

NOTES TO PROGRAMS

Fall 2015

Below are many important Notes to all programs. Some provide clarification and some refer to documents on the ARC-PA web site Accreditation Resource page <http://www.arc-pa.org/accreditation/resources/>

EXECUTIVE SUMMARY EXCERPTS FROM SEPTEMBER 2015 MEETING

Accreditation Actions as of October 1, 2015

Acknowledge **15** new PD, **13** New IPD, **9** new MD, **2** IMD program changes

Action Taken On:

- 14** Continuing program applications
- 6** Provisional program applications
- 3** Provisional monitoring applications
- 5** Moving from provisional accreditation
- 0** Focused visit
- 1** Probation visit
- 1** Expansion to a Distant Campus application
- 0** Postgraduate third year renewal reports
- 2** Program changes (class size increase)

Expedited Reviews – Total **29** reviews: **25** (report due); **4** (program change)

1 Referred to full commission

29 Program Informational items

([Accreditation actions](#) are posted on the ARC-PA web site after each meeting and after all programs have been notified of commission decisions.)

The total number of accredited PA programs as of October 1, 2015 is **200**.

The total number of **clinical postgraduate** accredited programs at present is **8**.

13 programs are currently on Accreditation-Probation status

43 programs are currently on Accreditation-Provisional status

Projected Workload

- The current projected workload includes an additional **67** new PA programs for provisional accreditation consideration through 2020 March.
- While the need for PA healthcare providers remains strong, the commission remains concerned about the availability of clinical education sites for all types of healthcare students and requests that our collaborating organizations, when possible, promote to their members participation in clinical education. The ability of current and emerging programs to recruit qualified program leadership and faculty remains worrisome to the commission.

EXECUTIVE DIRECTOR SEARCH

At the fall ARC-PA meeting, Mr. John McCarty, Executive Director of the ARC-PA, informed the commissioners of his intent to step down as the Executive Director of the commission at the end of 2016. He stated that he was of, “the belief that as the business of accreditation and PA education continues to change, the time is right to allow others to be on the front end of decision making and planning for the future.”

The ARC-PA is searching for a qualified candidate to serve as Executive Director in the Corporate Office located in Johns Creek, Georgia. The position will be available July 2016 with start time negotiable. Applications will be accepted until October 16, 2015. The job description and more information about the application process can be found on the ARC-PA web site at <http://arc-pa.org/employment.html>

TIME BETWEEN VALIDATION REVIEWS EXTENDED TO TEN YEARS

The ARC-PA voted to extend the time between comprehensive validation reviews from seven to ten years. Programs reviewed at the September 2015 meeting received the following notification in their accreditation letters:

The ARC-PA has extended the time between regularly scheduled validation reviews from seven to ten years. The date for the next validation review of the program by the ARC-PA will be September 2025. The review date is contingent upon continued compliance with the Standards and ARC-PA policy. The ARC-PA reserves the right to adjust the date or schedule.

The next validation review, although ten years out, is not carte blanche but comes with accreditation requirements along the way, including the submission of an SSR several years in advance of the validation visit. Failure to remain in compliance with the Standards at any time may be cause for an adverse accreditation action to be taken by the commission. The program will be contacted by the ARC-PA in advance of the validation visit review regarding details of the SSR, application, and site visit.

The ARC-PA continues to streamline the process of accreditation with its focus on the SSR and the use of interval reports as opposed to comprehensive evaluations. As the ARC-PA works to simplify the accreditation process for the future, it will focus on maintaining quality outcomes and consistency. The future holds increased use of the Program Management Portal and increased use of paperless processes.

POLICY FOR CLASS SIZE INCREASE CHANGES TO ALLOW FOR IMPROVED PROGRAM PLANNING

The ARC-PA voted to consider incremental class size increases on September 10, 2015 and changed the class size policy as below, with changes in blue. The policy manual on the web site will be updated with this change later this fall.

10.2 Eligibility for submission of application for increase in class size

A program with the status of accreditation – probation is not eligible to request an increase in the maximum entering class size.

Programs must hold the status of accreditation-continued to be eligible to request an increase, as indicated below.

A program holding the status of accreditation – continued

- a) Must maintain five consecutive years of accreditation – continued status before the ARC-PA will consider a request for an increase in maximum entering class size.
- b) Must maintain four consecutive years of accreditation-continued status from the date of the last approved class size increase before the ARC-PA will consider a request for an increase in maximum entering class size.
- c) Must maintain two years of accreditation-continued status after completing the provisional pathway, without an approved incremental class size increase while holding accreditation-provisional status, before the ARC-PA will consider a request for an increase in maximum entering class size.
- d) Must maintain five years of accreditation-continued status after completing the provisional pathway, if the program was approved for incremental class size increases while holding accreditation provisional-status, before the ARC-PA will consider a request for an increase in maximum entering class size.

If eligible to apply for an increase, a program may request consideration for an incremental increase in maximum entering class size to span up to a four year period of entering classes. If such a request is approved by the Commission, the Commission will not consider an application to increase class size or expand to a distant campus for four years after the most recent increase, and unless the program has maintained accreditation-continued status without an adverse accreditation action throughout the entire period.

ANNUAL REPORT TO THE ARC-PA DEADLINE DECEMBER 15, 2015

All accredited PA programs must complete data entry for the required ARC-PA Program Management Portal in sufficient time to activate the SUBMIT button on the Portal dashboard which will transmit the report data. The SUBMIT button will appear on the dashboard on December 1, 2015. (Reports for programs that were first accredited in September 2015 and all clinical postgraduate programs are due March 31, 2016.) A separate Portal email about the Annual Report will be sent to all programs by October 15, 2015.

A special SCPE Directions document is available on the web in the Accreditation Resources page of the Accredited Programs section (<http://www.arc-pa.org/accreditation/resources/>). This document addresses entering data into the SCPE tab and creating excel reports for required reports to the ARC-PA.

Remember that the Portal was revised in 2014 to include changes related to multi-campus programs. Multi-campus programs are now able, and required, to enter data in the personnel, SCPE and budget tabs with data categorized by campus. This update affects data entry for all programs, whether single campus or multi-campus.

APPENDIX 16: THE SYLLABI

Appendix 16 is the appendix of any provisional or continuing application in which the program is to place selected syllabi. The same syllabi are not requested in each application but are requested as noted below.

Initial Provisional	Provisional Monitoring	Final Provisional	Continuing
<p>All expected student competencies/learning objectives for the following content areas:</p> <ul style="list-style-type: none"> physical diagnosis (B2.05) pharmacology (B2.02d) interprofessional patient-centered teams (B1.08) family medicine (SCPE) (B3.07a) 	<p>Syllabi for courses which contain all expected student competencies/ learning objectives for the following content areas:</p> <ul style="list-style-type: none"> pediatrics (SCPE) (3.07d) behavioral and mental health care (SCPE) (B3.07f) <p>Note: if the content areas above are covered in multiple syllabi do not submit all syllabi. Create a composite of the course information, instructional objectives, specific expected learning outcomes, methods of student assessment/evaluation and plan for grading.</p> <p>(effective for September 2016 agenda)</p>	<p>Syllabi for courses which contain all expected student competencies/ learning objectives for the following content areas</p> <ul style="list-style-type: none"> instruction to prepare students to provide medical care to patients from diverse populations.(B1.06) instruction in patient safety, quality improvement, prevention of medical errors and risk management.(B2.13) women's health, to include prenatal and gynecologic care (SCPE) (B3.03b) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care (SCPE)(B3.03c) <p>Note: if the content areas above are covered in multiple syllabi do not submit all syllabi. Create a composite of the course information, instructional objectives, specific expected learning outcomes, methods of student assessment/evaluation and plan for grading.</p>	<p>Syllabi for courses which contain all expected student competencies/ learning objectives for the following content areas:</p> <ul style="list-style-type: none"> care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care (SCPE)(B3.03c) internal medicine (SCPE) (B3.07b) <p>Note: if the content areas above are covered in multiple syllabi do not submit all syllabi. Create a composite of the course information, instructional objectives, specific expected learning outcomes, methods of student assessment/evaluation and plan for grading.</p>

SPECIAL EDITION NOTES TO PROGRAMS: THE SELF-STUDY REPORT (SSR)

A special edition Notes to Programs on the SSR was published on the ARC-PA web site and sent to all programs in spring 2015. This edition addressed issues in writing the SSR and applies to each of its modes: SSR due two years before a site visit, due with an application or due as a required report.

PANCE REQUIRED REPORTS FOR LOW FIRST TIME TAKER PASS RATES

The ARC-PA continues to review the PANCE first time pass rate percentages by student cohort. Any program with a PANCE pass rate percentage of 82 % or less for the 2015 cohort must submit an analysis of PANCE performance to the ARC-PA **by July 1, 2016**. In any year that a program's PANCE pass rate for first time takers by cohort for that year has a pass rate percentage of 82% or less, the program must submit an analysis of PANCE performance by July 1 of the following year. The NCCPA usually provides programs their previous year's data in February.

The basis for the report is the ARC-PA's [Four Key Elements of Analysis](#). The report format is the same as that used within the self-study report. The report form is available on the [Program Change Forms](#) page of the ARC-PA web site.

POSTING OF ACCREDITATION ACTIONS

In an attempt to provide enhanced transparency for the public, the commission continues to post the results of [accreditation actions](#) from commission meetings. The actions for each program reference the major categories or subcategories within the *Standards* for which the program must submit a report. For example, a program receiving a citation for standard A3.15 may be listed as having citations related to policies; standard A2.18, program personnel; standard B3.05, supervised clinical practice, etc. The standard reference is not provided in the posting.

APPLICATION OF RECORD ONLY ACCEPTED IF COMPLETE

Programs are reminded about the Application of Record terminology in the application, in the letter to the program director confirming the assignment of site visitors and in the Site Visit Protocol for Program Directors.

The application submitted by the program to the ARC- PA office 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. Site visitors have been instructed **not** to and will not accept any new or revised application materials from the program at the time of the visit. **If**, during the process of the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials must be sent with the program's response to observations.

The ARC-PA will only accept and continue to process a program for its site visit if the application of record is completed correctly and received in the office on time. It is critical that program faculty and staff follow directions about completing materials as directed in the application packet. All appendices must be completed and submitted as directed, including the syllabi required for appendix 16.

Applicant programs that submit incomplete applications risk having their site visits canceled and moved to another later commission agenda. Accredited programs that submit incomplete applications risk having their

site visits canceled and moved to another later commission agenda and will be placed on administrative probation until a completed application is received.

The site visit team is advised not to accept any new materials not already a component of the application of record. The team will not accept changes to or new appendices to the original application, including new or updated course syllabi replacing those required in the application. In NO circumstance will the site visit team accept a NEW application document.

However, there may be an occasion for a program to present some revised or new information at the time of the visit. Specific examples would be documentation related to a change in faculty or a new hire since application submission, correction of substantive typographical errors, or provision of a page that was determined to be missing by ARC-PA staff as they reviewed the application prior to the visit. In such cases, the team may consider these documents in its review of the program and make a determination as to whether the information should be submitted with the program response to the site visit team observations.

PROGRAM DEFINED EXPECTATIONS STILL AN ISSUE FOR PROGRAMS

Programs still have difficulty in documenting their program defined expectations for students and faculty, conveying their program defined expectations to the commission, and developing means of assessing these as students progress through the program.

The commission began a renewed focus on the topic of “program defined expectations” as referenced in the *Standards* and used by programs in 2013. The Spring 2013 Notes addressed this issue (*Standards Related to Program Expectations and Requirements for Practice*) by clarifying several related standards.

At the fall 2013 PAEA meeting, the ARC-PA shared a PowerPoint presentation about this topic as it relates to programs defining the expectations in ways that demonstrate students’ preparation for entry into practice. Additionally, the session focused on the assessment of student performance and demonstration that they meet the expectations. This PowerPoint remains on the ARC-PA [Resources web page](#).

One or more sub sections of standard B3.03 is often an observation after a site visit or a citation from the commission. The stem of this standard states, “Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking.....” after which the standard continues with various types of patient care experiences.

The commission believes that

“What programs have moved away from is the ability to define requirements in the form of measurable learning outcomes. The concept of measurable learning outcomes does not equate to a number. 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 guides 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. Defining program expectations and competencies to be acquired during supervised clinical practice

experiences (SCPEs) reinforces and aligns the important content areas of the didactic curriculum and provides a continuum of that material within the clinical year experiences.”

Correspondence to programs that receive a citation for this standard may include wording similar to the following:

The program has not defined what it determines as sufficient patient exposure to meet program-defined requirements beyond indicating a number, which is inconsistent with the intent of this standard. A specific number of experiences is not required by the standard. Defining program expectations and competencies to be acquired during supervised clinical practice experiences reinforces and aligns the important content areas of the didactic curriculum and provides a continuum of that material within the clinical year experiences. The use of a set number to define experiences without having program-defined expectations of what needs to occur within each experience is not useful. Certainly more than one experience is needed for any level performance, and if a program decides to use numbers in conjunction with well-defined expectations and requirements, those numbers must be tied to the types of care addressed by the standard.

Programs are encouraged to review the presentation and engage in and document substantive discussions within their programs about their curricula and performance evaluation mechanisms related to the well-defined expectations for competency.

AND WHAT ABOUT THOSE INSTRUCTIONAL OBJECTIVES? STANDARD B1.09

The ARC-PA tracks the observations and citations connected with each standard. Recently there has been an increase in citations related to standard B1.09.

Standard 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**.

This standard focuses on guiding student acquisition of required competencies. The wording in observations and in the findings and comments in the citations documents include the following:

- Instructional objectives were vague in nature.
- Objectives did not include the level of student performance required for success nor were objectives stated in measurable terms.
- Objectives for the supervised clinical practice experiences (SCPEs) were too general to provide a guide for student learning.
- Required competencies of phase two PA students require mastery of higher order learning that are not reflected in the instructional objectives.
- The instructional objectives for clinical courses did not address learning expectations for each rotation. The same 12 instructional objectives were in each syllabus, regardless of the type of rotation.

- Many objectives are broad and too non-specific to guide student acquisition of required competencies.
- Family Medicine Rotation syllabus includes a lengthy list of instructional objectives based on an exhaustive list of medical conditions, divided into two extensive lists of diagnoses-Management and Stabilization-some of which are unlikely to be attained by a student during the rotation.
- The instructional objectives in the clinical syllabi did not guide student learning and acquisition of competencies, nor did they address the level of student performance required for success.
- Instructional objectives were broad and lacked the detail necessary to guide student acquisition of required competencies.
- Family Practice rotation syllabus submitted by the program did not include instructional objectives. Instead, it included a URL link to the PAEA End of Rotation Exam blueprint and topic list. According to other narrative in the application of record, the program uses this same URL link approach for other rotation syllabi.
- The program did not publish measurable instructional objectives for clinical rotations detailed enough to guide student acquisition of required competencies. Students were referred to the NCCPA PANCE exam.
- Instructional objectives provided for review varied widely between courses and are generally too generic and too few to guide student acquisition of required competencies.
- Instructional objectives are too vague or too general to guide student acquisition of competencies for the COURSE NAME. In COURSE NAME, there are up to 12 pages of lists of individual diagnoses that the student is expected to be responsible for learning in any module. There are course objectives that are broad and vague.

The ARC-PA has a resource on its web site <http://www.arc-pa.org/accreditation/resources/accreditation-manual/> entitled "Syllabi, Instructional Objectives, and Learning Outcomes." This document is pithy and requires careful reading. Some programs have used this as they review their syllabi and instructional objectives. A few salient pointers are included below.

- *Instructional objectives are used to inform students and others what the student is to achieve. (They provide one method of expressing expected student competencies.)*
- *Instructional objectives are concerned with students, not faculty, and will guide them in their studies. Clearly defined instructional objectives also aid faculty in designing appropriate educational experiences.*
- *Instructional objectives stem from the defining of preset performance standards that represent a minimal level of expected performance..... to be achieved by all students and hence are key to competency based learning and evaluation.*
- *Instructional objectives are specific and observable or measurable, rather than broad and intangible. They are tied to student evaluation and serve as a foundation for assessing the student's knowledge, skills, and performance.*
- *It is important to note that instructional objectives are related to intended outcomes, and **not** the process for achieving those outcomes. Therefore, the use of instructional objectives as the sole means of defining the educational experience may result in the richness of the instructional process and clinical experience being overlooked. Properly written instructional objectives are of critical*

importance in guiding student learning, but are only one component needed for designing the student educational experience.

- *Objectives and outcomes should be specific, measurable, requiring an observable learning outcome. Many PA programs have some instructional objectives that include a long list of problems or disease entities about which the student is expected to demonstrate some behavior, i.e. Discuss in detail, answer multiple choice, true/false and completion questions about the clinical manifestations, diagnosis, initial management and follow-up of the following problems/disease entities seen in an ambulatory care setting: (listed below as appropriate to the discipline/clerkship).*
- *When using such instructional objectives, programs should remember that the list of problems/disease entities which follows the core objective must be:*
 - *Appropriate to the discipline. Pediatrics instructional objectives should focus on pediatrics.*
 - *Appropriate to the length of time of the course. Can the students accomplish what the program hopes they can in the time allowed or is the list merely taken from a table of contents of a textbook?*
 - *At the appropriate level for PA professional practice. Does the list of topics include those that should be included to prepare a PA for practice? For example, does a course on documenting the patient database include all the components of the history and physical, diagnostic studies, SOAP notes, etc?*
- *It is easy to become overzealous in developing instructional objectives. Developing objectives that are too specific may result in an abundance of small-scope behavioral objectives. The resulting myriad of overly specific instructional objectives will so overwhelm students, that they will pay no attention to any of the objectives. The trick in conceptualizing instructional objectives that help rather than hinder is to frame those objectives broadly enough so that the faculty can sensibly organize instruction around them while making sure that they are still measurable.*

Finally, the document ends with a Checklist for Evaluating Instructional Objectives.

- *Have the instructional objectives been stated in terms of learner behaviors as opposed to faculty performance?*
- *Is the terminal behavior specified?*
- *Are the conditions under which the behavior should occur specified?*
- *Are the instructional objectives measurable?*
- *Are the criteria of acceptable performance specified?*
- *Is the full intent of the instructional objectives understandable to the learners?*
- *Are the instructional objectives accurate expressions of the elements of instruction?*
- *Do the instructional objectives, as a group, form an accurate picture of what is to be learned?*
- *Are all of the instructional objectives complete within themselves?*
- *Does the style of the instructional objectives follow the standards for writing good objectives?*
- *Are the verbs used action verbs that can measure behavior?*
- *Do the action verbs indicate the depth of "understanding" or performance expected?*
- *Are the instructional objectives realistically achievable for the length of the learning experience?*

If you think this was helpful, or confusing, read the entire document!

FEES

Changes to Fees from the March 2015 ARC-PA meeting were published in the Spring 2015 Notes and are posted on the ARC-PA web site <http://www.arc-pa.org/about/accreditation-fees/>

CHEA RECOGNITION

The ARC-PA received continuing recognition from the Council for Higher Education Accreditation (CHEA) in May 2015. The next CHEA review of the ARC-PA will be 2025.

DEGREE DEADLINE REMINDER

The *Standards* require that programs not currently offering a graduate degree *must* transition to conferring a graduate degree upon all PA students who matriculate into the program after 2020. The degree *should* be awarded by the sponsoring institution.

Programs housed in institutions unable to offer a graduate degree, those that do not yet offer a graduate degree or those that currently affiliate with institutions separate from their sponsoring institutions should review the ARC-PA document about the *Standards* degree deadline, available on the ARC-PA web site [Accreditation Resources Page](#).

Programs should review the [Change Forms page](#) of the ARC-PA web site to find the forms and steps needed to demonstrate compliance with the degree requirement. There are separate forms for programs changing degrees within their own institutions and those affiliated with a separate institution.

QUESTIONS OR COMMENTS?

Programs that have questions or comments about these Notes or any issue related to the accreditation process are encouraged to contact the ARC-PA by email or phone. All contact information is posted on the ARC-PA web site at <http://www.arc-pa.org/contact/staff/>.