



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

Accreditation Services Manual

Anesthesia Assistant / Anesthesia Clinical Assistant Education Programs

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INTRODUCTION

The Canadian Society of Respiratory Therapists (CSRT, the Society) is the national professional association that administers the national Certified Clinical Anesthesia Assistant (CCAA) professional designation. This designation was developed by the members of CSRT's Interprofessional AA Certification Workgroup¹ who had a mandate to develop national standards for the education and for the practice of anesthesia assistants. The Interprofessional AA Certification Workgroup developed and validated the 2016 AA national competency framework, a national AA certification exam and approved a national accreditation process for post-diploma Anesthesia Assistant/Anesthesia Clinical Assistant (AA/ACA) education programs.

National Accreditation is a means of assuring the public and the employers that graduates of a post-diploma AA education program have achieved the competencies for the safe and effective practice of anesthesia assistance and that the AA education programs meet national standards. The CSRT's accreditation standards and their accompanying criteria relate to the attainment of the competencies in the *National Competency Framework in Anesthesia Assistance (2016)* and to aspects of the education program that influence the attainment of these competencies. (The standards and specific criteria are listed in Appendix 1.)

GOVERNANCE OF ACCREDITATION SERVICES

The CSRT is the corporate entity under which post-diploma accreditation services operate. The CSRT Board of Directors is responsible for oversight of accreditation services and for approving accreditation policies. Accreditation review teams conduct program assessments on behalf of the CSRT and determine the accreditation status, without influence or interference from the Board of Directors.

GUIDING PRINCIPLES

The CSRT AA accreditation process was designed to be interprofessional, transparent and collaborative while ensuring programs meet national accreditation standards. It uses the knowledge and expertise of professionals who believe in the importance of accreditation standards and their role in ensuring that graduates provide optimal patient care.

The AA accreditation process will focus on four key areas:

- Students must attain the competencies outlined in the national AA competency framework.
- The AA Education Program has the resources to allow students to attain the competencies.

¹ The workgroup included the following perspectives: respiratory therapists and nurses who had graduated from an AA education program and were practicing anesthesia assistants/anesthesia clinical assistants, practicing anesthesiologists, anesthesiologists and educators involved in AA education, the Canadian Board for Respiratory Care exam corporation and CSRT accreditation services.

- There is effective communication between the program, the clinical sites and the students.
- The program has on-going quality improvement processes in place.

Accreditation services will respect the confidentiality of programs and stakeholders, while respecting transparency principles that protects the public interests.

Decisions regarding accreditation status, including appeals, will be made by an interprofessional team that will make decisions on behalf of the CSRT. Regular quality assurance processes will involve interprofessional stakeholders and will ensure the continued improvement of the CSRT Accreditation Services.

ACCREDITATION PROCESSES

Accreditation Cycle

The CSRT accreditation process operates on a seven-year cycle. This means that each accredited program submits preliminary documentation and receives a site visit approximately every seven years. In the interim period, programs will be required to report substantive changes that could impact their ability to conform to the four accreditation standards.

Programs will report intake and graduation rates to the Director of Accreditation Services annually.

In the event that substantive changes have not been made within the past 12 months, the program will confirm this information on October 1st of each year.

Accreditation Site Visits

Programs will complete a Self-Study document which will be submitted to each member of the accreditation review team two to four months prior to the visit. Accreditation review teams will be composed of practicing anesthesia assistants (RT / RN) or anesthesia clinical assistants, an anesthesiologist and the Director of Accreditation Services. In the event that an anesthesiologist is not available to participate, a second anesthesia assistant / anesthesia clinical assistant will be selected.

Each member of the accreditation review team will be required to review the Self-Study submitted by the education program, to participate in a teleconference to discuss findings and to identify any follow-up information that will be required before or at the time of the accreditation visit.

Prior to the visit, the Director of Accreditation Services will discuss the itinerary with the education program coordinator. The education program coordinator (or a designate) will be responsible for arranging interviews associated with the accreditation visit. Senior administration, program faculty and staff, students, program graduates, clinical partners and employers will be interviewed. Clinical site tours may also occur.

Generally, visits will occur over two days. The accreditation review team will meet on the first day of the visit to discuss the information submitted to the team and prepare interviews. Interviews with stakeholders will commence that afternoon and continue into the second day of the visit. Program administrators, program personnel, students, graduates, employers and clinical education sites will be interviewed to validate the information in the Self-Study.

Based on its findings, the accreditation review team will provide some verbal feedback to the education program at the end of the visit. The *Program Review Report (PRR)* will be written, and the accreditation status determined within ten business days of the visit. (See next section for details on the Program Review Report and on how the accreditation status will be determined.) The status will be communicated to the education program by the Director of Accreditation Services and programs will have the opportunity to appeal undesirable statuses (see “Appeals” below.)

Assessment of Conformity to Accreditation Requirements

During the preparation of the *Program Review Report*, the accreditation review team will note whether or not the program has achieved conformity with each accreditation standard and criteria as outlined in see Appendix 1.

- *Conformity*: the evidence confirms that procedures are in place and are used effectively to ensure the all expectations are met and will be maintained on an ongoing basis
- *Non-conformity*: the evidence confirms that the expectations are only partially met or that processes are lacking to ensure that the expectations can be met on an ongoing basis

A program must be in conformity with all four accreditation standards in order to gain full accreditation status (Appendix 1).

ACCREDITATION CATEGORIES

Provisional Accreditation: Programs wishing to be accredited for the first time or to be re-accredited after a period without an accreditation status must make an application for Provisional Accreditation Status. Provisional accreditation indicates that the program is designed to ensure students are able to attain the competencies in the competency framework and that it has a robust quality assurance program. For the full list of requirements for this status, please refer to the Provisional Accreditation policy or contact the CSRT.

Full Accreditation: The education program conforms to all four accreditation standards.

Accreditation with Conditions: The education program conforms to three of the four accreditation standards, or with at least six of ten specific criteria. A report demonstrating that the program has addressed all areas of non-conformity will be required within two

years. (The specific criteria with which the program does not conform will be listed along with the program's accreditation status.)

Programs may submit evidence of conformity with these standards to the Director of Accreditation Services at any time within the two-year period. Once conformity with all requirements has been confirmed, the status will be upgraded to *Full Accreditation*.

Non-accredited: The program has not been subject to an accreditation visit and has not attained Provisional Accreditation status, or the program fails to demonstrate sufficient conformity with the CSRT accreditation standards to be granted another status, or the program had previously been granted *Accreditation with Condition* status and did not demonstrate that it has addressed areas of non-conformity as required within the two-year period.

ACCREDITED EDUCATION PROGRAMS

A full list of accredited Anesthesia Assistant/Anesthesia Clinical Assistant programs is available through the CSRT website.

APPEALS

An appeal process provides for fair and equitable adjudication of accreditation decisions that have been contested. Appeals can be made on processes that led to the following decisions:

1. A program that has applied for Provisional Accreditation is denied this status.
2. A program's status is changes from *Accreditation with Conditions* to *Non-accredited*.
3. A program is accorded a status of *Non-accredited* following an accreditation visit.

An appeal must be based on one or more of the following grounds:

- There were errors or omissions in carrying out the prescribed procedures on the part of the accreditation review team
- There was a demonstrated conflict of interest, bias, or prejudice from one or more members of the accreditation review team

Please contact the CSRT or refer to the Appeals Policy for more details.

THIRD-PARTY COMPLAINTS

Parties who feel that an accredited education program is not meeting one or more accreditation standards can submit a third-party complaint. Please contact the CSRT or refer to the Third-Party Complaints policy for more details.

ACCREDITATION FEES

To cover the administrative costs and the costs associated with an accreditation visit, an annual program accreditation fee is levied by the Canadian Society of Respiratory Therapists. The CSRT Board of Directors reviews the accreditation fees on an annual basis. For the current fee structure, invoicing details and penalties for non-payment, please contact the CSRT.

ACKNOWLEDGEMENTS

The CSRT appreciates the hard work and dedication of the Interprofessional AA Certification Workgroup for its commitment in establishing national standards for the education and practice of Anesthesia Assistants.

The CSRT acknowledges the valuable contributions of the following individuals for the development and validation of the National AA Competency Framework and the national AA certification exam: Jared Campbell (MB); Jessie Cox (CSRT Past President); Susan Dunington (ON); Tammy Fagan (NL); Faylene Funk (MB), Dr. Patricia Houston (ON), Carolyn McCoy (NB); Dr. Claire Middleton (ON); Dr. Michael Murphy (AB), John Patton (BC), David Sheets (BC); Wendy So (ON); Marco Zaccagnini (QC).

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Appendix 1

Accreditation Standards and Criteria

Standard 1.0

The program requires students to meet the national standards specified in the National Competency Framework in Anesthesia Assistance (2016).

Criterion 1.1

The didactic portion of the program ensures students acquire the theoretical foundation required to meet the national standards specified in the National Competency Framework in Anesthesia Assistance (2016).

Expectation: It is expected that the didactic components of the program adequately prepare students for their clinical exposure and practice. The minimum standard for this requirement is that the program ensures each student acquires the foundational knowledge specified for each competency in the *National Competency Framework in Anesthesia Assistance (2016)*.

Instructions: Complete the National Competency Framework Cross-Reference template. (Please note that this template includes requisite information for this requirement and for criterion 1.2. For this reason, if there are any competencies that cannot be met, please specify this and indicate the mechanisms in place to ensure exposure and evaluate competence prior to successful completion of the program.)

Evidence of Conformity

- *Completed National Competency Framework Cross-Reference Template (required)*
- *Course outlines or equivalent for all current courses (required)*

Criterion 1.2

The clinical portion of the program ensures students acquire the competencies and meet the performance indicators specified in the National Competency Framework in Anesthesia Assistance (2016).

Expectation: It is expected that students achieve all of competencies and performance indicators in the National Competency Framework in Anesthesia Assistance (2016). In the event that simulation is used to evaluate competence, it is expected that the simulation-based assessments are validated approximations of clinical practice-based assessments.

It is also expected that documented processes and criteria are in place to determine the suitability of clinical sites.

Instructions: Describe the mechanisms in place to ensure that students meet the competencies and performance indicators specified in the National Competency Framework in Anesthesia Assistance (2016) prior to successful completion of the program. Include copies of the evaluations

used to assess competence. This should include simulation scenarios (if applicable) and all tools used to document the attainment of competence other than written exams. If simulation is used for the summative evaluation of competence, please describe any processes in place that are used to validate the simulation scenarios.

Describe the process and criteria used to select clinical sites and to ensure that there is sufficient clinical exposure to allow the students to meet the clinical objectives. Provide a list of clinical sites and the years they were used.

Evidence of Conformity

- *Blank copies of each tool used to assess competence, along with scoring criteria or rubrics. (Required. These will be used in the validation of the information in the cross-reference submitted for criterion 1.1.)*
- *List of clinical sites (required)*
- *Records of simulation-based assessment processes and tools used to determine competence*
- *Documentation relating to clinical site selection and placement. This may include policies and procedures. (Not required for a hospital-based program where clinical education is accomplished at the site delivering the education program.)*

Standard 2.0

The program has access to resources that allow it to meet its objectives, including the attainment of the competencies and performance criteria stated in the National Competency Framework in Anesthesia Assistance (2016).

Criterion 2.1

The program has sufficient human resources to meet its objectives.

Expectations: It is expected that there are clear, documented processes for determining the human resource allotment for the program and that formal processes exist for ensuring the adequacy of the human resource allotment. Faculty must possess relevant qualifications and must be current with clinical practice.

It is also expected that faculty members have access to mentoring and/or professional development in adult education principles during or before their first year of teaching. Where casual staff is employed on a temporary basis and have not been assigned a course load, access to pedagogical support, and observation and mentoring from an experienced adult educator are expected.

It is also expected that processes are in place to ensure faculty and support staff understand and are effective at fulfilling their responsibilities. These could include position descriptions, contracts, or staff orientation materials.

Instructions: Provide a complete list of program personnel, including titles, for each didactic and clinical faculty member. Describe how the required number of faculty is determined and the budget planning and prioritization process regarding human resources for the anesthesia assistant program. Describe the educational and experience requirements for faculty, including any licensure requirements (if applicable).

Evidence of Conformity

- *Completed list of program personnel (required)*
- *Policies and procedures relating to program staffing, workload distribution, performance evaluation, and professional development*
- *Faculty position description(s)*
- *Evidence of pedagogical education for faculty members*
- *Evidence that faculty regularly participates in continuing education relative to adult education and anesthesia assistance (E.g. certificates of completion, institutional professional development/continuing education records). Evidence of licensure alone is not sufficient.*
- *Current professional development plans for faculty*

Criterion 2.2

The physical and educational resources allocated/accessible to the program (E.g. classrooms, laboratories, simulation centres, offices, teaching aids, laboratory / simulation equipment and supplies) are adequate to fulfill the needs of the program.

Expectations: It is expected that space is available for confidential meetings (e.g. with students or between staff / faculty members). It is also expected that classroom spaces be conducive to learning. Where more than one program shares classroom, lab or simulation spaces, it is expected that a clear, documented process for prioritizing access to these spaces exists.

It is expected that the program has sufficient equipment to reasonably reflect current educational and clinical practice and to reasonably allow all students hands-on access during lab periods. It is also expected that equipment will be kept in good working order and that maintenance and replacement plans for equipment be in place.

Instructions: Indicate the current space allocation for the program (include classrooms, labs, offices, meeting areas and secure storage of student files and records) and describe the space allocation processes. Describe the process for assessing adequacy of physical resources.

Submit a list of instructional resources (e.g. SMARTBoards, models, projectors) and equipment available to students in learning spaces (e.g. task trainers, simulators and medical equipment). Please include the make and model name of medical equipment (E.g. Aisys anesthesia machines – 2). You may include a general list of consumables rather than an itemized list of items such as endotracheal tubes.

Describe the processes used to ensure that the above resources are in good working order and that they are sufficient for the program to meet its objectives.

Where e-learning is incorporated into the program, include a description of such resources (e.g., the name of the learning platform in the response to this accreditation requirement.)

Evidence of Conformity

- *A list of learning resources available to the program, including lab equipment (required)*
- *Evidence that the adequacy of the above resources is regularly assessed (required)*
- *Documentation relating to space allocation and prioritization*
- *Minutes and meetings notes demonstrating that the adequacy of physical and learning resources is discussed*
- *Equipment maintenance and replacement plans*
- *Temporary access to the learning platform so that the team can understand how it is used in the program. (Note: This may be provided on site through a demonstration from program faculty.)*

Note: The Accreditation Review Team will tour the spaces allocated and accessible to the program during the accreditation visit.

Standard 3.0

Communication processes are in place that allow for the effective exchange of information between the program and its students and clinical sites.

Criterion 3.1

Students are informed of the criteria for successful completion of each segment of the program and for successful program completion.

Expectations: It is expected that students are made aware of the criteria for successful completion of each course and of the program. Course-specific expectations should be provided at the start of each course, unless they are provided earlier in the program. It is expected that these practices are supported by policy.

Instructions: Describe how and when students are informed of the criteria for successful completion of each segment of the program and for graduation.

Evidence of Conformity

- *Course outlines for all required courses and rotations (also required for Standard 1)*
- *Agenda for student orientation sessions*
- *School Calendar, Student Handbook*

Criterion 3.2

There are documented policies, processes and responsibilities relating to the didactic and clinical assessment and evaluation of students.

Expectations: It is expected that clear policies and procedures exist for student assessment and evaluation, and that these are accessible to students. Completed evaluation tools must be stored securely to protect student privacy and so that they cannot be accessed for the purposes of cheating.

It is also expected that clear policies and procedures exist for supplemental measures for students who are unsuccessful in a portion of the program.

Instructions: Describe the processes by which students are assessed and evaluated in the didactic and clinical settings.

Evidence of Conformity

- *Documentation relating to student evaluation and progression, grading, and academic regulations (required)*
- *Documentation relating to supplemental measures for students who are unsuccessful (if applicable)*
- *Minutes of meetings/meeting notes where student evaluation and progression are discussed (or other documents that demonstrate that the relevant policies and procedures are followed)*

Criterion 3.3

Formal mechanisms exist to support communication between the program and clinical sites to ensure that the clinical sites are aware of program objectives and expectations, and to ensure that any concerns are addressed.

Expectations: It is expected that regular, documented communication takes place between the program and clinical sites. It is also expected that clinical sites receive orientation to and training in program objectives and expectations, evaluation processes, and procedures to follow if problems arise during the clinical portion of the program.

Instructions: Describe formal communication mechanisms that are used to meet the above expectations. Informal communication mechanisms that are used to supplement formal communication should also be described.

Evidence of Conformity

- *Documentation relating to communication between the program and clinical sites*
- *Documents detailing the orientation of clinical sites to the program objectives, expectations, evaluation processes and procedures to follow if problems arise during the clinical portion of the program.*
- *Minutes of meetings/meeting notes where communication occurs between the program and clinical sites. These should date back a minimum of three years.*
- *Descriptions of informal communication mechanisms with samples dating back three years that demonstrate a pattern of regular communication (E.g. e-mails, communication log)*

Standard 4.0

The program has quality improvement processes in place that allow it to obtain and respond to outcome data in a manner that leads to ongoing program improvement.

Criterion 4.1

Formal procedures and processes are in place, and responsibilities designated to ensure that the program regularly obtains data to ensure the ongoing quality improvement of the program.

Expectations: It is expected that formal processes are in place to regularly obtain feedback from each stakeholder group (students, faculty, graduates, clinical partners, employers of graduates, industry).

Note: It is also expected that attrition rates and national AA exam success and failure rates are included in the program's evaluation processes.

Instructions: Describe the processes to gather documented feedback from stakeholders (students, faculty, employers, graduates, industry, and advisory groups.) Include pertinent policies and procedures as supporting evidence, and samples of surveys or other tools used to gather feedback.

Evidence of Conformity

- *Policies and procedures relating to program evaluation and quality improvement*
- *Samples of surveys or other tools used to gather feedback*

Criterion 4.2

Outcome data gathered for quality improvement purposes is systematically analyzed and used to create action plans to support overall program improvement.

Expectations: It is expected that programs analyze outcome data annually to identify areas of strength and areas for improvement. Where a program cohort scores less than the national average on the credentialing exam, it is expected that program analyzes the causes of this performance and address them accordingly.

It is also expected that action plans are developed when areas for improvement are identified. Such plans should include performance indicators that will be used to measure the program's progress toward addressing any deficiencies.

Instructions: Describe the processes used to analyze outcome data in order to identify strengths and areas for improvement. Indicate how this analysis is used to formulate action plans to support program improvement.

Evidence of Conformity

- *Minutes or meeting notes demonstrating analysis of outcome data, and identification of program strengths and areas for improvement*
- *Other action plans to address identified areas for improvement if not covered in the minutes*
- *Results of all surveys or other outcome data from each stakeholder group dating back a minimum of three years.*

Criterion 4.3

Changes to the program are evaluated against intended outcomes and are monitored for ongoing program improvement.

Expectation: It is expected that the program can demonstrate that it is responsive to the outcome data when data indicate that program improvements are necessary, and that changes are evaluated to ensure that they create the desired program improvements.

Instructions: Describe the processes in place to implement changes in the program. The description should include processes used to formulate and approve recommendations for changes to the program that could impact the quality of the education of the students.

Evidence of Conformity

- *Minutes or meeting notes where implemented changes for changes are evaluated relative to intended outcomes*
- *Actions plans for implementing changes that indicate how the changes will be evaluated*