

**ACCREDITATION COMMISSION
FOR ACUPUNCTURE & ORIENTAL MEDICINE**

ACAOM SELF-STUDY GUIDE

Maryland Trade Center Building #3, Suite 706
7501 Greenway Center Drive
Greenbelt, Maryland 20770
301-313-0855 ♦ FAX 301-313-0912

2008

Revised/Approved: 04/03/2008

Table of Contents

1	INTRODUCTION	1
2	OVERVIEW OF THE SELF-STUDY PROCESS.....	3
3	STRUCTURE OF THE SELF-STUDY	4
	3.1 Mobilizing for the Self-Study Process	4
	3.2 Outline and General Requirements for a Self-Study Report.....	5
	3.2.1 Expectations for Internal Assessment.....	5
	3.2.2 Expectations for External Assessment	6
	3.2.3 Legal and Regulatory Requirements	6
	3.2.4 Self-Study Timetable	7
	3.3 Planning and Organizing for Self-Study.....	7
	3.3.1 Initiation of the Self-Study Process.....	8
	3.3.2 Role and Functions of the Steering Committee.....	8
	3.3.3 Preparing Effective Self-Study Research Questions.....	10
	3.3.4 Illustrations of Effective Analytical Questions by Standards	12
	3.3.5 Converting Responses to Research Questions into Effective Narrative Reports.....	22
	3.4 Self-Study Report Documentation	23
4	MANAGING THE SELF-STUDY PROCESS AND WRITING THE REPORT	28
	4.1 Managing the Self-Study Process.....	28
	4.2 Potential Stumbling Blocks.....	28
	4.3 Writing the Self-Study Report	29
	4.3.1 Report Organization.....	30
	4.3.2 Submission of the Final Self-Study Report.....	32
	4.3.3 The Self-Study Report and Ongoing Institutional/Program Assessment.....	32
5	THE ACCREDITATION PROCESS FOLLOWING SUBMISSION OF THE SELF-STUDY REPORT	33

1 INTRODUCTION

Assuring quality in acupuncture and Oriental medicine (AOM) education is, and has been, a key goal of the profession, AOM educational institutions, and the public. ACAOM was established in 1982 to oversee educational quality and improvement of AOM programs and institutions through the accreditation process based on peer review. Attaining ACAOM accreditation status requires an ongoing commitment to continuous self-assessment relative to the degree to which the institution/program meets ACAOM's accreditation standards and is achieving its mission, goals and educational objectives.

The Commission requires every institution or program seeking initial or continued accreditation to engage in an intensive self-study process that culminates in a Self-Study report and subsequent peer review for accreditation status to be granted or maintained. The general purpose of this guide is to provide a description and explanation of the self-study process. **This guide is based on a philosophical approach that is decidedly different from previous versions in that its focus is not solely the preparation of a document that is necessary to achieve initial or continued accreditation. Rather the self-study should also result in a product that can be used as a strategic plan for institutional and programmatic improvement, while documenting compliance with Commission standards.**

Thus, the Self-Study Report should serve three primary purposes:

1. To advance institutional/program self-understanding and improvement;
2. To demonstrate to external audiences, such as ACAOM, regulatory bodies and the public that the institution/program meets the Commission's accreditation standards for quality education and training; and,
3. To demonstrate that the institution's programs and student learning outcomes reflect the application of national, public, health and safety standards, as well as public policy considerations respecting the acupuncture and Oriental medicine profession and its role within the broader health care system.

For the institution or program to demonstrate its effectiveness relative to the standards, the institution must continuously and systematically collect and develop institutional and program outcome data. The value of institutional and program research cannot be overstated.

The Self-Study Report is most useful when it focuses on the results of an analysis of these institutional and program data, which reflect program and student learning outcomes.

The report should be an analysis of the current status of the institution/program, its plans for future development, as well as the relationship between its plans and budgetary priorities. Because much of the information about an institution or program is readily available in catalogs and other institutional documents, the Self-Study should not be descriptive in nature. The Self-Study Report should identify issues that require immediate attention and those needing further develop-

ment, as well as a very well articulated plan for improvement. In addition to providing evidence of compliance with ACAOM's accreditation standards and criteria, the Self-Study Report should be a useful and meaningful vehicle for further institutional and program development and the strengthening of program and student learning outcomes. Thus the effective Self-Study Report will provide documented evidence that the institution/program is achieving its mission, goals, objectives and outcomes. As contrasted with already accredited institutions/programs seeking reaccreditation, candidate institutions and programs seeking initial accreditation have the additional responsibility of demonstrating that they have remediated areas needing additional strengthening and development identified during the candidacy period.

The Self-Study Guide is designed to be sufficiently flexible to accommodate any institutions/programs seeking accreditation or reaccreditation status with the Commission (e.g., Master's or Master's-level diploma AOM programs, Post-Graduate Doctoral programs). Regardless of the institution or program seeking initial accreditation or reaccreditation status, this guide seeks to: (1) assist programs in developing an effective plan for institutional/program improvement while documenting compliance with Commission standards; (2) facilitate the preparation of the Self-Study Report; and (3) aid the institution/program in its preparation for a team visit. The guide is intended to help an AOM program or institution's self-study process focus upon all the standards and criteria for accreditation (See, the *ACAOM Scope, Eligibility Requirements, Standards and Criteria Manual*, Section 1.3), which is the basis for the Commission's assessment of AOM institutions and programs.

Self-Study Reports must demonstrate that the program/institution seeking initial accreditation or reaccreditation has engaged in a thorough self-assessment process that involves the active participation of all relevant program constituencies (e.g., staff, faculty, students, alumni, board members) and provides a thorough assessment of the institution/program's achievements of its mission, goals, objectives and outcomes relative to Commission accreditation standards. The Report should also assess areas for which the program has identified opportunities for further development. The submission of a Self-Study Report, which does not meet ACAOM requirements, may result in rejection of the report by the Commission. In the event that a report remains unacceptable after Commission notification, the Commission may take adverse action consistent with its published policies. (See, *ACAOM Policies and Procedures Manual*, Section 2.5).

Although the self-study process itself is unique to each AOM institution/program, the product of the self-study, the Self-Study Report, must appraise every aspect of each AOM program as articulated in the Standards and Criteria.¹ The report must specifically address the degree to which it meets each of the Commission's standards, particularly documenting the AOM programs' success with respect to student achievement. The Self-Study Report must be organized into the fol-

¹ In free-standing institutions of acupuncture and Oriental medicine for which the Commission provides institutional, as contrasted with programmatic, accreditation the Self-Study must also address the institution's compliance with Commission standards.

lowing sections or chapters relative to each of the Commission's Standards and Criteria for Accreditation.

- **Self-Study Cover Sheet**
- **Table of Contents**
- **Introduction**
- **A Chapter for each of the Standards**
- **Summary of Findings, Conclusions and Recommendations**

2 OVERVIEW OF THE SELF-STUDY PROCESS

Of the three primary components of the accreditation process (i.e., the Self-Study Report, the Site Visit Evaluation, and the Formal Institutional Response), the self-study is the most important part of the entire process. It is a penetrating, comprehensive and institution-wide self-analysis and assessment of the mission, goals, objectives, programs, services and resources, as well as documentation of institutional/program effectiveness and student learning outcomes in relation to compliance with the accreditation standards. In effect, the self-study process is not complete without the documentation of institutional effectiveness and student learning outcomes.

The self-study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional and program commitment to self-examination as a basis of institutional/programmatic improvement. Effective leadership is essential to the self-study to ensure that self-assessment is well planned, organized and documented.

An effective self-study process normally begins with the establishment of a Self-Study Steering Committee appointed by the Chief Executive Officer. The Steering Committee establishes working groups or uses existing broad-based committees or other entities to collect and analyze existing data and other relevant statistics and evaluative reports for analysis on their assigned topics, typically related to each of the Standards. The Steering Committee reviews and may edit the draft reports of the various working groups, produce drafts for discussion and input from the wider institution/program community, and disseminates the final Self-Study Report following approval within the institution's governance structure. The relevant communities of interest of the institution/program are expected to participate in the self-study process at each level in: 1) the Steering Committee; 2) the working groups/committees, and 3) the constituencies of the institution/program.

The self-study process may include the use of comprehensive survey(s) developed by the institution/program and completed by all program constituencies to gather information about the institution's mission, goals, objectives, operations, resources, faculty, students, programs, services, activities, the program's performance with respect to the Commission's accreditation standards and the use of focus groups and other strategies that use both qualitative and quantitative approaches to the analysis and interpretation of data. The ultimate product, the Self-Study Report,

must demonstrate and document the assessment of institutional/program outcomes as well as student learning outcomes. The Self-Study should also include plans for improvement as well as opportunities for further growth and development relative to the accreditation standards that are specifically tied to the outcomes of the assessment process. The institution/program should review these results as necessary for full realization of the program's defined role in acupuncture and Oriental medicine education. Each of these elements must be assessed in close relation to the purposes, mission, goals, objectives and outcomes of the institution/program. The complementary goals of the self-study process are self-improvement and compliance with Commission Standards.

3 STRUCTURE OF THE SELF-STUDY

3.1 Mobilizing for the Self-Study Process

The self-study process should be initiated no less than 12-18 months in advance of submission of the Self-Study to the Commission. Early in the self-study process, each program should develop a plan for carrying out the self-study. Each institution/program should have a plan, which outlines at a *minimum* the following elements:

- a. State the purpose for self-study with a general outline of the institution's unique goals and priorities relative to its strategic plans for further development.
- b. Prepare a calendar and timeline for completing each phase of the Self-Study.
- c. Establish the composition and structure of the Steering Committee that is responsible for providing leadership for the self-study process.
- d. Organize working/focus groups, how these groups will be composed, and their role and scope with respect to the self-study process.
- e. Establish a reasonable process for participation of the program's relevant communities of interest (e.g., faculty, administration, staff and students), and the means by which the results of the self-study process can be communicated with the college community.
- f. Identify the data, statistics, reports, surveys, and other relevant information that must be developed and analyzed as part of the self-study process, which will be essential to provide evidence of the achievement of outcomes relative to the accreditation standards.
- g. Articulate the process for writing and finalizing work group reports that will be used as a basis for preparing the Self-Study Report, including the documentation of institutional/program and student learning outcomes.
- h. Articulate the process for integrating work group reports into a comprehensive Self-Study Report that includes the institution/program's conclusions, recommendations and documented effectiveness and student learning outcomes. The plan should specifically address how the report will be drafted and finalized by the institution/program.

- i. Identify only those exhibits to be appended to the Self-Study Report that are essential to a fuller understanding of the institutional/program responses to Commission standards².
- j. Articulate the process of obtaining institutional approval of a final Self-Study Report by the governing board before it is transmitted to the Commission.

3.2 Outline and General Requirements for a Self-Study Report

Commission accreditation standards require that each institution/program be evaluated in light of its own mission, goals, objectives and institution/program and student learning outcomes. Therefore, the Self-Study Report is expected to reflect accurately both the unique aspects of program education and training as reflected in its educational objectives, plans for the further growth and development of the program, as well as the degree of its compliance with Commission standards.

3.2.1 *Expectations for Internal Assessment*

Both from an ACAOM and a USDE perspective, assessment of institutional/program and student learning outcomes must be an integral component of quality assurance and accreditation. As such, institutions must develop and implement a comprehensive assessment program that will result in documented program and student learning outcomes. Specifically, for AOM institutions, this means that the assessment process must cover both didactic and clinical competencies as well as assessment of overall institutional components such as administration, governance, finances, student services, faculty, and staff, among others. Therefore, assessment means more than the mere development of a plan; it means that the institution is serious about the documentation of its outcomes, especially including student learning outcomes. To focus the accreditation process towards analysis, achievements and improvement as opposed to assertions and descriptions, the Self-Study process should focus on the fundamental questions of:

1. Whether the institution/program is achieving what it must achieve in relation to its mission, goals, goals objectives and outcomes; and,
2. What the institution/program should do to both document and improve its effectiveness relative to the achievement of its mission, goals, objectives and outcomes.

These questions can only be addressed when the institution/program has a clear sense of what it needs to accomplish and how effectively it is achieving its mission, goals, objectives and outcomes. What the institution must accomplish and assessment of the degree to which institutional/programmatic goals and objectives are being achieved and documented are the heart of the Self-Study process.

² These include catalogs, handbooks, planning documents, organizational charts, evidence of regulatory approvals, audited financial statements and budgetary documentation, etc, but do not include such items as all program syllabi, resumes, job descriptions, minutes and any other documentation that will be examined in detail during the site visit.

The Commission requires that assessment be the primary area of focus in self-study, assessment and review processes. Institutions and programs must implement effective and appropriate institutional assessment plans that result in appropriate institutional/program and student learning outcomes. The Commission further expects that planning and assessment are not activities designed solely to achieve or retain accreditation. Rather the Commission expects that assessment to be a systematic initiative that continually governs institutional decision-making regarding programs, services, resources, and structures needed to support quality AOM training and the documentation of outcomes. The documentation of outcomes also provides the site visit team and the Commission with evidence sufficient for decision making purposes. While it is essential for institutions/programs to comply with all ACAOM standards, the standards are not intended to be prescriptive with respect to particular formats, structures, processes or philosophical principles.

3.2.2 *Expectations for External Assessment*

External assessment by ACAOM or other recognized accrediting bodies is the phase of the quality assurance process designed to be a validation of institutional/program self-study processes. The extent to which the institution/program prepares a comprehensive and well documented Self-Study Report permits the site visit team to provide a more objective and focused review of the status and effectiveness respecting program and student learning outcomes. As a part of the validation process, the institution/program should address appropriately the requirements of federal and state regulatory agencies, as well as other accrediting agencies that may have jurisdiction over the institution or its other programs. Coordination of these requirements in the self-study is particularly important if the institution seeks a joint visit with state regulatory authorities or collaborative site visits with other accrediting agencies. This coordination for ACAOM will be done by the institutional liaison for accreditation activities.

3.2.3 *Legal and Regulatory Requirements*

The Higher Education Act imposes certain requirements on accrediting agencies and on institutions that participate in Title IV student financial aid programs. Some requirements are effected through federal-mandates. In addition to federal laws and regulations governing institutions/programs that are already imposed through Standard 2 of ACAOM standards (e.g., OSHA, HIPAA), institutions and programs should demonstrate they meet the additional requirements listed below.

1. Title IV Student Aid Cohort Default Rates should be monitored to ensure that they remain within federal limits. If the institution is subject to a pending review or other action by the U.S. Department of Education, the self-study should fully address the issues and plans for remediation.
2. Federal regulations require ACAOM to consider the actions of state agencies and other accreditors when rendering accreditation decisions. The self-study must include copies of state agency and accreditation reports that pertain to the institution/program.

3. Federal USDE regulations also require that ACAOM review success with respect to student achievement in relation to the institution/program's mission, goals and objectives. Self-study reports must include a comprehensive review of relevant program outcomes including, for example, course completion rates, graduation rates, pass rates on licensing and national certification exams, and other appropriate data to document student learning outcomes in AOM programs.
4. Institutions and programs must demonstrate that they meet relevant state requirements, including state laws and regulations governing licensure of program graduates and authorization to operate and to grant degrees or diplomas.
5. Institutions/programs should consult with ACAOM staff and keep abreast of changes in Commission policies, procedures and standards to document compliance with new requirements.

3.2.4 *Self-Study Timetable*

Developing a realistic timetable for the self-study process is critical to developing an effective self-study report. The institution/program should create the timetable early in the process and ensure that it is realistic and takes into account events at the institution that might interrupt the self-study process. The timetable should also consider the current status of the institution/program, including identified challenges and opportunities. For example, it must allow adequate time to locate and generate relevant information and statistics, to develop research questions and areas of inquiry, to analyze results, to write report drafts, to seek comment from institution constituencies and to finalize the report.

The Commission notifies the institution/program well in advance of the date for submission of its self-study and requires the institution/program accreditation representatives to attend the mandatory self-study workshop conducted by the Commission. This lead time is intended to provide institutions/programs with adequate time to prepare for and mobilize the self-study process and to submit to ACAOM the final self-study report by the due date (i.e., **October 1** for a program to be reviewed at a Commission Summer meeting, or by **April 1** for a program reviewed at a Winter meeting, Section 2.4 of the *ACAOM Policies and Procedure Manual*). The deadline dates will be scrupulously observed except under extenuating circumstances that will require ACAOM's prior approval. See, *Policies and Procedures Manual*, Sections 1.13.1 and 2.13.1.

3.3 **Planning and Organizing for Self-Study**

Institutions and programs should rely on existing resources and identify the topics that will be most useful when preparing for the self-study. The self-study need not require the institution/program to ignore or postpone its needs and priorities to undergo the peer review process required for (re)accreditation.

The requirements for an effective self-study process include:

- **Communication -**
A collegial environment of respect, communication and commitment among those who are involved in self-study is essential to the process. Self-study planning requires a consensual understanding of institutional/programmatic activities and priorities. It also requires a commitment to achieving measurable program and student learning outcomes.
- **Institutional/Programmatic Resources -**
An effective self-study is a major initiative that requires a significant commitment of time, data collection and analysis, documentation of outcomes, as well as human and fiscal resources. Some institutions/programs may support the self-study process by adjusting the responsibilities and workloads of faculty and staff that will perform critical roles in the self-study process. Self-study working groups must have adequate work space, computer and other resources needed for collecting and analyzing data, documenting outcomes and generating draft and final reports.
- **Assessment -**
Research, planning and assessment of student outcomes are required components of the self-study process. The assessment process should focus on data analysis and documentation of outcomes. Proper assessment requires institutions/programs to implement an ongoing program of data collection and institutional research, which documents institution/program effectiveness and student learning outcomes.
- **Verifiable Evidence -**
Verifiable evidence must document whether and how the institution/program meets ACAOM's accreditation standards within the context of its mission, goals, objectives and outcomes.

3.3.1 *Initiation of the Self-Study Process*

An institution/program begins planning for the (re)accreditation evaluation well in advance of Commission action on initial or reaccreditation. Research, assessment and writing the self-study may take up to one and one half year to complete. If the institution/program is encountering challenges or problems, the self-study process should focus on resolving these particular issues.

3.3.2 *Role and Functions of the Steering Committee*

The steering committee is the primary institutional vehicle for leading the self-study process. It is typically composed of a small group of administrators, faculty, staff and students. Members should be selected or appointed based on their abilities, availability and commitment to the process and institutional/programmatic improvement. Members so appointed should be fully familiar with the institution's mission, goals and objectives, and with the critical functions of the

institution/program. It is critical that they be given adequate time, resources and authority to carry out their functions relative to the self-study process. The committee should meet as early as possible to develop a self-study plan for and to discuss the relevant issues that should be addressed in the self-study. The steering committee should work closely within the governance structure to ensure that the product of the self-study (i.e., the self-study report's recommendations) is carried out at the conclusion of the self-study process.

As the self-study report must represent a consensus about the current status and future plans for the entire institution/program, the report must not be the work product of a single individual, such as the institution's President/CEO, Program Director or an outside consultant. In the event that the institution or program retains a consultant to assist with the self-study process, it must be understood that the consultant is to provide only technical assistance and does not provide the content for the self-study report.

The steering committee should provide leadership for the self-study process, which includes:

- Preparing a written plan addressing the entire structure for the self-study process in advance of its implementation.
- Identifying the key issues for the self-study. This begins with a review of the mission, goals and objectives of the institution/program.
- Establishing working groups, appointing working group chairs, providing instructions for the identification of key issues and the development of appropriate analytical research questions to address them. In establishing charges to the working groups, the steering committee ensures that the groups address all the ACAOM standards to which they have been assigned, while also addressing the key issues that are important to the institution/program.
- Each working group should be assigned to study one or more of ACAOM's Standards. The steering committee coordinates and provides feedback to the working groups on the key issues to be studied and the degree to which institution/program is in compliance with ACAOM standards.
- Reviewing, providing feedback on and approving reports prepared by the work groups.
- Establishing the time table for completing the self-study process.
- Working throughout the self-study process to promote communication among the workgroups, administration, staff, faculty, students, the board and other relevant communities of interest.
- Ensuring institution-wide review of all self-study drafts including the use of web site postings (if applicable).

- Analyzing the draft and final reports from the working groups to assess whether the key issues and self-study research questions have been addressed.
- Documenting institutional/program performance and student learning outcomes including the analysis of relevant statistics and evidence.
- Overseeing the completion of the final report, including the identification and compilation of relevant appendixes and exhibits; analyzing, editing and formatting draft and final reports.
- Ensuring that recommendations for institutional/programmatic improvement are tied to the self-study findings.

The self-study process requires that the institution/program assess every aspect of its operations, including programs, services, resources, and supporting structures. The process must make provision for the assessment of program and student learning outcomes. The final self-study report must address the degree of compliance with all ACAOM standards, the degree to which the institution/program is achieving its mission, goals, objectives, and expected outcomes, as well as provide recommendations for improvement based on these assessments.

3.3.3 Preparing Effective Self-Study Research Questions

An effective self-study process does not merely seek to document compliance with ACAOM standards. An effective self-study report documents that the various communities of interest of the institution/program have reached consensus on its plans for further development and improvement. To properly achieve these objectives and outcomes, the institution/program must develop appropriate research questions that reflect the characteristics and circumstances of the institution and also document compliance with ACAOM standards.

It is the prerogative of the institution/program as to how it wishes to develop self-study research questions; however, the guiding principle must be that they are **analytical rather than descriptive in nature**. The steering committee may draft detailed questions in consultation with the established workgroups. The steering committee may decide to draft general questions with instructions that the working groups will develop more specific questions relative to the institutional/programmatic issues and the accreditation standards that they have been assigned to address. If the working groups are to draft specific questions, it is prudent for the steering committee to review the questions to ensure: that the questions are analytical rather than descriptive in nature; that they are not redundant with questions drafted by other working groups; and that they collectively address all the Commission's standards and result in a comprehensive self-study.

Effective research questions for working groups are critical to the self-study process. They must provide a solid structure for the working groups to research, analyze and prepare reports. The purpose of the questions is to focus the institution/program on the areas that are important to the

institution, while documenting compliance with ACAOM standards. The research questions must lead to a final self-study report that results in a detailed plan for institutional/programmatic improvement. Research questions should **not** solicit purely descriptive responses. However, some description is necessary in a self-study report to provide background information for a more complete understanding of the characteristics and status of the institution/program. An effective final self-study report should exhibit internal clarity and completeness and should not depend on the indiscriminate attachment of documents that can be reviewed on site by site visit evaluators. Where documents are appended to the report, they must be considered to be absolutely essential to a complete understanding what is already contained in the self-study narrative and compliance with ACAOM standards. In such instances, the self-study text must provide appropriate citations to items that are included in the appendixes for ease of review and location by the reader.

To be considered analytical in nature, self-study questions have the following characteristics:

- They stimulate thinking about issues important to the institution/program. Steering Committees and working groups attempt to relate ACAOM standards to unique dimensions, goals, developments and initiatives relevant to the institution/program.
- They demonstrate compliance with each of the standards relative to developments and issues bearing upon the institution/program. Steering Committees and working groups identify the elements of each of ACAOM standard that pertains to the institution's/program's unique goals, resources, activities and developments. Further, research questions demonstrate the degree to which each of the standards is being met.
- They address important issues bearing upon the institution/program that require evaluation and assessment.
- They will result in a self-study report that constitutes an effective plan for institutional/programmatic improvement.

Types of Questions that Should Be Avoided:

- Questions with yes/no answers;
- Questions with obvious answers;
- Questions that directly mirror the elements of ACAOM standards;
- Questions that cannot be answered;
- Questions that begin with the words "What" and "Where," among others.

3.3.4 *Illustrations of Effective Analytical Questions by Standards*

NOTE: *The following provides an illustrative list of analytical questions. The institution/program is expected to develop its own analytical questions that are meaningful to it, while addressing compliance with ACAOM standards.*

Standard 1 -- Mission, Goals and Objectives

For example, “what is our mission?” and “what are our educational objectives?” are not appropriate analytical self-study questions. These can be addressed by reference to the school catalog or other relevant publications. Rather than seeking a simple description, the analytical questions might address such issues as:

1. How effectively are the various elements of the mission statement reflected in the institution’s goals? For example, if the mission statement requires students to acquire certain values, what resources and activities exist that demonstrate this?
2. How well does the mission provide direction for the institution, its programs, resources, services and activities?
3. To what degree is the institution/program achieving its stated mission, goals, objectives and outcomes? Based on this, what can the institution do to better fulfill its mission, goals, objectives and achieve its outcomes?
4. How effective is the institution/program in achieving its student learning outcomes vis-à-vis its mission? How can the institution restructure or reallocate its programs, services, resources and activities to ensure stronger outcomes?
5. How might the institution/program improve its methods for determining whether it is achieving its mission, goals and objectives?
6. How effective are the institution/program’s current systems for ensuring that its mission, goals, objectives and outcomes are reviewed by its relevant communities of interest and revised, when necessary, to ensure their continued relevance and accuracy?
7. How has the institution been able to continue to effectively achieve its mission, goals, objectives and outcomes when it has undergone some form of substantive change.
8. For institutions with doctoral programs in AOM, how does the institution distinguish the goals and objectives of the doctoral program from those of its other AOM programs?

Standard 2 -- Legal Organization

1. How can the institution’s present legal organization be restructured to better achieve its mission, goals, objectives and outcomes?

2. How does the legal structure of the institution facilitate or limit its autonomy to operate effectively as an institution of higher education? How might the institution address any limitations?
3. How effective are the institution's policies, procedures and practices for ensuring compliance with all federal, state and local laws and regulations applicable to its operations?
4. How effectively has the institution and its program addressed compliance with new state laws and regulations that impact the institution and/or its programs?
5. How might the program be improved to better meet state licensure laws and regulations?
6. How effective are the institution's processes for the oversight of training conducted at off-campus locations, or in collaboration with other institutions and agencies?

Standard 3 -- Governance

1. How effective is the public representation in the governance structure of the institution both numerically and substantively?
2. To what extent are members of the governance structure providing effective or ineffective leadership for the institution and its programs and how might the composition of the governance structure be improved to strengthen effective institutional decision making?
3. How effective is the governance structure with respect to the following functions: establishing policy, engaging in effective planning, appointing and evaluating the performance of the President/CEO, ensuring financial stability, overseeing the budgetary process, approving major program changes, among others?
4. How effectively does the institution ensure that all of its relevant communities of interest have appropriate input into institutional/programmatic decision making?
5. How might the institution's governing documents (e.g., Bylaws) be strengthened to be more effective and be in greater alignment with improved institutional decision making?

Standard 4 -- Administration

1. How might the institution's overall administrative structure be improved to facilitate more effective management and supervision of the program?
2. How effective is the CEO (e.g., President, Program Director) in providing leadership for the institution/program?

3. How effective are various administrative functions as reflected in the current administrative structure? How and in what areas might the institution/program improve administrative effectiveness?
4. To what extent have changes in the administrative structure impacted (favorably or unfavorably) administrative functioning since the program's last accreditation review? How might such functions be strengthened?
5. In what ways and for what reasons have staffing patterns and reporting lines been changed since the last accreditation review? How have these changes impacted the effectiveness of administrative functioning for the institution and its program?
6. How effective is the institutional and program management in supervising and administering the program?
7. How effectively do the qualifications of administrative staff assist the institution in achieving its institutional/program effectiveness and student learning outcomes?
8. How effectively do members of the academic leadership of the program fulfill their roles and responsibilities as they relate to academic oversight (didactic and clinical), curriculum development and program assessment, assessing student performance, faculty development, and improving student learning outcomes?
9. How effective are professional staff development and training programs for better achieving mission, goals, objectives and student learning outcomes?

Standard 5 -- Records

1. How effective are the policies, procedures and practices to ensure the accuracy, completeness, access and security of relevant categories of institutional/program records?
2. How has the institution/program been effective and ineffective in determining the usefulness, currency and security of various categories of records?
3. How effectively does the institution/program manage and safeguard clinical records consistent with generally accepted health care practices and national standards?
4. How effective are the program's policies, procedures and practices for ensuring that record keeping practices meet relevant legal requirements (e.g., FERPA, HIPAA, state laws and regulations)?
5. How effective are the systems for maintaining data and statistics for institutional and program assessment processes? How effective are institution/program systems for using these data to assess and improve institutional/program effectiveness and student learning outcomes?

Standard 6 -- Admissions

1. How effective are the admissions policies, procedures and practices in ensuring that matriculated students (including foreign students) are capable of meeting the rigors expected of the program?
2. How might the admissions policies, procedures and practices be improved to ensure that only qualified applicants who are capable of achieving the program's objectives are admitted to the program?
3. If the program is not meeting its admissions goals, are the goals sufficiently clear, realistic and consistent with the mission? To what extent are recruiting materials and processes coordinated to further recruitment goals?
4. What do data analysis of student acceptance rates, retention rates, completion rates, and other relevant statistics reveal regarding areas that could be strengthened respecting admissions policies and procedures? What do these data reveal relative to whether the program is achieving its goals and objectives? Relative to possible improvements in student support services?
5. How might the program's transfer credit and prior learning assessment policies, procedures and practices be improved to ensure that students have achieved the competencies expected from the program?
6. How might the program's admissions policies be stated and described more clearly in institutional publications?
7. How effective are the program's policies, procedures and practices for ensuring that students matriculated in the program have sufficient English language competency to communicate effectively with patients and other health care personnel and to successfully complete program requirements? How might any weaknesses in this area be addressed?
8. How effectively are the program's courses sequenced to ensure that students are academically prepared to take more advanced program courses? To what extent do foundational courses provide adequate preparation for more advanced didactic and clinical program components? How might educational components be better integrated and sequenced to achieve these objectives?
9. How effective are the program's policies, procedures and practices respecting non-matriculated students auditing courses to ensuring that their participation does not adversely impact the quality of instruction?

Standard 7 -- Assessment

1. How effective are the program's processes for curriculum development and program assessment based on analyses of program and student learning outcomes?
2. How effectively are outcome data analyzed by the program to assess and document institutional/program effectiveness and whether the program is achieving positive student learning outcomes consistent with mission, goals and objectives?
3. How do the curriculum development and program assessment processes foster regular and systematic consideration of academic content and rigor consistent with mission, goals, objectives and expected student learning outcomes?
4. How should the institution use an appropriate assessment feedback loop to improve existing programs and to develop new program components and offerings?
5. How effectively do academic and support systems document that students in programs are achieving the professional competencies (didactic and clinical) and student learning outcomes expected by the program?
6. How effective are the assessment methods and tools for documenting student achievement in the program? How might they be improved? To what degree do they provide clear and tangible evidence that documents the achievement of the required professional competencies and institutional/program and student learning outcomes?
7. How effectively has the institution/program selected and utilized relevant assessment instruments in the documentation of outcomes?
8. How effective are program assessment methods for documenting the achievement of the student learning outcomes expected at each phase of clinical training? To what degree do these methods effectively document that students are prepared adequately for gradually increasing levels of responsibility for independent patient care as clinical training progresses?
9. How effective are the program policies, procedures and practices for academic progress and grading? Could they be more clearly stated in institutional publications?
10. How effective is institutional/program follow-up with graduates to determine the relationship between program and student learning outcomes and graduate success?
11. How effective is the program in ensuring that student performance is assessed consistently at all training locations, including externships?

Standard 8 -- Program of Study

1. To what extent does the program meet the accreditation standards respecting program length, residency requirements, minimum and maximum time for program completion, core curriculum and competency requirements? How might the program be improved to better meet these standards?
2. How effectively does the program demonstrate and document that program content and rigor are appropriate to the degree or credential offered upon program completion in all relevant program areas (e.g., theory, diagnosis, treatment planning and techniques, equipment and safety, communication skills, ethics and practice management, biomedical science, herbal studies, other AOM modalities, clinical training)? What does that documentation reveal in terms of program strengths and areas that require further development?
3. For post-graduate doctoral programs, how effectively does the program demonstrate and document that students are achieving the competencies and student learning outcomes in the clinical specialty areas designated by the program? What does that documentation reveal in terms of program strengths and areas that require further development? To what extent are various program components consistent with and meet mission, goals, objectives and student learning outcomes for the doctoral program?
4. How effectively does the program demonstrate and document that students are achieving the professional competencies expected of safe and effective practitioners? What does that documentation reveal in terms of program strengths and areas that require further development?
5. How effectively does the institution demonstrate and document that the program of study is consistent with mission, goals, objectives and expected student learning outcomes?
6. How well do students understand the goals and interrelationships among program training components?
7. How appropriate is the degree, diploma or certificate awarded upon successful program completion?
8. If the program is taught in more than one language, how effectively does the program ensure that each language program is achieving mission, goals and expected student learning outcomes and that the quality, content and clinical training experiences of the programs are consistent?
9. To what extent are class size, instructional load, the nature and purpose of didactic and clinical program components, the adequacy of facilities and learning resources (e.g., faculty) and student learning outcomes taken into consideration in planning for effective instruction?

10. How appropriate are the objectives for each phase of clinical training (including the clinical observation experience) to the knowledge, skills and abilities expected of a safe and effective practitioner? How well are students achieving these objectives? How can the program ensure that these objectives are better achieved by students?
11. To what extent is the level of clinical supervision, variety of clinical supervisors, patient populations, and variety of medical conditions among patients appropriate to support quality clinical training consistent with mission, goals, objectives and student learning outcomes?
12. How effective are program systems for tracking student progress respecting clinical observation requirements, clinical contact hours and patient treatments?
13. For programs that conduct training at off-site locations, how effectively does the program ensure that all educational components and services are sufficient in quality?
14. How might course syllabi be improved to better articulate course purpose, objectives, prerequisites, content, lab instruction, methods of instruction, course requirements, grading system, and reading requirements?
15. How effective are institutional Continuing Education offerings in AOM? How has the institution determined that it has sufficient resources to offer CE courses without affecting the quality of its other professional programs in AOM?
16. How well are program graduates performing on licensure and national certification exams? How effectively has the program used these data to assess areas of program strength and areas requiring further development?

Standard 9 -- Faculty

1. On what basis has the institution determined that program faculty are qualified and numerically sufficient to deliver the curriculum?
2. How effectively do the qualifications of faculty assist the program in achieving its program and student learning outcomes? For doctoral programs, how effectively has the program documented faculty competence to teach at the doctoral level?
3. To what degree are faculty serving as appropriate role models for students consistent with the program's mission, goals and objectives?
4. To what degree do program faculty: i) function as an integral part of the program, including curriculum development and assessment; ii) possess the qualifications appropriate to the program's mission, goals and objectives; iii) provide continuing evidence of keeping

abreast of developments in the fields in which they teach; and, iv) provide sufficient guidance to assist students in the timely completion of course and program requirements?

5. How effective are program professional development opportunities for faculty in ensuring currency and rigor in the curriculum and its delivery? To what extent is institutional support for faculty development consistent with mission, goals, objectives and student learning outcomes?
6. To what degree do the conditions of faculty services, including salary, benefits, academic freedom, and opportunities for professional growth promote or hinder the program goals for the recruitment and retention of well qualified faculty to deliver the curriculum?
7. How effective are the policies and procedures governing faculty in relevant areas (e.g., recruitment, appointment, promotion, retention, non-discrimination, academic freedom, evaluation and discipline)?
8. How effective are program provisions for regular, systematic communication among faculty and between the faculty and administrative officers of the institution? How effectively does the program document the formal deliberations of its faculty in terms of faculty decision making?

Standard 10 -- Student Services and Activities

1. How effective is the institution in providing a range of student services that reflect program objectives, create good student morale, and assist students in the achievement of professional growth?
2. How effective are program student services relative to: orientation, counseling, academic advisement, placement and career development? How might these be further developed to better support program goals, objectives and student learning outcomes?
3. If the program has implemented changes in its student support services since the last Commission comprehensive review, what evidence is there that the changes were based on appropriate assessment results? To what degree do such changes support the achievement of program goals, objectives and student learning outcomes?
4. How might the program improve existing student services or offer additional student services to better achieve goals, objectives and student learning outcomes?
5. How does the program provide support to students who are having academic difficulty? How effective are these support services?
6. How effective are student policies related to: rights and responsibilities, academic progress and grading; disciplinary proceedings; grievances; fair and equitable refunds; as well as access to student support services and clarity of expectations for students?

7. How effective are program provisions for ensuring student input into institutional decision making? How might these provisions be improved and strengthened?
8. How effective are program policies, procedures and practices for responding to student complaints and grievances? To what extent do they provide fundamental due process to students? To what extent is the record and disposition of student complaints documented by the program?
9. How effective are program policies procedures and practices governing students in the areas of: i) student rights and privileges; ii) disciplinary procedures; iii) satisfactory academic progress, and iv) grading? How might these be improved? Could these policies and procedures be more clearly stated in institutional publications and how?

Standard 11 -- Library and Learning Resources

1. How effective is the program in maintaining the adequacy and currency of library and other information resources, including technological applications to support its outcomes;
2. To what extent do library and learning resources support adequately mission, goals, objectives and student learning outcomes of the institution/program?
3. To what degree do program plans for continued library development strengthen the achievement of program goals, objectives and student learning outcomes? How might these plans be strengthened to better achieve goals, objectives and outcomes?
4. To what degree does the program provide student access to library and learning resources sufficient to support adequately objectives and student learning outcomes?
5. To what degree do technological learning resources (e.g., computers, on-line access, databases) support program goals, objectives and student learning outcomes?
6. How effective is the program in providing training to students, faculty and staff in the appropriate utilization of information resources, with a particular emphasis on information literacy? How might such training be improved?

Standard 12 -- Facilities and Equipment

1. To what extent do institutional facilities and equipment resources support program goals, objectives and student learning outcomes?
2. To what extent are institutional facilities and equipment aligned with the nature, size, complexity, student populations and program mix of the institution/program?

3. To what extent are institutional facilities and equipment sufficient or insufficient to support program and student learning outcomes, including in the areas of: classroom space and learning resources; space and equipment for staff, faculty and students; clinical facilities; herbal pharmacy; conference space; among others? How might the institution improve facilities and equipment to better support program and student learning outcomes?
4. How effective are institutional policies, procedures and practices for ensuring compliance with applicable laws and regulations, including federal, state, and local; fire, safety, and health standards? What are the institution's plans to address code violations, if any?
5. How effective has the institution been in developing and implementing policies, procedures and practices for deferred maintenance and equipment replacement to assure that institutional/program operations and programs are fully supported?

Standard 13 -- Financial Resources

1. How can the institution/program effectively document that it continually maintains sufficient financial resources to carry out its objectives, complete the instruction of all enrollees, and to support adequately its programs and activities now and in the foreseeable future?
2. If the institution is experiencing financial difficulty, how effective are institutional plans for ensuring the uninterrupted delivery of the program consistent with ACAOM standards respecting program quality and ultimately to improve financial stability? To what degree are these plans supported by reliable data?
3. How effectively has the institution been in addressing debt service requirements without adversely impacting program quality?
4. How effective are the institutional and program financial management and budgeting systems? How effective are the procedures and practices for addressing a significant, unexpected drop in revenue or unexpected increases in expenditures? To what degree are institution and program budget projections consistent with year-end financial reports? How might these systems be improved?
5. How effectively is the institution allocating the financial resources necessary to support program goals, objectives and student learning outcomes? How realistic is the program budget relative to supporting adequately program goals, objectives and student learning outcomes?
6. How effectively has the institution addressed any findings in the CPA management letter that accompanied the most recent audit, including recommendations with respect to internal controls, financial management and "reportable conditions" (if any)?

7. How effectively does the institution manage its student financial aid programs consistent with funding source requirements (e.g., USDE regulations)? How effectively has the program addressed any adverse findings from the USDE financial aid office issued since the Commission's last comprehensive review of the institution?
8. How effective are institutional policies, procedures and practices for reducing cohort default rates?
9. To what extent are program refund policies consistent with legal requirements?

Standard 14 -- Publications

1. To what extent do program catalogs, manuals, handbooks, advertizing and other publications accurately portray program goals and objectives, student services, academic policies, admissions requirements, refund policies, program offerings, faculty and staff, state licensure requirements and the like?
2. To what extent do institutional and program publications, including advertizing, report accurately employment, career, and licensure opportunities to prospect students and members of the public?
3. To what extent do institutional and program publications report accurately to the public its status with ACAOM?
4. In what areas do school publications need to be strengthened to improve their accuracy, clarity and completeness?

3.3.5 *Converting Responses to Research Questions into Effective Narrative Reports*

Once an institution/program has answered the analytical questions, it must then convert those answers into effective integrative narrative to be included in the work group and the draft and final self-study reports. The guiding principle is that the analytical nature of the research questions should be reflected in the narrative that should also be analytical. If analytical narrative is to be the result then it is clear that the institution/program is working for brevity with substance respecting the final self-study product.

While more descriptive self-study reports have been the norm in accreditation, ACAOM wishes to redirect its efforts to assist institutions in preparing more effective self-study reports that focus on the documentation of institutional/program and student learning outcomes. In other words, the narrative of the self-study should be evidenced-based and should focus more on the results of data analysis and institutional/programmatic research and less on unsupported assertions and description. Descriptive narrative should only be provided to the extent that it is necessary for the reader to understand the institution/program's analysis of its strengths and opportunities for further development and improvement. For example, if an institution or program makes the statement, "we have graduated 15 students" as simply a description of an outcome, it would be more

effective to state that the institution "...has graduated X number of students who have achieved specific didactic and clinical competencies necessary to be safe and effective practitioners of AOM." Such statements should be documented through verifiable evidence generated as part of the analytical self-study process.

3.4 Self-Study Report Documentation

The self-study process should not have as its objective the creation of new documentation to support the self-study narrative. Rather, it is a process for analyzing existing documentation and evidence to gain a better self-understanding of the institution/program's strengths and opportunities for further growth, development and improvement in relation to the accreditation standards. The Self-Study Steering Committee and its working groups will need to identify existing institutional/program documentation that will support the self-study report narrative and demonstrate compliance with ACAOM standards. This will require an assessment of the degree to which the institution/program has available to it current policies, procedures, and resources in existing documents. If the institution/program does not have adequate documentation to support the self-study, it may need to engage in some limited research to develop such documentation.

The working group reports and the self-study drafts and final report should refer to and cite existing documents. It should not include extensive descriptions of information contained in those documents. Additional information used to support the self-study narrative should be judiciously selected to avoid redundancy in the appendage of documents. The self-study narratives must include, where relevant, appropriate citations to enable the reader to easily locate supporting documentation. Where certain documents apply to more than one of the Commission's standards, the self-study must provide in the report narrative the citation to those documents and not submit multiple copies of the same documents in self-study report appendices.

Documentation that May Assist in the Development of the Self-Study

The following list includes the various documents that should be considered by the Steering Committee and its working groups as it conducts the self-study process. The institution/program, however, may consider other documents. **Items among this list that are marked with an asterisk (*) MUST be appended to the self-study report.**

Documents that Apply to More than One Standard

- Program Catalogs* and program brochures
- Most recent annual report submitted to the Commission (minus attachments)*
- Institutional/program strategic and assessment plans
- Results of surveys of students, faculty and alumni
- Budget information
- Minutes of relevant meetings (governance, staff, faculty)
- Handbooks/manuals for faculty, staff, students and committees*

a) Standard 1

- Catalog or other comparable document that includes a statement of the Institution/program's mission, goals and educational objectives*
- Meeting minutes that document review by relevant communities of interest the statement of mission, goals and objectives
- Strategic plans
- The program's outcome data and statistics that document achievement of mission, goals, objectives and outcomes

b) Standard 2

- Articles of Incorporation for the institution
- Documentation of state authorization to operate or grant degrees in the state*
- Your state's laws and regulations regarding the practice of AOM*
- If applicable, the most recent accreditation or pre-accreditation action letters and site visit reports by other accrediting agencies*
- If applicable, the most recent state agency reports on the institution/program*
- HIPAA/OSHA Manuals* and forms
- Legal compliance audits

c) Standard 3

- Bylaws, rules and policies of the governance structure, including for advisory boards, if any*
- Meeting minutes and agendas of the governance structure documenting functioning
- List of current members of the governance structure with summary biographical information; the list must indicate who are public members*
- Strategic plans
- Studies and evaluations of governance effectiveness

d) Standard 4

- Organizational chart for the institution and the program, which details by position, title, and incumbent's name the institution/program's ownership, management, and administrative organization*
- Job descriptions* and brief curriculum vitae for all key administrative and academic leadership staff
- Brief list of backgrounds and experience of key administrative staff*
- Staff files, including performance evaluations
- Staff meeting minutes and meeting minutes of the academic leadership team

- Administrative manuals and handbooks*
- Studies and evaluations of administrative effectiveness

e) Standard 5

- Enrollment agreement
- Institutional profiles showing the number of students enrolled, graduated and readmitted for the past three years
- Student demographic profiles including average ages, educational and professional backgrounds, and racial/ethnic composition for the past three years
- Control inventory record used to monitor students' satisfactory academic progress towards graduation requirements
- Student, faculty, staff, curriculum and other records
- Handbooks, which include the policies and procedures for the maintenance and security of academic and clinical records (e.g., FERPA and HIPAA policies)*
- Studies and evaluations of the institution's record keeping systems

f) Standard 6

- Catalog, which includes published policies, procedures and protocols for admission, transfer credit, prior learning assessment, challenge exams, student recruitment and prerequisites*
- Admissions data showing the number of applications received and the number accepted over the past 2 years
- Data showing the number of students who transferred into or out of the program in the past 3 years
- Data showing the number of students accepted into the program and the credit they were given for prior learning in the past three years
- Program completion rates based on student backgrounds
- Studies and evaluations of the effectiveness of the program's admissions policies, procedures and practices

g) Standard 7

- Documentation of the professional competencies to be achieved by graduates and the methods and instruments by which attainment is assessed and verified
- Policies and procedures governing curriculum development and program assessment, including program assessments and plans*
- Policies and procedures for the assessment of student academic performance (didactic and clinical) and for portfolio assessment, if applicable*
- Completed student assessments (i.e., year-end, pre-clinic, graduation exams; course exams; papers, clinic evaluations and other tools that are used to document success with respect to student achievement
- Assessments of instruments for documenting student achievement

- Sample minutes documenting the curriculum development and program assessment process
- Clinical competencies assessment forms
- If applicable, the policies and procedures for assessing student research projects and student-completed research projects

h) Standard 8

- Catalog, which lists the full curriculum outline, including course sequencing, prerequisites and course descriptions*
- Class and clinic schedules for the current term*
- Curriculum documents (including syllabi, lesson plans, etc) regarding the content of each program course and clinical phase
- Syllabi in major areas of the program such as: theory, diagnosis and treatment techniques; biomedical clinical sciences; herbal studies, counseling, communication, ethics and practice management
- Documents that articulate each phase of the clinical training experience, their educational objectives and standards for satisfactory performance*
- Clinical Manuals and Handbooks (including CNT, OSHA and HIPAA) and which list objectives and requirements for each phase of clinical training*
- Studies and assessments of student achievement of clinical and didactic competencies
- Studies and assessments of the curriculum, curriculum breadth and depth, quality of instruction, instructional methods, and other materials documenting program quality and achievement of competencies by students

i) Standard 9

- Catalog or other document, which lists full and part-time faculty for the current academic year with an outline of their professional and educational credentials as well as their length of service with the program*
- Faculty contracts
- Faculty Manual, which includes policies and procedures for faculty appointment*
- Faculty files, including evaluations, CVs, I-9's, documentation of professional development, etc
- Faculty governance documents, if applicable (e.g., Bylaws)*
- Faculty committee assignments
- Faculty meeting minutes
- Studies and assessments of faculty qualifications, competence and effectiveness

j) Standard 10

- Handbook for students that explains the policies and procedures governing students*

- Documents respecting student services provided to enrollees and how they are administered
- Assessments and credentials of student services personnel
- Studies and assessments of the adequacy of student support services (orientation, counseling, advising, discipline, placement, etc)

k) Standard 11

- List of library holdings, including professional journals, broken out by subject area and language
- Assessment plans for continued library and learning resources development
- Contracts with other entities providing student access to learning resources
- Information literacy programs
- Assessments of library holdings, organization and management relative to the achievement of mission, goals, objectives and outcomes

l) Standard 12

- A floor plan for facilities used to conduct training*
- Lease for facilities*
- Documents of compliance with health, fire and safety standards
- Inventories of equipment
- Assessments of facilities and equipment relative to whether they are sufficient to support the program

m) Standard 13

- Full CPA-prepared audit certifying the balance sheet at the end of the fiscal year, the statement of revenue and expenses, and changes in fund balance and/or financial position. The audit must include a management letter, and any qualifications or reportable conditions*
- Balance sheet, with statements of income and expenses, profit and loss and assets and liabilities, for the current and last two years; show budget to actual comparisons for past year and for year-to-date*
- Institutional **and** program budget for the past fiscal year, for the current year, and for the next two fiscal years*
- Documentation showing the percentages of expenditures for different items in the current fiscal year budget
- Financial trend data
- Fiscal plans, particularly if the institution/program is experiencing financial difficulty*

n) Standard 14

- Current catalog*
- Copies of other institutional and program publications (e.g., handbooks, manuals, brochures, advertisements)*
- Sample recruiting materials
- The program's foreign language publications and their translations, if applicable*
- Minutes reflecting review of institutional publications.

4 MANAGING THE SELF-STUDY PROCESS AND WRITING THE REPORT

The self-study report must summarize the institution/program's self-analysis and translate the findings into recommendations and plans for improvement. The report is not only a critical document that will be used as a foundation for the site visit evaluation team's assessment of the institution and its program, but also serves as a strategic plan for institutional/program development.

4.1 Managing the Self-Study Process

The roles and responsibilities of the self-study steering committee and its working groups are described in 3.3.2 of this Guide. At the beginning of the self-study process, the steering committee develops a plan for conducting the self-study and establishes working groups and their charges. As the work groups are answering the research questions and drafting reports, the steering committee must consistently monitor the work groups' progress. Systematic communication between and among the steering committee and the work groups is required to ensure that the reported findings sufficiently analyze the institution/program's strengths and areas that require development relative to the standards. The final product, the self-study report, must be sufficiently comprehensive and analytical to document the degree of compliance with ACAOM standards.

While there is no one "correct" structure for the self-study process, in all cases the steering committee must ensure that the process proceeds on schedule and that it includes adequate opportunity for input by all the relevant communities of interest of the institution/program.

4.2 Potential Stumbling Blocks

In conducting the self-study process, the institution/program should avoid the following:

1. **Stumbling block:** Viewing the self-study as irrelevant or incidental to the institution/program's work.

Hint: The self-study should focus on matters of importance to the institution/program. The process of self-assessment and accreditation review identifies opportunities for development, which can assist the institution in improving the quality of its programs.

2. **Stumbling block:** Describing the institution/program rather than analyzing strengths and opportunities for development.

Hint: Analyze how well the institution/program fulfills its mission, goals, objectives and student learning outcomes in relation to ACAOM standards.

3. **Stumbling block:** Making conclusory assertions that are unsupported by data.

Hint: Integrate the results of data analysis into the report and explain how these data were used to assess institution, program and student learning outcomes.

4. **Stumbling block:** Submitting unexplained confusing or inconsistent data with the report.

Hint: Ensure that the report narrative is analytical and explains what was revealed regarding institutional/program effectiveness in relation to outcomes.

5. **Stumbling block:** Providing nebulous, un-measurable aspirations in strategic plans and plans for curriculum improvement.

Hint: Plans should state specific, measurable institutional/program goals in relation to resources, mission, goals, objectives and student learning outcomes. Assessment results should be used to establish plans and strategies for improvement.

6. **Stumbling block:** Assuming that the institution or program is so unique that it need not use readily accessible benchmarks.

Hint: Consider the use of relevant benchmarks to establish goals for the institution/program and use those goals to establish a foundation for assessment purposes. If suitable criteria or benchmarks are unavailable, consider other methods such as achievement of other goals and objectives, progress over time, etc.

7. **Stumbling block:** Permitting one institutional/program group such as faculty or administrators to dominate the self-study process.

Hint: Ensure that there is diversity of representation among the communities of interest at all levels of the self-study process.

4.3 Writing the Self-Study Report

The product of the self-study process is an honest, comprehensive, analytical report, which accurately reflects the institution/program and its recommendations for improvement while demonstrating compliance with ACAOM standards. The processes leading to that report are addressed in Section 3.0 of this guide.

The steering committee should provide guidelines to its work groups for editorial, style and content of their reports before work groups begin their work. The working groups should submit outlines and drafts of its reports to the steering committee for review and comment. It is important that the steering committee carefully review work group reports to ensure that they are comprehensive, address appropriate analytical questions, and provide evidence that will support the self-study and demonstrate compliance with the standards. Once the steering committee has been presented with sufficient information and evidence from its working groups, the steering committee then begins writing the self-study report. In the event that the working groups have not provided sufficient information to address the analytical questions or compliance with ACAOM standards, the steering committee should instruct the work groups to address these deficiencies in a timely manner.

Assuming that the steering committee has received adequate information from its work groups, the steering committee then needs to draft a comprehensive, readable analytical self-study report for review and comment by the institution/program's communities of interest. **The final report narrative must not exceed 100 single-spaced pages or 200 double spaced pages. This does not include tables, appendices or supporting documentation.** The report must include analytical substance and demonstrate compliance with ACAOM standards.

4.3.1 Report Organization

The self-study is organized to include the following components

a. The Cover Sheet

The Cover Sheet to the Self-Study Report must be completed by the program and inserted at the beginning of the Self-Study Report. The cover sheet can be downloaded from ACAOM's web site www.acaom.org under the documents and forms link, or can be forwarded, upon request, by ACAOM staff.

b. Table of Contents:

The self-study must include a table of contents that indicates how the report is organized, how supporting documents are arranged and where they can be located in the report. The table of contents must include clear references to tabs or page numbers where specific standards are addressed, and where supporting documents can be located.

c. Introduction

The Self-Study Report must contain an introduction, which briefly describes the background and history of the institution and its AOM programs(s). This chapter must describe of the process the institution/program used to conduct the self-study and the names and affiliations of each person who served on the self-study steering committee and on each work group.

d. Narrative on the 14 Standards and Accreditation Criteria

A self-study should provide a useful and meaningful vehicle for further institutional and program development, the strengthening of program and student learning outcomes and demonstrating compliance with ACAOM standards. Thus the narrative must analyze the degree to which the institution/program is achieving its mission, goals, objectives and outcomes relative to ACAOM standards.

This narrative must be broken out into chapters for each of the 14 Standards. Each of these chapters must be presented from three perspectives: (1) an analytical narrative with respect to the institution/program's findings reflecting strengths and areas identified for institutional/program improvement and compliance with ACAOM standards; 2) a list of documents that support the analytical narratives; and 3) the plans and recommendations for future development and improvement of that area of the institution/program.

(1) Analytical Narrative

The self-study report must be much more than an amalgamation of reports prepared by working groups, and must not substitute description for analysis. Rather, the report must present the results of the institution/program's careful analysis and assessment of the sufficiency and effectiveness of its policies, procedures, practices, programs, activities, resources, structures and outcomes relative to the accreditation standards. Due regard must be made to the recognition of achievements and the identification of areas that warrant improvement. This critical self-assessment is a significant internal activity of the self-study process to which the site visit team and the Commission will pay particular attention, as these judgments provide considerable insight into internal planning and management of the institution's resources to achieve mission, goals, objectives and student learning outcomes. Refer to Section 3.3.5 of this guide on "Converting Responses to Research Questions into Effective Narrative Reports."

Appraisals of program strengths and areas that warrant further development relative to the standards assist the program with analyzing and assessing its processes, structures, activities, resources, etc relative to the achievement of mission, goals, objectives and student learning outcomes and compliance with ACAOM standards.

(2) Plans and Recommendations for Future Development

Having analyzed its policies, procedures, practices, resources, programs, activities and outcomes in a given area, the self-study narrative must address under each Standard plans and recommendations for future development. Recommendations should be briefly stated, realistic, and specific. To be meaningful, these recommendations must be part of the program's overall planning process, representing a definite commitment by the Board, administration, faculty and other constituencies to improve the quality of its educational services over the next years. It is at this point that the results of self-study are translated

into practice. For this reason, the recommendations for improvement **must** be linked or tied directly to the specific findings identified in analytical narrative.

(3) Materials to be Appended to the Report

Particular documents are required to support each chapter (See, Section 3.4, sub-heading, “Documentation that May Assist in the Development of the Self-Study”). In appending documents to the self-study, the program is required to cite in the analytical narrative relevant supporting documents and where they can be found in the appendices. In addition, the narrative chapter for each Standard must list the supporting documents for that narrative, with a citation to the tab and page number where it can be located.

e. Summary

In this final part of the Self-Study Report, the institution/program must bring together all of the plans and recommendations from each of the preceding chapters and present them in summary form for its own use and for use by the visiting team. The programs’ plans and recommendations for future development should be considered and presented in three ways: (1) summarizing the recommendations from each of the 14 Standards; (2) synthesizing and prioritizing the recommendations from all 14 Standards into realistic short and long-range timetables for implementation; and, (3) assessing the recommendations and their effect on one another. The summary should also articulate the ongoing structure for long-range planning of the program and how it relates to the recommendations identified as a result of the self-study. Because the timetables and priorities for implementing the recommendations must have support of the Board, administration and faculty, this support must be demonstrated and documented in the summary chapter.

4.3.2 *Submission of the Final Self-Study Report*

After the institution/program has prepared a final draft of the Self-Study Report, the final report must be approved by the governance structure of the institution before it is submitted to the Commission.

The institution must prepare seven copies of the report and submit one to the Commission’s office and one copy to each member of the Review Committee for the institution/program. If the self-study report is approved, the remaining copies are sent to each member of the site visit team.

4.3.3 *The Self-Study Report and Ongoing Institutional/Program Assessment*

The hallmark of the self-study process is self-examination as a basis for institutional/programmatic improvement. The self-study should not be viewed as a single purpose, one-time event required to achieve initial or renewed accreditation. Rather, the self-study process and the documentation of outcomes are most effective when there is a broad and ongoing institutional and program commitment to assessment.

Accordingly, an ongoing commitment to assessment provides an opportunity for the institution to determine its progress and to document program and student learning outcomes. For the self-study to be meaningful, it must be clear in its content and recommendations and be made available to the institution's communities of interest who are involved in implementing recommendations and plans for improvement.

The institution/program should ensure that the recommendations generated as a result of the self-study process are used to assess and improve the achievement of mission, goals, objectives and student learning outcomes by taking the following steps:

- Maintaining the steering committee or some equivalent entity to continually assess effectiveness and implement recommendations for improvement
- Assigning responsibility among designated members of administration and faculty the task of carrying out the self-study recommendations along agreed upon timelines
- Incorporating the recommendations into the charges to institutional committees, task forces, or other work groups that already exist
- Using appropriate administrative staff to support and track progress towards implementing institutional/program priorities and recommendations

Tracking progress in the implementation of the recommendations should be integrated into the institution/program's systems for ongoing assessment and planning.

5 THE ACCREDITATION PROCESS FOLLOWING SUBMISSION OF THE SELF-STUDY REPORT

The accreditation process following the submission of the Self-Study Report is fully described in Sections 2.5 - 2.9 of the *ACAOM Policies and Procedures Manual*.

These processes are summarized, as follows:

1. **Staff Review of the Self-Study Report (Section 2.5 of the *Policies and Procedures Manual*):** A Commission staff member assigned to the program reviews the report and will assess whether it is sufficiently comprehensive and meets the Commission's requirements to approve a site visit. If the report is rejected by staff, the institution may appeal that decision to the Commission Review Committee for the program.
2. **Accreditation Site Visit (Section 2.6 of the *Policies and Procedures Manual*):** A team of peer evaluators is appointed for the purpose of assessing on site the in-

stitution/program's achievement of its mission, goals, objectives and outcomes and compliance with ACAOM standards. The proposed team is presented to the institution for approval and a visit is scheduled and conducted.

- 3. Visiting Team Site Visit Report (Section 2.6 of the *Policies and Procedures Manual*):** The team prepares a draft site visit report, which is provided to the institution by the team chair to provide an opportunity to point out factual errors. The team chair will update the report to reflect confirmed factual errors. A final copy of the report will be submitted to the Commission and the institution. The team also submits to ACAOM a confidential recommendation on accreditation status to the Commission. The institution is required to submit a formal institutional response to the site visit report that may not exceed 15 pages, including attachments, if any. Four copies must be submitted in hard copy format, and one electronic copy of the formal institutional response must be emailed to the designated ACAOM staff reviewer for the program. The institution must also submit 4 copies of its program catalog and most recent audited financial statements, with the CPA-prepared management letter.
- 4. Commission Review (Section 2.7 of the *Policies and Procedures Manual*):** The Commission reviews the record for the program seeking initial or renewal of accreditation. A private hearing with the Commission prior to an accreditation decision may be held at the request of either the Commission or the program to clarify the record.
- 5. Commission Action on Accreditation (Section 2.8 of the *Policies and Procedures Manual*):** The Commission renders an accreditation decision consistent with the record and hearing testimony, if any. The program is notified of the Commission's action, and the basis for the action, in writing within 30 days of the Commission decision.
- 6. Acceptance of Accreditation (Section 2.12 of the *Policies and Procedures Manual*):** Within 30 days of receiving notification of initial accreditation status, the program submits one-time, non-refundable accreditation acceptance dues, which constitutes formal acceptance of ACAOM accreditation status.

All accredited institutions and programs agree, as a condition of continued membership in ACAOM, to abide by all Commission policies, procedures and requirements published in the Accreditation Handbook.

Institutions and programs that have questions respecting the self-study and accreditation processes are encouraged to contact Commission staff.