ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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May 7, 2021

VIA EMAIL
(jimbofur@yahoo.com)

Mr. James Miller, Owner
Medical Response Institute
1155 S. College Street
Winchester, TN 37398

Re: Initial Accreditation Denied

ACCET ID #1590

Dear Mr. Miller:

This letter is to inform you that, at its April 2021 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny initial accreditation to Medical Response Institute, located in Winchester, Tennessee.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the virtual visit team report (visit conducted January 19-20, 2021), and the institution's response to that report, dated March 8, 2021. It is noted that some weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following findings:

1. Standard I-A: Mission

   The institution failed to demonstrate that it establishes and utilizes specific criteria to measure whether it is achieving its mission.

   The team report indicated that the institution did not have policies or procedures to periodically review the mission, measure progress towards achieving the mission, or assess necessary changes to the mission. The report stated that the institution did not provide a metric for measuring progress or effectiveness and was unable to demonstrate or articulate a means of capturing the data required to measure success.

   In its response, the institution indicated that its mission, business plan, and budget will be reviewed at the institution's annual business meeting. It provided a copy of its mission statement and budget for 2021. However, it did not provide any policy or procedures to govern

the periodic review of its mission, plans, and budget. The response did not indicate when the next business meeting would take place, and no evidence of any review of the mission was included to address the concerns noted in the team report.

Therefore, the institution failed to demonstrate full compliance with this standard.

2. Standard II-B: Institutional Management

The institution failed to demonstrate that it develops and effectively implements policies within an organizational framework that is clearly defined, understood, and effective.

The team report indicated that no complete policy and procedure manual was provided during the virtual visit. It stated that personnel job responsibilities are not clearly defined, which was complicated by the limited staff. No clear system to organize and manage the creation and implementation of written policies and procedures was evident. The report stated that, as an example, policies on annual evaluations, classroom observations, externships, planning, and employer satisfaction, lacked systematic and effective implementation, as noted in the applicable standards in this report.

The institution did not provide a response to this weakness; therefore, it failed to demonstrate full compliance with this standard.

3. Standard II-C: Human Resources Management

The institution failed to demonstrate that it develops and implements written human resource policies and procedures that address the supervision, evaluation, training, and professional development of all personnel.

The team report indicated that there was no evidence of in-service or professional development for the twelve months prior to the virtual visit. In addition, the report stated that employee files were missing job descriptions and forms W4/W9 and I-9. Finally, the report indicated that no annual employee evaluation or classroom observations were in evidence.

In its response, the institution provided multiple copies of a blank classroom observation form along with a schedule for observations indicating these will be conducted twice per year. The response also stated that the annual evaluations will be caried out in November of each year. It indicated as well that instructors must complete 40 CEUs per year. However, while the response stated that a classroom observation has been completed in January 2021, this was not included in the response. The response noted that student surveys had been carried out and the results communicated verbally to the instructor, but no written evidence of this was included in the response. The response did not provide documentation of any of the CEUs completed by the instructor and did not include a copy of the instructor's Form I-9.

Therefore, the institution failed to demonstrate full compliance with this standard.

4. Standard III-B: Financial Procedures

The institution failed to demonstrate that it assesses its finances at adequate intervals, not less than quarterly, or that written policies and procedures exist for proper financial controls. It did not demonstrate that cancellation and refund policies are written, fair, and equitable; are consistently administered; and comply with statutory, regulatory, and accreditation requirements.

The team report indicated that budgeting policies and procedures were not effectively driving budget planning cycles and decisions. It stated that there was no clear separation of accounting duties between the institution's two employees.

The team report further indicated that the institution's cancellation and refund policy did not indicate that the institution would compare refund calculations using both the THEC and ACCET policies and provide the refund more beneficial to the student. The report further noted that the institution did not have a refund calculation worksheet to ensure consistency in refund processing.

In its response, the institution provided a budget for 2021, but it did not address the team's concern relative to budgeting policies and procedures. As a result, it remains unclear how there is a "broader construct aimed at annual budgeting considerations."

Relative to the separation of accounting duties, the institution provided a copy of its policy, which indicates that the lead instructor will collect payments and the director will reconcile and make bank deposits; however, the institution did not demonstrate implementation of the policy. Further, no evidence was provided to verify that the instructor has been trained on payment collections, and an updated job description (or similar/equivalent documentation) was not provided to show the instructor understands these responsibilities.

Finally, the institution's enrollment agreement now says that "At the time of withdrawal the THEC and ACCET refund policies will be compared, and the student will receive the one that is most beneficial" -- but both policies are not stated and defined. Further, all items required by ACCET Document 31 – Cancellation and Refund Policy are not included. The institution submitted a "Refund Calculation Form" that defines how to calculate refunds and provides a sample calculation, but it is not a worksheet that helps the institution perform the calculation for a withdrawn/terminated student. Further, the institution did not submit any documentation to demonstrate the implementation of its cancellation and refund policy. Refund policies and procedures, including who is responsible for calculating refunds, were not included in the SOP manual provided in the response. As a result, effective implementation and observable results were not in evidence.

Therefore, the institution failed to demonstrate full compliance with this standard.

5. Standard IV-B: Program/Instructional Materials

   The institution failed to demonstrate that learning materials are up to date.

   The team report indicated that the institution was using Kinn's *The Medical Assistant* 12th edition (2014) as its primary text, due to its affordability for students. However, the report stated that the text is outdated and does not address changes in the field made subsequent to its publication.

   In its response, the institution indicated that the only difference between the last edition and the new edition of the text is the chapter on ICD codes. It noted that it was considering using e-texts and would be using the newer edition in the summer of 2021. As no change to the text has yet been made, whether hard copy or e-book, the institution has not addressed the weakness cited in the team report.

   Therefore, the institution failed to demonstrate full compliance with this standard.

6. Standard IV-C: Externships/Internships

   The institution failed to demonstrate that it has established and follows written policies and procedures for the supervision and evaluation of externships/internships to ensure consistency and effectiveness.

   The team report indicated that the institution's clinical externship was optional and occurred only after successful completion of the program. The institution provided a clinical hours log to document student attendance and performance on the externship, but no completed logbooks were available to the team for review. The team report stated that there was no evidence of Externship Performance Evaluations of students or documented vetting or evaluation of potential clinical sites. Rather, clinical sites were chosen by the Director of Education based on personal knowledge of previous known contacts in the field. No documented agreement was executed between MRI and the clinical site.

   In its response, the institution stated that it previously had mandatory externships but discontinued this practice two years ago, making the externship an optional component of the program. It indicated that it has made the externship a mandatory part of the program, and submitted several documents related to externships, including an externship clinical hours log, an externship vetting form, an externship evaluation form, and an externship agreement package for students. However, it only provided blank documents associated with the externship and failed to demonstrate any evidence of implementation. Further, no evidence was provided to demonstrate that the institution had notified RHEC of the change to its program.

   Therefore, the institution failed to demonstrate full compliance with this standard.

7. Standard IV-D: Curriculum Review/Revision

   The institution failed to demonstrate that it implements effective written policies to continuously monitor and improve the curriculum.

   The team report indicated that there was no documented evidence to demonstrate regular and consistent curriculum review.

   In its response, the institution indicated that curriculum will be reviewed at its annual business meetings and that quarterly business meetings will be conducted to address any program or textbook issues. The response included copies of the recently revised program syllabus and lesson plan. However, while the institution provided an updated syllabus and daily lesson plan, it did not provide an updated policy and procedure governing curriculum review and revision, and it also failed to provide any meeting minutes or other documentation of the process taken to make the revisions it made. As a result, systematic and effective implementation in practice over time has not been demonstrated.

   Therefore, the institution failed to demonstrate full compliance with this standard.

8. Standard VI-B: Supervision of Instruction

   The institution failed to demonstrate that supervisors of instructional personnel demonstrate good practice in the evaluation and direction of instructors, or that regular classroom observations are conducted at least annually by qualified supervisors and, along with student and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction.

   The team report indicated that, prior to the virtual visit, no class observations by the Director had been completed. On day one of the visit, the Director completed a written observation, but there was no documentation of feedback to the instructor. In addition, the report stated that there was no documented evidence to demonstrate the institution's policy of annual evaluations of staff/faculty, as noted in Standard II.C – Human Resources Management above.

   In its response, the institution provided a copy of its policy on the supervision of instruction, which states that instructors will be observed at the end of the first and third quarters of each year. In addition, the policy indicates that an annual evaluation will be conducted in November 2021. The institution's narrative response noted that it has one instructor, who is also the Director of Education, and that the school Director supervises her. It stated that it had not previously documented the sharing of student survey data with the instructor which in the past had been communicated verbally. It noted that, starting in April 2021, student survey information will be included in its quarterly evaluations. However, no evidence of any feedback given to the instructor was provided; as a result, the institution has not demonstrated in practice the systematic and effective implementation of its policies and procedures relative to instructional supervision.

Therefore, the institution failed to demonstrate full compliance with this standard.

9. Standard VI-C: Instructor Orientation and Training

The institution failed to demonstrate that regular and relevant in-service training and/or professional development of instructional personnel are conducted and documented.

The team report indicated that there was no process of systematic ongoing professional development, especially in the area of teacher development. The report stated that the institution's policy requires instructors to maintain 40 hours in the field of medicine per year, but there was no documented evidence that the institution's one instructor had completed this training in any of the previous five years.

In its response, the institution provided copies of its employee handbook and standard operating procedures, which include the requirement that an instructor complete 40 hours of medical continuing education or volunteer work at a free clinic. The narrative response reiterated the response to Standard VI-B Supervision of Instruction above but did not address ongoing instructor professional development except to restate the requirement for 40 hours (CEUs) of training. No policy or procedures governing ongoing professional development for faculty or documentation of any training taken by the instructor was provided in the response.

Therefore, the institution failed to demonstrate full compliance with this standard.

10. Standard VII-B: Admissions/Enrolment

The institution failed to demonstrate that its written policies for admissions and enrollment are clearly stated, defined, and in compliance with statutory, regulatory, and accreditation requirements, and that reliable and regular means are utilized to ensure that, prior to acceptance, all applicants are able to benefit from the education and training services, consistent with ACCET policies.

The team report indicated that the institution did not require students to have a high school diploma or GED, only that students must have a high school diploma or GED in order to sit for the NCCT national certification exam. Students without a high school diploma or its equivalent were permitted to take an internally-designed entrance examination, which was approved by THEC but was not a US Department of Education approved ability to benefit test, as required by ACCET Document 23 – Admissions Requirements and Ability to Benefit.

In its response, the institution indicated that it no longer permits the use of an entrance examination in lieu of a high school diploma or equivalent. A copy of the updated catalog was provided as an exhibit to demonstrate the new policy. However, the Admissions Procedures/Requirements on page 13 still reflect that the requirement of a high school diploma or equivalent is to sit for the NCCT certification examination, and that the institution's THEC-approved entrance examination is given for enrollment.

Therefore, the institution failed to demonstrate full compliance with this standard.

11. Standard VIII-A: Performance Measurements

The institution failed to demonstrate that performance measurements are written, periodically evaluated, and updated to ensure instructional effectiveness, and that the institution clearly and effectively communicates the assessment system to students.

The team report indicated that the institution's assessment system is not communicated clearly to the students, as the syllabus only mentioned five exams being given during the program. There was no policy or procedure describing how the grade for the course is determined or how the student's skills are assessed. The team report further stated that the five written exams determine the final grade for the entire 10-week program and that, while quizzes were given regularly, they did not impact the grade. No rubrics or other instruments are used to assess practical skills, and no grade was provided for practical assessments.

In its response, the institution indicated that it has added exams after each chapter, and that these chapter exams are averaged together to be a sixth exam in addition to the five already being used. The six exams are weighted equally. A copy of a clinical skills check-off sheet was included as an exhibit, along with a grade compilation sheet and three exam record forms. However, all the forms and documents provided were blank, and no evidence that the assessment systems are communicated to students was included. Consequently, the systematic and effective implementation of the institution's assessment system has not been demonstrated in practice.

Therefore, the institution failed to demonstrate full compliance with this standard.

12. Standard VIII-B: Attendance

The institution failed to demonstrate that it implements written policies and procedures for monitoring and documenting attendance.

The team report indicated that the instructor did not take attendance; rather, students marked themselves arrived on the attendance roster once they enter the classroom. The report further stated that this system did not allow for the tracking of tardies or early departures. Finally, the team report noted that cumulative attendance was not tracked by the institution, so it was unclear how warnings and terminations were implemented.

In its response, the institution stated that the instructor is now responsible for taking attendance and provided a copy of its updated attendance policy and a blank attendance roster form. However, neither the form nor the policy provided guidance on tracking tardies or early departures, and no evidence was provided to demonstrate that the new policy has been systematically and effectively implemented in practice.

Therefore, the institution failed to demonstrate full compliance with this standard.

13. Standard IX-B: Employer/Sponsor Satisfaction

The institution failed to demonstrate that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services of the institution.

The team report indicated that, while a written policy and procedure and an accompanying survey have been created, they have not been implemented, and no documented employer feedback or analysis of that feedback was in evidence.

In its response, the institution indicated that it has updated its employer survey form and will conduct the survey for employers who hired graduates from the November 2020 cohort starting March 12, 2021. A copy of the revised employer survey was included as an exhibit, along with copies of a blank and a completed employment verification form. However, the employment verification form verifies a graduate's job placement and does not solicit employer feedback. As no surveys have been conducted, either before or after the virtual visit, the institution has not demonstrated systematic and effective implementation in practice of its policy on employer feedback.

Therefore, the institution failed to demonstrate full compliance with this standard.

14. Standard IX-D: Completion and Placement

The institution failed to demonstrate that it has established and implemented written policies and procedures that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement.

The team report indicated that the 2019 placement rate for the Medical Assistant program was 43.33% (30 eligible/13 placed), which is in programmatic probation range and below the ACCET placement benchmark of 70%.

In addition, the team report stated that the institution did not provide a completed ACCET Document 28.2 - On-Site Sampling Verification Form (OSVF). Rather, it provided a spreadsheet it uses to report job placement information to the state licensing agency. The spreadsheet did not indicate if the placement is full-time, part-time, or temporary, which is information required by ACCET Document 28 – Completion and Job Placement Policy. The report further indicated that no employment verification forms were provided. As a result, while it appeared that the placements reported on the THEC spreadsheet were training-related, it was impossible to ascertain if they met the criteria for employment required in ACCET Document 28.

In its response, the institution provided an updated employment verification form that includes part-time and full-time as placement categories, along with a blank ACCET Document 28.1, 28.2, and 28.5. The response indicated that the institution had "followed up on" the November 2020 cohort, and provided a single, completed employment verification form, noting

the graduate as a full-time placement. However, the response did not address the below-benchmark placement rate for 2019, and no updated Document 28.1 for 2019 was provided. Further, with only one completed employment verification form submitted, the institution has not given any evidence that placement outcomes are tracked systematically and effectively to validate the quality of the education and training offered by the institution.

Therefore, the institution failed to demonstrate full compliance with this standard.

Since denial of initial accreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at www.accet.org.

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of $9,500.00, payable to ACCET, for an appeals hearing.

In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.

- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and

- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

Initial applicants are advised that, in the case of an appeal following a denial of accreditation being initialized in accordance with ACCET policy, the institution may not make substantive changes to its operations, such as additional programs or sites, until a notice of final action is forwarded by the Commission.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,

Judy Hendrickson

Judy Hendrickson
Interim Executive Director

JHH/sef

cc: Mr. Herman Bounds, Chief, Accreditation Division, USED (aslrecordsmanager@ed.gov)
Ms. Charity Helton, Specialist, USED (charity.helton@ed.gov)
Ms. Stephanie Bellard Chase, Asst. ED Postsecondary School Authorization, TN Higher Education Commission, (stephanie.bellard@tn.gov)