Council for the Advancement of Standards in Higher Education

CAS Self-Assessment Guide

CLINICAL HEALTH SERVICES

2016

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Table of Contents

CLINICAL HEALTH SERVICES

CAS Contextual Statement

Introduction

American society has become increasingly aware of the need for universal access to basic health care services as well as the effects of policy and the built environment on an individual's health. All Clinical Health Services (CHS) strive to be inclusive social advocates with a focus on developing the best clinical care for all of the institution's community members. New partnerships are being forged so that clinical (individual) and systemic (population) concerns are addressed in the most effective way. The complexity and comprehensiveness of the CHS provided by institutions of higher education vary extensively by student demographics, institutional mission, and the availability of community resources. For the purposes of these standards, CHS is a component of a constellation of services that compose college health. These components include at a basic level public health, health promotion, and clinical health care services. The health care services provided, that together support student learning and success, are primarily individual in nature but are delivered in an educational environment where students are not mere passive recipients of care but are actively engaged as partners in management of health.

Trends in Clinical Healthcare

In addition to clinical health care, CHS work with other campus and community departments and programs to address communicable diseases, emergency preparedness, and crisis management. Access to medical, nursing, and allied care as well as management of public health needs are important aspects of maintaining a productive living, learning, and working environment. In many cases, the services may be provided directly by the institution while in other cases, external resources may be used and coordinated with the institution. Trends indicate a continuing concern for issues such as, alcohol and other drug use, sexual health and sexual violence, sleep hygiene, and mental health issues. Administrators of CHS face greater demands for timely access to health care, integration with health insurance plans, and increasing demands for accountability. Outside accrediting bodies such as The Joint Commission and the Accreditation Association for Ambulatory Health Care (AAAHC) assist CHS to meet and exceed accreditation standards (U.S. Department of Education, 2006).

In the past CHS has primarily focused on health care for traditionally aged college students (18-25 years). According to the National Center for Educational Statistics (NCES), 59% of new full time undergraduate students will complete a four-year degree in six years (NCES, 2014). However, the number of students over the age of 25 increased by 41% between 2000 and 2011 and, as such, the demographics and the needs of college populations are shifting (NCES, 2014). In addition to changing demographics, the face of health care overall is changing in the U.S. with passage of the Patient Protection and Affordable Care Act (P.L. 111-148). Directives from within institutions of higher education, and at the federal/state/local levels for CHS, to provide immunization tracking, emergency response, public health surveillance, emergency preparedness protocols, and travel health are not uncommon (IES, 2014). An additional challenge is the increasing need to deploy technology in support of CHS. This includes electronic health records, digital imaging, use of mobile internet connected devices, and video communications. CHS face growing concerns about privacy as more confidential data is stored and transmitted electronically.

As behavioral intervention teams and threat assessment policy are becoming commonplace on U.S. campuses, CHS has a stronger voice in the threat assessment process. This is reflected in the fact that CHS providers are included in over 40% of threat assessment teams (NaBITA, 2012). A majority of the issues faced by behavioral intervention teams on campus are behavioral health concerns such as suicide, substance abuse, and interpersonal violence (NaBITA, 2012). The voice of CHS is critical in responding appropriately to these community wide issues. Often CHS staff on the behavioral intervention teams must navigate the issue of disclosing medical information that then

becomes part of an educational file. Information moving from a medical file that is protected by state and federal disclosure laws to an educational file protected by FERPA requires intentional and clear disclosure decision making.

History

In 1860, Edward Hitchcock Jr., physician and professor of hygiene at Amherst College, was charged by the president of the college to develop methods to advance the health of students (Packwood, 1989). In response to this charge, Dr. Hitchcock focused on physical fitness and hygiene education. During the early part of the twentieth century in response to outbreaks and epidemics of communicable diseases and a lack of community resources, campus infirmaries were created to isolate students with infectious diseases. In the late 1940's health care services were established on college campuses and expanded as IHE's grew to accommodate WWII veterans and later baby boomers in the 1960's and 70's.

Between 2000 and 2015, mental health and psycho-pharmaceutical concerns of students moved into the forefront of CHS (American Psychological Association [APA], 2013). In response to this increased demand many institutions took a closer look at how mental health needs are met on campus. In the 2010 American College Health Association-National College Health Assessment (ACHA-NCHA) survey, 76% of campuses surveyed (267 campuses, representing 20% of IHE in the U.S.) maintain discrete clinical health and psychological services (ACHA, 2010). The majority of CHS adjusted to the increasing demand for mental health care through collaboration with psychological services, referral, and increased health care provider education.

Today the delivery of health care is moving toward more universal access through individually purchased health insurance, employer/union provided compensation packages, or taxpayer-provided coverage. All three of these financing options can cover primary care and other medical services for students off campus or in the community of their parent/spouse/family. Students who are underinsured may access care through community resources for the underinsured, though in many parts of the country this is a hospital emergency room which is a poor option. There is also concern that college students may burden already under-resourced health systems for local low income people.

Fewer students today are completely uninsured as institutions have begun to require proof of insurance for various categories of students. However, the growth in high deductible health plans and limited provider networks leave many students functionally uninsured in their college community if they attend a residential campus away from their home. Traditionally, CHS was one of the services financed by the institution budget or a designated health fee. Over the coming years, a wide variety of options will develop to fund and deliver primary health care services to students.

As part of the educational mission of higher education, CHS must educate students on when and how to access care, their rights and responsibilities as health care consumers, cost of care, and the basics of health insurance. Most importantly, the CHS must engage students in a partnership in maintaining good health and in restoring health when a student becomes ill or injured.

Regardless of the financing and access to health care, the health issues that pose a threat to students' academic success are often psychosocial, behavioral, or environmental. Data collected by ACHA (2015) indicate that students continue to seek out health care for (in order of significance): allergies, sinus infection, back pain, and strep throat. Additionally, the health-related causes for academic problems (in order of significance) reported by students continue to be: stress, anxiety, sleep, depression, eating disorders, relationship issues, and attention deficit disorder (ACHA-NCHA, 2015). Many of the health concerns cited as most detrimental to academic progress are psychological in nature and are affected by both environmental and policy decisions. Issues that interfere with

academic success, like all health concerns, cannot be addressed solely by accessing CHS. Effecting change requires a broader institutional focus on policy development, procedural refinement, educational outreach, and environmental adjustments.

Summary

CHS can be one of a variety of methods used to advance the health of students to the extent that such efforts enhance the learning environment. CHS must adapt and make it a priority to first address health risks and problems contextually appropriate to a student's capacity to learn. The most important aspect of any CHS will be its ability to provide access to appropriate clinical health services for all students, without regard to income level or ability to pay. Working collaboratively with behavioral health and prevention/public health professionals will be key to sustaining and enhancing the health of the campus community.

Although institutions differ in size, scope, and setting, there are universal concepts that affect the level of CHS available to college students. Current sociological trends, high-risk identification, public health issues, health care finance reform, and ongoing developments in preventive medicine have broad institutional implications. CHS have a unique opportunity to help meet those new challenges through a variety of services, programs, and approaches. These standards and guidelines are offered to serve this process.

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INTRODUCTION AND INSTRUCTIONS

CAS Self-Assessment Guide

The *Self-Assessment Guides* (SAG) translate functional area CAS standards and guidelines into tools for conducting self-study. Educators can use this SAG to gain informed perspectives on the strengths and deficiencies of their programs and services as well as to plan for improvements. Grounded in the reflective, self-regulation approach to quality assurance in higher education endorsed by CAS, this SAG provides institutional, divisional, departmental, and unit leaders with a tool to assess programs and services using currently accepted standards of practice.

The *Introduction* outlines the self-assessment process, describes how to complete a programmatic self-study, and is organized into three sections:

I. Self-Assessment Guide Organization and Process
II. Rating Examples
III. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The introduction is followed by the *Self-Assessment Worksheet*, which presents the CAS standards for the functional area and incorporates a series of criterion measures for rating purposes.

I. Self-Assessment Guide and Process

CAS developed and has incorporated a number of common criteria that have relevance for each and every functional area, no matter what its primary focus. These common criteria are referred to as "General Standards," which form the core of all functional area standards. CAS standards and guidelines are organized into 12 components, and the SAG workbook corresponds with the same sections:

Part 1.	Mission	Part 7.	Diversity, Equity, and Access
Part 2.	Program	Part 8.	Internal and External Relations
Part 3.	Organization and Leadership	Part 9.	Financial Resources
Part 4.	Human Resources	Part 10.	Technology
Part 5.	Ethics	Part 11.	Facilities and Equipment
Part 6.	Law, Policy, and Governance	Part 12.	Assessment

For each set of standards and guidelines, CAS provides a Self-Assessment Guide (SAG) that includes a recommended comprehensive self-study process for program evaluation. Seven basic steps to using a SAG are suggested for implementing a functional area self-study. The following self-study process is recommended.

1. Plan the Process Map out steps for process, develop timeline, build buy-in with all stakeholders, and explicitly identify desired outcomes of the self-study	**5. Develop an Action Plan** Identify discrepancies, corrective action, and recommended steps (e.g., identify strengths, weaknesses, recommendations, benchmarks for achievement, resources, timeframe, and responsible individuals)
2. Assemble and Educate the Self-Assessment Team Determine who should be on the team and how to educate the team about the self-study process	**6. Prepare a Report** Identify audience for report(s); describe the self-study process, evidence gathering, rating process, and evaluations; summarize strengths and weaknesses; describe the action plan; and draft an executive summary
3. Identify, Collect, and Review Evidence	**7. Close the Loop**

Define what constitutes evidence; then gather, collect, manage, and review evidence	Put action plans into practice; work to navigate politics and secure resources; identify barriers to overcome; and build buy-in to the program review results
4. Conduct and Interpret Ratings Using Evaluative Evidence Clarify team's rating criteria; employ a process for rating [small group, individual, staff]; negotiate rating differences; and manage group ratings	

The first four steps in conducting self-assessment will lead you through planning your process, preparing your team, gathering evidence, and assigning ratings to the criterion measures.

A. Plan the self-study process
B. Assemble and educate self-study team(s)
C. Identify, collect, and review documentary evidence
D. Conduct ratings using evaluative evidence

Step A: Plan the Self-Study Process

Prior to beginning a program review, division and functional area leaders need to determine the area (or areas) to be evaluated and the reasons for the project. This may be dictated by institutional program review cycles or planning for accreditation processes, or it may result from internal divisional goals and needs. Explicitly identifying desired outcomes and key audiences for a self-study will help leaders facilitate a process that makes the most sense for the project.

Critical first phases of a program review include mapping out the planned steps for a program review and developing timelines. Leaders will also want to build buy-in with stakeholders of the functional area. In the initial planning stage of the self-study process it is desirable to involve the full functional area staff, including support staff members, knowledgeable students, and faculty members when feasible. This approach provides opportunity for shared ownership in the evaluation.

Step B: Assemble and Educate the Self-Assessment Review Team

The second step is to identify an individual to coordinate the self-assessment process. CAS recommends that the coordinator be someone other than the leader of the unit under review; this facilitates honest critique by the review team and enhances credibility of the final report. Once a leader is designated, members of the institutional community [e.g., professional staff members, faculty members, students] need to be identified and invited to participate. Whether a sole functional area or a full division is to be reviewed, the self-study team will be strengthened by the inclusion of members from outside the area(s) undergoing review.

In preparing the team for the self-study, it is imperative to train the team on the CAS standards, as well as self-assessment concepts and principles. CAS standards and guidelines are formulated by representatives of 41 higher education professional associations concerned with student learning and development. The CAS standards represent essential practices; the CAS guidelines, on the other hand, are suggestions for practice and serve to elaborate and amplify standards through the use of suggestions, descriptions, and examples. Guidelines can often be employed to enhance program practice. Following a long-standing CAS precedent, the functional area standards and guidelines—presented as an appendix to the self-assessment instrument—are formatted so that standards (i.e., essentials of quality practice) are printed in **bold type**. Guidelines, which complement the standards, are printed in light-face type. Standards use the auxiliary verbs "**must**" and "**shall**" while guidelines use "should" and "may."

In this self-assessment instrument, the CAS standards have been translated into criterion measures and grouped into subcategories for rating purposes. The criterion measures are not designed to focus on discrete ideas; rather, the measures are designed to capture the major ideas and elements reflected in the standards. For each of the 12 component parts, team members will rate clusters of criterion measures. If the assessment team decides to incorporate one or more of the guidelines into the review process, each guideline can be similarly translated into a measurable statement to facilitate rating.

As a group, the review team should examine the standards carefully and read through the entire self-assessment guide before beginning to assign ratings. It may be desirable for the team, in collaboration with the full staff, to discuss the meaning of each standard. Through this method, differing interpretations can be examined and agreement generally reached about how the standard will be interpreted for purposes of the self-assessment.

Step C: Identify, Collect, and Review Documentary Evidence

Collecting and documenting evidence of program effectiveness is an important step in the assessment process. No self-assessment is complete without relevant data and related documentation being used. It is good practice for programs to collect and file relevant data routinely, which can then be used to document program effectiveness over time. Available documentation should be assembled by the unit under review and provided to the review team at the outset of the study. The team may request additional information as needed as the review is conducted.

Documentary evidence often used to support evaluative judgments includes:

- *Student Recruitment and Marketing Materials*: brochures and other sources of information about the program, participation policies and procedures, and reports about program results and participant evaluations

- *Program Documents:* mission statements, catalogs, brochures and other related materials, staff and student manuals, policy and procedure statements, evaluation and periodic reports, contracts, and staff memos

- *Institutional Administrative Documents*: statements about program purpose and philosophy relative to other educational programs, organizational charts, financial resource statements, student and staff profiles, and assessment reports

- *Research, Assessment, and Evaluation Data*: needs assessments, follow-up studies, program evaluations, outcome measures and methodologies, and previous self-study reports

- *Staff Activity Reports*: annual reports; staff member vitae; service to departments, colleges, university, and other agencies; evidence of effectiveness; scholarship activities, and contributions to the profession

- *Student Activity Reports*: developmental transcripts, portfolios, and other evidence of student contributions to the institution, community, and professional organizations; reports of special student accomplishments; and employer reports on student employment experiences

In the SAG, each section provides recommended evidence and documentation that should be collected and compiled prior to conducting ratings. The evidence collected is likely applicable across numerous sections.

Raters can best make judgments about the program expectations articulated in the standards when they have a variety of evidence available. Multiple forms of evidence should be reviewed and reported in the narrative section of

the SAG worksheets. Through the rating process, a self-study team may identify a need to obtain additional information or documentation before proceeding, in order to lend substance to judgments about a given assessment criterion. Evidence and documentation should be appended and referenced in the final self-assessment report.

Step D: Conduct and Interpret Ratings Using Evaluative Evidence

When the program review team has gathered and reviewed necessary evidence, they will be able to assign and interpret ratings to individual criterion measures, following three steps.

1) Rate Criterion Measures

a) Team members individually rate criterion measures based on their understanding of the evidence.
b) Team discusses and assigns collective ratings for criterion measures.

2) Provide Narrative Rationale

a) Document the reasoning and evidence for the rating assigned to each subsection, in the space provided for *Rationale*.
b) Explain what evidence has been collected and reviewed to support individual and/or team ratings and judgments.
c) Provide information for follow-up and relevant details about ratings (e.g., if *Partly Meets* is assigned as a rating, what aspects of the program or service do and do not meet which standards statements).

3) Answer Overview Questions (In the Instrument)

a) Respond, in writing in the space provided, to the *Overview Questions* that immediately follow the rating section of each of the 12 components.
b) Use answers to the *Overview Questions*, which are designed to stimulate summary thinking about overarching issues, to facilitate interpretation of the ratings and development of the self-study report.

Assessment criterion measures are used to judge how well areas under review meet CAS standards. These criterion measures are designed to be evaluated using a 4-point rating scale. In addition to the numerical rating options, *Does Not Apply* (DNA) and *Insufficient Evidence/Unable to Rate* (IE) ratings are provided. This rating scale is designed to estimate broadly the extent to which a given practice has been performed.

CAS CRITERION MEASURE RATING SCALE

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

Under rare circumstances, it may be determined that a criterion measure used to judge the standard is not applicable for the particular program (e.g., a single sex or other unique institution that cannot meet a criterion measure for that reason). In such instances, raters may use a DNA rating and, in the self-study report, describe their rationale for excluding the practice in the criterion measure. The IE response can be used when relevant data are unavailable to support a judgment. When either the DNA or the IE ratings are used, an explanatory note should be provided in the report. Items rated with 0 should generate careful group consideration and appropriate follow-up action.

Program leaders may wish to incorporate additional criterion measures, such as selected CAS guidelines or other rating scales, into the procedures before the self-assessment process begins. Such practice is encouraged, and the

SAG instrument can be amended to incorporate additional criterion measures for judging the program. In such instances, additional pages to accommodate the additional criterion measures may be required.

Whatever procedures are used to arrive at judgments, deliberate discussions should occur about how to initiate the rating process and select the optimal rating strategy. In such discussions, it is expected that disagreements among team members will occur and that resulting clarifications will inform all participants. It is important that the team achieve consensual resolution of such differences before proceeding with individual ratings.

CAS suggests a two-tiered (individual and group) judgment approach for determining the extent to which the program meets the CAS standard. First, the self-assessment team members (and functional area staff members, if desired) individually should rate the clusters of criterion measures using separate copies of the CAS Self-Assessment Guide. In addition, they will need to document their reasoning and evidence for the rating assigned to each subsection in the space provided for *Rationale*. This individualized rating procedure is then followed by a collective review and analysis of the individual ratings.

The individual ratings should be reviewed, discussed, and translated into a collective rating by the team; then the team is ready to move to the interpretation phase of the self-assessment. Interpretation typically incorporates discussion among team members to assure that all aspects of the program were given fair and impartial consideration prior to a final collective judgment. At this point, persistent disagreements over performance ratings may call for additional data collection.

After the team review is completed, a meeting with relevant administrators, staff members, and student leaders should be scheduled for a general review of the self-assessment results. The next step, including discussion of alternative approaches that might be used to strengthen and enhance the program, is to generate steps and activities to be incorporated into an action plan. This step is best done by the unit staff, informed by the results of the review and, when feasible, in consultation with the review team. The Work Forms will guide this process.

II. Rating Examples

Rating Standard Criterion Measures

All CAS standards, printed in **bold type**, are viewed as being essential to a sound and relevant program or service that contributes to student learning and development. Many of the statements contained in CAS standards incorporate multiple criteria that have been grouped for rating purposes. Consequently, raters may need to judge several standards statements through a single criterion measure. Using the "Ethics" standards as an example, the following illustrates how criterion measures are grouped into subcategories for rating.

Part 5. ETHICS

Suggested Evidence and Documentation:

1. Program code or statement of ethics
2. Ethics statements from relevant functional area professional associations
3. Personnel policies, procedures and/or handbook
4. Student code of conduct
5. Operating policies and procedures related to human subjects research (Institutional Review Board, IRB)
6. Minutes from meetings during which staff reviewed and discussed ethics

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 5.1 Ethical Standards

- Programs and services review applicable professional ethical standards and adopt or develop and implement appropriate statements of ethical practice.
- Programs and services publish and adhere to statements of ethical practice, ensure their periodic review, and orient new personnel to relevant statements of ethical practice and related institutional policies.

Rationale:

☐ 5.2 Statement of Ethical Standards

- Statements of ethical standards specify that programs and services personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws.

Using Guidelines to Make Judgments about the Program

As discussed above, program leaders may wish to include selected *CAS Guidelines* to be rated along with the standards. To accomplish this, criterion measure statements must be written for the guidelines selected. The self-study team can readily create statements to be judged as part of the rating process. Programs generally considered in compliance with the standards especially can benefit by using guidelines because guidelines typically call for enhanced program quality.

Not all programs under review will incorporate guidelines to be rated as part of their self-studies. Even though the guidelines are optional for rating purposes, raters are strongly encouraged to read and review them as part of the training process. When *CAS Guidelines* or other criterion measures are rated, they should be treated as if they were standards.

III. Formulating an Action Plan, Preparing a Report, and Closing the Loop

The final three steps in the self-assessment process help a review team and unit plan for and take action using the information garnered through the review of documentary evidence and rating process.

Step E: Formulating an Action Plan

Typically, the assessment process will identify areas where the program is not in compliance with the standards. Action planning designed to overcome program shortcomings and provide program enhancements must then occur. Following is an outline of recommended steps for establishing a comprehensive plan of action using the CAS self-assessment work forms. Space is provided in the SAG for recording relevant information.

1) Resolve Rating Discrepancies (Work Form A)

a) Identify criterion statements for which there is a substantial rating discrepancy.
b) Discuss these items and come to a resolution or final decision. Note any measures where consensus could not be reached.

2) Identify Areas of Program Strength (Work Form B)

a) Identify criterion measure ratings where *strength* in performance or accomplishment was noted (i.e., program exceeds criterion with a rating of 4).

3) Identify Areas for Improvement (Work Form B)

a) Identify criterion measures where program weaknesses (i.e., program shortcomings that fail to meet criterion measures, and received a rating of 0 or 1) were noted.

4) Recommend Areas for Unit Action (Work Form C)

a) Note items that need follow-up action for improvement and indicate what requires action.
b) This is the last form to be completed by the review team.

5) Prepare the Action Plan (Work Form D)

a) This step should be completed by the unit being reviewed.
b) Use the items requiring attention listed in Work Form C to formulate a brief action plan. The focus and intended outcomes of the next steps to be taken should be identified.

6) Write Program Action Plan (Work Form E)

a) List each specific action identified in the self-study that would enhance and strengthen services.
b) Determine the actions needed to improve for each practice.
c) Identify responsible parties to complete the action steps.
d) Set dates by which specific actions are to be completed.

7) Prepare Report

a) Prepare a comprehensive action plan for implementing program changes.
b) Identify resources (i.e., human, fiscal, physical) that are essential to program enhancement.
c) Set tentative start-up date for initiating a subsequent self-study.

Step F: Preparing a Report

To complete the process, a summary document should be produced that (a) explains the mission, purpose, and philosophy of the program; (b) reviews the outcome of the assessment; and (c) recommends specific plans for action.

In addition, depending on the report's audience, describe the process, evidence gathering, ratings, and evaluations, and summarize strengths and weaknesses.

Step G: Closing the Loop

Finally, to close the loop on a program's self-study process, functional area staff members must implement the recommended changes to enhance the quality of their program. In this final step, the staff endeavors to put action plans into practice. In some cases, there will be institutional politics to be navigated; continued support from functional area leaders remains essential. Staff members will want to work collectively to secure resources, identify barriers to implementation, and build stakeholder buy-in to the results. CAS recommends that closing the loop on a self-study process be integrated into regular staff meetings, individual supervision, trainings, and annual reports. A key to successfully using program review in post-secondary student services is weaving the entire process, from planning through taking action, into the fabric of the functional area, departmental, and divisional culture.

CLINICAL HEALTH SERVICES

CAS Self-Assessment Guide

Part 1: MISSION

Suggested Evidence and Documentation:

1. Current mission statement, brief description of how it was developed, and date of last review
2. Additional goals, values, and statements of purpose
3. Description and copies (if applicable) of where mission statement is disseminated (e.g., included in operating and personnel policies, procedures and/or handbook, hanging in office common space, on website, in strategic plan, and other promotional materials)
4. Institutional/divisional mission statements (e.g., map program mission to broader mission statements)
5. Any additional professional standards aligned with program/service (e.g., standards promoted by functional area organizations)
6. Institutional demographics, description of student population served, and information about community setting

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 1.1 Program Mission and Goals

- The mission of Clinical Health Services (CHS) is to teach, provide, promote, and support clinical health care, preventive services, treatment of illness/injury, patient education, and general public health responsibilities.
- CHS takes into consideration the health status of the student population along with the safety and emergency preparedness of the learning environment.
- CHS serves as a method for the education of health issues for all students, thereby enhancing the learning environment of the institution of higher education it serves.
- CHS serves as leaders for advocating for a healthy campus community.

Rationale:

☐ 1.2 Mission Implementation and Review

- CHS develops, disseminates, implements, and regularly reviews its mission.

Rationale:

☐ 1.3 Mission Statement

- The mission statement is consistent with that of the institution and with professional standards; is appropriate for student populations and community settings; and references learning and development.

Rationale:

Overview Questions:

1. How does the mission embrace student learning and development?
2. In what ways does the CHS mission complement the mission of the institution?
3. To what extent is the mission used to guide practice?

Part 2: PROGRAM

Suggested Evidence and Documentation:

1. Program student learning and development outcomes, and brief description of how they were developed
2. List of current collaborations across the institution that facilitate student learning and development
3. Map of program activities and ways they connect to student learning and development outcomes
4. Map or report of outcome assessment activities, including results
5. Strategic plans program design and enhancement
6. Specifications or requirements (if applicable)

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 2.1 Program Contribution to Student Learning and Development

- Clinical Health Services (CHS) contributes to students' formal education (the curriculum and co-curriculum), learning, and development.
- CHS contributes to students' progression toward and timely completion of educational goals and preparation for their careers, citizenship, and lives.
- CHS identifies relevant and desirable student learning and development outcomes that align with the CAS Learning and Development Outcomes and related domains and dimensions.

Rationale:

☐ 2.2 Assessment of Learning and Development

- CHS engages in outcomes assessment, documents evidence of its impact, and articulates the role it plays in student learning and success.
- CHS uses evidence to create strategies for improvement of programs.

Rationale:

☐ 2.3 Program Design

- CHS bases its work on intentional student learning and development outcomes.
- CHS reflects developmental and demographic profiles of the student population and responds to needs of individuals, populations with distinct needs, and relevant constituencies.
- CHS is delivered using multiple formats, strategies, and contexts and is designed to provide universal access.
- CHS advocates for inclusive and equal access to resources and services, eliminates health disparities, and achieves health equity.

Rationale:

☐ 2.4 Collaboration

- CHS collaborates with others across the institution in ways that benefit students.
- CHS creates and maintains a referral network throughout the campus and surrounding communities.

Rationale:

Overview Questions:

1. What are the most significant student learning and development outcomes of CHS?
2. What difference does CHS make for students who engage with it?
3. What is the demonstrated impact of CHS on student learning, development, and success?
4. How has collaboration in program development and delivery affected its impact or outcomes?
5. What changes or adjustments have been made as a result of assessment activities?

Part 3: ORGANIZATION AND LEADERSHIP

Suggested Evidence and Documentation:

1. Program goals and outcomes
2. Operating policies, procedures and/or handbook
3. Personnel and student handbook(s), policies and procedures, and organizational chart(s)
4. Personnel position descriptions, expectations, and performance review templates
5. Periodic reports, contracts, and personnel memos
6. Annual reports by program leaders
7. Program leader resumes, including additional professional involvement
8. Strategic and operating plans
9. Needs assessment of program constituents
10. Report of professional development activities

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 3.1 Organization Documents

- Clinical Health Services (CHS) has clearly stated and current goals and outcomes, policies and procedures, descriptions of personnel responsibilities and expectations, and clear organizational charts.

Rationale:

☐ 3.2 Organizational Structure

- The CHS director or coordinator is placed within the institution's organizational structure to be able to promote cooperative interactions with appropriate campus and community entities.

Rationale:

☐ 3.3 Actions of Leaders

- Leaders model ethical behavior and institutional citizenship.
- Leaders with organizational authority provide strategic planning, management and supervision, and program advancement.

Rationale:

☐ 3.4 Strategic Planning

- CHS leaders articulate a vision and mission, as well as set goals and objectives based on the needs of populations served, intended student learning and development outcomes, and program outcomes.
- CHS leaders facilitate continuous development, implementation, and assessment of effectiveness and goal attainment congruent with institutional mission and strategic plans.
- CHS leaders promote environments that provide meaningful opportunities for student learning, development, and engagement.
- CHS leaders develop, adapt, and improve programs and services for populations served and institutional priorities.
- CHS leaders include diverse perspectives to inform decision-making.

Rationale:

☐ 3.5 Management

- CHS leaders plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources.
- CHS leaders manage human resource processes including recruitment, selection, performance planning, and succession planning.
- CHS leaders use evidence to inform decisions, incorporate sustainability practices, understand and integrate appropriate technologies, and are knowledgeable about relevant codes and laws.
- CHS leaders assess and take action to mitigate potential risks.

Rationale:

☐ 3.6 Supervision

- CHS leaders manage human resource processes including professional development, supervision, evaluation, recognition, and reward.
- CHS leaders empower personnel to become effective leaders and to contribute to the effectiveness and success of the unit.
- CHS leaders encourage and support collaboration across the institution and scholarly contributions to the profession.
- CHS leaders identify and address individual, organizational, and environmental conditions that foster or inhibit mission achievement.

Rationale:

☐ 3.7 Program Advancement

- CHS leaders advocate for and actively promote the mission and goals of the programs and services.
- CHS leaders inform stakeholders about issues affecting practice.
- CHS leaders facilitate processes to reach consensus where wide support is needed.

- CHS leaders advocate for representation in strategic planning initiatives at divisional and institutional levels.

Rationale:

Overview Questions:

1. Explain the extent to which CHS leader(s) are viewed as and held responsible for advancing the departmental mission.
2. Explain the opportunities and limitations present for CHS leader(s) as they seek to fulfill the program mission.
3. How do CHS leaders advance the organization?
4. How do CHS leaders encourage collaboration across the institution?
5. How are CHS leaders accountable for their performance?
6. How have CHS leaders empowered personnel and engaged stakeholders?

Part 4: HUMAN RESOURCES

Suggested Evidence and Documentation:

1. Program mission, goals, and outcomes
2. Operating policy and procedure manuals/statements for program and institution
3. Organizational chart(s)
4. Personnel handbook, position descriptions (including student employees, volunteers, and graduate students), expectations, and performance review templates
5. Annual reports, including data on student utilization and staff-to-student ratios
6. Association or benchmark reports on operations and staffing
7. Student and staff personnel profiles or resumes, including demographic characteristics, educational background, and previous experience
8. Reports on personnel, including student employees and volunteers, employment experiences
9. Training agendas and schedules
10. Statement of staffing philosophy
11. Professional development activities
12. Minutes from staff meetings at which human resources related standards were discussed and addressed

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 4.1 Adequate Staffing and Support

- Clinical Health Services (CHS) is staffed adequately to accomplish mission and goals.
- CHS has access to technical and support personnel adequate to accomplish the mission.

Rationale:

☐ 4.2 Recruitment, Supervision, and Professional Development

- CHS establishes procedures and expectations for personnel recruitment and selection, training, supervision, performance, and evaluation.
- CHS provides personnel access to education and professional development opportunities to

improve their competence, skills, and leadership capacity.
- CHS considers work/life options available to personnel to promote recruitment and retention.

Rationale:

☐ 4.3 Employment Practices
- Administrators of CHS maintain personnel position descriptions, implement recruitment and hiring strategies that produce an inclusive workforce, and develop promotion practices that are fair, inclusive, proactive, and non-discriminatory.
- Personnel responsible for delivery of programs and services have written performance goals, objectives, and outcomes for each year's performance cycle to be used to plan, review, and evaluate work and performance and update them regularly.
- Results of individual personnel evaluations are used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.

Rationale:

☐ 4.4 Personnel Training
- Personnel, including student employees and volunteers, receive appropriate and thorough training when hired and throughout their employment.
- Personnel have access to resources or receive specific training on institutional and governmental policies; procedures and laws pertaining to functions or activities they support; privacy and confidentiality; access to student records; sensitive institutional information; ethical and legal uses of technology; and technology used to store or access student records and institutional data.
- Personnel are trained on how and when to refer those in need of additional assistance to qualified personnel.
- Personnel take part in professional development to increase cultural competence.
- Personnel are trained on systems and technologies necessary to perform their assigned responsibilities.
- Personnel engage in continuing professional development activities to keep abreast of research, theories, legislation, policies, and developments that affect programs and services.
- Administrators ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response, including identification of threatening conduct or behavior, and incorporate a system for responding to and reporting such behaviors.
- Personnel are knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

Rationale:

☐ 4.5 Professional Personnel
- Professional personnel either hold an earned graduate or professional degree in a field relevant to their position or possess an appropriate confirmation of educational credentials and related work experience.
- CHS establishes criteria and implements a procedure to review and verify credentials of personnel. In particular, the CHS verifies that licensure is maintained for all licensed professionals.

Rationale:

☐ 4.6 Research and Teaching Policies

- When CHS personnel are involved in formal teaching or supervision, policies governing those activities are consistent with the mission, goals, policies, and objectives of the institution.
- When CHS personnel are involved in research and publishing, policies governing those activities are consistent with mission, goals, priorities, and objectives of the institution and capabilities of the program. All CHS personnel are informed of the research policies of the institution and CHS.

Rationale:

☐ 4.7 Interns and Graduate Assistants

- Degree- or credential-seeking interns or graduate assistants are qualified by enrollment in an appropriate field of study and by relevant experience.
- Degree- or credential-seeking interns or graduate assistants are trained and supervised by professional personnel who possess applicable educational credentials and work experience, have supervisory experience and are cognizant of the dual roles of interns and graduate assistants as students and employees.
- Supervisors of interns or graduate assistants adhere to parameters of students' job descriptions, articulate intended learning outcomes in student job descriptions, adhere to agreed-upon work hours and schedules, and offer flexible scheduling when circumstances necessitate.
- Supervisors and students both agree to suitable compensation if circumstances necessitate additional hours.

Rationale:

☐ 4.8 Student Employees and Volunteers

- Student employees and volunteers are carefully selected, trained, supervised, and evaluated; have access to a supervisor; and are provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

Rationale:

Overview Questions:

1. In what ways are personnel qualifications examined, performance evaluated, and personnel recognized for exemplary performance?
2. How are professional development efforts designed, how do they support achievement of the CHS mission, and how do they prepare and educate staff on relevant information?
3. How has the staffing model been developed to ensure successful program operations?
4. Describe the CHS philosophy toward engaging graduate interns and assistants, and student employees and volunteers in the program human resource pool.

Part 5: ETHICS

Suggested Evidence and Documentation:

1. Program code or statement of ethics
2. Ethics statements from relevant functional area professional associations

3. Personnel policies, procedures and/or handbook
4. Student code of conduct
5. Operating policies and procedures related to human subjects research (Institutional Review Board, IRB)
6. Minutes from meetings during which staff reviewed and discussed ethics

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 5.1 Ethical Standards

- Clinical Health Services (CHS) reviews applicable professional ethical standards and adopts or develops and implements appropriate statements of ethical practice.
- CHS publishes and adheres to statements of ethical practice, ensure their periodic review, and orient new personnel to relevant statements of ethical practice and related institutional policies.

Rationale:

☐ 5.2 Statement of Ethical Standards

- Statements of ethical standards specify that CHS personnel respect privacy and maintain confidentiality in communications and records as delineated by privacy laws.
- Statements of ethical standards specify limits on disclosure of information contained in students' records as well as requirements to disclose to appropriate authorities.
- Statements of ethical standards address conflicts of interest, or appearance thereof, by personnel in the performance of their work and reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others.
- Statements of ethical standards reference management of institutional funds, appropriate behavior regarding research and assessment with human participants, confidentiality of research and assessment data, students' rights and responsibilities, and issues surrounding scholarly integrity.
- Statements of ethical standards include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior.

Rationale:

☐ 5.3 Ethical Obligations

- CHS personnel employ ethical decision making in the performance of their duties.
- CHS personnel inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements.
- CHS personnel recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation.
- CHS personnel perform their duties within the scope of their position, training, expertise, and competence and make referrals when issues presented exceed the scope of the position.

Rationale:

Overview Questions:

1. What is the CHS strategy for managing student and personnel confidentiality and privacy issues?

2. How are ethical dilemmas and conflicts of interest identified and addressed?
3. How are ethics incorporated into the daily management and decision-making processes of CHS?

Part 6: LAW, POLICY, AND GOVERNANCE

Suggested Evidence and Documentation:

1. Emergency procedures
2. Operating policies and procedures
3. Personnel policies, procedures and/or handbook
4. Institutional codes of conduct
5. Contracts
6. Copies of related laws and legal obligations
7. Resources of professional liability insurance

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 6.1 Legal Obligations and Responsibilities

- Clinical Health Services (CHS) is in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole.
- CHS has access to legal advice needed for personnel to carry out their assigned responsibilities.
- CHS informs personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.
- CHS informs personnel about professional liability insurance options and refers them to external sources if the institution does not provide coverage.

Rationale:

☐ 6.2 Policies and Procedures

- CHS has written policies and procedures on operations, transactions, or tasks that have legal implications.
- CHS regularly reviews policies that are informed by best practices, available evidence, and policy issues in higher education.
- CHS has procedures, systems and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations and disseminates timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.
- CHS informs the community of its policies and procedures addressing individual rights and responsibilities; confidentiality and privacy; access, release content, and maintenance of individual records in accordance with legal obligations and limitations; medical insurance coverage; informed consent; research; accreditation of services, and the use of recognized standards; medical dismissal of students; risk management; medical concerns that may potentially constitute a community health concern (i.e. H1N1, Meningitis, MRSA, etc); filing a grievances and providing feedback.
- CHS has written policies on requirements for immunization prior to and during matriculation and

these policies are implemented and maintained to assure compliance, protect community health, and meet the needs of students at risk.
- CHS has clear procedures to prevent visitors from entering the facility and accessing areas of the center that would compromise the confidentiality of patients or the safety of staff.
- CHS establishes appropriate policies and procedures for responding to emergency situations, especially where CHS facilities, personnel, and resources are not equipped to handle emergencies and/or when services are closed.

Rationale:

☐ 6.3 Harassment and Hostile Environments
- CHS personnel neither participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

Rationale:

☐ 6.4 Copyright Compliance
- CHS purchases or obtains permission to use copyrighted materials and instruments and includes appropriate citations on materials and instruments.

Rationale:

☐ 6.5 Risk Management
- CHS develops and maintains a systematic risk management program.

Rationale:

☐ 6.6 Governance
- CHS informs personnel about internal and external governance organizations that affect programs and services.
- CHS recognizes that the institution is legally constituted and it must have a defined governance structure that sets policy and is ultimately responsible for CHS and its operations.

Rationale:

Overview Questions:
1. What are the crucial legal, policy and, governance issues faced by CHS, and how are they addressed?
2. How are personnel instructed, advised, or assisted with legal, policy, and governance concerns?
3. How are personnel informed about internal and external governance systems?

Part 7: DIVERSITY, EQUITY, AND ACCESS

Suggested Evidence and Documentation:
1. Diversity statements
2. Goals and objectives related to diversity, equity, and access
3. Training plans and agendas for personnel

4. Lists of programs and curriculums related to diversity, equity, and access
5. Personnel policies, procedures, and/or handbook (specifically statements against harassment or discrimination)
6. Facilities audit
7. Assessment results such as participation rates, demographics, campus climate, and student needs

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 7.1 Inclusive Work Environments

- Clinical Health Services (CHS) creates and maintains educational work environments that are welcoming, accessible, inclusive, equitable, and free from harassment.
- CHS does not discriminate on the basis of ability; age; cultural identity; ethnicity; family educational history; gender identity and expression; nationality; political affiliation; race; religious affiliation; sex; sexual orientation; economic, marital, social, or veteran status; or any other basis included in institutional policies and codes and laws.

Rationale:

☐ 7.2 Structural Aspects of Equity, Access, and Inclusion

- CHS ensures physical, program, and resource access for all constituents; modifies or removes policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities; and ensures that when facilities and structures cannot be modified, they do not impede access.
- CHS responds to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources.
- CHS recognizes the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources.

Rationale:

☐ 7.3 Ensuring Diversity, Equity, and Access

- CHS advocates for sensitivity to multicultural and social justice concerns by the institution and its personnel.
- CHS establishes goals for diversity, equity, and access; fosters communication and practices that enhance understanding of identity, culture, self-expression, and heritage; and promotes respect for commonalities and differences among people within their historical and cultural contexts.
- CHS addresses the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices.
- CHS provides personnel with diversity, equity, and access training and holds personnel accountable for applying the training to their work.
- CHS ensures that students are informed about the importance of health care insurance and how to select a policy or coverage based on their needs.

Rationale:

Overview Questions:

1. How does CHS ensure constituents experience a welcoming, accessible, and inclusive environment that is equitable and free from harassment?
2. How does CHS address imbalance in participation among selected populations of students?
3. How does CHS address imbalance in staffing patterns among selected populations of program personnel?
4. How does CHS ensure cultural competence of its personnel to ensure inclusion in the program?
5. How does CHS encourage and provide opportunities for ongoing professional development for its personnel?

Part 8: INTERNAL AND EXTERNAL RELATIONS

Suggested Evidence and Documentation:

1. Promotional material (brochures/sources of information about the program, catalogs, brochures, staff and student handbooks)
2. Media procedures and guidelines
3. List and description of relationships with internal and external partners
4. Minutes from meetings/interactions with key stakeholders

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 8.1 Internal and External Populations

- Clinical Health Services (CHS) reaches out to internal and external populations to establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services.
- CHS maintains good relations with students, faculty members, staff, parents, alumni, the local community, contractors, and support agencies.
- CHS reaches out to internal and external populations to garner support and resources for programs and services, collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes, and engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents.
- CHS reaches out to internal and external populations to disseminate information about the programs and services.

Rationale:

☐ 8.2 Marketing

- Promotional and descriptive information is accurate and free of deception and misrepresentation.

Rationale:

☐ 8.3 Procedures and Guidelines

- CHS has procedures and guidelines consistent with institutional policy to communicate with the media; distribute information through print, broadcast, and online sources; contract with external organizations for delivery of programs and services; cultivate, solicit, and manage gifts; and apply to and manage funds from grants.

Rationale:

Overview Questions:

1. With which relevant individuals, campus offices, and external agencies must CHS maintain effective relations? Why are these relationships important, and how are they mutually beneficial?
2. How does CHS maintain effective relationships with program constituents?
3. How does CHS assess the effectiveness of its relations with individuals, campus offices and external agencies?

Part 9: FINANCIAL RESOURCES

Suggested Evidence and Documentation:

1. Budgets and the budget process
2. Financial statements and audit reports
3. Student fee process and allocation (if applicable)
4. Financial statements for grants, gifts, and other external resources

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 9.1 Adequate Funding

- Clinical Health Services (CHS) has funding to accomplish its mission and goals.
- CHS establishes the capacity funding to address the needs, mission, and goals of the institution.

Rationale:

☐ 9.2 Financial Planning and Implementation

- CHS conducts a comprehensive analysis to determine unmet needs, relevant expenditures, external and internal resources, and impact on students and the institution.
- CHS uses the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.
- Financial reports provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

Rationale:

☐ 9.3 Policies, Procedures, and Protocols

- CHS administers funds in accordance with established institutional accounting procedures.
- CHS demonstrates efficient and effective use and responsible stewardship of fiscal resources

consistent with institutional protocols.
- Procurement procedures are consistent with institutional policies, ensure purchases comply with laws and codes for usability and access, ensure the institution receives value for the funds spent, and consider information available for comparing the ethical and environmental impact of products and services purchased.

Rationale:

Overview Questions:

1. What is the funding strategy for CHS, and why is this the most appropriate approach?
2. How does CHS ensure fiscal responsibility, responsible stewardship, and cost-effectiveness?
3. If applicable, how does CHS go about increasing financial resources?

Part 10: TECHNOLOGY

Suggested Evidence and Documentation:

1. Technology policies and procedures
2. Equipment inventory

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 10.1 Current and Adequate Technology

- Clinical Health Services (CHS) has adequate technology to support achievement of its mission and goals.
- Use of technology complies with institutional policies and procedures and relevant codes and laws.

Rationale:

☐ 10.2 Use of Technology

- CHS uses current technology to provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats.
- CHS uses current technology to provide an avenue for students and other constituents to communicate sensitive information in a secure format, and enhance the delivery of programs and services for all students.
- CHS accesses multiple data sources focused on the health status of the student population.

Rationale:

☐ 10.3 Data Protection and Upgrades

- CHS backs up data on a regular basis.
- CHS articulates and adheres to policies and procedures regarding ethical and legal use of technology, as well as for protecting the confidentiality and security of information.
- CHS meets all state/federal/provincial laws pertaining to electronic medical record keeping standards with appropriate and secure software.

- CHS implements a replacement plan and cycle for all technology with attention to sustainability and incorporates accessibility features into technology-based programs and services.

Rationale:

☐ 10.4 Student Technology Access

- CHS has policies on student use of technology that are clear, easy to understand, and available to all students.
- CHS provides information or referral to support services for those needing assistance in accessing or using technology, provides instruction or training on how to use the technology, and informs students of implications of misuse of technologies.

Rationale:

Overview Questions:

1. How is technology inventoried, maintained, and updated?
2. How is information security maintained?
3. How does CHS ensure that relevant technology is available for all who are served by the program?
4. How does CHS use technology to enhance the delivery of programs, resources, services and overall operations?
5. How does CHS utilize technology to foster its learning outcomes?

Part 11: FACILITIES AND EQUIPMENT

Suggested Evidence and Documentation:

1. Equipment inventory
2. Facilities audit and plans for renovations, additions, and enhancements
3. Capital projects, if applicable
4. Structural design or maps to show space allocation
5. Images of the space

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 11.1 Design of Facilities

- Clinical Health Services (CHS) facilities are intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the CHS mission and goals.
- Facilities are designed to engage various constituents and promote learning.
- The design of the facilities guarantees the security and privacy of records and ensures the confidentiality of sensitive information and conversations.

Rationale:

☐ 11.2 Work Space

- Personnel have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.
- Personnel are able to secure their work.

Rationale:

☐ 11.3 Equipment Acquisition and Facilities Use

- CHS incorporates sustainable practices in use of facilities and purchase of equipment.
- Facilities and equipment are evaluated on an established cycle and are in compliance with codes, laws, and accepted practices for access, health, safety, and security.
- When acquiring capital equipment, CHS takes into account expenses related to regular maintenance and life-cycle costs.

Rationale:

Overview Questions:

1. How are facilities inventoried and maintained?
2. How does CHS integrate sustainable practices?
3. How does CHS ensure that facilities, workspaces, and equipment are considered in decision-making?
4. How is CHS intentional about space allocation and usage?

Part 12: ASSESSMENT

Suggested Evidence and Documentation:

1. Program goals, key indicators, outcomes, and related assessment data
2. Program student learning and development outcomes and related assessment data
3. Description of assessment cycle
4. Assessment plans and annual assessment reports
5. Minutes of meetings at which assessment activities and results discussed
6. Professional development activities to improve assessment competence

Criterion Measures:

DNA	IE	0	1	2	3
Does Not Apply	Insufficient Evidence/ Unable to Rate	Does Not Meet	Partly Meets	Meets	Exceeds

☐ 12.1 Assessment Plan and Practice

- Clinical Health Services (CHS) develops an ongoing cycle of assessment plans, processes, and activities.
- CHS identifies programmatic goals and intended program outcomes as well as outcomes for student learning and development.
- CHS documents progress toward achievement of goals and outcomes.
- CHS employs multiple measures, methods, and manageable processes for gathering, interpreting, and evaluating data.
- CHS employs ethical practices in the assessment process.
- CHS has access to adequate fiscal, human, professional development, and technological resources

to develop and implement assessment plans.

Rationale:

☐ 12.2 Reporting and Implementing Results

- CHS interprets and uses assessment results to demonstrate accountability and inform planning and decision-making.
- CHS reports aggregated results to respondent groups and stakeholders.
- CHS assesses effectiveness of implemented changes and provides evidence of improvement of programs and services.

Rationale:

Overview Questions:

1. What is the comprehensive assessment strategy for CHS?
2. What are priorities of the assessment program, and how are those developed?
3. How does CHS integrate assessment and evaluation into all aspects of daily operations (e.g., advising, event planning)?
4. How are tangible, measurable learning and program outcomes determined to ensure the achievement of CHS mission and goals?
5. How effective is the assessment strategy in demonstrating goal achievement and student learning?
6. How does CHS use assessment results to inform program improvement?
7. How does CHS share assessment results with relevant constituencies?
8. How does CHS support ongoing development of assessment competencies for personnel?

General Standards revised in 2014;
CHS (formerly College Health Programs) developed/revised in 2001, 2006, & 2016

Work Form A – Rating Discrepancies

INSTRUCTIONS:
This work form should be completed following a review of the individual ratings of the team members. Item numbers for which there is a substantial rating discrepancy should be discussed before completing the remaining work forms. Discrepancies among ratings should be identified, discussed, and reconciled for consensus.

Part	Discrepancies	Resolution/Final Decision
1. Mission		
2. Program		
3. Organization and Leadership		
4. Human Resources		
5. Ethics		
6. Law, Policy, and Governance		
7. Diversity, Equity, and Access		
8. Internal and External Relations		
9. Financial Resources		
10. Technology		
11. Facilities and Equipment		
12. Assessment		

Work Form B – Strengths and Areas for Improvement

INSTRUCTIONS:
This work form should be completed following a review of the individual ratings of the team members. Examine the ratings of each criterion measure by the team members, and record the following in the form below:

- **Strengths**: Item number(s) for which all participants have given a rating of 3, indicating agreement that the criterion *exceeds* the standard.
- **Areas for Improvement**: Item number(s) for which all participants have given a rating of 0 or 1, indicating agreement that the criterion *does not meet* or *partly meets* the standard. Items rated IE for *insufficient evidence/unable to rate* should be listed here as well.

Note – Items not listed in one of these categories represent consensus among the raters that practice in that area is satisfactory, having been rated a 2, which indicates agreement that the criterion *meets* the standard**.**

Part	**Strengths:** **Items that exceed the standard** **(consensus ratings = 3)**	**Areas for Improvement:** **Items that do not meet or partly meet the standard** **(consensus ratings = 0, 1)**
1. Mission		
2. Program		
3. Organization and Leadership		
4. Human Resources		
5. Ethics		
6. Law, Policy, and Governance		
7. Diversity, Equity, and Access		
8. Internal and External Relations		
9. Financial Resources		

10. Technology		
11. Facilities and Equipment		
12. Assessment		

Work Form C – Recommendations for Unit Action

INSTRUCTIONS:
This is the last form to be completed by the review team. List the items needing follow-up action for improvement and indicate what requires attention. The team or coordinator should consider including any criterion measure rated as being not met by the reviewers, as well as those with significant discrepancies that are not resolved by team discussion.

Part	Item Requiring Attention
1. Mission	
2. Program	
3. Organization and Leadership	
4. Human Resources	
5. Ethics	
6. Law, Policy, and Governance	
7. Diversity, Equity, and Access	
8. Internal and External Relations	
9. Financial Resources	
10. Technology	
11. Facilities and Equipment	
12. Assessment	

Work Form D – Beginning the Action Plan

INSTRUCTIONS:
This work form is for use by the staff of the unit being reviewed and is the first step in identifying the actions to be taken as a consequence of study results. Using the Items Requiring Attention listed in Work Form C, write a brief action plan that identifies the focus and intended outcomes of the next steps in to be taken in each area.

Part 1. Mission

Part 2. Program

Part 3. Organization and Leadership

Part 4. Human Resources

Part 5. Ethics

Part 6. Law, Policy, and Governance

Part 7. Diversity, Equity, and Access

Part 8. Internal and External Relations

Part 9. Financial Resources

Part 10. Technology

Part 11. Facilities and Equipment

Part 12. Assessment

Work Form E – Action Plan

INSTRUCTIONS:
Using this work form, the unit staff will turn the summary of areas to be addressed identified by the review team (Work Form D) into a specific plan of action. After reviewing the information provided in Work Forms B and C, unit staff teams should describe practices in need of improvement, the actions to be taken, the individual responsible, and the timeline for achieving compliance with the standard.

Current Practice Description	Corrective Action Needed	Task Assigned To	Timeline/ Due Dates

CLINICAL HEALTH SERVICES

CAS Standards and Guidelines

Part 1. MISSION

The mission of Clinical Health Services (CHS) must be to teach, provide, promote, and support clinical health care, preventive services, treatment of illness/injury, patient education, and general public health responsibilities.

CHS must serve as a method for the education of health issues for all students, thereby enhancing the learning environment of the institution of higher education it serves.

CHS must serve as leaders for advocating for a healthy campus community.

CHS must take into consideration the health status of the student population along with the safety and emergency preparedness of the learning environment.

CHS must develop, disseminate, implement, and regularly review their missions, which must be consistent with the mission of the institution and with applicable professional standards. The mission must be appropriate for the institution's students and other constituents. Mission statements must reference student learning and development.

Part 2. PROGRAM

To achieve their mission, Clinical Health Services (CHS) must contribute to

- **students' formal education, which includes both the curriculum and the co-curriculum**
- **student progression and timely completion of educational goals**
- **preparation of students for their careers, citizenship, and lives**
- **student learning and development**

To contribute to student learning and development, CHS must

- **identify relevant and desirable student learning and development outcomes**
- **articulate how the student learning and development outcomes align with the six CAS student learning and development domains and related dimensions**
- **assess relevant and desirable student learning and development**
- **provide evidence of impact on outcomes**
- **articulate contributions to or support of student learning and development in the domains not specifically assessed**
- **use evidence gathered to create strategies for improvement of programs and services**

STUDENT LEARNING AND DEVELOPMENT DOMAINS AND DIMENSIONS

Domain: knowledge acquisition, integration, construction, and application

- **Dimensions: understanding knowledge from a range of disciplines; connecting knowledge to other knowledge, ideas, and experiences; constructing knowledge; and relating knowledge to daily life**

Domain: cognitive complexity

- **Dimensions: critical thinking, reflective thinking, effective reasoning, and creativity**

Domain: intrapersonal development

- **Dimensions: realistic self-appraisal, self-understanding, and self-respect; identity development; commitment to ethics and integrity; and spiritual awareness**

Domain: interpersonal competence

- **Dimensions: meaningful relationships, interdependence, collaboration, and effective leadership**

Domain: humanitarianism and civic engagement

- **Dimensions: understanding and appreciation of cultural and human differences, social responsibility, global perspective, and sense of civic responsibility**

Domain: practical competence

- **Dimensions: pursuing goals, communicating effectively, technical competence, managing personal affairs, managing career development, demonstrating professionalism, maintaining health and wellness, and living a purposeful and satisfying life**

[LD Outcomes: See *The Council for the Advancement of Standards Learning and Development Outcomes* statement for examples of outcomes related to these domains and dimensions.]

CHS must be

- **intentionally designed**
- **guided by theories and knowledge of learning and development**
- **integrated into the life of the institution**
- **reflective of developmental and demographic profiles of the student population**
- **responsive to needs of individuals, populations with distinct needs, and relevant constituencies**
- **delivered using multiple formats, strategies, and contexts**
- **designed to provide universal access**

CHS must collaborate with colleagues and departments across the institution to promote student learning and development, persistence, and success.

CHS must advocate for inclusive and equal access to resources and services, eliminate health disparities, and achieve health equity.

CHS must create and maintain a referral network throughout the campus and surrounding communities.

In determining the scope of services to be offered, the following guidelines should apply:

- the scope and objectives of services should be planned and outlined according to standards of practice utilizing data, goals and objectives, assessment strategies, and evaluative methodologies
- data on the affordability and accessibility of local healthcare resources, insurance coverage of individual students, and health status of the population should be collected and used to set priorities and tailor CHS to the specific campus context
- documented evidence of organized strategic planning and implementation should be available
- CHS should contribute to the general education of students in the areas of behaviors and environments that promote health
- the educational goals of CHS should be consistent with nationally and internationally developed healthcare objectives
- CHS should create opportunities to address documented health issues and medical services needs within the student community it serves
- appropriate interdisciplinary and interagency collaboration should occur regularly

In determining the quality of services provided, the following guidelines should apply:

- access to primary healthcare for all students
- provision of services in accordance with standards of professional practice and ethical conduct and consideration of cost-benefit analyses regarding the health status of the population
- cost-effective and relevant services designed to address unique campus configurations
- coordination of services to ensure coverage with little to no duplication
- identification of less expensive alternative resources for individual health care when appropriate
- provision of appropriate referrals for additional or alternative treatments and assessments
- Timely, fiscally, and efficient in meeting the needs of students

Part 3. ORGANIZATION AND LEADERSHIP

To achieve program and student learning outcomes, Clinical Health Services (CHS) must be purposefully structured for effectiveness. CHS must have clearly stated and current

- **goals and outcomes**
- **policies and procedures**
- **responsibilities and performance expectations for personnel**
- **organizational charts demonstrating clear channels of authority**

Leaders must model ethical behavior and institutional citizenship.

Leaders with organizational authority for CHS must provide strategic planning, management and supervision, and program advancement.

Strategic Planning

- **articulate a vision and mission that drive short- and long-term planning**
- **set goals and objectives based on the needs of the populations served, intended student learning outcomes, and program outcomes**

- **facilitate continuous development, implementation, and assessment of program effectiveness and goal attainment congruent with institutional mission and strategic plans**
- **promote environments that provide opportunities for student learning, development, and engagement**
- **include student voice in advising the program's mission, goals, services, funding, and evaluation**
- **develop, adapt, and improve programs and services in response to the changing needs of populations served and evolving institutional priorities**
- **include diverse perspectives to inform decision making**

Management and Supervision

- **plan, allocate, and monitor the use of fiscal, physical, human, intellectual, and technological resources**
- **manage human resource processes including recruitment, selection, professional development, supervision, performance planning, succession planning, evaluation, recognition, and reward**
- **influence others to contribute to the effectiveness and success of the unit**
- **empower professional, support, and student personnel to become effective leaders**
- **encourage and support collaboration with colleagues and departments across the institution**
- **encourage and support scholarly contributions to the profession**
- **identify and address individual, organizational, and environmental conditions that foster or inhibit mission achievement**
- **use current and valid evidence to inform decisions**
- **incorporate sustainability practices in the management and design of programs, services, and facilities**
- **understand appropriate technologies and integrate them into programs and services**
- **be knowledgeable about codes and laws relevant to programs and services and ensure that programs and services meet those requirements**
- **assess and take action to mitigate potential risks**

The CHS director or coordinator must be placed within the institution's organizational structure to be able to promote cooperative interactions with appropriate campus and community entities.

Specific aspects of CHS for which staff should be assigned include business and financial management, community relations, and assessment.

Leaders should involve staff members in designing and updating the organizational structure and in creating and reviewing policies and procedures that reinforce and foster health-engendering behaviors.

Program Advancement

- **advocate for and actively promote the mission and goals of the programs and services**
- **inform stakeholders about issues affecting practice**
- **facilitate processes to reach consensus where wide support is needed**
- **advocate for representation in strategic planning initiatives at divisional and institutional levels**

CHS should be defined by the size, nature, complexity, and mission of the institution and by the documented needs and capabilities of the population they serve, as well as the availability of local community resources.

CHS should establish and maintain an advisory board with broad constituent representation, to include student representation with specific duties and responsibilities for policy, budget, services, facilities, and resources.

Part 4. HUMAN RESOURCES

Clinical Health Services (CHS) must be staffed adequately by individuals qualified to accomplish mission and goals.

CHS must have access to technical and support personnel adequate to accomplish their mission.

Within institutional guidelines, CHS must

- **establish procedures for personnel recruitment and selection, training, performance planning, and evaluation**
- **set expectations for supervision and performance quality**
- **provide personnel access to continuing and advanced education and appropriate professional development opportunities to improve their competence, skills, and leadership capacity**
- **consider work/life options available to personnel (e.g., compressed work schedules, flextime, job sharing, remote work, or telework) to promote recruitment and retention of personnel**

Administrators of CHS must

- **ensure that all personnel have updated position descriptions**
- **implement recruitment and selection/hiring strategies that produce a workforce inclusive of underrepresented populations**
- **develop promotion practices that are fair, inclusive, proactive, and non-discriminatory**
- **assure that a criminal background check is conducted on all new hires**
- **ensure leadership and service during health-related community crises.**

Personnel responsible for delivery of CHS must have written performance goals, objectives, and outcomes for each year's performance cycle to be used to plan, review, and evaluate work and performance. The performance plan must be updated regularly to reflect changes during the performance cycle.

Results of individual personnel evaluations must be used to recognize personnel performance, address performance issues, implement individual and/or collective personnel development and training programs, and inform the assessment of programs and services.

CHS personnel, when hired and throughout their employment, must receive appropriate and thorough training.

CHS personnel, including student employees and volunteers, must have access to resources and/or receive specific training on

- **institutional policies pertaining to functions or activities they support**
- **privacy and confidentiality policies**
- **laws regarding access to student records**
- **policies and procedures for dealing with sensitive institutional information**
- **policies and procedures related to technology used to store or access student records and institutional data**
- **how and when to refer those in need of additional assistance to qualified personnel and have access to a supervisor for assistance in making these judgments**
- **systems and technologies necessary to perform their assigned responsibilities**
- **ethical and legal uses of technology**

CHS personnel must engage in continuing professional development activities to keep abreast of the research, theories, legislation, policies, and developments that affect their programs and services.

CHS personnel must take part in professional development to increase cultural competence.

CHS should

- strive to improve the professional competence and skill, as well as the quality of performance, of all personnel it employs
- provide personnel with access to online resources that include materials pertinent to operational, administrative, institutional, and research services
- set the expectation of participation in seminars, workshops, and other educational activities pertinent to its mission, goals, objectives, and professional roles and practice
- verify participation in relevant external professional development programs, when attendance at such activities is required of professional personnel
- identify continuing education activities based on quality improvement findings and the education criteria established by recognized professional authorities

Administrators of CHS must ensure that personnel are knowledgeable about and trained in safety, emergency procedures, and crisis prevention and response. Risk management efforts must address identification of threatening conduct or behavior and must incorporate a system for responding to and reporting such behaviors.

CHS personnel must be knowledgeable of and trained in safety and emergency procedures for securing and vacating facilities.

PROFESSIONAL PERSONNEL

CHS professional personnel either must hold an earned graduate or professional degree in a field relevant to their position or must possess an appropriate combination of educational credentials and related work experience.

CHS should make initial staff appointments, reappointments, and assignment or curtailment of clinical privileges based upon a professional review of credentials and as directed by institutional policy and state/provincial regulations and statutes.

CHS must establish criteria and implement a procedure to review and verify credentials of personnel. In particular, CHS must verify that licensure is maintained for all licensed professionals.

CHS should monitor the use of resources available to personnel to identify activities that are relevant to the mission, goals, and objectives, and to maintain licensure and/or certification of professional personnel.

When CHS personnel are involved in formal teaching or supervision, policies governing those activities must be consistent with the mission, goals, policies, and objectives of the institution.

When CHS personnel are involved in research and publishing, policies governing those activities must be consistent with mission, goals, priorities, and objectives of the institution and capabilities of the program. All CHS personnel must be informed of the research policies of the institution and CHS.

INTERNS OR GRADUATE ASSISTANTS

Degree- or credential-seeking interns or graduate assistants must be qualified by enrollment in an appropriate field of study and relevant experience. These students must be trained and supervised by professional personnel who possess applicable educational credentials and work experience and have supervisory experience. Supervisors must be cognizant of the dual roles interns and graduate assistants have as both student and employee.

Supervisors must

- **adhere to parameters of students' job descriptions**
- **articulate intended learning outcomes in student job descriptions**
- **adhere to agreed-upon work hours and schedules**
- **offer flexible scheduling when circumstances necessitate**

Supervisors and students must both agree to suitable compensation if circumstances necessitate additional hours.

STUDENT EMPLOYEES AND VOLUNTEERS

Student employees and volunteers must be carefully selected, trained, supervised, and evaluated. Students must have access to a supervisor. Student employees and volunteers must be provided clear job descriptions, pre-service training based on assessed needs, and continuing development.

Part 5. ETHICS

Clinical Health Services (CHS) must consistently

- **review applicable professional ethical standards and must adopt or develop and implement appropriate statements of ethical practice**
- **publish and adhere to statements of ethical practice and ensure their periodic review**

- **orient new personnel to relevant ethical standards and statements of ethical practice and related institutional policies**

Statements of ethical standards must

- **specify that CHS personnel respect privacy and maintain confidentiality in communications and records as delineated by state/federal/provincial privacy laws**
- **specify limits on disclosure of information contained in students' records as well as requirements to disclose to appropriate authorities**
- **specify limits on record keeping as set by law**
- **address conflicts of interest, or appearance thereof, by personnel in the performance of their work**
- **reflect the responsibility of personnel to be fair, objective, and impartial in their interactions with others**
- **reference management of institutional funds**
- **reference appropriate behavior regarding research and assessment with human participants, confidentiality of research and assessment data, and student's' rights and responsibilities**
- **include the expectation that personnel confront and hold accountable other personnel who exhibit unethical behavior**
- **address issues surrounding scholarly integrity**

Information involving individual health status (i.e., infectious diseases, epidemic outbreaks such as food poisoning, etc.) should be addressed by media relations and CHS staff members who are knowledgeable about information that can be released.

Products and services should not be promoted for any other reason than the individual student's or the community's health benefit.

CHS should inform individuals of their basic rights and responsibilities regarding access and use of services. Such rights and responsibilities should include:

- service that is competent, considerate, and compassionate; recognizes basic human rights; safeguards personal dignity; and respects identities, values, and preferences
- provision of appropriate privacy, including protection from access to confidential information by faculty members, staff, student workers, and others individual disclosure of complete and full information on health status that will be treated confidentially and for which the individual gives authority to approve or refuse release in compliance with applicable federal and state/provincial laws
- an explicit process to share necessary personal health information with mental health/counseling/psychotherapy services and other higher education faculty and staff on a need-to-know basis
- an explicit process for consent to share necessary personal health information with off-campus entities
- accurate information regarding competencies and credentials of CHS staff are made available to all stakeholders

CHS personnel must

- **employ ethical decision making in the performance of their duties**
- **inform users of programs and services of ethical obligations and limitations emanating from codes and laws or from licensure requirements**

- **recognize and avoid conflicts of interest that could adversely influence their judgment or objectivity and, when unavoidable, recuse themselves from the situation**
- **perform their duties within the scope and limitations of their position, training, expertise, and competence**
- **make referrals when issues presented exceed the scope of the position**

Part 6. LAW, POLICY, AND GOVERNANCE

Clinical Health Services (CHS) must be in compliance with laws, regulations, and policies that relate to their respective responsibilities and that pose legal obligations, limitations, risks, and liabilities for the institution as a whole. Examples include constitutional, statutory, regulatory, and case law; relevant law and orders emanating from legal codes and the institution's policies.

CHS must have access to legal advice needed for personnel to carry out their assigned responsibilities.

CHS must inform personnel, appropriate officials, and users of programs and services about existing and changing legal obligations, risks and liabilities, and limitations.

CHS must inform personnel about professional liability insurance options and refer them to external sources if the institution does not provide coverage.

CHS must recognize that the institution is legally constituted and it must have a defined governance structure that sets policy and is ultimately responsible for CHS and its operations.

CHS must inform the community of its policies and procedures addressing

- **individual rights and responsibilities**
- **confidentiality and privacy**
- **access, release content, and maintenance of individual records in accordance with legal obligations and limitations**
- **medical insurance coverage**
- **informed consent**
- **research**
- **accreditation of services, and the use of recognized standards**
- **medical dismissal of students**
- **risk management**
- **medical concerns that may potentially constitute a community health concern (i.e. H1N1, Meningitis, MRSA, etc)**
- **filing a grievances and providing feedback**

CHS must have written policies and procedures on operations, transactions, or tasks that have legal implications.

CHS must establish appropriate policies and procedures for responding to emergency situations, especially where CHS facilities, personnel, and resources are not equipped to handle emergencies and/or when services are closed.

CHS must have written policies on requirements for immunization prior to and during matriculation and these policies must be implemented and maintained to assure compliance, protect community health, and meet the needs of students at risk.

CHS must have clear procedures to prevent visitors from entering the facility and accessing areas of the center that would compromise the confidentiality of patients or the safety of staff.

CHS must regularly review policies. The revision and creation of policies must be informed by best practices, available evidence, and policy issues in higher education.

CHS must have procedures and guidelines consistent with institutional policy for responding to threats, emergencies, and crisis situations. Systems and procedures must be in place to disseminate timely and accurate information to students, other members of the institutional community, and appropriate external organizations during emergency situations.

CHS must develop and maintain a systematic risk management program.

Risk management programs should focus on

- methods by which individuals may be refused services or dismissed from the institution
- methods of collecting unpaid accounts
- review of litigation related to the institution's CHS
- review of all deaths, trauma, or adverse events where there is health risk
- communication with the liability insurance carrier
- methods of dealing with inquiries from government agencies, attorneys, consumer advocate groups, reporters, and the media
- methods of managing a situation with an impaired staff member
- methods for complying with governmental regulations and contractual agreements
- methods of transporting students with medical emergencies
- maintenance of confidential records

Personnel must not participate in nor condone any form of harassment or activity that demeans persons or creates an intimidating, hostile, or offensive environment.

CHS must purchase or obtain permission to use copyrighted materials and instruments. References to copyrighted materials and instruments must include appropriate citations.

CHS must inform personnel about internal and external governance organizations that affect programs and services.

CHS should establish procedures for students to discuss with staff their comfort or discomfort with various approaches in delivery of services. CHS must provide an environment of caring and inclusivity which is essential for establishing levels of confidentiality, trust, and comfort.

Part 7. DIVERSITY, EQUITY, AND ACCESS

Within the context of each institution's mission and in accordance with institutional policies and applicable codes and laws, Clinical Health Services (CHS) must create and maintain educational and work environments that are welcoming, easy and equally accessible, inclusive, equitable, and free from harassment for all students utilizing services.

CHS must not discriminate on the basis of disability; age; race; cultural identity; ethnicity; nationality; family educational history (e.g., first generation to attend college or legacy of the institution); political affiliation; religious affiliation; sex; sexual orientation; gender identity and expression; marital, social, economic, or veteran status; or any other basis included in institutional policies and codes and laws.

CHS must

- **advocate for sensitivity to multicultural and social justice concerns by the institution and its personnel**
- **ensure physical, program, and resource access for all constituents**
- **modify or remove policies, practices, systems, technologies, facilities, and structures that create barriers or produce inequities**
- **ensure that when facilities and structures cannot be modified, they do not impede access to programs, services, and resources**
- **establish goals for diversity, equity, and access**
- **foster communication and practices that enhance understanding of identity, culture, self-expression, and heritage**
- **promote respect for commonalities and differences among people within their historical and cultural contexts**
- **address the characteristics and needs of diverse constituents when establishing and implementing culturally relevant and inclusive programs, services, policies, procedures, and practices**
- **provide personnel with diversity, equity, and access training and hold personnel accountable for applying the training to their work**
- **respond to the needs of all constituents served when establishing hours of operation and developing methods of delivering programs, services, and resources**
- **recognize the needs of distance and online learning students by directly providing or assisting them to gain access to comparable services and resources**

CHS should accommodate the barriers experienced by individuals with visible and invisible disabilities.

CHS should encourage faculty, staff, and other students to develop cultural awareness of and sensitivity to individuals with personal differences, backgrounds, educational, and life experience. CHS staff should advocate for the accommodation of students' needs (i.e., housing, dining services, and counseling services).

Students with special health risks may be identified by information provided on health history or behavioral assessment forms, or through screening, self-monitoring, and education services.

Students with chronic health conditions should be informed of support services.

CHS may provide services directly or identify appropriate resources in the community to meet the needs of students with disabilities, special health risks, and/or chronic health conditions.

CHS must ensure that students are informed about the importance of health care insurance and how to select a policy or coverage based on their needs.

When evidence of health care insurance coverage is required for enrollment, CHS should advocate for a student health insurance/benefit program, or if that is not feasible, assist uninsured students to find coverage from other sources.

CHS should view every contact as an opportunity to recognize and honor diversity to address specific concerns that might impact health and quality of life for the individual and community.

Part 8. INTERNAL AND EXTERNAL RELATIONS

Clinical Health Services (CHS) must reach out to individuals, groups, communities, and organizations internal and external to the institution to

- **establish, maintain, and promote understanding and effective relations with those that have a significant interest in or potential effect on the students or other constituents served by the programs and services**
- **garner support and resources for programs and services as defined by the mission**
- **collaborate in offering or improving programs and services to meet the needs of students and other constituents and to achieve program and student outcomes**
- **engage diverse individuals, groups, communities, and organizations to enrich the educational environment and experiences of students and other constituents**
- **disseminate information about programs and services**

Promotional and descriptive information must be accurate and free of deception and misrepresentation.

CHS must have procedures and guidelines consistent with institutional policy for

- **communicating with the media**
- **distributing information through print, broadcast, and online sources**
- **contracting with external organizations for delivery of programs and services**
- **cultivating, soliciting, and managing gifts**
- **applying to and managing funds from grants**

CHS must maintain good relations with students, faculty members, staff, parents, alumni, the local community, contractors, and support agencies.

CHS staff should participate actively with their institution in designing policies and practices and developing further resources and services that have direct effect on the health status of the campus population.

CHS should review and assess health aspects of relevant institutional policies and practices. These issues may include but are not limited to substance use policies and treatment, blood-borne diseases, sexual violence, suicide and homicide threats, and discrimination of all types.

CHS should collaborate to minimize duplication of services with campus and community partners.

CHS should address the level and the priorities of campus services as determined by institution-specific population health status surveys, available community resources, user data, and institutional context. CHS should review potential health hazards or problems related to academic activities.

CHS should identify and utilize community services, whenever appropriate, to build resource and service networks and to create awareness within the community about special needs populations.

Part 9. FINANCIAL RESOURCES

Clinical Health Services (CHS) must have funding to accomplish its mission and goals.

In establishing and prioritizing funding resources, CHS must conduct comprehensive analyses to determine

- **unmet needs of the unit**
- **relevant expenditures**
- **external and internal resources**
- **impact on students and the institution**

CHS must use the budget as a planning tool to reflect commitment to the mission and goals of the programs and services and of the institution.

CHS must establish the capacity funding to address the needs, mission, and goals of the institution.

Financial planning and projections should include budget data for both current and long-term expenditures that include capital expenditures and deferred maintenance costs.

CHS must administer funds in accordance with established institutional accounting procedures.

CHS must demonstrate efficient and effective use and responsible stewardship of fiscal resources consistent with institutional protocols.

Financial reports must provide an accurate financial overview of the organization and provide clear, understandable, and timely data upon which personnel can plan and make informed decisions.

Procurement procedures must

- **be consistent with institutional policies**

- **ensure that purchases comply with laws and codes for usability and access**
- **ensure that the institution receives value for the funds spent**
- **consider information available for comparing the ethical and environmental impact of products and services purchased**

Part 10. TECHNOLOGY

Clinical Health Services (CHS) must have technology to support the achievement of their mission and goals. The technology and its use must comply with institutional policies and procedures and with relevant codes and laws.

CHS must use technologies to

- **provide updated information regarding mission, location, staffing, programs, services, and official contacts to students and other constituents in accessible formats**
- **provide an avenue for students and other constituents to communicate sensitive information in a secure format**
- **enhance the delivery of programs and services for all students**

CHS must

- **meet all state/federal/provincial laws pertaining to electronic medical record keeping standards with appropriate and secure software**
- **access multiple data sources focused on the health status of the student population.**

CHS must

- **back up data on a regular basis**
- **adhere to institutional policies regarding ethical and legal use of technology**
- **articulate policies and procedures for protecting the confidentiality and security of information**
- **implement a replacement plan and cycle for all technology with attention to sustainability**
- **incorporate accessibility features into technology-based programs and services**

When providing student access to technology, CHS must

- **have policies on the use of technology that are clear, easy to understand, and available to all students**
- **provide information or referral to support services for those needing assistance in accessing or using technology**
- **provide instruction or training on how to use the technology**
- **inform students of implications of misuse of technologies**

Part 11. FACILITIES AND EQUIPMENT

Clinical Health Services' (CHS) facilities must be intentionally designed and located in suitable, accessible, and safe spaces that demonstrate universal design and support the program's mission and goals.

Facilities must be designed to engage various constituents and promote learning.

CHS facilities should be provided so that essential activities such as clinical treatment, intervention and consultation, patient education, and policy development are provided in a safe environment. A safe, functional, and efficient environment is crucial to providing appropriate services and achieving desired outcomes.

Personnel must have workspaces that are suitably located and accessible, well equipped, adequate in size, and designed to support their work and responsibilities.

The design of the facilities must guarantee the security and privacy of records and ensure the confidentiality of sensitive information and conversations. Personnel must be able to secure their work.

CHS must incorporate sustainable practices in use of facilities and purchase of equipment. Facilities and equipment must be evaluated on an established cycle and be in compliance with codes, laws, and accepted practices for access, health, safety, and security.

Depending upon services offered, physical building conditions should include

- necessary facilities, technology, and equipment to handle individual and campus emergencies
- regulations prohibiting smoking
- elimination of hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma
- adequate reception areas, toilets, and telephones
- parking for guests, patients, and people with disabilities
- accommodations for persons with disabilities recognized by the Americans with Disabilities Act
- adequate lighting and ventilation
- clean and properly maintained facilities
- facilities that provide for confidentiality and privacy of services and records
- testing and proper maintenance of equipment
- a system for the proper identification, management, handling, transport, treatment, and disposition of hazardous materials and wastes whether solid, liquid, or gas
- appropriate alternative power sources in case of emergency
- technology to support services and facilities

When acquiring capital equipment, CHS must take into account expenses related to regular maintenance and lifecycle costs.

Part 12. ASSESSMENT

Clinical Health Services (CHS) must develop assessment plans and processes.

Assessment plans must articulate an ongoing cycle of assessment activities.

CHS must

- **specify programmatic goals and intended outcomes**
- **identify student learning outcomes**
- **employ multiple measures and methods**

- **develop manageable processes for gathering, interpreting, and evaluating data**
- **document progress toward achievement of goals and outcomes**
- **interpret and use assessment results to demonstrate accountability**
- **report aggregated results to respondent groups and stakeholders**
- **use assessment results to inform planning and decision-making**
- **assess effectiveness of implemented changes**
- **provide evidence of improvement of programs and services**

CHS should maintain an active, organized, peer-based, quality management and improvement program that links peer review, quality improvement activities, outcome and goal achievement, and risk management in an organized, systematic way.

CHS should establish procedures for students to discuss with staff their comfort or discomfort with various approaches in delivery of services.

Periodically, the organization should assess user and non-user access and satisfaction with services and facilities provided by the clinical health services and incorporate findings into quality improvement.

To develop criteria used to evaluate services, staff members should understand, support, and participate in programs of quality management and improvement. Data should be collected in an on-going manner to identify unacceptable or unexpected trends or occurrences.
CHS should establish criteria and institute procedures for assessment and evaluation of medical access insurance policies.

CHS must employ ethical practices in the assessment process.

CHS must have access to adequate fiscal, human, professional development, and technological resources to develop and implement assessment plans.

The quality improvement program should address administrative and cost issues and service outcomes.

General Standards revised in 2014;
CHS (formerly College Health Programs) developed/revised in 2001, 2006, & 2016