



**Standards and Guidelines
for the Accreditation of Educational Programs for the
Anesthesiologist Assistant**

Essentials/Standards initially adopted in 1987; revised in 2000, 2001, 2004, 2009, 2016, [xxxx and effective xx/xx/xxxx](#).

**Developed by
Accreditation Review Committee for the Anesthesiologist Assistant**

**Endorsed by
American Academy of Anesthesiologist Assistants
Association of Anesthesiologist Assistant Education Programs
American Society of Anesthesiologists**

and

**Approved by the
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 Review Committee for the Anesthesiologist Assistant.

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Anesthesiologist Assistant profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

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

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Review Committee for the Anesthesiologist Assistant, the American Academy of Anesthesiologist Assistant, the Association of Anesthesiologist Assistant Education Programs, and the American Society of Anesthesiologists cooperate to establish, maintain and promote appropriate standards of quality for educational programs for the Anesthesiologist Assistant and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of the Anesthesiologist Assistant programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

Certified Anesthesiologist Assistants (CAAs) are highly skilled medical professionals rigorously trained in all aspects of perioperative anesthesia. CAAs work exclusively within the anesthesia care team led by a licensed physician anesthesiologist.

I. Sponsorship

A. Program Sponsor

A program sponsor 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 master's degree at the completion of the program.

The program must be affiliated with a medical school that is accredited by the Liaison Committee on Medical Education (LCME), or its successor, or the Commission on Osteopathic College Accreditation (COCA), or its successor.

2. A consortium, which is a group made up of two or more education providers, that operates an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1.

Consortium does not refer to clinical affiliation agreements with the program sponsor.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards;
2. Award academic credit for the program or have an articulation agreement with an accredited post-secondary institution;
3. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption; and

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

4. Ensure the students meet the eligibility requirements to take the certification examination.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: “To prepare anesthesiologist assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an anesthesiologist assistant. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program’s communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;

- 147 **13.** Instructional materials; and
148 **14.** Support for faculty professional development.

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150 **B. Personnel**

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

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155 At a minimum, the following positions are required, and the program director and medical director must
156 be separate individuals.

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158 **1. Program Director**

159 **a. Responsibilities**

160 The program director must be responsible for all aspects of the program, including but not
161 limited to

- 162 1) Administration, organization, supervision and management of the financial resources of the
163 program;
164 2) Continuous quality review and improvement of the program; and
165 3) Academic oversight, including curriculum planning and development.

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167 **b. Qualifications**

168 The program director must

- 169 1) Be a certified anesthesiologist assistant;
170 2) Possess a minimum of a master's degree;
171 3) Have documented education or experience in instructional methodology;
172 4) Have the requisite knowledge and skills to administer the classroom/academic aspects of
173 the program; and
174 5) Have the requisite knowledge and skills to administer the operation of the overall program.

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176 **2. Medical Director**

177 **a. Responsibilities**

178 The medical director must

- 179 1) Collaborate with the program director to organize, administer, continuously review, plan,
180 and develop processes that ensure general effectiveness of clinical education component of
181 the program;
182 2) Participate in teaching anesthesia practice and/or coursework focusing on principles of
183 medicine;
184 3) Provide the input necessary to ensure that the medical components of the curriculum, both
185 didactic and supervised practice, meets current standards of medical practice.

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187 **b. Qualifications**

188 The medical director must

- 189 1) Be a physician anesthesiologist currently licensed and board certified in anesthesiology;
190 2) Have the requisite knowledge and skills to advise the program leadership about the
191 clinical/academic aspects of the program; and
192 3) Be knowledgeable in teaching the subjects assigned when applicable.

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194 **3. Faculty/Instructional Staff**

195 **a. Responsibilities**

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area. Faculty for the supervised clinical practice portion of the educational program must include a qualified healthcare professional.

C. Curriculum

1. The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the (competencies listed in Appendix B of these **Standards**.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

2. For first year students, the program must set and require minimum number of clinical hours, and at least annually evaluate and document that the established program minimum is adequate to support progress into the program's second year.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements 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 curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination(s) performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

2. Reporting

At least annually, the program must submit to the ARC-AA the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the ARC-AA that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students

- a. Sponsor's institutional and programmatic accreditation status;
- b. Name and website address of CAAHEP;
- c. Admissions policies and practices;
- d. Technical standards;
- e. Occupational risks;
- f. Policies on advanced placement, transfer of credits and credits for experiential learning;
- g. Number of credits required for completion of the program;
- h. Availability of articulation agreements for transfer of credits;
- i. Tuition/fees and other costs required to complete the program;
- j. Method(s) of all curriculum delivery, including the percentage of in-person, synchronous remote, and asynchronous remote instruction;

- k. Policies and processes for withdrawal and for refunds of tuition/fees; and
- l. Policies and processes for assignment of clinical experiences; and
- m. Criteria for successful completion of each segment of the curriculum and for graduation.

3. At least the following must be made known to all students

- a. Academic calendar;
- b. Resources for health and well-being;
- c. Student grievance procedure;
- d. Appeals process; and
- e. Policies by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the ARC-AA.

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, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Anesthesiologist assistant students must be readily identifiable as students.

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

Students participating in anesthesia care must be proctored by a CAA, CRNA, fellow, resident, or physician anesthesiologist. All anesthesia care in which students participate must be under the direction of a physician anesthesiologist.

Students participating in non-anesthesia care must be proctored by a qualified healthcare provider recognized by the facility.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given directions on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to ARC-AA in a timely manner.

F. Agreements

343 There must be a formal affiliation agreement or memorandum of understanding between the program
344 sponsor and all other entities that participate in the education of the students describing the
345 relationship, roles, and responsibilities of the program sponsor and that entity.
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APPENDIX B

Curriculum Competencies for Educational Programs for the Anesthesiologist Assistant

1. Anesthesia Knowledge and Evidence-Based Practice

- a. Apply clinical and foundational science knowledge in anatomy, physiology, pathophysiology, pharmacology, and monitoring principles to perioperative anesthetic management. (cognitive)
- b. Analyze and interpret scientific literature and clinical guidelines to support evidence-based anesthesia practice. (cognitive)
- c. Integrate physiologic monitoring technologies and diagnostic data in clinical decision-making. (cognitive)

2. Clinical Practice Management and Critical Thinking

- a. Analyze and interpret clinical data to guide anesthetic decision-making and perioperative management. (cognitive)
- b. Evaluate patient physiology, comorbidities, and surgical factors during a history and physical exam to develop an individualized anesthetic plan. (cognitive)
- c. Manage intraoperative anesthetic care across surgical and procedural subspecialties, in both inpatient and outpatient populations. (cognitive, psychomotor)
- d. Apply clinical reasoning to anticipate and adapt to evolving perioperative conditions. (cognitive)
- e. Integrate airway and ventilation management strategies into perioperative clinical decision-making. (cognitive, psychomotor)
- f. Administer anesthetic medications and therapies safely and effectively, including fluid and blood product resuscitation. (cognitive, psychomotor)
- g. Apply crisis resource management principles during perioperative complications and critical events. (affective, cognitive)
- h. Manage postoperative recovery, analgesia, and complications following anesthesia. (cognitive, psychomotor)

3. Procedural and Technical Skills

- a. Establish vascular access required for anesthetic care. (psychomotor)
- b. Apply and interpret physiological monitoring modalities used in anesthesia practice. (psychomotor, cognitive)
- c. Prepare and troubleshoot equipment for safe anesthetic delivery. (psychomotor, cognitive)
- d. Perform airway management techniques, including basic and advanced airway interventions. (psychomotor)
- e. Administer and manage neuraxial and regional anesthesia techniques. (psychomotor, cognitive)
- f. Construct an accurate perioperative anesthetic record. (cognitive)
- g. Collaborate with the perioperative team to ensure proper and safe patient position. (affective)
- h. Perform point-of-care ultrasound to support perioperative assessment and procedural guidance. (psychomotor, cognitive)

4. Professionalism and Interpersonal Communication

- a. Display professionalism, integrity, and ethical behavior in clinical practice. (affective)
- b. Collaborate within interprofessional healthcare teams to deliver coordinated patient care. (affective)
- c. Communicate anesthetic plans and patient status to the perioperative team. (affective, cognitive)
- d. Demonstrate advocacy for patient welfare and equitable healthcare delivery. (affective)
- e. Incorporate feedback to improve personal performance and the quality of patient care. (affective, cognitive)
- f. Describe the need to engage in lifelong learning and professional development to maintain clinical competence. (cognitive, affective)

- g. Perform safe transitions of care across the perioperative environment. (affective, cognitive)
- h. Articulate the profession's history and trajectory, including the roles of the professional organizations and policies that impact practice. (cognitive)

5. Patient-Centered Care and Safety

- a. Apply patient-centered principles that respect patient values, preferences, and autonomy in perioperative care. (affective)
- b. Demonstrate situational awareness to identify early signs of patient status changes to ensure safe care. (cognitive)
- c. Communicate anesthetic plans, risks, and expectations effectively with patients and families. (affective, cognitive)
- d. Participate in patient safety protocols and quality improvement efforts to assess system-level factors that impact perioperative safety and patient outcomes. (affective, cognitive)

6. Clinical Experience Requirements for AA Education Programs

Total minimum Clinical Cases 700
Total minimum Clinical Hours 2000

One case can include multiple procedures being counted but can only be claimed as (1) one anesthetic case.

Category	Minimum Number of Cases / Procedures	Simulation
a. ASA Class III-VI	200	
1) Class III	50	
2) Class IV-VI	10	
b. ASA Class E (Emergency/Trauma)	35	
c. Mask Induction/Management	30	
d. Bag Mask Ventilation	125	
e. TIVA	75	
f. General Anesthesia	400	
g. Emergence	300	
h. Spinals	10	Up to 50% can be simulated
i. Epidurals	10	Up to 50% can be simulated
j. Peripheral Nerve Blocks	10	100% can be simulated
k. One Lung Isolation	5	
l. OB Cases Total	35	
1) Labor Analgesia Management	10	
2) C-section	10	
m. Pediatric Cases	50	
1) Pediatric 2–12 years	30	
2) Pediatric <2 years	10	
n. Geriatric Cases ≥65 years	100	
o. Tracheal Intubation	255	
1) Nasal Intubation	5	
2) Video Laryngoscopy	50	
3) Direct Laryngoscopy	50	
p. Flexible Bronchoscope	5	100% can be simulated
q. Supraglottic Airway	35	
r. Intra-abdominal	75	
s. ENT	20	
t. Neurosurgery	25	
1) Intracranial	5	

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Category	Minimum Number of Cases / Procedures	Simulation
u. Vascular	15	
v. Ambulatory	100	
w. Intrathoracic	20	
1) Intrathoracic (lung)	5	
2) Intrathoracic (heart)	10	
x. IV Placement	125	
y. Arterial Line Placement	25	
z. Intra-arterial Monitoring	30	
aa. Central Venous Catheters (CVC)	5	Maximum of 2 can be simulated
bb. CVP Monitoring	15	
cc. Ultrasound Procedures	20	