

ACCREDITATION COMMITTEE – PERFUSION EDUCATION

RANDOM/CONTINUING SITE VISIT REPORT

The purpose of this report is to verify information reported by programs in the annual reports and to elicit an objective analysis of the educational effectiveness of the program in meeting the *Standards and Guidelines for an Accredited Educational Program for the Perfusionist*. All questions must be answered, if applicable.

Sponsoring Institution: _____

City: _____ State: _____

Date of Site Visit: _____

Team Chair: _____ Signature: _____

Team Member (if applicable): _____ Signature: _____

AREAS OF CONCERN WITH THE ANNUAL REPORT(S)

_____ Program Administration

_____ Job Placement

_____ Sponsorship

_____ Graduate Satisfaction

_____ Budget

_____ Employer Satisfaction

_____ Distance Learning

_____ ABCP Certification Exam Results

_____ Faculty/Clinical Instructors

_____ Program Summative Measures
(cardiopulmonary bypass; intra-aortic
balloon pump (IABP); autotransfusion;
and performance of laboratory analysis
of blood gases, electrolytes,
hematocrit/hemoglobin)

_____ Clinical Affiliates

_____ Resources

_____ Other

_____ Student Retention

ANNUAL REPORT VERIFICATION

GENERAL INFORMATION TAB

1. Are all individuals listed still currently holding their stated positions within the program?

____ Yes ____ No

If No, list the changes: _____

2. Have there been any changes to Sponsorship information?

____ Yes ____ No

If Yes, list the changes: _____

PROGRAM INFORMATION TAB

3. Have there been any changes to the Program Design information?

____ Yes ____ No

If Yes, list the changes: _____

4. Are reported budget amounts consistent with the program's actual budgets?

____ Yes ____ No

If No, please explain: _____

5. (Standard III.A.) Is the program's budget adequate to achieve program goals and outcomes?

____ Yes ____ No

If No, please explain: _____

6. Is any portion of the program offered through distance learning?

____ Yes ____ No

If Yes, are the modes of distance learning effective in the educational process? _____

FACULTY AND AFFILIATES TAB

7. Are all faculty members listed still currently holding their stated positions within the program?

____ Yes ____ No

If No, list the changes: _____

8. Are there any new faculty members?

____ Yes ____ No

If Yes, list new faculty and verify CV(s): _____

9. Are all listed clinical affiliates still being used by the program?

____ Yes ____ No

If No, list dropped site(s): _____

10. Is the program affiliated with any new site(s) that is not listed?

____ Yes ____ No

If Yes, list the new clinical affiliate site(s): _____

11. Are all designated clinical instructors listed at each site still involved with the perfusion program?

____ Yes ____ No

If No, list the clinical instructors no longer involved with the program: _____

12. Is the program using any new clinical instructors not listed?

_____ Yes _____ No

If Yes, list the new clinical instructors: _____

13. (Standard V.F.) Does the program have current, signed affiliation agreements for all clinical affiliates?

_____ Yes _____ No

If No, please explain: _____

RETENTION TAB

14. Is **retention** data reported consistent with documentation found on site? _____ Yes _____ No

If No, please explain: _____

OUTCOMES TAB

15. Is **job placement** data reported consistent with documentation found on site?

_____ Yes _____ No

If No, please explain: _____

16. Is **graduate survey** data reported for survey return and graduate satisfaction consistent with documentation found on site?

_____ Yes _____ No

If No, describe the discrepancies: _____

17. Is **employer survey** data reported for survey return and employer satisfaction consistent with documentation found on site?

_____ Yes _____ No

If No, describe the discrepancies: _____

SUMMATIVE MEASURES TAB

18. (Standard IV.B.1.) **Program summative measures:** Can the program document student competence in the application of the following techniques?

Cardiopulmonary bypass _____ Yes _____ No

Intra-aortic balloon pump (IABP) _____ Yes _____ No

Autotransfusion _____ Yes _____ No

Performance of laboratory analysis of blood gases, electrolytes, hematocrit/hemoglobin, coagulation _____ Yes _____ No

Explain any "no" answer: _____

ADDITIONAL ITEMS FOR REVIEW/DISCUSSION

19. (Standard II.A.) Are program goals consistent with and responsive to needs and expectations of the communities of interest (ie, employers and health care providers)?

_____ Yes _____ No

If No, please explain: _____

20. (Standard II.A.) Are goals used as the basis for program planning, implementation and evaluation?

____ Yes ____ No

If No, please explain: _____

21. (Standard II.B.) Does the program regularly assess its goals and respond to changes in the needs/expectations of its communities of interest?

____ Yes ____ No

If No, please explain: _____

22. (Standard II.B.) Does the advisory committee assist the program in formulating and periodically revising appropriate goals and ensure the program's responsiveness to change?

____ Yes ____ No

If No, please explain: _____

23. (Standard II.B.) Does the advisory committee meet at least annually?

____ Yes ____ No

If No, please explain: _____

24. Have there been any changes in program personnel's qualifications/credentials?

____ Yes ____ No

If Yes, please describe: _____

(Standard III.B.) If Yes, do the changes still meet the qualifications outlined in the **Standards**?

____ Yes ____ No

If No, please explain: _____

25. (Standard III.B.) Do all program personnel fulfill their responsibilities as outlined in the **Standards**?

____ Yes ____ No

If No, please explain: _____

26. (Standard III.B.2.a.) Can the program provide documentation of a schedule of regular contact with the clinical affiliates?

____ Yes ____ No

If No, please explain: _____

27. (Standard III.B.4.a.) Are clinical instructors knowledgeable of the program's goals, clinical objectives and clinical evaluation system?

____ Yes ____ No

If No, please explain: _____

28. (Standard III.B.4.a.) Do students have direct one-to-one supervision during clinical instruction?

____ Yes ____ No

If No, please explain: _____

29. (Standard III.B.4.a.) Do clinical instructors communicate regularly with program officials?

____ Yes ____ No

If No, please explain: _____

30. (Standard III.C.1.) Is the program following the AC-PE approved curriculum?

____ Yes ____ No

If No, please explain: _____

31. (Standard III.C.2.) Are the following college-level curriculum requisites met either prior to the perfusion education program or presented as course work?

Anatomy and Pathology	____ Yes	____ No
Physiology	____ Yes	____ No
Chemistry	____ Yes	____ No
Pharmacology	____ Yes	____ No
Mathematics	____ Yes	____ No
Physics	____ Yes	____ No

32. (Standard III.C.3.) Do students perform at least 75 clinical cases prior to graduation?

____ Yes ____ No

If No, please explain: _____

33. (Standard III.C.3.) Do students perform or observe at least 10 clinical pediatric cases requiring cardiopulmonary bypass?

_____Yes _____No

If No, please explain: _____

34. (Standard III.C.3.) Do students perform all clinical cases at AC-PE approved clinical affiliates?

_____Yes _____No

If No, please explain: _____

35. (Standard III.D.) Does the program annually assess its resources and use results for ongoing planning and appropriate change?

_____Yes _____No

If No, please explain: _____

36. (Standard IV.A.1.) Is student evaluation conducted on a recurrent basis and with sufficient frequency to provide both students and faculty with valid and timely indications of students' progress?

_____Yes _____No

If No, please explain: _____

37. (Standard IV.A.2.) Are records of student evaluation maintained in sufficient detail to document progress and achievements?

_____Yes _____No

If No, please explain: _____

38. (Standard V.A.) Do publications accurately reflect the program offered?

_____ Yes _____ No

If No, please explain: _____

39. (Standard V.D.) Are satisfactory records maintained for student admission, advisement, and counseling?

_____ Yes _____ No

If No, please explain: _____

Does the program have any comments/suggestions regarding outcomes based accreditation?

SUMMARY OF SITE VISIT

Did the visit uncover or reveal any concerns within the program, as related to the *Standards and Guidelines for an Educational Program for the Perfusionist?*

_____Yes

_____No

If Yes, please explain **citing specific Standard(s)**.

PROGRAM STRENGTHS