In this Issue>>

The A, B, Cs of Citations
New Staff & Commissioners
Notes to Programs
Upcoming Workshops
After months of preparing an application, having weathered the site visit, and responding to the observations, the long-awaited moment of receiving the accreditation letter from the ARC-PA has arrived. While the good news is that your program was awarded “Accreditation-Provisional,” you note that the program received five citations. Hmmm you wonder, what happened? I thought we had everything covered.

The Accreditation Standards for Physician Assistant Education, Fourth Edition, hereafter known as the Standards, are the “requirements to which an accredited program is held accountable and provide the basis on which the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) will confer or deny program accreditation.” (4th edition Standards, Sept 2010, pg. 4).
The Standards are divided into five sections (A) Administration (B) Curriculum (C) Evaluation (D) Provisional Standards — applicable only to programs applying for entry into the ARC-PA accreditation process as a new provisional applicant program — and (E) Accreditation Maintenance.

While there can be a variety of reasons for a program to receive a citation, we will address some common underlying issues related to each area.

**The “A” Standards** — known as the administration section, the A Standards address institutional responsibilities and resources, program personnel including faculty and staff, fair practices and admissions and student and faculty records. Always carefully read the standard, what it requires and who is responsible. For example, A1.03 g states that “The sponsoring institution is responsible for (g): addressing appropriate security and personal safety measures for PA student and faculty in all locations where instruction occurs.”

In reading this standard, it is important to note that it is the institution, rather than the program, that is held responsible for ensuring security and personal safety. In completing an application about how compliance is demonstrated and reviewed, the security and personal safety measures provided to campus faculty and students should be described. It is also important to remember that the clinical phase of PA education is typically held in multiple off-campus settings, and security and safety at these sites must also be addressed.

How is compliance met for this part of the standard? It may be delegated to the
program who ensures this is addressed through provisions in affiliation agreements, initial and ongoing faculty site visits to clinical rotations documenting safety measures and protocols, or perhaps through student orientation to these measures by the preceptor at the beginning of each rotation. Methods for students to relay safety concerns and to provide feedback after the rotation also can help meet this requirement.

Lastly, it is important to note who is responsible to review compliance – and when this occurs, as policies and procedures need to be current and timely to be effective.

The “B” Standards – known as the curriculum section, the B Standards address all aspects of the curriculum. Who hasn’t heard of the B3 Standards? Certainly no one in PA education. B3.03c for example states that “Supervised clinical practice experiences (SCPEs) must enable all students to meet the program’s learning outcomes expected of students, for patients seeking: (c) care for conditions requiring surgical management, including pre-operative, intra-operative, and post-operative care.” Some key words in this standard are “must enable all students to meet the program’s learning outcomes expected of students”…

To document compliance with this requirement, the program must demonstrate more than exposure to a learning experience. Placing students in a surgical rotation, tracking logging of patient encounters related to pre-operative, intra-operative and post-operative care and using a check-off list to ensure that students have sutured a wound, is not enough. Why? This only documents opportunity was
provided. Rather, the program must document that each student meets the required learning outcomes for these experiences. This can be accomplished in a variety of ways. One way is to directly align the learning outcomes related to skills students are expected to learn on the surgical rotation to preceptor evaluation of these learning outcomes. For example, if a program learning outcome for their surgery rotation is to “Demonstrate the ability to appropriately select suture for and close a surgical incision during an operative procedure,” achievement of this learning outcome should directly parallel what is on the preceptor evaluation form. That way the program knows the supervised clinical practice experience has enabled the student to meet that learning outcome.

Additional assessments, such as end-of-rotation exams, and direct observation by faculty site visits or performance of Objective Structured Clinical Exams (OSCEs) also may be appropriate to evaluate learning outcomes, if they directly align with the learning outcome. One of the goals of assessment for the B3 standards is to document student achievement of each of the program defined learning outcomes, rather than simply providing an opportunity to learn.

The C Standards address program evaluation that includes program self-assessment, student evaluation and clinical site evaluation.

As you may already know, the standards related to documentation of self-assessment are a common source for program citations. For standard C2.01, the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of program self-assessment.
The annotation for C2.01 clarifies that this includes student evaluation for each course and rotation, student evaluation of faculty, failure rates for each course and rotation, student remediation, student attrition, preceptor evaluations of students’ preparedness for rotations, graduate evaluations of the program, PANCE performance, sufficiency and effectiveness of faculty and staff, and faculty and staff attrition.

In the application, this standard has several sub-standards a- f that programs must address. Following the instructions to provide this information is critical to ensure the program accurately conveys how it meets the standard. This includes providing the required narratives and correctly completing the templates by providing the data requested (e.g. providing student evaluations of each course/rotation where requested, rather than substituting student evaluations of instructors, which will be addressed in another section of the SSR). For example, preceptors’ evaluation of student preparedness is the collective evaluation from all preceptors of the students’ readiness to begin a rotation, rather than the evaluation of individual student performance at the end of the rotation. Thus, attention to detail can mean the difference of being judged compliant or non-compliant with a standard.

In addition, C2.01 states the program must “prepare a self-study report” and refers to the program’s ability to document its self-assessment. Therefore, the reader must clearly understand how the program collects and analyzes its data. Statements such as “Upon analysis, the program concluded….“ Without describing how the program arrived at the conclusions does not reflect appropriate documentation that allows the commission to verify the program applied its self-assessment process.
The “D” Standards – For programs entering the initial provisional process, the D standards ensure that programs are fully prepared to accept, matriculate and successfully graduate competent, entry-level physician assistants. Therefore, programs in the provisional process must make certain they are compliant with each D standard.

Standard D1.07 requires that “The program must have identified prospective clinical sites sufficient in number to meet the needs of the number of anticipated students.” The annotation denotes that the program is expected to have signed affiliation agreements from the facilities and individuals who are participating in SPCEs. The key words in this standard are “must” and “sufficient”, as they are italicized and defined in the Standards glossary. Programs seeking provisional accreditation are required to meet this standard as a part of their evaluation to be awarded provisional accreditation. Provisional programs unable to meet this standard will receive a citation and most likely have their accreditation withheld.

Lastly, Section E includes the standards for accreditation maintenance. A common citation here results from not following directions. For example, E1.03 states that “The program must submit reports or documents as required by the ARC-PA.” For example, while a program submitting an application as part of the evaluation process will be notified about missing documents prior to the site visit, the program can receive a citation for not submitting the correct
documents or not submitting documents as instructed. Please note that the application submitted is the application of record that will be considered by the Commission.

Likewise, for program changes detailed in E1.09, including proposed changes in degrees or certificates granted at program completion or changes in requirement for graduation, the program must submit the required forms and receive written acknowledgement from ARC-PA no less than six months prior to proposed implementation of the changes.

While accreditation activities sometimes seem like one more thing to do on top of everything else going on in the program, participation in the ARC-PA accreditation process provides the assurance that programs have appropriate standards of quality for entry level education of PAs and are recognized for meeting the requirements outlined in the *Standards*.

**COMPLIANCE**

The Cambridge dictionary defines compliance as “the act of obeying an order, rule or request”. In relation to the ARC-PA, compliance is the act of implementing and adhering to the accreditation standards within an individual physician assistant program. Complying with the accreditation standards is not a “one and done” action, it requires ongoing education and reassessment of the program’s processes.

In order to ensure continued compliance, a program must engage in ongoing education to learn about accreditation and keep informed of any clarifications or changes made to
the accreditation standards. This is facilitated through ARC-PA Workshops, newsletters and resources available on the ARC-PA website. In addition, a program’s process of ongoing self-assessment should include a routine review of accreditation standards and assessment of the program’s compliance. Lastly, it is important for program’s to remember that accreditation review is a “peer review process”, utilize the feedback received from the Commission as a guide to improve your understanding and implementation of the standards within your program.

As identified in the Spring 2019 newsletter, depending upon where the program is in the application cycle, it is provided the application specific to its accreditation circumstance. These include provisional, provisional monitoring, final provisional, continuing, multi-campus or expansion to a distant campus.

As a reminder, whichever application is submitted by the program to the ARC-PA office, it is considered the program’s application of record. It is one component of the official program record used by the commission throughout the accreditation review process. As we try to ensure the application includes clear directions, it is worth the program’s time to review their application before submission to ensure it is complete, accurate and all directions have been followed.
Executive Summary Excerpts from June 2019 Meeting

Action Taken On:
6  Continuing program applications
4  Provisional program applications
2  Provisional monitoring applications
4  Final Provisional application - Moving from provisional accreditation to continuing
3  Focused probation visit –1 is part of accreditation review
1  Special Focused Visit
2  Expansion to a Distant Campus application – 1 is part of accreditation review
3  Program changes – 1 is part of accreditation review
6  Program reports due – 2 are part of accreditation review

Expedited Reviews – Total 24 reviews: 11 (report due), 13 (program change)
New Provisional Program

University of Cumberlands
Florence, KY

College of St. Elizabeth,
Morristown, NJ

Presbyterian College
Clinton, SC

South College
Nashville, TN
The ARC-PA would like to introduce our new Assistant Directors:

**Patrick Auth, Ed.D., PA-C**
In June 2019, the ARC-PA welcomed Pat Auth, PhD, PA-C to our team as an Assistant Director. Prior to joining the ARC-PA, he served for 28 years on the faculty, 19 years as Program Director and 8 years as Department Chair/Program Director at Drexel University PA Program. Pat is an alumnus of the Hahnemann PA Program (now the Drexel University PA Program) and practiced emergency medicine for 15 years. Pat served as Commissioner for the ARC-PA, nominated by the AAPA from 2003 – 2009, during this period from 2008 – 2009, he served as Chair, ARC-PA Commission and At-Large Commissioner for 6 years. Pat has also given service to the ARC-PA as a Site Visitor for 15 years.

**Patti Ragan, PhD, MPH, PA-C**
Patti Ragan joined the ARC-PA as an Assistant Director after a long career in PA education. After graduation from the University of Wisconsin - Madison, she worked clinically in cardiovascular surgery and cardiology, before entering PA education in 1992. Over the course of her career as a PA educator, she has worked at four different PA programs, and had the opportunity to serve as Interim Director/Director at three programs including
the University of Florida, Southwest Missouri State University (now Missouri State University) and Elon University. She also completed a post-graduate fellowship in Applied Epidemiology and served as the Program Director for the Florida Department of Health Epidemic Intelligence Service for four years. Her service to the profession has included six years as a PAEA JPAE editorial review board member and five years as co-editor for the JPAE Evidence-Based Medicine column. Following several years as a site visitor for ARC-PA, she was elected to the ARC-PA Commission from 2016-2019 and served in the role of Vice-Chair from 2018 until joining the ARC-PA staff in July 2019. She is excited to be part of the ARC-PA team!

New ARC-PA Commissioners

The following changes have been made to ARC-PA Commission:

Matthew A. McQuillan, MS, PA-C, DFAAPA
has been elected as Vice Chair of the Commission

In addition, the follow individuals have joined the Commission:

Matt Dane Baker, PA-C, DHSc – Commissioner At Large
Trenton Honda, Ph.D., MMS, PA-C – PAEA Nominee
Brian B. Shulman, PhD, CCC-SLP, ASHA Fellow, FASAHP, FNAP - Public Commissioner
Question:
Our program is doing the same thing as another program, why did we get a citation and they didn’t?

Answer: There may be multiple reasons why one program received a citation from the Commission while another did not when they appear to be implementing the same practice related to a particular standard. Let’s say Program A shared their curriculum on intellectual honesty and appropriate academic and professional conduct with Program B. Both programs are using the exact same PowerPoint presentation and both institutions have identical policies and procedures. After undergoing accreditation review Program B received a citation for Standard B1.05 - The curriculum must include instruction about intellectual honesty and appropriate academic and professional conduct while Program A did not receive a citation for this Standard.

One reason for this can be that the practice is not identical between both
programs. There may be a key component related to the Standard that Program B may not have been included, therefore making the program out of compliance. Perhaps Program A includes this PowerPoint in a didactic course and clearly provided instructional objectives and an assessment on the material while Program B simply provides the students with a copy of the PowerPoint at orientation and asks them to read it on their own. In this instance Program B did not demonstrate that the curriculum includes “instruction” in intellectual honesty and appropriate academic and professional conduct.

Another reason may be related to how the program has attempted to demonstrate their compliance with the Standard. Perhaps Program A and Program B both provide instruction in the exact same manner, but Program B provided a narrative in the application and/or had a discussion with the site visitors that did not clearly articulate how the program was providing instruction. It is the program’s responsibility to demonstrate compliance with the Standards. If the program’s narrative is unclear or documents are unorganized at the time of the site visit, the Commission may determine that compliance could not be verified, clarified or validated at the time of the site visit. For this reason, it is important to be succinct but clear in your application narrative. Make sure you are clearly articulating how your program is compliant with the Standards. At the time of the site visit, provide the team the necessary documents for them to easily and clearly verify the information you provided in the application.

Finally, it is important to note that practices implemented by other programs must still fit into the mission, goals and self-assessment plan of your program. Let’s say that Program B places a strong emphasis on professional conduct in their mission and goals, yet the only instruction provided on professional conduct is this single
PowerPoint presentation. While this may reflect compliance with Standard B1.05, it may not be enough to support compliance Standard B1.01 *The curriculum must be consistent with the mission and goals of the program.* A single PowerPoint presentation on a subject related to the program’s missions/goals does not reflect a curriculum that is consistent with that mission/goal.

In summary, when instituting a practice that you have seen work at another program make sure you are implementing the practice in full compliance with the Standards, make sure you appropriately communicate and demonstrate your compliance to the Commission through your application and at the time of the site visit. Finally, make sure that the practice you are adopting works for your program!

---

**Upcoming Workshops & Presentations**

**Provisional Pathway Conference**

The ARC-PA will hold its Provisional Pathway Conference on April 23-24, 2020 at The Georgian Terrace Hotel in Atlanta, Georgia.

Visit the [Workshops and Conferences](#) page for more information.