

Committee on Accreditation of Specialist in Blood Bank Technology Schools (CoA-SBBT)

SITE VISIT REPORT

Name of Program:

Program Address:

City, State, Zip:

Date(s) Visited:

Site Visitors:

CoA-SBBT Assessor:

CAAHEP Generalist:

Other:

	Interviews	Name
<input type="checkbox"/>	CEO	
<input type="checkbox"/>	Dean or equivalent	
<input type="checkbox"/>	Medical Director or Advisor	
<input type="checkbox"/>	Program Director	
<input type="checkbox"/>	Education Coordinator	
<input type="checkbox"/>	Program Graduates	
<input type="checkbox"/>	Current Students	
<input type="checkbox"/>	Faculty and/or Instructional Staff	

This report is based on the *Standards and Guidelines for the Accreditation of Educational Programs in Blood Bank Technology/Transfusion Medicine (current edition)*

Opening Meeting Agenda

Introductions:

Site Visitors introduce themselves and ask all present in the meeting to also introduce themselves.

Opening Meeting Script

CoA SBBT Assessor reads the following opening statement:

"We represent the Committee on Accreditation of Specialist in Blood Bank Technology (CoA-SBBT), which operates under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is the accrediting body and acts upon recommendation from the CoA-SBBT.

We are here today to gather information through observation, interview and documentation review to verify, clarify and amplify the information reported by previously submitted program SBB Self-Study document. We will objectively report our findings to the CoA-SBBT relative to the Standards and Guidelines for the Accreditation of the Education Programs in Blood Bank Technology/Transfusion Medicine (current version).

We understand that information has been made available to us about the program, institution, and faculty. We agree to respect and protect this information. All discussions and written information provided prior to, during and after the site visit will remain confidential."

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Name of Program: _____

Date of Assessment: _____

Instructions: Site visitors are to check off the appropriate box to indicate their assessment of the degree of compliance with the *Standards*. *Standards* determined by the CoA-SBBT Assessor and CAAHEP Generalist to be “Not Met” is considered a deficiency. Each deficiency must identify the Standard and include a rationale for each Standard Not Met on the “Standards Not Met” grid. A comment may be indicated on this form during the Site Visit to document any particular Standards application for the Program being assessed.

Standard Reference	Standard Text	Standard Met	Standard Not Met	Comment
I	SPONSORSHIP			
I.A	Sponsoring Educational Institution	<input type="checkbox"/>	<input type="checkbox"/>	
I.B	Consortium Sponsor N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I.C	Responsibilities of Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	
II	PROGRAM GOALS			
II.A	Program Goals and Outcomes	<input type="checkbox"/>	<input type="checkbox"/>	
II.B	Appropriateness of Goals and Learning Domains	<input type="checkbox"/>	<input type="checkbox"/>	
II.C	Minimum Expectations	<input type="checkbox"/>	<input type="checkbox"/>	
III	RESOURCES (Type and Amount)			
III.A	Faculty	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Clerical & Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Finances	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Offices	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Classroom/Laboratory Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Ancillary Student Facilities	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Clinical Affiliations	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Equipment/Supplies	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Computer Resources	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Instructional Reference Material	<input type="checkbox"/>	<input type="checkbox"/>	
III.A	Faculty/Staff Continuing Education	<input type="checkbox"/>	<input type="checkbox"/>	
III.B.	Key Administrative Personnel			
III.B.1.	Medical Director or Advisor (a) Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
III.B.2.	Program Director (a) Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
III.B.3.	Education Coordinator (a) Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	
III.B.4.	Faculty and/or Instructional Staff (a) Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Qualifications	<input type="checkbox"/>	<input type="checkbox"/>	

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Standard Reference	Standard Text	Standard Met	Standard Not Met	Comments
III.C.	Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.1.	Blood Products	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.2.	Blood Group Systems	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.3.	Immunology	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.4.	Laboratory Operations	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.5.	Physiology and pathophysiology	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.6.	Serology	<input type="checkbox"/>	<input type="checkbox"/>	
III.C.7.	Transfusion Practice	<input type="checkbox"/>	<input type="checkbox"/>	
III.D.	Resource Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
IV	STUDENT & GRADUATE EVALUATION/ASSESSMENT			
IV.A.1	Student Evaluation - Frequency and Purpose	<input type="checkbox"/>	<input type="checkbox"/>	
IV.A.2	Student Evaluation - Documentation	<input type="checkbox"/>	<input type="checkbox"/>	
IV.B.1	Outcomes Assessment	<input type="checkbox"/>	<input type="checkbox"/>	
IV.B.2	Outcomes Reporting	<input type="checkbox"/>	<input type="checkbox"/>	
V	FAIR PRACTICES			
V.A.1.	Publications and Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	
V.A.2.	Publications and Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	
V.A.3.	Publications and Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	
V.A.4.	Publications and Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	
V.B	Lawful and Non-discriminatory Practices	<input type="checkbox"/>	<input type="checkbox"/>	
V.C	Safeguards	<input type="checkbox"/>	<input type="checkbox"/>	
V.D	Student Records	<input type="checkbox"/>	<input type="checkbox"/>	
V.E	Substantive Change	<input type="checkbox"/>	<input type="checkbox"/>	
V.F	Agreements	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Program: _____

Date of Assessment: _____

Strengths of the Program

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Standards Not Met

List the Standard label and include a rationale for each Standard not met.

*(ie: II.B. The Advisory Committee does not represent all communities
of interest because there is no public member.)*

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COMMENTS for the Program

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Summation of Assessment

Closing Meeting Attendees:

Print Name and Title

Print Name and Title

Name of CoA-SBBT Assessor:

Signature/Electronic Acknowledgement of CoA-SBBT Assessor:

Names of CAAHEP Generalist:

Signature/Electronic Acknowledgement of CAAHEP Generalist:

Closing Meeting Agenda

CoA-SBBT Assessor reads the following closing statement:

“As site visitors for the CoA-SBBT and CAAHEP, we understand that information has been made available to us about the program, institution, and faculty. We agree to respect and protect this information. All discussions and written information provided prior to, during and after the site visit will remain confidential.

Based on information gathered during the site visit, we have identified the following strengths and summarized the following deficiencies, based on the Standard.

The report will be submitted to the CoA-SBBT following this visit.

- The CoA-SBBT will consider all relevant information, including the site visit findings and program’s response, and will formulate an accreditation recommendation.
- The CoA-SBBT meets monthly on the first Tuesday of each month.
- An official findings report will be sent directly to the program by the CoA-SBBT.
- The program will be given the opportunity to respond to the factual accuracy of the report, as well as submit documentation/corrective action plan to address any deficiencies that may be identified.

After receiving the SBB Program’s response to the official findings, the CoA-SBBT will forward the recommendation to CAAHEP for action.

- CAAHEP meets 6 times per year, every other month, starting in January.
- Notification of the final decision will be sent by CAAHEP to institution and program officials.