

# NAACLS Guidelines for Completing Self-Study Review and Site Visit Reports

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Both the Self-Study Review and the Site Visit Report are professional documents that inform both NAACLS and the Program of areas that do not meet required Standards for the level program going through the approval and accreditation process. The following guidelines will assist the reviewers and visitors in the completion of the templates in a way that is factually accurate and represents the high quality expected of the professions and NAACLS.

For additional information on expectations for the self-study, please refer to the current *NAACLS Standards Compliance Guide*.

## Completing the Self-Study Review

The template for the Self-Study Review was revised for 2020. However, there may still be areas of confusion for the reviewer. If, when completing the report, you are not sure how to respond to an item, please contact a NAACLS staff member, the appropriate Discipline Lead Person or Committee Chair. The following is designed to clarify some common areas of confusion.

All areas marked with a NO, **must** have a comment that includes:

- Specific Standard number (including subcategory numbers such as I.D.1.f),
- Clear, and detailed explanation of what is missing, and

A table with examples is provided at the end of this document.

## Standard I

1. Every program must have a sponsorship that meets one of three categories represented by A, B or C in the report. Once the correct sponsor is identified, NA may be checked for the remaining two and subcategories left blank.
2. Documentation must be submitted confirming institutional sponsorship, not just NAACLS accreditation or approval. Examples include State approval letters, institutional national or regional accreditation letters or certificates.
3. There may be duplication in the comment area immediately following the Standard I check boxes and affiliate tables. Standards I.D.3 and I.D.4 are two areas that are frequently checked NO. Since the information in I.D.4 is the same, or similar, to that required in the table of affiliates the comments may be the same. In this case, the reviewer can copy and paste, or simply refer the reader to the location where comments are made.
4. Fill in tables for affiliates with complete names of sites, city and state. Do not use abbreviations for affiliate names. When possible, clarify any information that is

inconsistent or incomplete within the Self-Study. For example, some clinical affiliates fall within a larger umbrella with one affiliation agreement. It is important to document this information clearly within the Self-Study report. If what is submitted in the Self-Study is not clear, this should be identified for Site Visitors to clarify and noted as NO.

5. If a program has more affiliates than the table allows, the instructions for adding lines are found just above each table.
6. If a site is described as inactive, additional documentation such as affiliation agreements and fact sheets are not required.

#### Standard II

1. Reviewers should check the math for each table of outcomes measures.
2. Final numbers are reported in percent, not decimal forms.
3. If the program indicates they use outcomes measures beyond certification rates, graduation rates and placement rates, these must be described in the comments.
4. Source documentation must be provided to verify data. For examples, copies of the online BOC results should be submitted with names redacted. A spread sheet created by the institution for certification results does not constitute source documentation. Note that not redacting names, while highly recommended, is not required by the Standard. NAACLS volunteers are bound by confidentiality.

#### Standard III

A program must provide **either** an institutionally approved budget **or** a written statement of continued financial support. Both are not required. Therefore, one item should be marked as NA.

#### Standard IV

A lot of documentation must be verified for this Standard and frequently several resources are submitted as the information is found in multiple sources. This can be time consuming and sometimes frustrating for the reviewer. However, reviewers should make every effort to locate documents if the narrative states they are present. If a document is present, but not located where the self-study indicates, this does not result in a citation. This is human error and should not be cited or mentioned or highlighted in the self-study review.

#### Standard V

This Standard reflects the policies of an institution. Standards V.E and V.F are similar but slightly different. V.E. requires that the institution ensure that any work students perform outside of clinical hours is not required. In other words, if the program identified clinical hours as 8 AM through 5 PM, the student cannot be required to be scheduled on the overnight shift. Standard V.F. requires that a policy exists stating a student cannot be substituted for regular staff during clinical experience. This policy is also found in Standard IV, where it must be readily available to current and prospective students.

## Standard VI

This Standard reflects the program adhering to NAACLS policies. There is no documentation to review for this Standard.

## Standard VII

The most common information missing from the self-study for this Standard include the following:

1. Proof of Program Director approval from NAACLS.
2. Faculty fact sheets for program director and major didactic faculty with continuing education documentation.
3. Identification of clinical liaison and credentials on Clinical Faculty Fact Sheets for each clinical affiliate. *Note: separate Faculty Fact Sheets are not required for Clinical Liaisons.*
4. List of members of the Advisory Committee with titles/roles. Often minutes are submitted with list of attendees, but a complete list of current members is missing.
5. There may not be three years of meeting minutes available. While this was part of the recommendations found in the *Compliance Guide*, it is not required by the Standard.
6. An Education Coordinator is required only for HLT, HT and PathA. Some institutions may use this title internally to identify a member of the staff or faculty who assists in clinical placement. But in this case, it is not a NAACLS requirement and should not be evaluated against this Standard.

## Standard VIII

Only programs that have outcomes measures that do not meet NAALCS requirements must provide a sample course and associated materials. For programs that meet benchmarks, the last area of the template should be marked NA.

## Summary

To ensure consistency and comprehensive summary it may be easiest to cut and past comments from the review section into the Summary. Please use the following format:

1. For each citation, place the Standard number in the left column and the description/comment in the right column.
2. Use a separate line/box for each concern. Do not combine issues. For instance, if a clinical fact sheet (Std. VII) is missing from a site that also has an affiliation agreement (Std. I) missing, that is two separate concerns.

## Additional Notes

1. All comments in the Self-Study Review should be factual and reflect a concern that the program does not meet a Standard. Opinions are not appropriate in the Self-Study Review other than to note if the Self-Study is exceptional well organized or written.
2. Compliments should be reserved for the Summary Page.

3. Use complete sentences with acceptable English grammar.
4. Capital letters should not be used as emphasis in the comments.
5. Comments should be complete. For instance, if a program has not submitted clinical fact sheets, the comment should list the sites and locations for which the documents are missing. It is not sufficient to write “Several clinical fact sheets are missing.” Instead write “*I.D. Clinical Fact Sheets are missing for the following affiliates: General Hospital, City, State and St. Mary’s Medical Center, City, State.*” If there are sites with similar names, the city and state should be included for clarity. Similarly, if several affiliation agreements are lacking a termination clause, they should be listed specifically.
6. Statements should be written to reflect a **lack of evidence**. It is not enough to write “rates are documented but not used in assessment.” Unless the narrative states such, the reader cannot make that deduction. Instead write: “*II.C. No evidence was submitted to demonstrate that certification rates are used in program assessment.*”
7. Comments recommending Site-Visitors to verify information are appropriate when the item is marked NO. If all Standards are marked YES, there should be no need to direct Site-Visitors for further investigation.
8. Programs under Approval will require review of more extensive documentation to verify compliance with some Standards.
9. Documents should be submitted to NAACLS staff in **black** font with instructions removed as instructed. The signature page, with signatures should be included with the document.

## Completing the Site Visit Report

The template for the Site Visit Report was revised for 2020. However, there may still be areas of confusion for the visitors. If, when completing the report, you are not sure how to respond to an item, please contact a NAALCS staff member or the appropriate Discipline Lead Person. The follow is designed to clarify some common areas of confusion.

Each Standard has a place to note concerns from the Self-Study Review. Copy and paste concerns from the Self-Study Review directly to the Minutes. If too lengthy, summarize clearly and comprehensively. If no concern was noted, this is marked None. All concerns from the Self-Study Review must be addressed by Site Visit. If a concern was made, one of the following must be done:

1. **Concern was resolved in response to self-study review** or **Concern was resolved on site**. A comment must be made that explains **how** the concern was addressed. It is not enough to say, “concern was resolved.” A statement should be comprehensive so the Committee members can be confident program has met the Standard. For example, *“Affiliation agreements for General Hospital were available, current and contained the termination clause as required.”*
2. **Unresolved** means that evidence was not provided that verified the program meets the Standard. Comments should clearly indicate the unmet area and what is required to resolve the issue. As with the Self-Study Review it is not acceptable to state that several clinical facility fact sheets are lacking information. The names of specific affiliates and lacking information must be included in the comment.

### Summary Page

The Summary Page should include any areas of strength of the program.

The Remaining Concerns on the Summary Page should include any areas that are unresolved from the Self-Study Review or that were found during the Site Visit but were not identified in Self-Study Review. The table must include the complete Standard number and clear, comprehensive statement of concern. Site visitors must verify that all concerns noted in the body of the document are found on the Summary Page.

Please verify that all information is recorded, including name of sponsor, city, state and type of program.

### Signature Page

This page must be completed in entirety and signed by all visitors.

### Additional Notes

The Site Visit is to verify that the program is meeting NAALCS Standards and is not a document for opinions or recommendations other than what is required to meet Standards.

## Examples of Language for Self-Study and Site Visit Reviews

STD	Samples from the Past	Better Example
I.	Several sites were missing affiliation agreements and clinical fact sheets.	<p>Clinical fact sheets were missing for the following institutions: St. Mary’s Hospital in Ideal, OH and General Medical Center in East Podunk, NY.</p> <p>The affiliation agreement for Metropolis Medical Center in Dearworth, TX were missing a statement regarding the “assurance for completion of students assigned clinical requirements in the event that an affiliation is discontinued”</p>
I.	Clinical affiliate fact sheet missing liaison credentials	The clinical affiliate fact sheet for Massive Medical Center in Peoria, OR is missing the name and credentials of the clinical liaison.
II.	Program assessment was not reflected in ongoing curriculum development.	Evidence was not submitted to verify that the results of program assessment are used in ongoing curriculum development.
III.	Budget is not adequate to support the program supply and equipment needs.	Results of student, graduate and clinical sites surveys indicate that student laboratory supplies and equipment are not sufficient to support the number of students assigned to laboratory sessions.
IV.	Documentation was not available to prospective students for many of the areas this Standard addresses.	<p>Documentation that the following required publications are available to prospective students was not available:</p> <ul style="list-style-type: none"> <li>e. list of clinical facilities</li> <li>f. ... essential functions...</li> <li>j. policies and processes by which students may perform service work</li> </ul>
VII.	Didactic faculty are not qualified.	No Faculty Fact Sheet was provided for Jane Doe, therefore qualifications could not be evaluated.
VIII.	A minimum of three questions of higher learning should be on the final exam.	NA – there is no Standard that requires a specific number of a type of questions.
VIII.	Not all courses have identified measurable affective domain objectives.	NA – Standards do not require <b>all</b> courses to have affective domain objectives.

VIII.	There is an example attached showing one lecture and an accompanying quiz, but there is no indication of which objective each quiz question is intended to assess, nor are the taxonomic levels of the questions indicated.	NA – Standards do not require that the documentation include taxonomy levels with each item on an exam or quiz. Although this makes it easier for the reviewer, it cannot be cited. However, if the questions are not aligned with stated objectives, then this becomes a concern.
Comments	I feel that the program director should become a NAACLS volunteer  Best wishes to the Program Director	“I feel” statements are not appropriate. Reviews are factual based.  These not an appropriate statements for either the Self-Study review or Site-Visit Review. If a volunteer would like to recommend a PD to NAACLS for consideration, they should do so formerly, not as part of the accreditation or approval process. If the reviewer wants to wish the PD “best wishes” they can do that outside of the official process.