



Getting Started: an Action Plan for an Anesthesiologist Assistant Program Seeking CAAHEP Accreditation

Often, the most challenging part of any project is organizing a plan to get started. The following action plan breaks the activities into phases and identifies the activity and associated resources.

☒	To Do List
Phase I: Self-Assessment	
☐	1. Review the CAAHEP <i>Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant</i>
☐	2. Review the Site Visit Report form
☐	a. Answer honestly the questions and evaluate Met or Not Met.
☐	b. Pay attention to the possible items in the Evidence column.
☐	c. Make a list of anything that is not clear to you (ex.: Sponsorship, Advisory Committee)
☐	3. Give your faculty members, the medical director, and administration a copy of the CAAHEP <i>Standards and Guidelines</i> and highlight the areas of responsibility
☐	4. Meet with your faculty and medical director to discuss areas which seem unclear
☐	5. Meet with the other program chairs of other accredited programs and discuss how they prepared for accreditation
☐	6. Contact the ARC-AA for answers to specific questions.
☐	7. Make a list of your most burning questions and then prioritize them.
☐	8. Make a list of your Program's current strengths and weaknesses/limitations (consider a SWOT analysis: strengths, weaknesses, opportunities, threats).
☐	9. Review the Program Resource Assessments [Program Personnel, Student, Graduate, Employer surveys] and answer the questions honestly. All forms available at www.arc-aa.org .

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☐	10. Make a list of resources, including personnel, equipment, and other resources that would need to be present to demonstrate that the <i>Standards</i> are met.
☐	11. Form an Advisory Committee, if one is not formed, with representation of the communities of interest that are served by the program that include, but are not limited to, students, graduates, faculty, sponsor administration, hospital/clinic representatives, physicians, employers, and the public.
Phase 2: Document Review	
☐	1. Browse the ARC-AA and CAAHEP websites and become familiar with all the resources.
☐	2. Review all the evaluation questionnaires available by ARC-AA.
Phase 3: Meeting Time	
☐	2. Prepare a list that includes:
☐	a. Areas that need to be addressed where the Program does not currently meet the CAAHEP <i>Standards and Guidelines</i> .
☐	b. Fixed costs for the accreditation process [fee paid with submission of the Self Study Report. Additionally, Program should estimate the cost of the site visit.]
☐	c. Time requirement estimate for the program director to prepare the self-study report.
☐	d. Time frame for self-study report completion and submission.
☐	3. Meet with your dean or organizational leader to discuss costs and the process.
☐	4. Meet with other Faculty and the Medical Director to discuss the plan and share information on the process.
☐	5. Meet with your Advisory Committee and review the process, program analysis, action plans, plan for accreditation submission, and other pertinent data.
Phase 4: Time Management	
☐	1. Establish a realistic deadline to write and complete the self-study report.
☐	2. Plan time for the process: set aside specified time each day/week and assign yourself tasks.

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☐	3. If you delegate certain tasks, check-in at specific times and set deadlines.
☐	4. Have regular meetings with the faculty and medical director to discuss programmatic changes if needed and how they will be accomplished.
Phase 5: Jump In!	
☐	1. Complete a comprehensive list of any potential problem areas and potential.
☐	2. Prioritize the list of issues and assign as appropriate (i.e., clinical coordinator will develop a tracking system by _____).
☐	3. Re-read the CAAHEP <i>Standards and Guidelines</i>
☐	4. Complete the online Request for Accreditation Services (RAS) at www.caahep.org .
☐	5. Download and begin to complete the self-study report from the ARC-AA website and save it to your computer (you cannot fill out the self-study report online).
☐	6. Contact the clinical rotation affiliates early to obtain the required data to complete the clinical rotation matrices.
☐	7. Initiate payment request for the application fee that must accompany the self-study report.
☐	8. Contact the ARC-AA for the links to the SurveyMonkey surveys for students and program personnel.
☐	9. Administer the student and program personnel surveys.
Phase 6: Proof	
☐	1. Re-read what you wrote.
☐	2. Have other critical reviewers read the self-study report for content and accuracy.
☐	3. Make edits.
Phase 7: Prepare for the Site Visit	
☐	1. ARC-AA will work with the Program to schedule a site visit on a mutually agreed upon date.
☐	2. ARC-AA will notify the sponsor/program of the confirmed dates of the site visit, and the names and contact information of the members of the site visit team.

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☐	3. The Site Visit Team Captain will contact you.
☐	4. Prepare a schedule for the site visit after consultation with the site visit Team Captain.
☐	5. Arrange local transportation for the Site Visit Team.
☐	6. Gather the required/necessary documents and have them available in one location (the ARC-AA will provide a list of documents and records for review).
☐	7. Expect a copy of the Executive Analysis (EA) from ARC-AA within 60 days of ARC-AA receiving a <u>completed</u> self-study report. Begin making "in-flight corrections" before the site visit team arrives.
☐	8. Schedule a private location/room for the site visit team during the site visit.
Phase 8: During the On-Site Visit	
☐	1. Respect the schedule as much as possible and stay on time.
☐	2. Provide additional information and materials as requested.
☐	3. Check your ego at the door; the site visit team has a specific assignment to verify that the program meets the CAAHEP <i>Standards</i> and that all students have a similar educational experience.
☐	4. Be open to recommendations.
Phase 9: After the Site Visit	
☐	1. Celebrate and relax.
☐	2. Respond to the factual accuracy of the Findings Letter ARC-AA will email you within 30 days of the site visit.
☐	3. Submit new information to respond to the potential Standards violations identified in the Findings Letter by the deadline indicated. If necessary, make programmatic changes or modifications that are appropriate and document the changes.