# **Recommended [[1]](#footnote-2)Virtual Site Visit Schedule Template for**

# **Postgraduate Residency Program Continued Accreditation Visit**

# (To be completed by the program and emailed to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org) and the site visit team chair eight (8) weeks prior to the site visit)

**NOTE:** 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 Virtual Site Visit Protocol document, the Rationale for Site Visit Sessions that provides a description for each session of the visit, and the Organizing Materials document. The documents containing virtual site visit information are available on the ARC-PA web site under [Postgraduate Program Resources](https://www.arc-pa.org/postgraduate-accreditation/resources/).

**Hospital Name**

**Clinical Postgraduate PA Program Name**

**ARC-PA Clinical Postgraduate Continued Virtual Site Visit Schedule**

**Month/date/year**

**Program Name:** Enter clinical postgraduate PA program name and time zone

**Program Administrator**: Enter name, email, and phone number

**Site Visit Team Chair**: Enter name, time zone, email, and phone number.

**Site Visit Team Member(s)**: Enter name, time zone, email, and phone number.

**Meeting Host**: Enter name, time zone, email, and phone number.

**Day ONE:** Select date

| **Meeting** | **Name and Title** | **ENTER TIME ZONE** | **Eastern** |
| --- | --- | --- | --- |
| **SITE VISITORS MEET**; Individuals in next scheduled meeting access ZOOM and stay in Waiting Room until admitted | 15 mins | 7:15 am | 8:15 am |
| **MEETING WITH PROGRAM ADMINISTRATOR** | 15 mins  Name and Title, Program Administrator | 7:30 am | 8:30 am |
| **REVIEW OF DOCUMENTS AND RECORDS** | 1 hr  **SVs meet in private**  **breakout room** | 7:45 am | 8:45 am |
| **REVIEW AND CLARIFICATION OF THE APPLICATION AND APPENDICES** | 1hr, 30 mins  Name and Title, Program Administrator  Name and Title, Program Educator  Name and Title, Program Educator  Name and Title, Other | 8:45 am | 9:45 am |
| **Break**  Individuals in next scheduled meeting access ZOOM | 15 mins | 10:15 am | 11: 15 am |
| **DISCUSSION OF THE SUBMITTED SELF STUDY REPORT** including process, outcomes, analysis, modifications, and plans. | 1hr, 30 mins  Name and Title, Program Administrator  Name and Title, Program Educator  Name and Title, Program Educator  Name and Title, Other | 10:30 am | 11:30 am |
| **LUNCHEON**: Team Executive Session | **SVs meet in private**  **breakout room** | 12:00 pm | 1:00 pm |
| **INTERVIEWS WITH MEMBERS OF THE DIDACTIC INSTRUCTIONAL FACULTY**  (provide names and titles of those involved) | 1hr, 30 mins  Name and Title, Course Name  Name and Title, Course Name  Name and Title, Course Name  Name and Title, Course Name | 1:00 pm | 2:00 pm |
| **Break**  Individuals in next scheduled meeting access ZOOM | 15 mins | 2:30 pm | 3:30 pm |
| **MEETING with CURRENT PA TRAINEES** | 45 mins  Name  Name  Name  Name | 2:45 pm | 3:45 pm |
| **REVIEW OF DOCUMENTS** (Continues) | 1hr, 30 mins  **SVs meet in private**  **breakout room** | 3:30 pm | 4:30 pm |
| **MEETING with PROGRAM ADMINISTRATOR** | 15 mins | 5:00 pm | 6:00 pm |
| **ADJOURN** |  | 5:15 pm | 6:15 pm |

**Day TWO:** Select date

| **Meeting** | **Name and Title** | **ENTER TIME ZONE** | **Eastern** |
| --- | --- | --- | --- |
| **Site Visitors meet;** Individuals in next scheduled meeting access ZOOM and stay in Waiting Room until admitted | 15 mins | 7:15 am | 8:15 am |
| **MEETING WITH PROGRAM ADMINISTRATOR** | 15 mins  Name and Title, Program Administrator | 7:30 am | 8:30 am |
| **MEETING with KEY SENIOR INSTITUTIONAL OFFICIALS** | 1 hr  Enter name and title  Enter name and title | 7:45 am | 8:45 am |
| **Break**  Individuals in next scheduled meeting access ZOOM | 15 mins  **SVs meet in private**  **breakout room** | 8:45 am | 9:45 am |
| **INTERVIEWS with PRECEPTORS**  (provide names and titles of those involved) | 1 hr  Name and Title, Practice type/rotations involved  Name and Title, Practice type/rotations involved  Name and Title, Practice type/rotations involved  Name and Title, Practice type/rotations involved | 9:00 am | 10:00 am |
| **INTERVIEWS with GRADUATES** | 1 hr  **SVs meet in private**  **breakout room**  Enter name  Enter name  Enter name  Enter name  Enter name  Enter name | 10:00 am | 11:00 am |
| **REVIEW OF DOCUMENTS CONTINUES/PREPARE REPORT** | 1 hr  **SVs meet in private breakout room** | 11:00 am | 12:00 Pm |
| **LUNCHEON AND PREPARATION OF REPORT** | 1hr, 15 mins | 12:00 pm | 1:00 Pm |
| **TEAM MEETS with PROGRAM ADMINISTRATOR, PROGRAM FACULTY TO CLOSE VISIT** | 15 mins | 1:15 pm | 2:15 pm |
| **TEAM DEPARTS** |  | 1:30 pm | 2:30 pm |

**Program Administrators:** The meeting host (listed above) will email you a registration link for the virtual site visit. You must forward the registration link and this agenda to **each person on the agenda**. Each person on the agenda will register for the DAY but will only be allowed to join the meeting at their agenda TIME.

Attendees must not share their confirmation emails with other participants as the links are specific to each attendee. Only those listed on the agenda will be allowed to register. Names used to register must match those listed on the agenda.

1. This recommended agenda may be altered by programs only if approved by the site visit team chair. [↑](#footnote-ref-2)