

Recommended ¹Site Visit Schedule Template for Clinical Postgraduate Continuing Visit

(To be completed by the program and emailed to <u>accreditationservices@arc-pa.org</u> and the site visit team chair **eight (8) weeks** prior to the site visit)

NOTE: The content below is to show detail that must be provided to the members of the site visit team for each event and represents the recommended sequence and timing that programs are expected to follow as they prepare to discuss the schedule with the site visit team chair.

This template is best reviewed in conjunction with the Site Visit Protocol document, the Rationale for Site Visit Sessions which provides a description and rationale for each session of the visit, and the Organizing Materials document. Those documents are available on the ARC-PA website.

Enter hospital name Enter clinical postgraduate program name

ARC-PA Clinical Postgraduate Continuing Site Visit Schedule

Enter dates (month, days, year)

Evaluators: Enter name of evaluator

Hotel: Enter hotel Enter street address Enter city, state, zip Phone: Enter phone # Website: Enter web address Enter clinical postgraduate PA program name Enter street address Enter city, state, zip Phone: Enter phone # Fax: Click here to enter text. PD Cell Phone: Enter cell # PD home phone: Enter home #

Hotel Confirmation # Enter CF#

Select date

- 7:00 AM TRANSPORT TO PROGRAM OFFICES Enter name of person picking up visitor
- 7:30 AM MEETING with PROGRAM DIRECTOR Room: Enter room # Enter name and title of program director

¹ This recommended agenda may be altered by programs only if approved by the site visit team chair.

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Insert program name and dates
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- 7:45 AM REVIEW OF DOCUMENTS AND RECORDS Room: Enter room #
- 9:00 AM REVIEW AND CLARIFICATION OF THE APPLICATION AND APPENDICES Room: Enter room # Enter name and title of Program Director Enter name and title of Medical Director Enter name and title, *faculty* Enter name and title, *faculty* Enter name and title, *other*
- 10:15AM BREAK
- 10:30AM DISCUSSION OF THE SUBMITTED SELF STUDY REPORT including process, outcomes, analysis, modifications, and plans. Room: Enter room # Enter name and title of Program Director Enter name and title of Medical Director Enter name and title, *faculty* Enter name and title, *faculty*
- 12:00 PM LUNCHEON: TEAM EXECUTIVE SESSION
- 12:30 PM INTERVIEWS WITH MEMBERS OF THE INSTRUCTIONAL FACULTY (provide names and titles of those involved) Room: Enter room # Enter name and title, course name, i.e. Pathophysiology Enter name and title, course name Enter name and title, Assistant Professor/DCE (via phone)
- 2:00 PM MEETING WITH CURRENT PA TRAINEES Room: Enter room # Enter name Enter name Enter name Enter name
- 2:45 PM BREAK
- 3:00 PM TOUR OF FACILITIES
- 3:45 PM REVIEW OF DOCUMENTS CONTINUES Room: Enter room #
- 5:00 PM MEETING PROGRAM DIRECTOR
- 5:15 PM ADJOURN FOR THE DAY

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Insert program name and dates Page 3

Select date

7:00 AM	TRANSPORT TO PROGRAM OFFICES Enter name of person picking up visitor
7:30 AM	MEETING with PROGRAM DIRECTOR & MEDICAL DIRECTOR Room: Enter room # Enter name and title of Program Director Enter name and title of Medical Director
7:45 AM	MEETING WITH KEY SENIOR INSTITUTIONAL OFFICIALS Room: Enter room #
9:00 AM	INTERVIEWS WITH PRECEPTORS (provide names and titles of those involved) Room: Enter room # Enter name and title, Practice type/rotations involved Enter name and title, Practice type/rotations involved
10:00 AM	INTERVIEWS WITH GRADUATES Room: Enter room # Graduates Enter name Enter name Enter name Enter name Enter name Enter name
11:00 AM	REVIEW OF DOCUMENTS CONTINUES/PREPARE REPORT Room: Enter room #
12:00 PM	LUNCHEON AND PREPARATION OF REPORT (Program director should be available if needed by team)
1:15 PM	TEAM MEETS WITH PROGRAM DIRECTOR, PROGRAM FACULTY TO CLOSE VISIT
1:30 PM	TEAM DEPARTS