accredited educational program in perfusion; and
- iv) Proficiency in instructional methodology, curriculum design, program planning and counseling.

It is desirable the director hold an advanced degree.

2. Clinical Coordinator

a. Responsibilities

The clinical coordinator must be responsible for evaluating and assuring clinical education effectiveness including a schedule of regular contact with the clinical affiliates. Documentation of all visits must be maintained.

The clinical coordinator must assist the program director and other program officials regarding perfusion education.

Contact with clinical affiliates may include, but is not limited to, clinical visits, teleconferences, and written correspondence.

b. Qualifications

The clinical coordinator must possess at a minimum, the following:

- i) Certification as a perfusionist;
- ii) The clinical activity requirements as defined by the American Board of Cardiovascular Perfusion (ABCP) for recertification;
- iii) Five years of professional experience as a perfusionist; and
- iv) Two years of experience as an instructor in an accredited educational program in perfusion.

The program director may also serve as the clinical coordinator.

3. Medical Advisor

a. Responsibilities

The medical advisor must participate in planning, organizing, conducting, revising, and evaluating the perfusion education program.

b. Qualifications

The medical advisor of the program must be a physician, currently licensed in the United States, holding a credential in an appropriate medical specialty.

The medical advisor should be board-certified or eligible for certification by the American Board of Thoracic Surgery or the American Board of Anesthesiology.

4. Clinical Perfusion Faculty

At least one supervising instructor must be designated at each clinical setting.

a. Responsibilities

The clinical instructor(s) must be knowledgeable of the program goals, clinical objectives, and clinical evaluation system. The clinical instructor(s) must provide students with appropriate and adequate clinical instruction/supervision and must evaluate student clinical competence.

During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by a clinical instructor. The instructor and physician in charge of the procedure must be responsible for patient safety.

Sufficient time for accomplishing the clinical objectives must be provided. The clinical instructor(s) must communicate regularly with the program officials.

b. Qualifications

- i) A clinical instructor must be knowledgeable and effective in teaching the subjects assigned.
- ii) To supervise students operating extracorporeal circulation equipment, a clinical instructor must be certified as a perfusionist by a national certifying body.

Certification by the American Board of Cardiovascular Perfusion satisfies the certification requirement.

5. Didactic Faculty

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 sponsor, and cooperating with the program director in periodic review and revision of course materials.

b. Qualifications

Didactic faculty must be individually qualified and must be effective in teaching the subject(s) 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.

1. AC-PE Approved Cardiovascular Perfusion Curriculum

The program must demonstrate by comparison that the curriculum offered meets or exceeds the content requirements of the latest edition of the perfusion curriculum approved by the AC-PE (see the companion document).

2. Curriculum Requisites

The following curriculum requisites must either be met prior to the perfusion education program or be presented as course work; they must include but are not limited to college level courses in the following:

- a. Anatomy and Pathology
- b. Physiology
- c. Chemistry
- d. Pharmacology
- e. Mathematics
- f. Physics

Biochemistry is highly desirable.

Tests used to assess prerequisite knowledge or advanced standing should be nationally recognized and accepted.

3. Clinical Cases

Clinical case availability must be adequate to support the number of students admitted to the program. A minimum of 75 clinical cases at AC-PE approved clinical affiliates requiring cardiopulmonary bypass must be performed by each student prior to graduation. A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or performed prior to graduation.

There should be an equitable distribution of available clinical cases among the students. A student's involvement in cardiopulmonary bypass should include but not be limited to the following:

- a. preoperative preparation
- b. perfusion equipment selection and assembly
- c. perfusion management and decision making

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 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.

The program should demonstrate appropriate strategies for communicating with each individual student his or her standing in the program. The demonstration should include a plan for routine communication, a copy of all forms used in communicating, a description of how the department and institution handles problem or failing students, a description of the appeals process, and student evaluation of the communication process. Each student file should contain copies of all communication regarding standing.

2. Documentation

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

B. Outcomes

1. Outcomes Assessment

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

Outcomes assessments include, but are not limited to: national certifying examination performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures, including: cardiopulmonary bypass; intra-aortic balloon pump (IABP); autotransfusion; and performance of laboratory analysis of blood gases, electrolytes, hematocrit/hemoglobin. The program must meet the outcomes assessment thresholds.

“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.

Programs not meeting the established thresholds set by the AC-PE will begin a dialogue with the AC-PE to develop an appropriate plan of action to respond to the identified shortcomings.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its 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 must 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 must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

B. Lawful and Non-discriminatory Practices

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

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

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 Changes

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/AC-PE in a timely manner.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the sponsor and that entity. Clinical Affiliates must be accredited by recognized agencies or meet equivalent standards.

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:

Accreditation Committee – Perfusion Education (AC-PE)
6654 South Sycamore Street
Littleton, CO 80120

The “Request for Accreditation Services” form can be obtained from AC-PE, CAAHEP, or 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 AC-PE. The on-site review will be scheduled in cooperation with the program and AC-PE once the self-study report has been completed, submitted, and accepted by the AC-PE.

2. Applying for Continuing Accreditation

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

Accreditation Committee – Perfusion Education
6654 South Sycamore Street
Littleton, CO 80120

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

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 AC-PE forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the AC-PE and CAAHEP within a reasonable period of time (as defined by the AC-PE 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 AC-PE 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 AC-PE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The AC-PE 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 AC-PE 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 AC-PE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the AC-PE 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 AC-PE and CAAHEP fees within a reasonable period of time, as determined by the AC-PE 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 AC-PE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an accreditation recommendation from AC-PE 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 AC-PE.

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 AC-PE 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 AC-PE. The sponsor will be notified by the AC-PE 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 AC-PE 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 AC-PE 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 AC-PE 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 AC-PE 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 AC-PE reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the AC-PE 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 reapply 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.