Accreditation Manual

Anesthesia Assistance Education Programs

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Suite 201, 2468 Lancaster Road, Ottawa, ON K1B 4S5
www.csrt.com

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INTRODUCTION

The Canadian Society of Respiratory Therapists (CSRT) 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.

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 educational and quality improvement 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 and to aspects of the education program that could 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 anesthesia assistance accreditation services operate. The CSRT Board of Directors is responsible for oversight of accreditation services, for approving accreditation policies and determining accreditation statuses. CSRT staff and volunteer accreditation reviewers enact approved policies, however, do not influence or participate in decisions relating to a program's accreditation status.

GUIDING PRINCIPLES

The CSRT AA accreditation process was designed to be interprofessional, transparent and collaborative while maintaining the rigor required to ensure 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 are competent to practice as anesthesia assistants.

The AA accreditation standards 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.
- There is effective communication between the program, the clinical education 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 protect the public interests.

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[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.

ACCREDITATION PERSONNEL
Accreditation review teams conduct accreditation assessments on behalf of the CSRT Board of Directors. At the conclusion of an accreditation assessment, the team will submit an independent report on their findings to the CSRT Board of Directors who will use this report to confer the accreditation status in compliance with CSRT accreditation policies.

Whenever possible, accreditation review teams will be interprofessional, composed of a practicing certified clinical anesthesia assistant (RT or RN), an anesthesiologist, and the Director of Accreditation Services. If an anesthesiologist is not available to participate, a second certified clinical anesthesia assistant will be selected.

Accreditation review teams receive direction from the Director of Accreditation Services, who participates in each assessment as a resource for the team. As a resource, this individual ensures policies are followed, and does not influence recommendations made by the review team. The Director of Accreditation Services is also the conduit between the review team and the CSRT Board of Directors.

Communication between accredited anesthesia assistant programs or programs seeking accreditation and the CSRT Board of Directors or accreditation review team members will normally occur via the Director of Accreditation Services or CEO of the CSRT.

ACCREDITATION PROCESSES
Initial Steps Toward Accreditation (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 status indicates that the program is designed to prepare learners to practice competently as anesthesia assistants and has appropriate oversite and quality improvement mechanisms in place. Graduates from programs with Provisional Accreditation status are permitted to challenge the National AA exam and pursue CCAA certification.

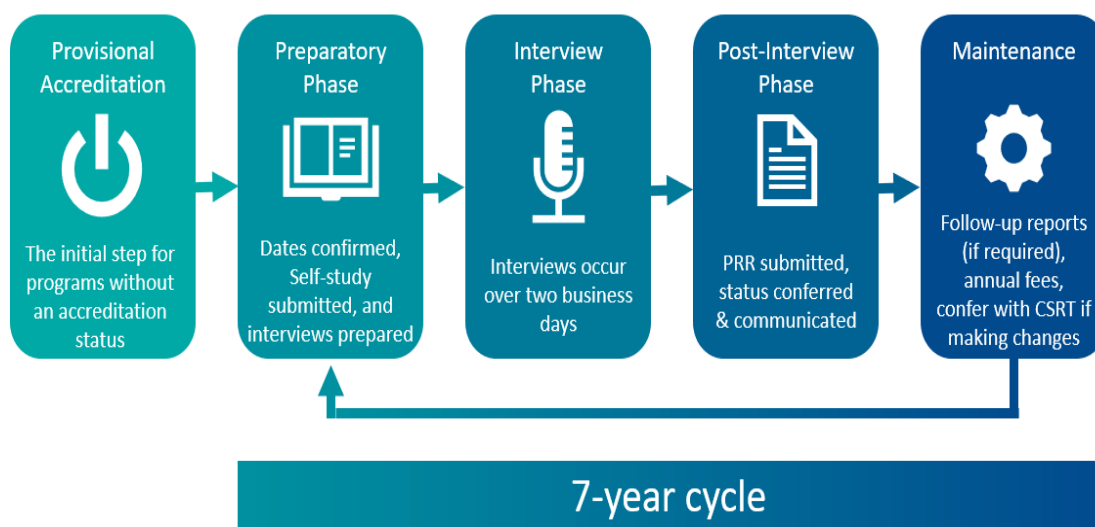To obtain Provisional Accreditation, programs must demonstrate that:
- there is an institutional support structure for the program, and
- the program is designed to ensure students attain the competencies in the National Competency Framework for Anesthesia Assistance, and
- a robust quality assurance program that involves feedback representing multiple stakeholder groups is in place.

An application for Provisional Accreditation requires an initial meeting with the Director of Accreditation Services to discuss accreditation process and standards. The program completes the required document package to support the application for Provisional Accreditation and submits this for review. If the documentation confirms that the program meets the requirements for Provisional Accreditation, this status is conferred by the CSRT Board of Directors, the accreditation contract is sent to the program for review and

signature, and a complete accreditation assessment is scheduled. This complete assessment will occur within two years of the date upon which the accreditation status is communicated to the program. This should allow the program time to capture data required for quality improvement purposes and to validate that the program meets its educational objectives.

Accreditation Cycle
After an initial full assessment, the CSRT accreditation processes operate on a seven-year cycle. It is presumed that programs that have demonstrated conformity with an accreditation standard will maintain the standard for the seven-year period. If changes are made to the program between accreditation assessments, the CSRT will serve as a resource for the program, at the program's request. The CSRT can offer insights on how proposed changes could impact the program's ability to meet the accreditation standards.

Provisional Accreditation	Preparatory Phase	Interview Phase	Post-Interview Phase	Maintenance
The initial step for programs without an accreditation status	Dates confirmed, Self-study submitted, and interviews prepared	Interviews occur over two business days	PRR submitted, status conferred & communicated	Follow-up reports (if required), annual fees, confer with CSRT if making changes

7-year cycle

Accreditation Assessments
Accreditation assessments will be completed virtually and consist of a preparatory phase, an interview phase and post-interview phase.

Preparatory Phase
The CSRT will determine the dates for the accreditation assessments in collaboration with the program being assessed. (Self-Study templates will be provided to the program when the date has been finalized.)

Programs will complete the Self-Study documentation and submit it electronically to the Director of Accreditation Services at least four months prior to the interview phase. The CSRT will forward the Self-Study submission to each member of the accreditation review team.

Each member of the accreditation review team will independently review the Self-Study submitted by the education program, participate in one or more virtual meetings to discuss findings or identify any follow-up information that will be required before the interviews and prepare interview questions. A request for any additional information will be made by the Director of Accreditation Services at least six weeks prior to the interview phase.

Prior to the interview phase, the Director of Accreditation Services will discuss the interview itinerary with the program's accreditation contact and confirm who is required for interviews, durations of interviews and scheduled breaks. Program administrators, program faculty and staff, students, program graduates, clinical partners and employers will be interviewed. All interviews will normally occur over two consecutive business days, and delays or "no-shows" for scheduled interview times may delay accreditation decisions.

Interviews will be arranged as follows:
- the program accreditation contact (or a designate) will be responsible for contacting interviewees and scheduling the interviews
- a schedule of interviews including full names, program titles, e-mail addresses and phone numbers for each interviewee will be provided to CSRT staff who will generate meeting links for each interviewee and send each a meeting request containing their interview link
  - Cell phone numbers or another number where the interviewee can be reached on the days of the interviews are preferred. Please indicate if a cell number or other is provided.
- a complete schedule containing links will be provided to the program at least two weeks before the visit

Interview Phase

Interviews assist the accreditation review team in validating the information provided in the Self-Study. All interviews will be conducted using a CSRT platform. These will not be recorded; however members of the accreditation review team will take notes. It is expected that accreditation review team members and interviewees will all be in spaces where they can conduct their work confidentially.

Interviewees will join a waiting room and will be admitted to the meeting by CSRT staff at the start of the scheduled interview time. All persons participating in an interview will disclose if others are in the room and/or can hear the interview.

Interviews will proceed as per the itinerary. If an interviewee is late or does not attend their time slot, the CSRT will contact the program and discuss rescheduling the interview if the accreditation review team deems it necessary. Every effort will be made by the accreditation review team and program to reschedule during the allotted interview days.

Interviews that cannot be scheduled during the allotted interview days may delay post-interview phase timelines.

<u>Post-Interview Phase</u>
A Program Review Report (PRR) will be completed by the review team within ten business days of the final interview. During the preparation of the Program Review Report, the accreditation review team will indicate whether the program has achieved conformity with each accreditation standard and associated specific criteria (see Appendix 1).

- *Conformity*: the evidence confirms that procedures are in place and are used effectively to ensure the 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

Where the program has not achieved conformity, the review team will include explanatory comments in the PRR.

The PRR is provided to the CSRT Board of Directors who will determine the accreditation status within fifteen business days of receipt of the report. Accreditation statuses possible at the conclusion of an assessment are:

<u>*Full Accreditation*</u>:
- The education program conforms to all four accreditation standards and all ten of the associated specific criteria.
- No follow-up reports are required.
- This status remains in effect for the seven-year cycle, unless one or more of the conditions for withdrawal of status are met (see "Withdrawal of Accreditation Status").

<u>*Accreditation with Conditions*</u>:
- The education program conforms to six to nine specific criteria within the four accreditation standards.
- The program will have two years to address the areas of non-conformity. A report demonstrating that the program has addressed all areas of non-conformity is required within two years of the date that the status is communicated to the program. (See "Follow-Up Reporting")

Programs that do not meet the threshold for either of the above two statuses will have their accreditation status withdrawn (see "Withdrawal of Accreditation Status"). Programs will have the opportunity to appeal undesirable statuses (see "Appeals").

Once a program receives an accreditation status, this status is posted on the CSRT website. Any specific criteria with which the program does not conform will be published on the CSRT website along with the program's accreditation status.

<u>Follow-Up Reporting</u>
Programs with Full Accreditation status are not required to submit reports between visits. They are encouraged to seek counsel from the CSRT when considering changes to the program that could impact conformity with accreditation standards.

Programs that receive an Accreditation with Conditions status have two years to remedy all areas of non-conformity. This report will be submitted to the Director of Accreditation Services for review by the accreditation review team and must include a description of how the program has remedied each area(s) of non-conformity, supplying evidence to support the description.

The original accreditation review team[2] will re-evaluate whether or not the program has adequately addressed areas of non-conformity or request additional information/evidence from the program. The Program Review Report will be updated, and a recommendation will be made to the CSRT Board of Directors.

The CSRT Board of Directors will determine whether or not a new accreditation status will be conferred:
- If conformity with all requirements has been confirmed, the status will be upgraded to *Full Accreditation.* This status remains in effect for the duration of the seven-year accreditation cycle.
- If the program does not meet the criteria for *Full Accreditation* status within two years as noted above, the accreditation status will be withdrawn. The program may reapply for *Provisional Accreditation* status, as described above.

Withdrawal of Accreditation Status
A program's accreditation status will be withdrawn if:
- a program with Provisional Accreditation status does not undergo a complete accreditation assessment within the required two-year timeframe, or
- a program with Accreditation with Conditions status does not address areas of nonconformity within the two-year time frame, or
- a program with any accreditation status fails to pay the annual accreditation fee within 90 days.

ACCREDITED EDUCATION PROGRAMS
A full list of accredited Anesthesia 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. Programs may appeal the process that led to an Accreditation with Conditions status, the withdrawal of accreditation status, or when an application for Provisional Accreditation is denied.

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[2] In the event that a member of the original accreditation review team is not available, the CSRT will replace this individual with another reviewer. This reviewer will be briefed by CSRT staff to ensure they have the information required to fulfill their role relative to the review.

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 during the accreditation assessment

The cost to file an appeal is $2000.00. If an appeal is denied, the program that filed the appeal is responsible for the costs associated with the appeal process, up to a limit of $20,000.00. Appellants are not entitled to compensation for any costs incurred in association with an appeal. Please contact the CSRT for more details.

THIRD-PARTY COMPLAINTS
Outside parties who have reason to believe that an accredited education program is not meeting one or more accreditation standards can submit a formal third-party complaint to the CSRT.

The complaint must describe a specific concern or concerns about the program and identify one or more accreditation standards that is/are not being met. The complaint must include evidence to support the stated concern(s) along with evidence that they attempted to resolve the complaint directly with program/institution officials by following the due process provided by the program/institution.

Complaints made anonymously will not be accepted. The confidentiality of the complaining party is protected by the CSRT unless release of identity has been authorized, or disclosure is required by legal action.

The CSRT will not act as an arbitrator as between an individual and an accredited program with respect to matters such as admission, grades, graduation, fees etc.

Complaints will be adjudicated as per CSRT policies. Please contact the CSRT for more details.

ACCREDITATION FEES
To cover the administrative costs and the costs associated with an accreditation assessment, an annual program accreditation fee is levied by the Canadian Society of Respiratory Therapists. Accreditation fees are reviewed annually. For the current fee structure, invoicing details and penalties for non-payment, please contact the CSRT.

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[3].**

Criterion 1.1: The didactic portion of the program ensures students acquire the foundational knowledge specified in the National Competency Framework in Anesthesia Assistance.

Requirements: It is required that the theory components of the program adequately prepare students for their clinical exposure and practice. The program must ensure that each student acquires the foundational knowledge specified in the National Competency Framework in Anesthesia Assistance.

Instructions: Complete the National Competency Framework Cross-Reference template. (Please note that this template also captures information relevant to criterion 1.2.)

Minimum Evidence of Conformity
- Completed National Competency Framework Cross-Reference Template
- Course outlines, descriptions or equivalent for all current courses

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.

Requirements: It is required that students can perform all of competencies and performance indicators in the National Competency Framework in Anesthesia Assistance prior to completing the program and that this is documented for each student. It is also required that documented processes and criteria are in place to determine the suitability of clinical sites.

Instructions: Describe the mechanisms and evaluation processes in place to ensure that students meet the competencies and performance indicators specified in the National Competency Framework in Anesthesia Assistance prior to completion of the program. 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.

Minimum Evidence of Conformity
- Blank copies of each tool used to assess competence, along with scoring criteria or rubrics. (These will be used to validate the information provided in the National Competency Framework Cross-Reference template. Copies of written exams are not required.)
- List of clinical sites used by the program that indicates the number of students sent by year
- Documentation relating to clinical site selection and placement. This may include policies and procedures. (Not required for a hospital-based program where the clinical education is entirely accomplished at the site delivering the education program.)

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[3] Programs are required to adhere to the version of the National Competency Framework for Anesthesia Assistance to which the cohort(s) in place at the time of the visit will be examined on the CSRT National Anesthesia Assistance exam.

Standard 2.0: **The program has sufficient resources to meet its objectives, including the attainment of the competencies and performance criteria stated in the National Competency Framework in Anesthesia Assistance.**

Criterion 2.1: The program has sufficient human resources to meet its objectives.

Requirements: It is required that there are clear, documented processes for determining the human resource allotment for the program and that formal processes exist for ensuring the adequacy this allotment. Instructional staff must be currently competent in the competencies they are teaching. Processes must be in place to ensure faculty and support staff understand and are effective at fulfilling their responsibilities. Instructional staff (including casual, temporary and contract staff) must have access to mentoring and/or professional development in adult education principles.

Instructions: Provide a complete list of program personnel, including credential, job titles and roles within the program. Describe how the required number of instructional staff is determined and the budget planning and prioritization process regarding human resources for the program. Describe the educational and experience requirements for faculty, including any licensure requirements (if applicable).

Minimum Evidence of Conformity
- Completed list of program personnel, credentials, and job titles
- Policies and procedures relating to program staffing, workload distribution, performance evaluation, and professional development
- Staff position description(s), orientation materials or contracts (with information not relevant to accreditation redacted)
- Continuing Professional Development records for staff, including evidence that instructional staff participate in continuing professional development activities relative to anesthesia assistance 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, equipment and supplies, platforms for virtual learning) are adequate to fulfill the needs of the program.

Requirements: It is required that the program has sufficient resources to reasonably reflect current educational and clinical practice and to sufficiently prepare students to meet the expectations outlined in the National Competency Framework for Anesthesia Assistance.

Instructions: Describe the process for assessing adequacy of resources. Describe the processes used to ensure that the above resources are sufficient for the program to meet its objectives.

Minimum Evidence of Conformity
- A list of instructional resources available to the program (e.g., learning platforms, task trainers, simulators, medical equipment)

- Evidence that the adequacy of the above resources is regularly assessed
- Documentation relating to resource allocation and prioritization
- Temporary access to the learning platform so that the team can understand how it is used in the program (where a learning platform is used).

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.

Requirements: It is required 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 required 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.

Minimum Evidence of Conformity
- Course outlines for all required courses and rotations (also required for Standard 1), or other program documentation that is used to communicate criteria for successful completion of the courses/the program.

Criterion 3.2: There are documented policies, processes and responsibilities relating to the didactic and clinical assessment and evaluation of students.

Requirements: It is required that clear policies and procedures exist for student assessment and evaluation, and that these are accessible to students. Testing must be completed in a manner that maintains academic integrity. Completed evaluation tools must be stored securely to protect student privacy. The individuals responsible for evaluating students' competence must be currently competent in the competencies they are evaluating. It is also required 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.

Minimum Evidence of Conformity
- Policies or other formal documentation relating to student evaluation and progression, grading, and academic regulations
- Policies or other formal documentation outlining supplemental measures for students who are unsuccessful

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.

Requirements: It is required that regular, documented communication takes place between the program and clinical sites. It is also required that all 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.

Minimum Evidence of Conformity
- Documentation relating to, and examples of, 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.
- Evidence that each clinical site has received an orientation to program objectives, expectations, evaluation processes and procedures to follow if problems arise during the clinical portion of the program.

Standard 4.0: The program has a comprehensive quality improvement plan in place that leads to ongoing program improvement.
(Note: The elements of the comprehensive quality improvement plan are covered in the specific criteria for this standard.)

Criterion 4.1: Formal (i.e., documented) procedures and processes are in place, and responsibilities designated to ensure that the program regularly obtains data in fulfillment of the quality improvement plan.

Requirements: It is required that formal processes are in place to obtain feedback from each stakeholder group (students, faculty, graduates, clinical partners, employers of graduates, advisory groups). Documented feedback should be gathered regularly as per the program's quality improvement cycle. It is required expected that attrition rates and national AA exam success and failure rates are included in quality improvement data.

Instructions: Provide the program's quality improvement plan. Describe the processes to gather data to support the program's quality improvement plan if these are not articulated in the plan itself.

Minimum Evidence of Conformity
- Policies and procedures relating to program evaluation and quality improvement
- Surveys and other tools used to gather feedback

- Results of all surveys or other outcome data from each stakeholder group for the past three years. (Programs less than three years old will send the results for the years the program has been in existence.)

Criterion 4.2: Outcome data gathered for quality improvement purposes is systematically analyzed and used to create action plans to support overall program improvement.

Requirements: It is required that programs analyze outcome data to identify areas of strength and areas for improvement. It is also required that action plans are developed when areas for improvement are identified. Such plans should include relevant timelines and indicators that will be used to measure the program's progress toward addressing any deficiencies.

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

Minimum Evidence of Conformity
- Minutes, meeting notes or other evidence demonstrating analysis of outcome data, and identification of program strengths and areas for improvement
- Action plans to address identified areas for improvement if not covered in the minutes

Criterion 4.3: Action plans for program improvement address areas of concern.

Requirement: It is required 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.

Minimum Evidence of Conformity
- Documentation indicating action plans have been implemented (e.g., minutes, purchase orders, updated course outlines) and that changes have positively impacted program outcomes.