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ATTITUDES AND ACTIONS OF GENETIC COUNSELING PROGRAM DIRECTORS
REGARDING STANDARDS FOR ACCREDITATION OF GENETIC COUNSELING
TRAINING PROGRAMS

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Abstract

Academic accreditation is a common feature of higher education, with a moderate body of literature. Previous studies largely focus on factors that are crucial to the implementation or acceptance of standards. This study explored how education standards of genetic counseling are perceived and interacted with by program directors. We performed semi-structured interviews with current program directors, assistant directors, and associate directors to gain insight into their perspectives on current accreditation standards and the standards' revision process.

Interview transcripts were analyzed via thematic analysis to identify common themes related to program directors' perceptions of the standards and accreditation as a whole. The major themes found were perception of accreditation, benefits of standards, challenges of standards, flexibility, clarity, implementation, revision process, and administration. Overall, program directors view accreditation favorably as a concept and find benefits in the current standards. Benefits included alignment of standards with institutional goals, mandated self-reflective approach to education, and standards as a bargaining chip. However, there are challenges that the directors face and concerns they have both about the standards and about aspects of the accrediting body. The challenges included resource drain, undue restrictions, and challenges born of geographical differences.

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Introduction

Academic accreditation (often referred to as quality assurance in the literature) is a common feature of higher education with nearly 4300 universities accredited in the US (National Center for Education Statistics, 2017). Accreditation is meant to act as quality control, ensuring that the education students receive is sufficient and consistent between accredited institutions. Specific programs within institutions are often accredited by external bodies; this accreditation can be either mandatory or optional, depending on the degree and field (Eaton, 2015). Genetic counseling programs in the US and Canada are accredited by an organization called the Accreditation Council for Genetic Counseling (ACGC). The accreditation of the programs is functionally mandatory; if a program is not accredited, its graduating students are not allowed to sit for the certification exam, and certification is a requirement for the practice of genetic counselors throughout North America (American Board of Genetic Counseling, 2021).

Previous studies have explored many facets of accreditation, particularly around factors that are crucial either in the implementation of standards or the acceptance of standards (Overberg, 2019; Grus, 2019). Hinchcliff et al. (2013) found four factors that are crucial to the effective implementation of accreditation programs: accreditation is collaborative, valid and uses relevant standards; accreditation is favorably received by professionals; organizations are capable of embracing accreditation; and accreditation is “appropriately aligned with other regulatory initiatives and supported by relevant incentives” (p.1). Similarly, Greenfield et al. (2014) looked at factors that affect acceptance of standards, and found the greatest impact was related to collaboration, inclusion, standards grounded in evidence, and promotion of participation.

Beerkens et al. (2017) explored ways in which different stakeholders viewed accreditation and what they valued most in it. They found that academic staff “values greatly quality assurance for

internal development and seems to value the reflection that a good assessment procedure encourages” (p. 11). Other papers have explored factors that influence how the heads of different programs react to new standards. Casile and Davis-Blake (2002) looked at how being the head of a program at a public university versus a private university affected the decision to maintain or pursue accreditation, finding that private universities reacted more strongly to economic factors (economic gains that may arise from accreditation), while public universities reacted more strongly based on normative factors.

Golnik et al. (2008) investigated the barriers to compliance that faced program directors. They found that the most significant barrier to compliance was resources (financial and staffing), and that a significant number of program directors did not feel they had sufficient resources to become compliant. Heard et al. (2002) explored a similar topic by looking at program directors’ self-reported needs to become compliant with a set of new standards. They found that while program directors felt informed and understood the standards, they were not well prepared to meet them due to directors’ limited time, lack of support staff, and shortage of funding.

Previous papers examining the process of accreditation standard revision are sparse. Greenfield et al. (2014) examined a revision cycle for The Royal Australian College of General Practitioners’ guidelines to determine the process, required resources, and evaluation outcomes. They found that the process consisted of several phases, involved over 100 individuals with various expertise, and was shaped by several factors including resource/time requirements, stakeholder engagement, and final product. There have also been articles published with recommendations for revisions to accreditation standards from individuals and collectives (Engels, 1991; Janke et al., 2013).

Previous studies largely come from the perspective of the accreditors and seek to understand the best ways to manage various stakeholders. This study explores the perspective of one of the key stakeholder groups, program directors, in currently accredited programs to learn how they perceive and interact with accreditation standards of genetic counseling.

ACGC released revised standards in October 2019, with a deadline for compliance on May 1, 2021. Interviews for this study were conducted in February and March of 2021, with the hope that the topic is still fresh in the minds of participants.

Methods

Participants

Eligible participants in this research included current program directors, co-directors, associate directors, and assistant directors of accredited genetic counseling programs in the US and Canada. These individuals were chosen due to their likely familiarity with current accreditation standards and presumed first-hand experience of the influence of standards on genetic counseling education. Quotations for participants are attributed with a naming system designed to protect their confidentiality. This study was approved by the Sarah Lawrence College institutional review board.

Instrumentation

A semi-structured interview format was used. The interview protocol was constructed by consulting existing education accreditation literature and refined by consulting one current program director and one associate director. Finally, the protocol was piloted in a mock-interview, with feedback elicited from the interviewee to ensure the protocol was comprehensive and succinct.

Procedures

Participants were invited to participate via the genetic counseling program director's listserv.

Potential participants received a link to the study's consent form and proceeded to indicate their interest by selecting a one-hour time slot from an online calendar tool.

Interviews were conducted via Zoom video chat, with audio automatically recorded and transcribed. The audio was then reviewed by the primary investigator to ensure the transcription was accurate. After the transcript was reviewed for accuracy, the audio file was destroyed and the transcription was cleaned of identifiers using the safe-harbor method.

Data Analysis

An initial codebook to analyze the transcripts was developed deductively based on the interview protocol, literature review, and common themes that emerged through the interviews. This codebook was then applied to all transcripts using open coding on a qualitative data analysis tool called Dedoose. The codebook was reexamined by reference to all coded segments to add additional codes to cover emergent themes and eliminate unused, redundant, or irrelevant codes. The revised codebook was used to recode all transcripts, with a final read-through of all coded segments to ensure coding was consistent. The data was then analyzed for common themes and emergent patterns utilizing thematic and cross-tab analysis.

Results

Participant demographics

Thirteen individuals agreed to participate in this study. All thirteen completed the full interview protocol. Participants had an average of 25 years of experience in the field of genetic counseling (with a range of 12 to 40 years). Participants had been working as a program director for an

average of 14.5 years (with a range of 4 to 25 years). Approximately three quarters (10/13) worked at a public university and one quarter (3/13) worked at a private university. Similarly, three quarters (10/13) worked at programs in the United States of America, whereas one quarter (3/13) worked at programs in Canada. Nearly all (12/13) participants had experience volunteering with the accrediting body, ACGC, and six had served on the ACGC board.

Thematic analysis

Thematic analysis of the data found numerous themes regarding program directors' perceptions of the standards and accreditation as a whole. The major themes are general impressions of accreditation, benefits of standards, challenges of standards, flexibility, clarity, revision process, and administration.

General impressions of accreditation

The interviews began by exploring the participants' general thoughts and feelings regarding accreditation standards as a whole. The participants universally agreed that accreditation standards are generally a good thing to have, with six out of 13 participants stating they are "important," and others using words such as "necessary," "essential," and "needed."

The most frequently cited benefit of accreditation was protection of students, with participant J saying, "The role of accreditation is to protect the students, so a student who applies to a program that's accredited should get the stamp of approval that their education is vetted." A similar idea was stated by other participants, with M saying that accreditation standards "maintain quality education...and consistency across graduate programs."

While accreditation as a whole was favorably viewed by the participants, some caveats were expressed; participant C stated, “There are some downsides for programs. But I mean, if I have to encapsulate my opinion overall, it's sort of like a necessary evil.” While participant K summarized accreditation by stating simply, “It’s really important, but it’s really no fun.”

One notable finding was that directors tended to state that the standards improved other programs more than their own. When asked if the standards improved all programs, nine of the participants stated yes, one stated no, and three were equivocal. When asked if the standards improved their own program, four stated yes, four stated no, four were equivocal, and one declined to answer [Table 2]. Stated reasons for improvement included setting a high minimum bar, forcing evolution of static programs, use of standards as a bargaining chip with one’s institution, self-reflective education, and adding things to a program that leadership may not think to add. Reasons that participants stated the standards did not improve a program included setting a low minimum bar, acting as a hinderance, lack of notable benefit, and missing standards on specific topics/points.

Benefits of current standards

Along with viewing accreditation generally as a positive concept, program directors mentioned specific benefits of standards, including using standards as a bargaining chip, mandated self-reflective approach to education, and alignment of standards with program and institution goals.

Standards as a bargaining chip

Using the standards as a form of leverage with their institution was discussed by a third of participants (4/13). It was often discussed in the context of needing resources (particularly financial and staffing) from their institution or in controlling the components of a program.

The institution loves us. They have no problem supporting us as long as we don't ask for any money. So, when we do need something, it's quite a big deal...If we are able to use this new standard and in a way that can get us some slightly increased resources, this would be...an excellent outcome of the new standards. (Participant C)

The average administrator really does not understand how genetic counseling programs are delivered...And so we have, multiple times, brought standards to the attention of administrators who would like to push things in different directions, to say 'that is not allowed, we would be in violation of the standards and we would lose our accreditation,' and so that comes with a very significant amount of power. (Participant B)

Several participants spoke about being able to utilize the standards as way to secure resources and autonomy for their programs within their sponsoring institutions.

Self-reflective approach to education

Another benefit mentioned by multiple directors (5/13) was the value of the review process: by going through the standards and thinking about the ways in which their program met those standards, the director and leadership team would reflect deeply about every aspect of their program and consequently have a better understanding of their program and/or find ways in which to improve. Participant G described this process in the following way: "Going through the exercise of making sure that your program is meeting the standards does yield a reflective approach in education design, and it challenges us to be a bit deliberate in what we're choosing to do and why." Similarly, Participant B stated, "I would also say as the standards evolve it sort of forces you to go back and look at how are we doing certain things." Program directors expressed appreciation for the careful consideration required by accreditation.

Goal alignment

Participants were asked if the standards aligned with the goals of their institution. Seven said there was alignment, two said there was not, two had ambivalent feelings, and two did not answer. One example of goal alignment given was the changes to the standards allowed for new opportunities for programs that may have been limited previously.

We had a mission to grow the program, but we couldn't grow the program unless we found a way to reorganize our clinical training and not overburden our supervisors, and having the new standards as a guide allowed us to do that. (Participant E)

Challenges of current standards

Along with the benefits came a number of challenges related to the standards. Among them were undue restrictions, resource drain, and challenges born of geographical differences.

Undue restrictions

Multiple participants mentioned that one or more of the current standards limited their ability to run their program in the way they envision it. Participant F described it this way: "They actually limit us from being as cutting edge as we'd like to be." The most frequently cited difficulties involved restrictions related to fieldwork supervisors or experiences that qualified for inclusion in the required logbook (a record of client encounters each student participates in to develop practice-based competencies): "I think that in certain situations...it needlessly limits participatory cases and cases that I think have value" (Participant H). This challenge was also connected to the problem of genetic counselor supply: "I get it, but at the same time I feel like it just makes it more restrictive when we know that the bottleneck is fieldwork." (Participant D).

Additionally, some participants expressed concerns that the recent revisions would restrict prospective future directors: “I think the program director job qualifications and training in the new standards is excessive. I think it really limits the pool...especially the requirement that deals with the volume of hours for student supervision of GC students” (Participant G). Though, a few participants did see benefit in some of the requirements: “I think for the directors and leadership, requiring some more stringent qualifications...I think those were really important, positive directions for leadership as well” (Participant A).

Several participants expressed concerns that the revised standards are restricting them from running their program the way that they desire. There were also concerns about how the revisions may restrict programs in the future, but these were necessarily speculative and not widely shared.

Resource Drain

Participants named concerns that the standards or changes to the standards can drain a program’s resources, particularly finances and the director’s time: “Yeah, some things take significant time and energy....Some are just very simple and the others are definitely, when you start looking into all the required reporting steps, it's very significant” (Participant B). Time requirements were often connected to not only the amount of paperwork that needs to be done for accreditation, but also the time spent on interpretation and clarification of unclear standards.

Time is always an issue...the piece that we're working on, what are we struggling with right now, which is like documentation of the...ongoing training of our clinical supervisors. We have hundreds of them. And we're like, well, where do we need to put

this in, what are we going to do...how are we going to prove it...are we going to say we did it or we're going to need to prove it. (Participant F)

It's just that it requires programs to spend so much time and energy on these things...I'd much rather be spending my time with students and mentoring and talking with them and fostering they're learning and having workshops and not just sitting writing a bunch of stuff for hours and hours and hours and hours. (Participant C)

Of the challenges for participants at Canadian programs, resource drain was mentioned as being one of the more significant, as finances compounded with the challenge of geographical difference.

The costs are always offset to the students. So, if the program can't break even, tuition goes up. So, every time, like even accreditation fees or site visit fees. You know, what's \$5,000 for you is \$7000 for us. That's a significant jump in in the total cost. (Participant 2)

Multiple directors expressed concerns about the drain on time and money that the standards can cause. These problems can be exacerbated for Canadian programs due to the exchange rate when paying fees.

Geographical differences

Multiple directors noted that geographical location amplified or altered challenges in difficult ways. Most of these points came from Canadian directors, with one American director noting difficulties related to their state.

I'm always looking at it from a Canadian lens as opposed to an American lens, so just making sure that standards are mindful of some of the differences we have, whether it's certification of genetic counselors or medical geneticists or some of the legal, sort of like legal frameworks. (Participant 2)

Geographical differences were frequently framed by reference to local, state, province, and federal laws that may prevent a program from following the standards in the way they are written: “One of the clinical competencies was that we have to be able to know how to offer a test...which has some licensure legal implications in certain of our provinces and we might not be able to do that” (Participant 3). Analogously, challenges arose from laws that shape recruitment from underrepresented groups:

Another place that I think is well intentioned but misses the mark or is difficult to adhere to is some of the new language about diversity, equity, and inclusion. Because people have state laws, especially those of us at state institutions where we can or cannot ask certain things and on applications or in the pipeline...It doesn't mean that we're not out there, doing our best to enhance the pipeline. (Participant 4)

A similar problem discussed was the way in which increasing diversity is approached. It was mentioned that diversity in some Canadian provinces may look very different from diversity in the USA: “Our population base is quite different. Our diversity is naturally much much higher... Diversity in my province looks like indigenous peoples and French speaking peoples...English people in my province are the minority” (Participant 3).

To some programs, addressing broader areas such as cost may reduce a significant barrier to increasing diversity.

And so every time there's a cost...it's going to end up in some way, shape, or form coming back to the student and our students already pay a huge tuition fee...I think it limits who applies to the program, limits the diversity in the profession. It's really, if you're from a higher socioeconomic group, then you can be a genetic counselor...you better come from a high socioeconomic bracket, or you're going to be paying student fees until you retire. (Participant 2)

A unique difficulty faced by the Canadian programs is the need to learn about multiple healthcare systems, such that they also have to be familiar with American laws regarding medical privacy and genetic information.

Some of the components I feel are not quite relevant, I guess...There are content areas that we need to teach that have to do with some of the privacy laws in the US, like HIPAA...that our students tend to maybe not do so well in that column on the exam. But I can't worry about that. I don't think it's reasonable to worry about that. (Participant 3)

Participants mentioned that the unique challenges they faced lead to a feeling that the standards may begin to lose relevancy to the Canadian programs as the differences grow: “There may, at some point, need to be a separate sort of committee for Canadian programs versus, you know, versus American programs” (Participant 3).

Other findings

We also explored ways in which the participant would handle a standard that they found to be particularly challenging or unfair. The responses included consulting another PD (8/13), consulting an internal institutional committee (2/13), contacting the ACGC (12/13), approaching the ACGC to have the standard changed (4/13), and following the standard anyway (7/13).

Participants were specifically asked about their views on submitting a petition for variance. One participant stated they have submitted a petition for variance, nine had never submitted one, and three had not heard of the option. When asked about their comfort with the idea of submitting a petition for variance, eight people stated they were comfortable, one stated complete discomfort, and four stated they were somewhat uncomfortable. Participant C explained, “I think I would be quite comfortable...I'm quite confident in our program. And I'm confident in the way we do things.” Reasons given for discomfort were cost, complexity, risk to reputation, and lack of transparency: “I think it, as it's outlined on the documents on the website, it seems like an expensive and complicated process” (Participant G).

Flexibility

Flexibility of standards was one of the most mentioned topics in the interviews with nearly all (12/13) participants discussing it at some point. It was also the most common benefit mentioned when discussing positive changes that followed from the most recent revision to the standards: “It allows us more flexibility to use what we've got, rather than twist ourselves into pretzels” (Participant C) and “I guess I would say that the standards give you the leeway to expand on anything you want to expand on” (Participant K). Impressions of how much flexibility there is currently varied significantly between participants, with some stating that there is not enough overall flexibility, some stating that there is actually too much flexibility, and most saying that there is enough in some areas and not enough in others.

They don't want to box people in and the field is so fluid... but yet, there's extremely specific language in other sections and so I just find the choices of where they're

extremely specific and where they are very general to not be the choices that I would make. (Participant L)

Though flexibility was the most frequently cited reason for being pleased with a new standard, there were occasional discussions of how flexibility can be detrimental. Often, directors would quote specific standards or areas to exemplify their opinions.

We went from a very prescriptive standard which I didn't agree with, to be perfectly honest with you, it was very prescriptive, you had that 50 cases that had to be from these categories, which was very prescriptive, to there's basically no direction, so every program is really going on their own, and I think that's too wide now. (Participant J)

Programs are very pragmatic...we often will use who we have and if there's an expert in pharmacogenomics, great, we'll teach that. And if we don't really have somebody for teratology, I guess our tendency would be to not try to teach it...But if it's an accreditation standard or required curricular component, well then we'll really go out and find it. (Participant C)

Flexibility was one of the most frequently discussed topics throughout the interviews, with directors discussing their appreciation of flexibility, concerns around excessive flexibility, and how flexibility may interact with limited resources in a negative way.

Clarity

There was variability in the perception of the clarity of the standards. Some (3/13) felt the standards are clear and could be interpreted without assistance: "I think they're pretty specific in

terms of all the details, like, you read them, you know what you're supposed to do” (Participant G). Over half (7/13) felt there were areas where the standards could be clarified:

I just think maybe more depth in terms of what they're looking for, for implementation...I don't know if it had to be in the standard itself, because I think there are places it needs to be a little broad to allow for variability but a companion explanation document maybe.

(Participant A)

Several (3/13) thought there was significant lack of clarity: “I don't think they are clear and that's why there were so many discussion points and emails and meetings to try and truly clarify”

(Participant D). Notably, directors at private institutions appeared more likely to state that they felt there were areas of the standards that were unclear.

Participants perceived intentional vagueness in the standards as a way to allow for interpretation and variability between the programs: “And if it's vague at all, I think it's intentionally vague”

(Participant C). While suggesting purposeful vagueness might enable the flexibility discussed above, examples were provided where vagueness contributed to confusion and frustration.

I think sometimes figuring out what they want was sometimes difficult...in the standards, it would say something fairly vague...a general statement about what the intention was of the advisory committee or advisory board external board. And then when we would submit, and they would come back and be like, ‘Well, that wasn't specific enough. We want you to meet more often.’ Like, could you just tell us that? (Participant A)

Some participants mentioned that this vagueness could also lead to fears of falling out of compliance. “These kinds of details can be misunderstood and could leave a program being out of compliance if they're not really clearly delineated” (Participant B). Further,

When we don't have clear expectations and we don't have clear guidelines, it can be very stressful to figure out, am I compliant, am I doing all the requested activities, and I think that's why there's been a lot of questions. (Participant D)

There was variance in the degree of clarity directors perceived within the standards. While some felt they were sufficiently clear, many felt there were areas in which the standards could be clarified. Some interpreted the perceived lack of clarity as intentional to allow variance between programs, while others expressed fear of falling out of compliance due to misinterpretation of the standards.

Revision process

Multiple aspects of the process of revising the standards were discussed by participants, with the greatest focus on the extent of their participation and the degree of influence their participation had on the final standards.

Level of participation

The level of participation varied significantly. Two participants claimed no participation in the process: “I was just totally swamped and it just, I never got to it...I'm just trying to keep up with my day to day” (Participant C). Both of these participants noted they felt comfortable not participating because their colleagues had already voiced opinions similar to theirs: “Most of the things that I would have commented on were included in that overall comments, so I didn't

personally have to respond” (Participant H). Eleven participants commented on the standards during the revision process: “Yep, I definitely added some comments” (Participant B).

Additionally, several mentioned participating in the revisions process as representatives of ACGC (2/13) or AGCPD (2/13): “I’m on the board... I made a comment... I may know... why ACGC made the decision, but it doesn't mean I agree with it as a program director” (Participant 1).

Some participants expressed fear of repercussions if their comment was controversial.

You wouldn't want to be seen as somebody who's, like, the squeaky wheel...if somebody on the board is on the reaccreditation committee and they're reviewing your application, you don't want them to already see you as difficult and then view your application with that lens. (Participant K)

It was commonly expressed that a director would be more vulnerable if they were newer to the role, at a younger program, or if their program was up for reaccreditation soon after the commenting phase: “I would have a much harder time feeling like I could be open about my concerns in a year where I was having people come and my program was up for review” (Participant L).

These fears were also acknowledged by participants who did not feel it themselves: “I think some program directors are afraid because of accreditation and that...[comments] would could come back to them” (Participant M).

Perceived impact of participation

Nearly all participants engaged in the revision process and felt their participation had some impact: “I’d like to think that it made a difference... I think there were ways that program directors can have an impact” (Participant E). One participant stated they felt they had a high impact, four participants said they felt their impact was high in some areas and low or nonexistent in others, six stated they had low or no impact, and two were uncertain about the impact of participation. The level of impact they felt they had varied widely and was shaped by perceptions of their personal contribution as well as impressions of the accrediting body’s response to their contribution: “Well, I think they asked for comment, and then they didn’t address any of the comments...I had to write to the board three times” (Participant J); “I do not feel like our opinions were taken into consideration very well during the formation process, and I feel like our concerns that were expressed during the comment period were dismissed” (Participant L).

Some participants mentioned that they felt that program directors who were on the ACGC board had a greater level of impact than non-board-members: “Very little is actually taken into consideration, unless it’s a program director who’s on the board or on the task force” (Participant L). Similarly, there was a perception that program directors as a collective had more influence, such as in the case of working through the Association of Genetic Counseling Program Directors (AGCPD): “I know that there were a couple things here and there that I think were tweaked after the AGCPD came out with some comments” (Participant H).

Nearly all participants engaged in the process of standard revision, from giving their input to being a representative of one of the major bodies. The perceived level of impact varied widely

and was shaped by perceptions of their personal contribution as well as impressions of the accrediting body's response to their contribution. Some directors mentioned that they felt impact was higher for individuals on the ACGC board and for groups, such as the AGCPD.

Accreditation administration

Discussion of accreditation standards frequently led to the participants describing their views of the accrediting body itself. Views highlighted the topics of transparency, review process (reaccreditation and annual reporting), and genetic counselor (GC) mentality.

Transparency

Multiple participants expressed that they felt the accrediting body was transparent and communicated well with the directors: "I think they've done a really nice job being transparent and trying to work with the groups" (Participant K). Alternatively, some participants expressed a perceived lack of transparency behind the decisions about revisions to the standards: "What I have a problem with is when you do have an issue that there's not transparency on how they made the decisions of which changes they were going to make, which ones they chose not to" (Participant J).

Participant 5 discussed how being on the board gave them greater insight into how the board operates, leading to a change in perspective on how to interact with them: "[After being on the board,] I see that they're real people and that...they think about decisions carefully and that they, you know, they're not just some nameless, faceless board that has no context for how programs are running" (Participant 5).

Review process

Review processes such as reaccreditation and annual reporting were often discussed by participants. Some directors felt that it was vexing: “I think that the program review process is problematic, tremendously so” (Participant D). A few directors felt there was redundancy when showing compliance: “You know, there are times when I...feel like I am answering the same question over and over and over again...when I’m going through accreditation” (Participant I). For some, the issues were magnified due to the manner of submission, with multiple participants expressing dissatisfaction with the web portal used: “[the web portal] is very problematic and so to have very complicated intersecting standards and...make sure that you're in compliance is not well defined from an administrative perspective, and so there is not a sufficient portal to support programs” (Participant F).

The review processes, including reaccreditation and the annual report, were considered problematic from a technical perspective by many of the participants. The participants indicated the greatest problems were with redundancy and the web portal used for submission.

Genetic counselor (GC) mentality

Multiple participants invoked the idea of the accrediting body reflecting a “GC mentality” characterized by hyper-attention to detail and, at times, an enjoyment of rules:

We are crazy detail driven, like crazy. Like, you know, the devil’s in the details, so to speak, and I believe that the way the standards were written reflects some of our worst characteristics as a profession, in terms of loving to dot every “i” cross every “t.”
(Participant F)

Participants discussed that this trait is often beneficial to our profession as a whole, but that it may become overbearing at times.

I think genetic counselors in general, sometimes, maybe, I don't want to stereotype, but might have a hard time letting go of all the details and getting too far in the weeds. So, I think it is hard sometimes to step back a little bit and let programs have a little bit more agency over how they do things. (Participant I)

Participants explored the idea of how standard creation interacting with a “GC mentality” (close attention to detail and desire for structure) may lead to becoming overly immersed in the specifics to a detrimental degree.

Discussion

This study used semi-structured interviews and thematic analysis to explore how the genetic counseling education standards are perceived and experienced by program directors. The major themes found were perception of accreditation, benefits of standards, challenges of standards, flexibility, clarity, revision process, and administration. Overall, program directors view accreditation favorably and find benefits in the current standards. However, there are challenges that the directors face and concerns they have about the standards, the revision process, and the accrediting body.

Zarifraftar et al. (2016) stated that perception of accreditation standards is a frequently faced challenge for accrediting bodies. One of the ACGC’s strategic goals for 2018-2021 is to “Communicate the value and role of accreditation in ensuring quality in genetic counselor graduate education” (Accreditation Council for Genetic Counseling, n.d.). In that capacity, it

would seem they have succeeded as the program directors interviewed here universally expressed that they saw the standards as important or valuable to some degree.

Benefits of accreditation standards described in this study support findings in previous studies. It was found by Beerkens et al. (2017) that academic staff most valued “internal development” and “reflection” from accreditation standards. Those findings closely resemble the ones found in this study, as program directors listed “self-reflective approach to education” and “evolution of static programs” as key benefits of standards. There were several benefits listed by our participants that have not appeared in the literature, including goal alignment and use of standards as leverage to secure resources.

The challenges that the directors detailed in this study mirror the challenges that other program directors and programs as a whole face in the literature (Golnik et al., 2008; Heard et al., 2002, Zarifraftar et al., 2016, Greenfield et al., 2014). Previous studies’ findings of limitations in funding, staffing, and time as significant challenges are reinforced by participants in this study, who added the strains of undue restrictions, lack of flexibility, and challenges born of geographical differences. This study also highlighted challenges unique to programs outside of the accrediting body’s country: Canadian programs noted difficulties with accreditation fees in conjunction with an unfavorable currency exchange rate, and variability in healthcare laws between two nations.

Collaboration and promotion of stakeholder participation were frequently cited in the literature as important factors for the acceptance and effective implementation of accreditation standards (Hinchcliff et al., 2013, Greenfield et al., 2014). Nearly all of the participants in this study did engage with the standards, which would point to higher levels of efficacy for the standards.

However, the perceived level of impact of participating was mixed, which may impact future participation and therefore serves as an area for further research and consideration.

Clarity and transparency in accreditation are described in the literature as features that are both highly desired by academic staff and necessary for the acceptance of standards (Overberg, 2019; Greenfield, 2014). This study supported these findings, with Participant D providing the compelling example that the lack of clarity can create anxiety since not following a single standard puts a program out of compliance. It also found support for the connection between greater transparency and acceptance of standards: participant J expressed a desire for more transparency in decisions around accreditation and participant 5 explained that their experience seeing the decision-making process of the accrediting body led to greater acceptance of their decisions.

A small number of specific standards were brought up by several of the participants as prime examples of how the characteristics of flexibility play out in the standards, namely changes to the clinical logbook, expanded requisite qualifications for program directors, and elimination of requirement for a medical director. Interestingly, changes in each of these standards were discussed at length as aspects that were both improved and complicated by recent revisions. For the most part, participants praised the changes that allowed for more flexibility (greater variety in the participatory encounters that constitute the logbook, removing the need for a medical director while still allowing one) and lamented the changes that created new restrictions (limitations on clinical supervisors, raising minimum qualifications to become a program director). This is a unique contribution of the present study as current accreditation research does not appear to explore the potential impact of flexibility in accreditation standards.

Further research into this topic may prove useful for accrediting bodies as they seek to partner with this important stakeholder group. By gaining a deeper understanding of the perceived challenges and benefits of accreditation from those that interact with the standards daily, accrediting bodies can identify useful changes and important directions to work toward in a more informed and collaborative manner.

Study Limitations and Strengths

This is an exploratory study meant to develop initial data that can be used as a foundation for future research. The findings may not be generalizable due to inherent variability in each program and the directors' backgrounds, as participants in this study did bring varying years of experience as genetic counselors, a range of time in the role of program director, different institutional settings and geographical locations, and a wide array of volunteer experience related to accreditation processes.

The participants had extensive experience, with 46% having more than 15 years of experience as a program director. It is possible that newer directors may have had different experiences and different opinions about the standards.

This study was conducted after the most recent standard revisions, during the period in which programs were expected to become compliant, which may have allowed better information collection as the standards are fresher in the participant's minds.

Conclusions

Academic accreditation is a common feature of higher education, meant to act as quality control to ensure the education students receive is sufficient and consistent between accredited

institutions. This study highlights program directors' views on many of the benefits of accreditation, as well as many of the challenges. The directors generally viewed accreditation itself as important and favorably viewed the ways in which accreditation led to internal improvements, as well as instances in which the standards may assist a program in achieving its goals. The directors did express concerns around aspects of transparency, clarity, and drains on financial resources and directors' time.

Understanding the perspectives of program directors, who interact directly with the standards frequently, gives insight into the current effectiveness of the standards. Continued research on this topic is recommended for any accrediting body to both understand the challenges faced and find ways to address them. With that said, the wide variety of answers given to every question by the participants, despite being in similar positions within their programs, exemplifies the greatest difficulty education accreditation bodies face: attempting to create a set of universal guidelines that improves the quality of education at every program they accredit. As one participant put it, "Everybody wants the same goal but it's not always clear how you reach that goal."

Author Contributions

Author Ben Newsum confirms that he had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis. The author gave final approval of this version to be published and agrees to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Conflict of Interest Statement

Ben Newsum declares no conflicts of interest with respect to the research, authorship, or publication of this article.

Human Studies and Informed Consent

This study was approved by and conducted according to the ethical standards of the Sarah Lawrence College institutional review board. All applicable international, national, and/or institutional guidelines were followed. This study was approved by the IRB after expedited review.

Data Availability Statement

The data collected for this study are not available to the public due to privacy concerns. Due to the limited size of the participant pool, even the limited demographics collected may be identifying. As such, demographics are available only in aggregate and the transcripts are not available.

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Appendix A

Tables

Years in the field of genetic counseling	
11-15	2
16-20	1
21-25	4
26+	6
Years as a program director	
1-5	2
6-10	4
11-15	1
16-20	3
21+	3
Public or private institution	
Public	10
Private	3
Country of program	
American	10
Canadian	3
ACGC board experience	
Yes	6
No	7
ACGC Volunteer experience	
Yes	12
No	1

[Table 1] *Participant demographics*

	Improves education overall	Improves director's program
Yes	9	4
Middle	3	4
No	1	4
Declined	0	1

[Table 2] *Director's perception of accreditation standard benefit*