

Duke University Medical Center PA Surgical Residency Accreditation History

First accredited: September 2021

Next review: October 2031

Maximum class size per cohort: 6

Number of cohorts per year: 1

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September 2025

The commission **Accepted** the report addressing 3rd edition

- **Standard B1.04** (provided evidence the program provides the PA trainee with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined competencies)
- **Standard B1.07** (provided evidence the program orients instructional faculty to the specific educational competencies expected of PA trainees)
- **Standard B1.09** (provided evidence the program assures that the volume and variety of clinical experiences provides for a sufficient number and distribution of appropriate experiences/cases for each PA trainee in the program to meet defined program expected learning outcomes)
- **Standard C2.01** (provided evidence the program defines, implements, and maintains effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA trainees' clinical practice experiences)
- **Standard C2.02** (provided evidence the program assures and documents that each clinical site provides the PA trainees access to the physical facilities, patient populations, and clinical supervision necessary to fulfill the program's learning outcomes)

June 2025

The commission **Accepted** the report addressing 3rd edition

- **Standard A3.04** (provided evidence the program has a sufficient number of program faculty to provide PA trainees with the supervision, education, and evaluation necessary to achieve advanced competencies safely)
- **Standard A3.11d** (provided evidence the program director is knowledgeable about and responsible for the program's continuous review and analysis)
- **Standard A4.08b** (provided evidence applicants being considered for acceptance into the program are informed in writing or by electronic means of the terms, conditions, and benefits of appointment, to include duration of appointment and conditions for reappointment)
- **Standard A4.16b** (provided evidence PA trainee files kept by the program include documentation that the PA trainee has met institution health screening and immunization requirements)
- **Standard A4.16f** (provided evidence PA trainee files kept by the program include documentation that the PA trainee has met requirements for program completion)
- **Standard B1.03** (provided evidence the curriculum design reflects sequencing that enables the PA trainee to meet program defined learning outcomes and demonstrate competency in the specialty of the program)
- **Standard B1.11** (provided evidence the curriculum includes instruction to prepare the PA trainee to provide medical care to patients from diverse populations)

September 2024

Accreditation-Clinical Postgraduate Program; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: September 2031. The program is approved for up to six (6) students per

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cohort with one (1) cohort per year. The program was issued a warning letter regarding progressing and evaluating PA trainees' responsibilities for patient management or achieving specific program competencies and its defined ongoing self-assessment process.

Report due January 13, 2025 (*Standards*, 3rd edition):

- **Standard A3.04** (lacked evidence the program has a sufficient number of program faculty to provide PA trainees with the supervision, education, and evaluation necessary to achieve advanced competencies safely)
- **Standard A3.11d** (lacked evidence the program director is knowledgeable about and responsible for the program's continuous review and analysis)
- **Standard A4.08b** (lacked evidence applicants being considered for acceptance into the program are informed in writing or by electronic means of the terms, conditions, and benefits of appointment, to include duration of appointment and conditions for reappointment)
- **Standard A4.16b** (lacked evidence PA trainee files kept by the program include documentation that the PA trainee has met institution health screening and immunization requirements)
- **Standard A4.16f** (lacked evidence PA trainee files kept by the program include documentation that the PA trainee has met requirements for program completion)
- **Standard B1.03** (lacked evidence the curriculum design reflects sequencing that enables the PA trainee to meet program defined learning outcomes and demonstrate competency in the specialty of the program)
- **Standard B1.11** (lacked evidence the curriculum includes instruction to prepare the PA trainee to provide medical care to patients from diverse populations)

Report due April 7, 2025 (*Standards*, 3rd edition):

- **Standard B1.04** (lacked evidence the program provides the PA trainee with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined competencies)
- **Standard B1.07** (lacked evidence the program orients instructional faculty to the specific educational competencies expected of PA trainees)
- **Standard B1.09** (lacked evidence the program assures that the volume and variety of clinical experiences provides for a sufficient number and distribution of appropriate experiences/cases for each PA trainee in the program to meet defined program expected learning outcomes)
- **Standard C2.01** (lacked evidence the program defines, implements, and maintains effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA trainees' clinical practice experiences)
- **Standard C2.02** (lacked evidence the program assures and documents that each clinical site provides the PA trainees access to the physical facilities, patient populations, and clinical supervision necessary to fulfill the program's learning outcomes)

Report due October 12, 2026 (*Standards*, 3rd edition) (modified self-study report from the NP & PA Residency Program Accreditation Standards 1st edition):

- **Standard C1.01a** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)

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- **Standard C1.01b** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **Standard C1.01d** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of trainees to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of program and instructional faculty and staff)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard C1.02bi** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data leading to conclusions that identify program strengths)
- **Standard C1.02bii** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02biii** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data leading to conclusions that identify action plans to address the areas in need of improvement.)
- **Standard C1.03** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application, and results of ongoing program self-assessment and follows the guidelines provided by the ARC-PA)

February 2022

The commission **Accepted** the report addressing 3rd edition

- **Standard A4.10a** (provided evidence the program defines and publishes required academic standards for progression in the program),
- **Standard B1.14** (provided evidence the curriculum will provide PA trainees with instruction in performance improvement),
- **Standard B1.15** (provided evidence the curriculum will provide PA trainees with instruction in medical ethics) and
- **Standard C2.01** (provided evidence the program documents and maintains an effective process for the initial and ongoing evaluation of all sites and preceptors used for the supervised clinical practice experiences).

September 2021

Accreditation-Clinical Postgraduate Program; Next Comprehensive Evaluation: September 2024. The program is approved for up to six (6) students per cohort.

Report due December 3, 2021 (*Standards*, 3rd edition) -

- **Standard A4.10a** (lacked evidence the program defines and publishes required academic standards for progression in the program),

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- **Standard B1.14** (lacked evidence the curriculum will provide PA trainees with instruction in performance improvement),
- **Standard B1.15** (lacked evidence the curriculum will provide PA trainees with instruction in medical ethics) and
- **Standard C2.01** (lacked evidence the program documents and maintains an effective process for the initial and ongoing evaluation of all sites and preceptors used for the supervised clinical practice experiences).