

**REVIEW AND APPROVAL COMMITTEE STANDARDS OF THE
COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD
6/30/16 with updates per the 6/3/21 CHAPCB Standards**

Sec. 5.10.010. Certification. The Board shall issue a CHA/P Training Center certificate to a training center which

- (1) applies on a form provided by the Board;
- (2) adopts and adheres to requirements of sections 5.10.015 [educational program] through 5.10.070 [faculty continuing education].

Sec. 5.10.015. Educational Program Philosophy. A CHA/P Training Center must have on file a mission statement that reflects the statewide nature of the program. The goals and objectives of the program, which must include quality health care, competency based instruction, emphasis on clinical instruction and skills, emphasis on a positive learning environment, and respect for the unique needs of the adult learner must also be on file.

Sec. 5.10.020. Training Facilities. A CHA/P Training Center facility must provide classroom or e-classroom and clinical environments that are conducive to a positive learning experience for faculty and community health aide trainees by ensuring that:

- (1) traditional classrooms have appropriate space and privacy. An environmental health review of the facility must be performed and on file. Specific consideration and evaluation in the areas of safety, adequacy of space, air quality, lighting, heating, and storage and disposal of hazardous waste must be documented.
- (2) e-classrooms have appropriate policies on Internet safety and privacy, appropriate language, emergency procedures for Internet outages, and recommendations on lighting, noise, and an ergonomic environment.

Sec. 5.10.025. Training Staff.

(a) Qualifications and Roles.

(1) Director/Instructor of Record. The following standards apply to the CHA/P Training Center Director/Instructor of Record:

- (A) The CHA/P Training Center Director/Instructor of Record should be an individual with a combination of education, research, work, and/or life experience which are relevant to providing leadership in a CHA/P Training Center Program.
- (B) In recognition of the diverse role of the CHA/P Training Center Director/Instructor of Record, it is preferred that the Director or Instructor of Record have a background in health and education and be able to administrate, serve in a statewide liaison role, hold the

mission of the statewide program, and provide program direction, development, and leadership.

(C) The Instructor of Record must at a minimum be a state licensed mid-level practitioner who will assume responsibilities for course development, evaluation and revision, clinical site development and evaluation, and evaluation of students and instructors.

(2) Instructor. CHA/P Training Center instructors must consist of a majority of full-time equivalent mid-level practitioner or physician instructors who are employees of the federal government or licensed by the State of Alaska. Additional instructors should be certified or licensed and have formal training in the knowledge and skills that they are teaching. All instructors will be monitored to assure compliance with the CHA/P Curriculum and competence in subject being taught. Instructors teaching CHA curriculum via eLearning must demonstrate competency in e-teaching by experience, completed coursework, or other approved measure.

(3) Clinical Instructor. Clinical instructors must be mid-level practitioners or physicians who are employees of the federal government or licensed by the State of Alaska. Certain diagnostic procedures may be taught by other persons who have appropriate experience or certification (e.g. well child examination, prenatal exam by a public health nurse). These encounters must occur under the general review of the mid-level practitioner or physician.

(4) Medical Advisor. The CHA/P Training Center Medical Advisor must be a physician employed by the federal government or licensed by the State of Alaska who is practicing primary care and is currently working with community health aides or practitioners. The Medical Advisor should have prior experience with the CHA/P program. The Medical Advisor's classroom instruction and clinical preceptorship will comply with the CHA/P Curriculum and statewide goals of the Community Health Aide Program. The Medical Advisor will participate in quality assurance/continuing quality improvement efforts, serve as a resource and be available for consultation and regular meetings.

(b) Job Descriptions. Job descriptions for each of the training staff which reflect these roles and responsibilities must be on file.

(c) Orientation of New Staff. Each CHA/P Training Center must have in place a written orientation procedure for new employees which will minimally include the CHA/P Training Center's mission, goals, and objectives; the CHAP Curriculum; the methods of instruction and function of the statewide Community Health Aide Program; cultural diversity; the role of the CHA/P; and the CHA/P certification process.

- (d) Faculty Turnover.** In order to maintain the quality of instruction, the Board must be notified if during any twelve month period 50 percent of the instruction staff of a CHA/P Training Center resigns and whenever a CHA/P Training Center Director resigns. Documentation of new employee orientation, peer review and student evaluation and examination must be available for review for each new instructor.

Sec. 5.10.030. Hospital/Clinic Affiliation.

- (a) Accreditation.** A CHA/P Training Center must be affiliated with the Alaska Native Medical Center or a hospital or clinic accredited by the Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) or licensed by the State of Alaska. Exception can be made in a clinic facility for which the Joint Commission accreditation or state licensing is not available.
- (b) Hospital/Clinic Commitment.** A CHA/P Training Center must have the support of hospital/clinic and/or corporation administration to provide on-going access to clinical training for CHA/Ps. A letter of support should be updated with each new clinical director and hospital or clinical administrator or corporation Board.

Sec. 5.10.035. Volume, Hours and Distribution of Patient Encounters. Clinical hours will be scheduled in compliance with the CHA/P Curriculum. For each trainee a CHA/P Training Center's documentation of volume, hours and distribution of patient encounters must meet the requirements of this section.

(a) Encounters

- (1) Session I.** Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as an active participant.
- (2) Session II.** Ten encounters under the following conditions: the trainee will be the primary provider in at least four patient encounters with particular emphasis on patient problems delineated in the CHA/P Curriculum, as outlined below, and at least six additional encounters with the trainee as active participant.
- (3) Session III.** Ten encounters under the following conditions: the trainee will be the primary provider in at least six patient encounters with particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.
- (4) Session IV.** Fourteen encounters under the following conditions: the trainee will be the primary provider in at least ten patient encounters with

particular emphasis on the patient problems delineated in the CHA/P Curriculum, as outlined below, and at least four additional encounters with the trainee as active participant.

(b) (1) Primary Provider. Under subsection (a) [volume, hours & distribution of patient encounters; encounters] of this section, the primary provider must perform the history and examination, and depending on the complexity of the encounter and the skill and confidence level of the trainee, determine the assessment and plan in conjunction with the instructor.

(2) Active Participant. Under this section, the active participant performs part of the patient encounter with direction or guidance of the instructor.

(c) Distribution of Clinical Hours. The distribution of clinical hours must be available in the following kinds of patient encounters:

(1) Session I.

Encounter Type	Hours
Acute care	12
Lab	1
Respiratory	1
Ear	1
Digestive system	1
Screening exam	1
Sick child	4
Vital signs	3
Approach to child (observe)	2
Total Hours	26

(2) Session II.

Encounter Type	Hours
Acute care	12
Lab	1
Respiratory	1
Circulatory	1
Digestive system	1
Prenatal	2
Mental illness	4
Sick child	4
Screening physical exam	1
Approach to child (observe)	4
Total Hours	31

(3) Session III.

Encounter Type	Hours
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Prenatal	8
Newborn	1
Sick child	4
Post partum (fundus exam)	1
Well child	8
STD	4
Total Hours	26

*Note: if no new postpartum patient is available, a RAC-approved model may be substituted.

(4) Session IV.

Encounter Type	Hours
Acute care	8
Ear	1
Respiratory	1
Circulatory	1
Digestive	1
Female reproductive	4
Prenatal	3
Sick child	4
Well child	3.5
Newborn	1
Chronic disease	4
H & P	2.5
Total Hours	34

Sec. 5.10.040. Trainees Selection Process.

(a) Qualifications for Trainees and Application Process. The CHA/P Training Center will have a policy for selection of trainees. The selection process will include requiring applicants for trainee slots to file a completed statewide application form recommended no less than four weeks prior to the start of the training session, unless extraordinary circumstances are present. The policy for selection must include requirements that the training applicants have no less than sixth grade math and reading skills and that they have completed Pre-session, unless the applicant satisfies one of the exceptions to these requirements adopted under section 5.10.040(c).

(b) Statewide Priorities. The CHA/P Training Center must adhere to statewide placement priorities for training applications for a limited number of training slots.

(c) Exceptions. The CHA/P Training Center must have exception policies. Policies must be written to incorporate individual hardship cases, including emergency training needs in communities where there are no trained

personnel and in situations where community health aides or practitioners have no access to field site courses (Presession and ETT). Exception policies must also include arrangements for applicants with prior medical training, such as registered nurses, National Guard Corpsman, etc.

Sec. 5.10.045. Trainee Services.

- (a) Counseling and Health Services.** The CHA/P Training Center must have a system for onsite or online initial individual counseling for trainees, which may include assigning faculty members for this purpose. Referral for confidential counseling by mental health professionals must be available to trainees. A system to provide acute care and emergency health services must also be provided.
- (b) Academic Advising.** A CHA/P Training Center must provide an onsite or online system for trainee academic advising, documentation of formative and summative evaluations, and advising pertinent to the role of the community health aide and practitioner and certification.
- (c) Attrition.** A system of recording trainee attrition data including the causes and timing of attrition during training must be in place.
- (d) Housing, Meals, and Transportation.** Housing, meals and transportation should be available, affordable, and conveniently located to face-to-face or traditional trainees.
- (e) Internet Connectivity.** A workstation with Internet connectivity must be accessible as an alternate to an eLearning student's own Internet service.

Sec. 5.10.050. Community Health Aide Curriculum and Teaching Guidelines.

- (a) Duration of Training and Attendance.** The length of Sessions I, II, III and IV training sessions are based on the competencies as stated in Sec. 2.20.110, CHA I; Sec. 2.20.210, CHA II; Sec. 2.20.310, CHA III; and Sec. 2.20.410, CHA IV. The CHA/P Training Center must establish and enforce an attendance policy, which assures that each training participant fully satisfies all conditions of the training.
- (b) Class Size.** The size of classes must allow for faculty/trainee ratios under section 5.10.050(c). [CHA Curriculum and teaching guidelines; faculty/trainee ratio], and otherwise be determined by the number of exam rooms available for clinical experience, the size of the classroom for onsite didactic instruction, course content, past trends identified in the particular class, and the CHA/P Curriculum requirements for lab skills instruction.
- (c) Faculty/Trainee Ratio.** Due to the short, intensive nature of CHA/P courses, faculty/trainee ratios for clinical instruction during patient encounters, in which the trainee is the primary provider, as defined Sec. 5.10.035(b)(1), must be done on a one-to-one basis. For all other clinical instruction the following faculty/trainee ratios may not be exceeded.

- (1) **Session I and II:** one to one;
- (2) **Sessions III and IV:** one to two depending on the independence of the trainees.
- (d) **Classroom and Clinical Instruction.** The intent in instruction for each session is to integrate the CHA/P Curriculum, the CHAM, and the training and skill of the community health aide/practitioner, with consideration to the “Role of the Community Health Aide/Practitioner.”
 - (1) The CHA/P Curriculum objectives must be followed as a minimum standard.
 - (2) The CHAM must be used as a reference book for teaching community health aides and practitioners, as a minimum standard.
 - (3) The instructional materials for facility must consist of the CHA/P Curriculum course objectives and lesson plans. Instructional materials must be updated every three years. Additionally, eLearning classes’ externally linked content not created by the CHA/P instructor must be checked for accuracy prior to every session.
 - (4) Learning objectives and course expectations must be clearly defined for each trainee.

Sec. 5.10.055. Field Training.

- (a) The CHA/P Training Center staff must evaluate each trainee at the end of each session and prepare a Post Session Learning Needs (PSLN) form to reinforce training and help the trainee to gain further competency during the 200 hours of village clinical experiences between sessions.
- (b) CHA/P Training Center staff must review the Post Session Field Training Follow-up Plan for completion of the field training requirements of Basic Training for placement in the next session.

Sec. 5.10.060 CHA/P Training Center Administration and Records.

- (a) **Commitment of Administration.** A CHA/P Training Center must have a memorandum of agreement updated with each new CHA/P Training Center administrative agency to document on-going support of staffing positions and program needs.
- (b) **Secretarial Support.** A CHA/P Training Center should have administrative and secretarial support sufficient to assure timely and smooth functioning of the program.
- (c) **CHA/P Training Center Files.** A CHA/P Training Center must have on file for review: CHA/P Curriculum outlines, learning objectives/lesson plans, session quizzes/exams, CHA/P evaluation records, application forms, student training files, quality assurance/continuous quality improvement files and a training plan for employees. A CHA/P Training Center must adopt and enforce policies regarding retention of CHA/P Training Center files and

conditions under which transfer of files may occur. The retention schedule policy must be consistent with a schedule approved by the Board. The file transfer policy must require that a record be retained identifying the files that were transferred and to whom.

(d) CHA/P Training Center Office Space. A CHA/P Training Center should have offices available for instructors which provide an environment that is conducive to high productivity of its faculty in preparation for instruction.

Sec. 5.10.065. CHA/P Training Center Self-Evaluation.

- (a) A CHA/P Training Center** must have a policy on quality assurance (QA)/continuous quality improvement (CQI). This policy must include:
- (1) documentation of post-session meetings for staff evaluation of training sessions and quarterly program reviews.
 - (2) evaluation of CHA clinical encounters.
 - (3) Patient Encounter Form (PEF) evaluation for quality and appropriateness of patient care as delineated by the CHAM.
 - (4) weekly evaluation of the CHA in a learner role.
 - (5) a summary evaluation of the CHA.
 - (6) CHA evaluations of training sessions and individual instructors, and
 - (7) faculty peer review of didactic and clinical instruction.
- (b) The QA/CQI process** must be in effect, documenting that evaluation tools are in use, trends are identified and the continuous quality improvement process is being implemented to address and modify those identified trends.

Sec. 5.10.070. Faculty Continuing Education. A CHA/P Training Center must have a policy on faculty continuing education both in the educational and medical fields. A plan should be developed annually to meet the policy goals.

Sec. 5.20.010. Start-up Certification. A CHA/P Training Center may obtain start-up certification prior to conducting its first training session upon submission of evidence satisfactory to the Board that it will meet the requirements of sections 5.10.010 [certification] through 5.10.070 [faculty continuing education]. Start-up certification shall be valid only until the Board evaluates and acts on the first on-site evaluation, which shall occur during the first training session. At the end of the start-up certification period the Board shall terminate the certification or grant provisional or full certification.

Sec. 5.20.020 Full Certification. The Board shall grant full certification to a CHA/P Training Center that demonstrates substantial compliance with the requirements of sections 5.10.010 [full certification] through 5.10.070 [faculty continuing education], through evidence satisfactory to the Board. Such evidence shall include submission of required materials, satisfactory performance during the on-site review and satisfactory

completion of at least one training session. “Substantial compliance” shall require a minimum of 90% on the Review and Approval Committee CHA Education Program Evaluation Checklist to include meeting all essentials items.

Sec. 5.20.030. Provisional Certification. The Board may grant provisional certification to a CHA/P Training Center with Start-up Certification that is not eligible for full certification under section 5.20.020 provided it meets all the requirements for full certification, except that it is required to score only a minimum of 80% on the Review and Approval Committee CHA Education Program Evaluation Checklist. Provisional certification shall be effective for only six months and may be renewed only one time for a total of no more than one year.

Sec. 5.30.010. Periodic Submissions and Reviews. A CHA/P Training Center fully certified under section 5.20.020 [full certification] shall submit a CHA Training Center Annual Self-Evaluation Checklist each year and shall be subject to on-site reviews, upon reasonable notice, at the discretion of the Board, provided that an on-site review must occur no less often than once every five years. Such a CHA/P Training Center must notify the Board if a change in any of the following occurs:

- (1) the person responsible for coordination of the training within the center;
- (2) 50 percent or more of the staff within a 12 month period;
- (3) Medical Advisor;
- (4) major changes in methods of CHA/P Curriculum delivery to be submitted prior to implementation;
- (5) facilities used for training; or
- (6) administration or finance that affects the viability of the training program.

Sec. 5.30.020. Monitoring. A fully or provisionally certified CHA/P Training Center may be required to submit periodic reports of progress regarding its response to any changes reported under section 5.30.010 [periodic submissions and reviews], or problems or deficiencies noted during any review or on-site evaluation.

Sec. 5.40.010. Probation or Termination. Upon determining that a provisionally certified CHA/P Training Center has failed to achieve full certification within the required time limit or that a provisionally or fully certified CHA/P Training Center has failed to demonstrate continued performance at the applicable levels required under this section, the Board may place the center’s certification in a probationary status or terminate the certification.

Sec. 5.40.020. Conditions of Probation. If the Board grants a probationary status, it must specify the conditions for reinstatement of full or provisional certification, which

must be satisfied within the time frame established by the Board, which shall not be longer than six months. The conditions of probation may include, but are not limited to:

- (1) requiring reports to the Board upon matters involving the basis of probation;
- (2) limiting training to those sessions prescribed by the Board;
- (3) terminating training until prescribed conditions are satisfied.

Sec. 6.10.010. Continuous Review. The Board shall develop and follow a schedule for periodic review, amendment, and adoption of all aspects of the CHA/P Curriculum and standards relied upon in the Community Health Aide Program for Alaska.

Comments and participation shall be solicited from Association of Community Health Aide Program Directors, field staff, community health aides and practitioners, CHA/P Training Center staff, and health care providers who relate in any way to the Community Health Aide Program.

Sec. 6.10.900. Transition. The Board shall use the CHA/P Curriculum, field work guidelines, and other materials and standards developed by committees of the Community Health Aide Directors Association, including the Academic Review Committee (ARC), Review and Approval Committee (RAC), and CHAM Revision Committee, until such time as it can review and adopt such materials under this section.