ACHENA Self Study Guide

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Table of Contents

1   INTRODUCTION

Assuring quality in homeopathic education is, and has been, a key goal of the profession, homeopathic educational institutions, and the public. The ACHENA was established in 1982 to promote excellence in education and improvement of homeopathic programs and institutions through the accreditation process. Accreditation requires that a school makes an ongoing commitment to continuous self-assessment relative to achieving its organizational mission, goals and educational objectives as well as meeting accreditation standards.

This requires every institution or program seeking initial or continued accreditation to engage in the self-study process that culminates in preparation of a Self-Study Report and subsequent peer review. The general purpose of this guide is to provide a description and explanation of the self-study process. **The focus is not on the preparation of a document to meet the external requirements of accreditation but rather, self-study is a reflective process used to promote continuous improvement that serves as the platform for documentation of compliance with community defined standards as well as practical organizational strategic planning.**

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

1. To advance institutional/program self-understanding, improvement and growth;

2. To demonstrate to external audiences, such as regulatory bodies and the public, that the institution/program meets community accepted accreditation standards for quality in preparation of professional homeopaths.

3. To demonstrate that the institution's programs and student learning outcomes are indeed preparing homeopaths for successful professional practice.

For the institution or program to demonstrate its effectiveness relative to the standards, the institution continuously and systematically collects and monitors 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 evaluating the extent to which the organization is meeting its stated goals and objectives with a focus on 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 development, as well as a very well an articulated plan for improvement. In addition to providing evidence of compliance with ACHENA'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 re-accreditation status with the ACHENA. Regardless of the institution or program seeking initial accreditation or re-accreditation status, this guide seeks to: (1) assist programs in developing an effective plan for institutional/program improvement while documenting compliance with ACHENA 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 a program or institution's self-study process focus upon all the standards and criteria for accreditation which is the basis for the ACHENA's assessment,

Self-Study Reports demonstrate that the program/institution seeking initial accreditation or re-accreditation has engaged in a self-assessment process that involves all relevant program constituencies (e.g., staff, faculty, students, alumni, board members) and provides an assessment of the institution/program's achievements of its mission, goals, objectives and outcomes relative to ACHENA 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 ACHENA requirements may result in rejection of the report by the ACHENA. In the event that a report remains unacceptable after ACHENA notification, the ACHENA may take adverse action consistent with its published policies. (See, *ACHENA Policies and Procedures Manual*).

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

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[1] In free-standing institutions of homeopathy for which the ACHENA provides institutional, as contrasted with programmatic, accreditation the Self-Study must also address the institution's compliance with ACHENA standards.

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 may establish working groups or use existing broad-based committees to collect and analyze existing data and other relevant statistics and evaluative reports for analysis related to each of the Standards and related institution-specific issues or concerns. The steering committee and any workgroups, should have representation from all stakeholders of the academic community: faculty, administration, students and governing body.

The self-study process may include the use of comprehensive survey(s) developed by the institution/program and completed by all stakeholders. Surveys would gather information about the institution's mission, goals, objectives, operations, resources, faculty, students, programs, services, activities and the program's performance with respect to the ACHENA's accreditation standards. Focus groups and other qualitative methods can also play a key role in interpreting results gathered from surveys. 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.

3   STRUCTURE OF THE SELF-STUDY

3.1   *Mobilizing for the Self-Study Process*

The self-study process should be initiated no less than 6-12 months in advance of submission of the Self-Study Report to ACHENA. Each institution/program should have a plan, which outlines at a *minimum,* the following elements:
   a.   State the institution's unique goals and priorities relative to the self-study.
   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 and, as needed, organize working/focus groups and define their role and scope with respect to the self-study process.
   d.   Establish a reasonable process for participation of the program's relevant stakeholders (e.g., faculty, administration, staff, students and governance body), and the means by which the results of the self-study process can be communicated with the school community.
   e.   Identify the data, statistics, reports, surveys, and other relevant information that must be developed and analyzed as part of the self-study process.

f.   Articulate the process for writing and finalizing the Self-Study Report, including the documentation of institutional/program and student learning outcomes.

g.   Identify appendices to the Self-Study Report that are essential to a fuller understanding of the institutional/program responses to ACHENA standards. These include catalogs, handbooks, audited financial statements and budgetary documentation,

h.   Articulate the process of obtaining institutional approval of a final Self-Study Report by the governing board before it is transmitted to the ACHENA.

3.2   Outline and General Requirements for a Self-Study Report

ACHENA 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 ACHENA standards.

3.2.1 Expectations for Internal Assessment

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 homeopathic 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. While it is essential for institutions/programs to comply with all ACHENA standards, the standards are not intended to be prescriptive with respect to particular formats, structures, processes or philosophical principles.

3.2.2 Peer Review

The external peer review process is intended to provide the school with an opportunity to present and discuss the findings of the self-study report with other respected peers. Peer reviewers examine the self-study report, interact with members of the school community and assess the extent to which the self-study findings accurately reflects that status of the institution/program. External peer reviewers provide an objective review of the extent to which the school is meeting ACHENA accreditation standards.

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 ACHENA standards (e.g., OSHA, HIPAA), institutions and programs should keep in mind the additional requirements listed below. These will be important should ACHENA receive federal recognition from the DOE and the school participate in Title IV Student Aid programs.

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 ACHENA 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 ACHENA 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 homeopathic 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 ACHENA staff and keep abreast of changes in ACHENA 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 a meaningful 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 ACHENA 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 self-study

workshop conducted by the ACHENA. 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 ACHENA the final self-study report by the due date. The deadline dates will be scrupulously observed except under extenuating circumstances that will require ACHENA's prior approval. See, *Policies and Procedures Manual*.

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 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.

- **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 ACHENA'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 ACHENA action on initial or re-accreditation. Research, assessment and writing the self-study may take 6 months

to one 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 is 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.

- As needed, 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 some cases, working groups may be assigned to study one or more of ACHENA'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 ACHENA standards.

- Reviewing, providing feedback on and approving reports prepared by any 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 final self-study report must address the degree of compliance with all ACHENA 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 ACHENA 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 ACHENA 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 both **analytical and descriptive in nature**. The steering committee may draft detailed questions in consultation with any established workgroups. The steering committee may decide to draft general questions with instructions that any 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 both analytical and descriptive in nature; that they are not redundant with questions drafted by other working groups; and that they collectively address all the ACHENA's standards and result in a comprehensive self-study.

The purpose of the questions is to focus the institution/program on the areas that are important to the institution, while documenting compliance with ACHENA standards. The research questions must lead

to a final self-study report that results in a detailed plan for institutional/programmatic improvement. To be considered analytical in nature, self-study questions have the following characteristics:
- They stimulate thinking about issues important to the institution/program.
- They demonstrate compliance with each of the standards relative to developments and issues bearing upon the institution/program.
- 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 ACHENA standards;
- Questions that cannot be answered;
- Questions that begin with the words "What" and "Where," among others.

3.3.4 Note for Schools Seeking Reaccreditation

It is anticipated that the self-study questions to be examined by schools seeking reaccreditation may differ somewhat from the self-study questions to be examined by schools seeking initial accreditation. Self-study questions for schools seeking reaccreditation should reflect the maturity of the program and thus focus on finer details or more focused aspects of each standard. The questions asked by schools seeking reaccreditation may focus less on the extent to which the school is meeting ACHENA standards and more on ways in which meeting the standards has evolved over time. Rather than addressing the broad questions of whether the school is meeting the standard, schools seeking reaccreditation are encouraged to explore questions that will help the institution or program address real world issues, questions or concerns that have come up during the period of accreditation. Hence, self-study questions for school seeking reaccreditation may focus on continued refinement of the program, relationships, policies and activities needed to prepare excellent professional homeopathic practitioners.

3.3.5 Illustrations of Effective Analytical Questions by Standards

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

Standard 1 -- Purpose

For example, "what is our mission?" and "what are our educational objectives?" are not appropriate 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 well does the mission provide direction for the institution, its programs, resources, services and activities?

2. For institutions with doctoral programs in homeopathy, how does the institution distinguish the goals and objectives of the doctoral program from those of its other homeopathic programs?

Standard 2 -- Legal Organization

1. How does the legal structure of the institution facilitate or limit its autonomy to operate effectively as a school preparing professional homeopaths? How might the institution address any limitations?

2. 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?

3. How effectively has the institution and its program addressed compliance with new state laws and regulations that impact the institution and/or its programs?

Standard 3 – Governance

1. To what extent are members of the governance structure providing effective leadership for the institution and its programs and how might the composition of the governance structure be improved to strengthen effective institutional decision making?

2. 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?

3. How effectively does the institution ensure that all of its relevant communities of interest, including faculty, students and administration, have opportunities for input into institutional/programmatic decision making?

4. 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 are various administrative functions as reflected in the current administrative structure? How and in what areas might the institution/program improve administrative effectiveness?

3. How effectively do the qualifications of administrative staff assist the institution in achieving its institutional/program effectiveness and student learning outcomes?

4. 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?

5. How effective are professional staff development and training programs for better achieving mission, goals, objectives and student learning outcomes?

6. To what extent is the administration responsive to student needs and input?

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 effectively does the institution/program manage and safeguard clinical records consistent with generally accepted health care practices and national standards?

3. 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)?

4. 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 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?

2. 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?

3. 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?

4. How might the program's admissions policies be stated and described more clearly in institutional publications?

Standard 7 -- Assessment

1. To what degree is the institution/program achieving its stated mission, goals, objectives and outcomes? Based on this, what can the institution do better to fulfill its mission, goals, objectives and achieve its outcomes?

2. 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?

3. How effective are the program's processes for curriculum development and program assessment based on analyses of program and student learning outcomes?

4. How effective is the program in ensuring that student performance is assessed consistently at all training locations, including externships?

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? 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?

6. How effective are the program policies, procedures and practices for academic progress and grading? Could they be more clearly stated in institutional publications?

7. How well are program graduates performing on national certification exams? How effectively has the program used these data to assess areas of program strength and areas requiring further development?

8. How effective is institutional/program follow-up with graduates to determine the relationship between program and student learning outcomes and graduate success?

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?

3. 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?

4. 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?

5. How appropriate are the objectives for each phase of clinical training to the knowledge, skills and abilities expected of a safe and effective practitioner?   How well are students achieving these objectives?

6. 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?

7. How effective are program systems for tracking student progress regarding clinical observation requirements, supervision and clinical contact hours?

8. 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?

9. 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?

10. 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?

Program Using Distance Education

1. To what extent are faculty and students comfortable and proficient in managing distance learning technologies?

2. To what extent are distance education students able to participate in the full range of classroom/educational activities?

3. What is done to ensure that students participating via distance education have the equal opportunities to participate in all educational activities?

4. What resources and processes are in place to rapidly address any difficulty with access or connectivity related to distance education?

5. What practices are in place to assess the impact of use of distance education on students who participate in classroom?

6. How does the achievement level of distance learning students compare to the achievement levels of classroom students?

7. How does the program verify the identity of distance education students, including verifying program attendance and identity of students with regard to testing and student assessment?

Standard 9 -- Faculty

1. 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?

2. 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)

3. How effectively do faculty provide sufficient guidance to assist students in the timely completion of course and program requirements?

4. 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?

5. How effective are program provisions for regular, systematic communication among faculty and between the faculty and administrative officers of the institution?

6. How effectively does the program document the formal deliberations of its faculty in terms of faculty decision making?

Standard 10 -- Student Services

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. How does the program provide support to students who are having academic difficulty? How effective are these support services?

4. 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?

5. How effective are program provisions for ensuring student input into institutional decision making? How might these provisions be improved and strengthened?

Standard 11 – Physical Facilities

1. To what extent do institutional facilities and equipment resources support program goals, objectives and student learning outcomes?

2. 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?

Standard 12 -- Financial Resources

1. How does 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. 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?

3. 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?

4. How effectively has the institution addressed any findings in the CPA management letter that accompanied the most Financial Review, including recommendations with respect to internal controls, financial management and "reportable conditions" (if any)?

Standard 13 – Publications and Advertising

1. To what extent do program catalogs, manuals, handbooks, advertising and other publications accurately portray accreditation status, program goals and objectives, student services, academic policies, admissions requirements, refund policies, program offerings, faculty and staff, national certification opportunities and employment opportunities?

Standard 14 -- Library and Learning Resources

1. To what extent do physical and digital learning resources support the mission, goals, objectives and student learning outcomes of the institution/program?

2. To what degree do program plans for continued library development strengthen the achievement of program goals, objectives and student learning outcomes?

3. To what degree does the program provide student access to library and learning resources sufficient to support objectives and student learning outcomes?

4. 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?

3.3.6 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 self-study report. The guiding principle is that the analytical nature of the research questions should be reflected in the narrative that should also be analytical with an emphasis on the documentation of institutional/program and student learning outcomes.

3.4 Self-Study Report Documentation

The self-study process should analyze existing documentation and results of surveys and studies conducted under the self- study process to gain a full 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 any working groups will need to identify existing institutional/program documentation that will support the self-study report narrative and demonstrate compliance with ACHENA 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.

Appendices used to support the self-study narrative should be judiciously selected to avoid redundancy. The self-study narrative 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 ACHENA'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 any 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 ACHENA (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 homeopathy*
- 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 if applicable
- 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 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

- 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

l) Standard 12

- Financial Review for the current year prepared by a licensed CPA*
- Three years most recent tax returns prepared by a licensed CPA*
- 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 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*

m) Standard 13
- 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.

n) Standard 14

- 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

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   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.

Suggestion: 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.

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

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

   Suggestion: 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.

   Suggestion: 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.

Suggestion: 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.

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

Suggestion: 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.

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

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

4.2   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 ACHENA's web site www.ACHENA.org under the documents and forms link, or can be forwarded, upon request, by ACHENA 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 homeopathic 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 ACHENA standards. Thus the narrative must analyze the degree to which the institution/program is achieving its mission, goals, objectives and outcomes relative to ACHENA 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 ACHENA 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 <u>must not</u> 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 ACHENA 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 ACHENA 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.

4.3.1 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 ACHENA. The institution must upload the report to an agreed upon confidential file sharing site.

4.3.2 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 relevant sections of the *ACHENA Policies and Procedures Manual.*
These processes are summarized, as follows:

1. **Staff Review of the Self-Study Report:** An ACHENA representative assigned to the program reviews the report and will assess whether it is sufficiently comprehensive and meets the ACHENA's requirements to approve a site visit. If the report is rejected by staff, the institution may appeal that decision to the ACHENA Review Committee for the program.

2. **Accreditation Site Visit:** A team of peer reviewers is appointed for the purpose of assessing on site the institution/program's achievement of its mission, goals, objectives and outcomes and compliance with ACHENA standards. The proposed team is presented to the institution for approval and a visit is scheduled and conducted.

3. **Visiting Team Site Visit Report:** 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 ACHENA and the institution. The team also submits to ACHENA a confidential recommendation on accreditation status. The

institution is required to submit a formal institutional response (FIR) to the site visit report not exceeding 15 pages. The FIR should be uploaded to the agreed upon confidential file sharing site.

4. **ACHENA Review:** The ACHENA reviews the record for the program seeking initial or renewal of accreditation. A private hearing with the ACHENA prior to an accreditation decision may be held at the request of either the ACHENA or the program to clarify the record.

5. **ACHENA Action on Accreditation:** ACHENA renders an accreditation decision consistent with the record and hearing testimony, if any. The program is notified of the action, and the basis for the action, in writing within 30 days.

6. **Acceptance of Accreditation:** 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 ACHENA accreditation status.

All accredited institutions and programs agree, as a condition of continued membership in ACHENA, to abide by all ACHENA 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 an ACHENA representative.