

  
 Accreditation Review Commission on Education  
 for the Physician Assistant, Inc.

## What is “Expected?” Program Expectations

PAEA October, 2013  
Memphis, TN

(Updated 4.18 for most current version of *Standards*)

### Clarifications B3.02 and B3.03 *Standards*

- ▶ The commission made clarifications to the B3.02 and B3.03 *Standards* at its March 2018 meeting.
- ▶ The clarifications provide additional information to guide programs in demonstrating compliance with these standards.
- ▶ These clarifications do not place any new requirements on the program.
- ▶ The new version of the *Standards* is available on the ARC-PA website.

### What is expected by the ARC-PA?

- ▶ Expects the program to demonstrate compliance with *Standards*
- ▶ Expects the program to define its *learning outcomes*
- ▶ Expects *learning outcomes* to parallel assessment of students
- ▶ Expects the program to let students in on the expected *learning outcomes*
- ▶ Expects the program to have a robust self-assessment process that provides the data and analysis needed to validate its current practices or make changes as needed.

### Change in Mindset

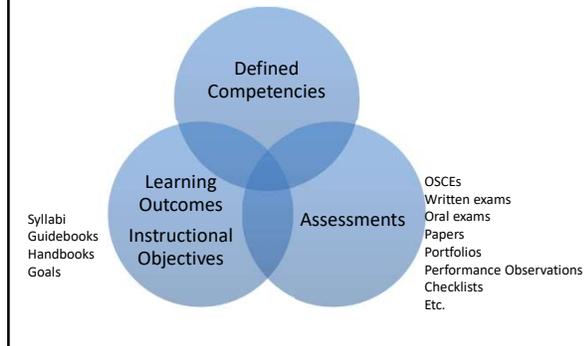


- ▶ What programs have moved away from is their ability to define requirements in the form of measurable *learning outcomes*.
  - That does not mean a number.
  - **Learning Outcomes** are the **knowledge**, interpersonal, clinical and technical **skills**, professional **behaviors**, and clinical reasoning and problem-solving **abilities** that have been attained at the completion of a curricular component, course or program.

Meeting the standards related to expectations requires the program to:

1. **Clearly outline** its *learning outcomes* to students and preceptors.
2. **Assure** that clinical sites have the capacity to provide experiences to meet those *learning outcomes*.
3. **Assess** students in a way that assures the program that **each student** has had the experiences necessary to attain the program's *learning outcomes*.
4. **Explain** the above to the ARC-PA.

## Defining Program Expectations



- ▶ Programs need to consider the competencies required for entry into clinical practice.
- ▶ The learning experiences the program provides throughout the entire curriculum should reliably predict the competencies it expects in terms of the qualifications of its graduates.

## The Standards

- ▶ Very powerful wording chosen deliberately
- ▶ Worded with a definite purpose
- ▶ Standards are intertwined

## Which ones? For today, these.

- ▶ B1.04
- ▶ B1.09
- ▶ B3.02
- ▶ B3.03
- ▶ C1.01 & C1.02
- ▶ C4.01 & C4.02

## Competencies

The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities **required for PA practice.**

## Learning Outcomes

The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities that **have been attained at the completion of a curricular component, course or program.**

## Instructional Objectives

Statements that describe **observable** actions or behaviors the student will be able to **demonstrate after completing a unit of instruction**.

**B1.04** The curriculum design *must* reflect sequencing that enables students to develop the **competencies** necessary for current and evolving clinical practice.

ANNOTATION: The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum. It does not mandate that content be delivered in separate courses with traditional discipline names. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing are expected to build upon previously achieved student learning.

**B1.09** For each didactic and clinical course, the program *must* define and publish **instructional objectives** that guide student acquisition of required **competencies**.

ANNOTATION: **Instructional objectives** stated in measurable terms allow assessment of student progress in developing the **competencies** required for entry into practice. They address learning expectations of students and the level of student performance required for success.

*March, 2018 Clarified Standard B3.02:*

*Supervised clinical practice experiences must enable all students to meet the program's **learning outcomes** expected of students, to include preventive, emergent, acute, and chronic patient encounters.*

*March 2018 Clarified Standard B3.03:*

*Supervised clinical practice experiences must enable all students to meet the program's **learning outcomes** expected of students, for patients seeking:*

- a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,
- b) women's health (to include prenatal and gynecologic care),
- c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and
- d) care for behavioral and mental health conditions.

**C4.01** The program *must* define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for *supervised clinical practice experiences* to ensure that sites and *preceptors* meet program expectations for **learning outcomes** and performance evaluation measures.

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and *preceptors* as well as those that have an ongoing relationship with the program. The process (es) will focus on the established criteria and fit the individual program.

**C4.02** The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

ANNOTATION: Site evaluation involves program faculty monitoring the sites used for *supervised clinical practice experiences* and modifying them as necessary to ensure the expected *learning outcomes* will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected *learning outcomes*. Documentation shows that *preceptors* are providing observation and supervision of student performance while on *supervised clinical practice experiences* and that they are providing feedback and mentoring to students.

**C1.01** The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement. (with annotation)

**C1.02** The program *must* apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

## Setting Expectations

## A Continuum

Rather than just relying on numerical evidence of case logs, successful programs indicate it is the continuum of experiences of increasing rigor and interrelationship that guide learners to develop as clinicians. This approach can help the student develop, from novice to skilled learner, even to expert as the learner moves through an appropriately sequenced curriculum.

## A Continuum

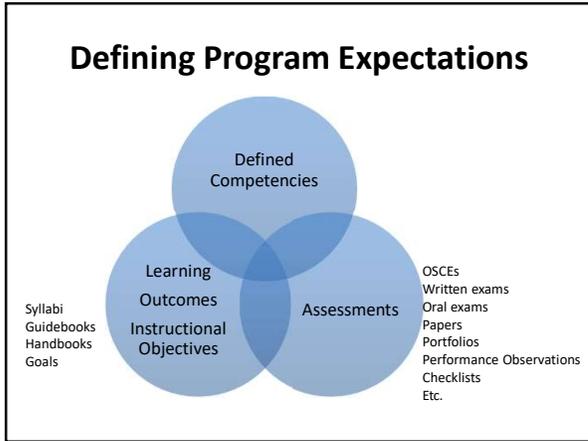
Defining expected *learning outcomes* and *competencies* to be acquired during SCPEs reinforces and aligns the important content areas of the didactic curriculum and provides a continuum of that material within the clinical year experiences.

- ▶ Expectations need to prepare the student for the clinical practice of medicine as new graduates.
- ▶ In terms of program expectations, programs must determine the level of expertise they expect their students to achieve. This is not always mastery or even proficiency but a level of competence that prepares the student to enter current and evolving clinical practice as a newly practicing PA.

- ▶ Program expectations should be outcomes based, a reflective process based on program competencies, goals and mission.
- ▶ Outcome of the didactic curriculum is students prepared for clinical rotations
- ▶ Summative outcome, inclusive of properly sequenced didactic curriculum and SCPEs, is preparation for practice.

- ▶ Simply indicating that a student has various clinical experiences is not enough. It's only a start.
- ▶ Students need to be able to demonstrate they have obtained at least some level of capability, they must be able to do what you as program faculty expect them to be able to do.

- ▶ Program expectations are more than expectations for knowledge.
  - They are the graduate tasks or what you want your students **to be able to do** when they graduate.
  - It is all about doing.



- Programs need to define what is expected.
- ▶ In course syllabi.
  - ▶ With program policies.
  - ▶ In program manuals designed for students and faculty.
- And
- ▶ By listing learning outcomes.
  - ▶ By using instructional objectives.

Since each course/rotation has a unique purpose and place in the curriculum, each syllabus – course goal, specific instructional objectives, learning outcomes, instructional methods, and evaluation methods – should be unique and the syllabus components should be closely tied together.

Programs in compliance have thought about the characteristics of their desired graduates and have worked back from those outcomes in order to develop educational experiences that will produce evidence of those characteristics in their graduates.

## The Key

- ▶ The number of weeks on rotations, the number of patient encounters or experiences is **not** the key.
- ▶ **Assessment is the key.**
- ▶ Student must be able to demonstrate they can do what is expected after having had the experiences.

## How do you assess success?

In order for the program to demonstrate compliance with the standards, it must monitor, measure and document that each student has met program-defined requirements and that the program has a plan to address students who do not achieve the level of performance required.

- ▶ It is important to monitor the types of patient encounter experiences students have, to make sure students are exposed to the types of patients needed.
- ▶ Exposure precedes demonstration of meeting program requirements.

- ▶ Evaluation by preceptors should be focused on the **expected learning outcomes** for the SCPE.
- ▶ Evaluation by preceptors should be **specific** to the **learning outcomes** of the SCPE.

## What About Patient Logging?

- ▶ Programs need to move away from looking for a number and focus instead on defining other ways to measure achievement.
- ▶ Programs must develop *learning outcomes* and assessment tools that measure achievement of those outcomes.
- ▶ Programs need qualitative–conceptual measures of achievement, not numbers.
- ▶ These must be tied to the *learning outcomes* that relate (minimum) to the areas listed in the *Standards*.

- ▶ Student logs can be used to make sure the student has had the exposure to the patient experiences needed.
- ▶ There is absolutely no chance of developing proficiency or meeting requirements if the student is not exposed to the experiences needed.
- ▶ There is no magic number of experiences equals ability to perform at expected level.
- ▶ The log is just to make sure the experience happened.

## Setting Numbers

- ▶ **IF** a program also sets a minimum number of experiences for each student, **THEN** the ARC–PA will use that number as one of the “program expectations.”
  - Providing mean numbers of experiences for the class does not help in defining the program expectations for each student.
  - Providing mean numbers of experiences for the class does not provide evidence that each student met expectations.

## Setting Numbers

- ▶ **IF** providing numbers of experiences does not help in defining the program’s expectations for each student,
- ▶ **AND IF** providing mean numbers of experiences for the class does not provide evidence that each student met expected learning outcomes,
- ▶ **THEN** what good are the numbers???

## What good are the numbers?

- ▶ site assessment
- ▶ student assignment to sites
- ▶ are students on site?
- ▶ more than zero is essential
- ▶ program self–assessment of clinical sites
  - Are the sites adequate to provide the experiences?

## Monitoring Sites Used for SCPEs

- ▶ Faculty monitor sites used for SCPEs to make sure the sites are providing students the experiences they need to meet the objectives, learning outcomes and competencies.
- ▶ The sites must be evaluated to determine whether sufficient experiences are available to allow the student to meet the program requirements. (i.e., volume and types of patients, types of problems encountered, types of care the student will have hands on experience providing).

- ▶ **C4.01 and C4.02** require programs to evaluate and document that site monitoring was done.
- ▶ Monitoring sites helps verify and validate that the specific clinical site provides the types of patients needed for your students to be able to be successful in meeting the expectations set by the program.

## Responsibility

- ▶ It is the program's responsibility to demonstrate compliance with the *Standards*.

## SSR

- ▶ Programs are expected to document analysis in a clear, coherent, succinct narrative that shows the cause and effect relationships and trends used to arrive at the conclusions and plans.
- ▶ It is not the obligation of the site visitors or commissioners to combine fragments of data and sentences which may represent analysis into a coherent demonstration of compliance.

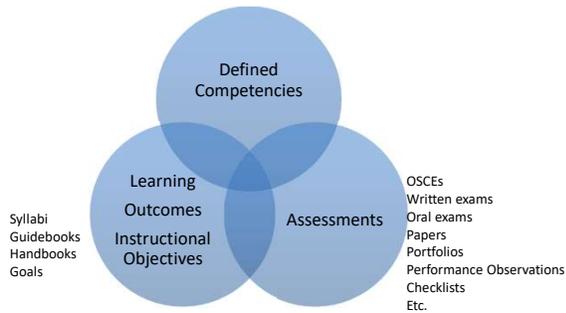
## What Does the ARC-PA Want to See?

- ▶ A robust, well designed self analysis process that is operationalized.

Programs need to assure themselves and the ARC-PA that students can do what the program faculty want them to be able to do.

- ▶ The faculty – PD, MD, PF and IF – participate in ways appropriate to their involvement in the program in designing the curriculum, guiding students in their study and evaluating student performance.

### Defining Program Expectations



### Want to see if

- ▶ *learning outcomes* are linked to clinical instruction and then to assessment.
- ▶ the *competencies* expected in the didactic phase are carried over to the clinical phase and monitored.
- ▶ (during the SV) faculty can show discussions occurred in faculty meetings or retreats – identifying expected competencies.

### Want to see if

- ▶ the measurable outcomes are specific enough to reflect the course
- and**
- ▶ the instructional *objectives/learning outcomes* for the course are not simply a "cut and paste" from every other course.

### Want to see if

- ▶ there is alignment and consistency with the program mission statement and goals.
- ▶ the mission and goals should be achieved through the curriculum.
  - If so, how is that reflected throughout the program expectations and assessment.

### Want to see if

- ▶ the plan for students learning goes beyond the “blue print” and the “Competencies.”
  - This could include emphasis on particular diseases and disorders and particular professional skills, attitudes and behaviors that are not included in the blue print and competencies.

### Want to see if

- ▶ each course/rotation has a unique syllabus with expectations presented as instructional objectives and or learning outcomes
- ▶ evaluation methods measure student performance in relation to the expectations.

### Want to see if

- ▶ the program has a method for monitoring that students actually experienced the required/expected experiences.

### Want to see if

- ▶ student assessment includes more than PANCE style questions.
- ▶ a variety of evaluation methods are used, appropriate to what is expected and what is being measured.
- ▶ evaluation methods use and document the judgment of skilled educators (program and instructional faculty) concerning student performance of required skills, behaviors and abilities.

So,  
What Does the ARC-PA Expect?

### Simple, Really, it...

- ▶ expects programs to demonstrate compliance with *Standards*
- ▶ expects programs to define its expectations (objectives, learning outcomes)
- ▶ expects competencies to be tied to objectives/learning outcomes and to assessment
- ▶ expects the program to let students in on its expectations
- ▶ expects the program to have a robust self-assessment process that provides the data and analysis needed to validate its current practices or make changes as needed.