# NAACLS DCLS SELF-STUDY REPORT REVIEW

Name of Program(s):

City, State:

Name, Title and Credentials of Program Director:

Name Medical Director (if applicable):

1. **Sponsorship**
2. Primary Sponsoring Institution

The sponsor of an educational program must be 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 given the authority to provide doctoral education, with access to a teaching hospital with diagnostic diversity and healthcare expertise YES NONA
2. An institution recognized by the national government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with doctoral degree-granting authority. The institution must have access to a teaching hospital with diagnostic diversity and healthcare expertise (for programs outside of the United States) YES NONA
3. Consortium Sponsor

A consortium is a separate and distinct entity consisting of two or more members that exists for the purpose of operating an educational program.

YES NONA

At least one member of the consortium must meet the requirements of a sponsoring institution specified in I.A. YES NONA

The memorandum of understanding is signed by all members. YES NONA

This document shall contain the following elements:

1. Governance of the consortium. YES NONA
2. Lines of authority within the consortium for the educational program YES NONA
3. Responsibilities of each member in the delivery of the educational program YES NONA
4. Multi‐location Sponsor
5. A specified campus location of an entity that controls a system of campuses, which is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide doctoral education. The specified campus location delivers the educational program in its entirety and awards a minimum of a certificate at the completion of the program YES NONA
6. A specified location of an entity that controls a system of hospitals, medical centers, or laboratories accredited by an applicable recognized agency (see Standards Compliance Guide), which awards a minimum of a certificate at the completion of the program

YES NONA

* 1. Responsibilities of the Sponsor
     1. The sponsor has primary responsibility for:
        1. supporting curriculum planning and course selection by program

faculty and staff. YES NO

* + - 1. Appointing faculty and staff YES NO
      2. Maintaining student transcripts permanently YES NO
      3. granting the degree documenting satisfactory completion of the educational program. YES NO
      4. receiving and processing applications for admission to the program.

YES NO

* + - 1. ensuring that appropriate personal safety measures are addressed

for students and faculty. YES NO

* + - 1. Ensuring that all provisions of the Standards are met YES NO
      2. Ensuring that the students have obtained or will obtain the appropriate

degree and/or certification of completion YES NO

* + - 1. Supervision of research efforts YES NO
    1. The sponsor ensures that the activities assigned to students in the clinical setting support doctoral level studies. YES NO
    2. There is a description of the exchange of information between the sponsor and its affiliates.

YES NO

There are documented examples of ongoing communication between the sponsor and its affiliates for the exchange of information and coordination of the program.

YES NO

* + 1. There is a description of how the sponsor provides eligible students the opportunity to participate in applied clinical experiences. YES NO
    2. The sponsor has a formal affiliation agreement with all other entities that are involved in the education of the students, which describes:

a. The relationship

b. The roles YES NO

c. The responsibilities of the sponsor and that entity YES NO

* + 1. There is a description of how the sponsor’s mission statement supports:

a. the purpose of the institution. YES NO

b. provides for a doctoral program and the conduct of research and activites

YES NO

**COMMENTS:**

*To add lines to the table:*

*1) Under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Stop Protection*

*2) Highlight one line fully hit Ctrl-C on the keyboard, move cursor to directly below the table, right-click and select “Paste by Appending Table.”*

*3) Re-enforce protection on the document under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Clinical**  **Affiliate(s)**  **None** | **Completed Clinical Facility Fact Sheet** | | **Site Specific Objectives and Evals, Unique Rules, & Policies. *(when applicable)*** | | **Signed Current Affiliation Agreement** | |
| **Y** | **N** | **Y** | **N** | **Y** | **N** |
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**COMMENTS:**

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| --- | --- | --- |
| **Std. IB Consortium Participating Entity**  **None** | **City/State** | **Consortium Education Coordinator** |
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**COMMENTS:**

1. **Assessment and Continuous Quality Improvement**
   1. **Systematic Assessment:**

The program has described a formal plan for continually and systematically evaluating the program based on the program/college/institution mission and stated outcomes/goals. YES NO

The program has described how the results of outcome measures are reviewed and evaluated, the individuals and/or groups involved in the process, and how the information is used in program planning, curriculum development and improvement in making recommended changes.

YES NO

The program has submitted their mission statement and outcomes/goals. YES NO

The program has submitted a schedule representing timelines for identified assessment methods.

YES NO

The program has submitted a full documented plan for continuous and systematic assessment of the effectiveness of the program. YES NO

**COMMENTS:**

* 1. **Outcome Measures**

A description of outcome measures used by the program and their frequency of implementation was submitted. YES NO

The description included feedback from:

Students YES NO

Graduates YES NO

Advisory Groups YES NO

Academic Instructors YES NO

Clinical Instructors YES NO

The following documentation was provided:

Examples of tools used to collect data for outcome measures YES NO

Examples of review and evaluation of outcome measures YES NO

Examples of changes implemented as a result of outcome measure review and evaluation YES NO

Ongoing evaluation of the effectiveness of changes YES NO

**COMMENTS:**

1. **Resources**
   1. **General Resources**
      1. Description of how the faculty cohort possesses the depth and diversity of expertise and experience necessary to structure, deliver and assess the effectiveness of the program providedYES NO

The description provides evidence that cohort provides required depth, diversity, and experience.

YES NO

1. Resource assessment is part of continuous program evaluation. YES NO

Documentation of program evaluation information/data used to evaluate resource adequacy as part of continuous evaluation provided YES NO

1. Resources are sufficient to allow achievement of program goals YES NO

**COMMENTS:**

* 1. **Financial Resources** are sufficient for the continued operation of the educational program. YES NO
     1. An institutionally approved budget is submitted OR, YES NONA
     2. A written statement of continued financial support for the educational program from an executive officer of the sponsor is submitted. YES NONA

**COMMENTS:**

**C. Physical Resources**

1. Physical resources such as facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve the program goals. YES NO

**COMMENTS:**

**D. Institutional Resources**

1. Institutional resources are adequate to facilitate each student’s attainment of doctoral level competencies as defined in the program’s goals. YES NO

**COMMENTS:**

1. **Students**
   1. Publications and Disclosures
      1. The following are clearly defined, published and readily available to prospective and enrolled students.
         1. Program mission statement YES NO
         2. Program goals and competencies YES NO
         3. Program accreditation status including the name, address and contact information for NAACLS YES NO
         4. Results of program outcomes identified in Standard IIB YES NO
         5. List of clinical facilities YES NO
         6. Admission criteria, both academic and non-academic, including essential functions, advance placement, etc. YES NO
         7. A list of course descriptions with credit hours (if applicable) YES NO
         8. Names and academic rank of title of program director and faculty YES NO
         9. Current tuition and fees with withdrawal and refund policy YES NO
         10. Service work policies for students YES NO
         11. Policies and procedures for:
             1. Advising guiding students through the program while maintaining confidentiality and impartiality YES NO
             2. Clinical assignment when placement cannot be immediately guaranteed YES NO
             3. Student grievance and appeals process YES NO
             4. Criteria for progression in the program, including probation, suspension, and possible dismissal YES NO
         12. Rules for acceptable personnel and academic conduct while in the program, including behavior expectations YES NO

**COMMENTS:**

* 1. Student Records
     1. Student records (admission, evaluation, counseling, advising, grades, credits, etc...) are maintained according to governmental or sponsor regulations. YES NO
     2. Student transcripts with legal name, grades, and credits, and dates of attendance are permanently maintained by the program. YES NO
  2. Health and Safety
     1. Health

a. The program provides evidence that the health and safety of students, faculty, and patients during educational activities are adequately safeguarded. YES NO

* + 1. Safety

a. There is documentation, and a description of how each student enrolled has received basic biohazard and safety training YES NO

* 1. Admission

1. Documentation provided that admission to the program requires a baccalaureate degree

YES NO

2. Documentation provided that admission to the program requires certification as a Medical Laboratory Scientist/Medical Technologist YES NO

**COMMENTS:**

1. **Operational Policies**
   1. Student recruitment and admission is non-discriminatory in accordance with governmental regulations and those of the sponsor. YES NO
   2. Documentation and explanation provided that faculty recruitment and employment practices are non-discriminatory in accordance with the governmental regulations and those of the sponsor. YES NO
   3. Documentation of any formal student complaints and their resolution must be submitted. YES NONA
   4. Granting of the degree/certificate is **NOT** contingent upon the students passing any type of external certification or licensure examination. YES NO
   5. Documentation for a general plan for potential temporary and permanent closures, addressing possible student transition and completion opportunities is provided. YES NO
   6. Extra curriculuar work in clinical settings outside of academic hours is noncompulsory

YES NO

* 1. Students are not substituted for regular staff during student experience. YES NO

Trainee experiences are educational and balanced and all competencies can be achieved. YES NO

**COMMENTS:**

1. **Administration (no information needed)**
2. **Program Administration**
   1. Program Director

Faculty Fact Sheet is complete YES NO

* + 1. A letter is confirming NAACLS Program Director approval or official Board Award recognizing the individual as Program Director status provided. YES NO
    2. The Program Director
       1. Is responsible for program

Organization YES NO

Administration YES NO

Instruction YES NO

Evaluation YES NO

Continuous quality improvement YES NO

Curriculum planning and development YES NO

Directing other program faculty/staff YES NO

General effectiveness of the program YES NO

* + - 1. Has input into budget preparation process YES NO
      2. Participates in a minimum of 36 hours of documented continuing professional development every three years YES NO
      3. Is responsible for maintaining NAACLS accreditation/approval of the program

YES NO

* + - 1. Has regular and consistent contact with students, faculty and program personnel YES NO

**COMMENTS:**

3. **Faculty Appointments**

a. The Program Director has a faculty appointment at the sponsoring institution or at each affiliated academic institution YES NO

**COMMENTS:**

* 1. Site Program Coordinator (required for multi-location only; assigned to each participating site)

Faculty Fact Sheet is complete YESNO NA

* + 1. A letter confirming Site Program Coordinator approval is provided. YES NO
    2. **Responsibilities:** The Site Program Coordinator is responsible for:
       1. Coordinating teaching and clinical education YESNO
       2. Evaluating program effectiveness YESNO
       3. Maintaining appropriate communication with the program director YESNO

**COMMENTS:**

* 1. Faculty and Clinical Liaison

* + 1. Didactic Instructor Appointments

Faculty Fact Sheets for primary faculty/instructors are complete YESNO

Ongoing professional development is evident to fulfill the instructional responsibilities of the program faculty YESNO

a. Didactic Instructor Qualifications

* + - * 1. Faculty demonstrate adequate knowledge and proficiency in their content area YESNO
        2. Faculty demonstrate the ability to teach at the appropriate level YESNO
      1. Faculty responsibilities MUST include participation in:
         1. Teaching courses YESNO
         2. Evaluating student achievement YESNO
         3. Developing curriculum, policies and procedures YESNO
         4. Assessment of program outcomes YESNO

**COMMENTS:**

2. Clinical liaison is designated clearly on clinical affiliate fact sheet and meets qualifications required for the discipline and level of program as described in Standard VII.C.A.2. YESNO NA

a. The clinical liaison qualifications are:

i. Demonstrates the ability to oversee clinical experiences of the students ; YESNO NA

ii. Demonstrates knowledge of the advanced practice YESNO NA

b. The clinical liaison responsibilities include:

iii. Coordinating clinical instruction at the site YESNO NA

iv. Maintaining effective communication with the program director or designee as evidenced by the representative sample YESNO NA

**COMMENTS:**

* 1. Advisory Committee

The name(s) comprising the advisory committee are included. YESNO

The relationship of the advisory committee member(s) to be the program is stated. YESNO

* + 1. Responsibilities**:** The advisory committee has input into the program/curriculum that maintains its current relevancy and effectiveness. YESNO

**COMMENTS:**

1. **Curriculum Requirements**
   1. Instructional areas
      1. The students’ progress through the program, including the sequence of both didactic and applied (clinical) education learning activities, is explained YESNO

Documentation of the program schedule and course descriptions which includes the sequence of courses with associated credit hours, including which courses are designated as didactic work and/or clinical experience is provided. YESNO

Curriculum provided qualifies as advance practice YESNO

**COMMENTS:**

* + 1. Applied or translational research project, final treatise or capstone experience requried. YESNO

Components include research design, statistics, grant writing, protection of human subjects and research ethics YESNO

**COMMENTS:**

* + 1. Opportunities are assured for students to educate and provide consultation. YES NO

**COMMENTS:**

* + 1. Curriculum addresses advanced theory and clinical correlation across all major areas of instruction . YESNO

Documentation of how the curriculum addresses the following advanced theory and clinical correlation - in regard to pre-analytical, analytical and post-analytical components is provided

* principles and methodologies YESNO
* performance of assays YESNO
* problem-solving YESNO
* troubleshooting techniques YESNO
* interpretation, evaluation, and application of clinical procedures and results

YESNO

* statistical approaches to data evaluation YESNO
* design and implement principles and practices of quality assessment, evaluation of quality assurance/quality improvement YESNO
* continuous assessment of laboratory services for all major areas practiced in the contemporary clinical laboratory YESNO

As well as documentation for all major areas practiced in the contemporary clinical laboratory

* Clinical Chemistry YESNO
* Hematology/Hemostasis YESNO
* Immunology YESNO
* Immunohematology/Transfusion medicine YESNO
* Microbiology YESNO
* Urine and Body Fluid Analysis YESNO
* Laboratory Operations YESNO
* Molecular Diagnostics YESNO

**COMMENTS:**

* + 1. Standard VIII Matrix addresses advanced knowledge in scientific areas that affect patient care . YESNO

**COMMENTS:**

* + 1. Curriculum addresses the following health care knowledge necessary to provide and coordinate patient care as impacted upon by laboratory testing
* development and application of clinical decision making YESNO
* development and application of critical paths/test algorithms YESNO
* utilization review YESNO
* patient and provider safety YESNO
* quality systems YESNO
* medical error prevention. YESNO

**COMMENTS:**

* + 1. A variety of clinical experiences are included in clinical rounds YESNO

**COMMENTS:**

* + 1. Standard VII Matrix addresses collecting, managing, and applying information from patient records in a confidential manner YESNO

**COMMENTS:**

* + 1. Sufficient interpersonal and communication skills development, to function in direct patient care with diverse communities of patients and family members and with other healthcare practitioners as an independent provider of health care is provided. YESNO

**COMMENTS:**

* + 1. Standard VIII Matrix addresses knowledge in development, interpretation, and application of health care policy and legislation YESNO

**COMMENTS:**

* + 1. Adequate development of leadership and management skills, as applied to health care services, is provided. YESNO

**COMMENTS:**

* + 1. Standard VIII Matrix addresses knowledge in health care service delivery and access through skills developed in resource management, outcomes analysis and analysis of costs relative to benefits YESNO

**COMMENTS:**

* 1. Learning Experiences

* + 1. Curriculum design reflects the mission and philosophy of both the program and institution YESNO

Curriculum design provides the basis for program planning, implementation and evaluation. YESNO

Instruction provides properly sequenced learning experiences YESNO

**COMMENTS:**

* 1. Evaluations

A description of the evaluation system(s) utilized by the program to assess the effectiveness of instruction, the frequency of use of the various evaluation tools, and how the results of the evaluation are utilized in program evaluation and revision is provided YESNO

A description of the the program’s policies and procedures of progression through the program and course evaluation. is provided YESNO

Documentation of evaluation systems provided to the student is included. YESNO

Evidence is provided of an adequately written evaluation system. YESNO

Institution or departmental policy for academic progression is provided. YESNO

* + 1. The evaluation systems serve as a reliable indicator of the effectiveness of instruction and are utilized in monitoring course content and design. YESNO

**COMMENTS:**

# NAACLS SELF-STUDY REVIEW REPORT

**Summary Page**

**Important Notice:**

The self-study reviewer does not have the authority to speak on behalf of nor bind NAACLS regarding a program's compliance with the Standards, nor can they predict accreditation actions. These responsibilities rest solely with the NAACLS Board of Directors, which has the exclusive right to determine whether or not accreditation to be granted or continued.

NOTE: This page is compiled on the basis of information supplied to the self-study reviewer by the program director and other officials. **NAACLS makes no representation as to its accuracy. The responsibility for accuracy of the information provided to the self-study reviewer rests solely with the program director and other officials.**

Name of Program:

City, State:

**Concerns**

1. In the table below list all concerns, including missing documentation

2. If there are multiple concerns within a Standard, list each concern on a separate line.

|  |  |
| --- | --- |
| **Standard #** | **Missing Documents/Concerns** |
|  |  |
|  |  |
|  |  |

**Additional comments**:

# NAACLS SELF-STUDY REVIEW REPORT

**Signature Page**

**\*\*\*Please complete and attach as the last page of the Self-Study Review\*\*\***

**Name of Program:**

**City, State:**

**First Reviewer**

Name and Title:

Institution:

Address:

City/State/Zip:

Telepone/Email

Signature: Date:

**Second Reviewer** NA

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Emai

Signature: Date: