



*Accreditation Review Commission on Education  
for the Physician Assistant, Inc.*

## **University of Toledo**

### **Citations – REVISED 5.7.2018**

A succinct narrative response as detailed in the Required Report description should be included below each citation on this document in the response fields provided. Return this document in its current Word format; i.e., do NOT convert to a pdf document. Supplemental documents must be included as needed to complete a response and/or to provide verification of compliance. Please note their inclusion in the narrative and append them to the report as appendix 1, 2, 3, etc. Be sure to “save” the document before submitting.

The response is due **as detailed below**.

The program should submit its report by uploading it as a Report Due document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” If the report consists of multiple documents, put all documents in a zip file and upload the zip file.

As you read the information below, please keep in mind the following: the ARC-PA defines “findings” as explanations that may accompany a citation. In addition, there may be “comments.” Their purpose is to clarify the issue of noncompliance, but not to specify how a problem may be resolved.

**Citations:** Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team, the program response and the program accreditation history, the program has not demonstrated compliance with the following standard(s):

1. **Standard A1.03a** The sponsoring institution is responsible for:
  - a) supporting the planning by program faculty of curriculum design, course selection and program assessment,

**Finding:** The sponsoring institution did not support the program faculty in program assessment.

**Comments:** The sponsoring institution did not provide guidance to the program faculty to ensure it applied the SSR 2 year-out feedback letter expectations to ongoing program self-assessment and in preparation of the current SSR.

During the site visit, senior institutional officials admitted the program had not been provided with the assistance it needed until after the program was placed on accreditation probation. At that time, the Provost who oversees university assessment stated he planned to work with the program as it moved forward toward its probation site visit to ensure the program was engaged in robust and ongoing self-assessment. During the site visit, all of the institutional officials admitted that none of them had been engaged in assisting the Program in writing the current application; nor did any institutional official review the application until after it was submitted to ARC-PA.

This lack of institutional oversight contributed to the inability of the program to accurately and succinctly provide evidence of an ongoing self-assessment process. See the following citations for further detail: C2.01b, C2.01c, C2.01d, C2.01e, and C2.01f.

The program's response to the observation acknowledged the observation.

**Required Report:** Provide a narrative indicating the manner in which the citation has been addressed or resolved and include details about how the institution plans to assure compliance in the future.

The University of Toledo has addressed this citation and supports the planning by the Physician Assistant Program faculty of curriculum design, course selection, and Program assessment.

The Office of Assessment, Accreditation and Program Review, a reporting unit within the Office of the Provost provides leadership and resources for accreditation, academic program review, and student learning outcomes assessment across the University. The office, led by Vice Provost Dr. Constance Shriner, includes two full-time directors who provide oversight and support for these activities. Dr. Shriner has provided extensive support to the Department of PA Studies since the last site visit in June 2017.

Several actions were taken by the Program to improve compliance with ARC-PA Standards in response to suggestions made by the Provost's office:

1) In December 2017, the PA Program faculty attended a retreat designed to improve their syllabi (Appendix 1-A –Retreat Summary) where they adopted the University's template for their syllabi. The members of the provost's staff helped faculty revise student learning objectives to include a greater number of higher order learning objectives, as suggested by ARC-PA. Faculty also received guidance regarding missing elements of current syllabi and best practice suggestions for syllabi subject matter.

2) The Program created a matrix to display the coverage of each ARC-PA content area in Program courses and "mapped" the students' learning objectives to ARC-PA Standards (Appendix 1-B– Curriculum Map Summary).

3) To improve self-assessment, the Program implemented a faculty end-of-course evaluation form. Faculty members submit their reports to the Program's newly formed PA Program Self-Assessment Committee to identify Program strengths and potential areas for improvement.

4) The Program developed a comprehensive process for Program evaluation to identify potential sources of data, review and analyze the data, recognize Program strengths and areas for improvement, and develop action plans for improvement.

Furthermore, the University supports the Program in its assessment through the College Assessment Committee (CAC) and University Assessment Committee (UAC). Each program within a college submits an annual report to the CAC that is used to conduct a formal review of the program's student learning outcomes and assessment strategies. The UAC then receives information from each CAC. The CAC has the ability to consult with the Program to develop a plan for improvement. The PA Program has received valuable information and feedback from the CAC and has acted on several of its recommendations.

In summary, the Institution has addressed this citation as requested.

ARC-PA also requests “details about how the institution plans to assure compliance in the future” and this has been addressed with the following measures:

1) A newly formed PA Program Self-Assessment Committee will oversee the self-assessment of the Program, analyze performance, and evaluate the effectiveness of its procedures, academic experiences, services, and resources for continued improvement (Appendix 1-C – PA Program Self-Assessment Committee Charge;). The Committee meets monthly and includes the Program Director, Department Chair and principal faculty, community PAs, and other invited members. To ensure oversight from UT administration, the Committee provides reports to the Associate Dean of the College of Medicine and Life Sciences Graduate Programs.

2) As part of UT’s commitment to continuous improvement, all programs are required to undergo academic program review at least every seven years. All programs are now required to submit follow-up at year one, three, and six (Appendix 1-D – Program Review Cycle). This is a data-driven process to assess the overall quality and operational health of programs. The updated focus is on program quality, program efficiency and incorporating elements (and requirements) from the Higher Learning Commission, Ohio Department of Higher Education, and programmatic accreditors, such as ARC-PA, into a program’s curriculum, policies and practices. Required follow-up includes a meeting with the Provost, Dean, Department Chair, and Program Director, to ensure that University officials are updated on accreditation concerns and timelines.

In conclusion, the University has addressed and resolved the citation and has a plan to assure compliance in the future.

2. **Standard A1.03c** The sponsoring institution is responsible for:

c) complying with ARC-PA accreditation Standards and policies,

**Finding:** The sponsoring institution did not demonstrate responsibility for compliance with ARC-PA accreditation *Standards*.

**Comments:** The sponsoring institution did not take sufficient responsibility for compliance with ARC-PA accreditation *Standards* as demonstrated by the number and breadth of the citations listed in this document.

During the site visit, senior institutional officials stated the program was important to the University and it intended to comply with all accreditation standards. Each senior institutional official admitted the program had not received the attention it needed prior to the program being placed on probation, and that the university would take steps to ensure all standards were met going forward.

The program’s response to the observation acknowledged the observation.

**Required Report:** Provide a narrative indicating the manner in which the citation has been addressed or resolved and include details about how the institution plans to assure compliance in the future.

In order to comply with ARC-PA Standards and policies, the institution has taken the following actions:

From July 2017 through January 2018, 25 meetings were held to address the PA Program's needs, including Program leadership and faculty needs, curricular review, program assessment, and program compliance with ARC-PA Standards. One or more of the following institutional officials above the departmental level were in attendance with the PA Program faculty members for these meetings:

R. William Ayres, Vice Provost for Academic Affairs  
Constance Shriner, Vice Provost for Assessment and Faculty Development  
Heather Huntley, Director of University Accreditation and Program Review  
Amanda Bryant-Friedrich, Dean, College of Graduate Studies  
Christopher Cooper, Executive Vice President for Clinical Affairs and Dean, College of Medicine and Life Sciences  
Kandace Williams, Associate Dean, College of Medicine and Life Sciences Graduate Programs

In addition, Dean Christopher Cooper met with institutional leadership, including University President Sharon Gaber and Provost Andrew Hsu, regarding the PA Program and compliance with ARC-PA Standards.

The Dean determined that it was necessary to install new leadership for the Program and the Department. Linda Speer, MD assumed the responsibility for chairing the Department of PA Studies, effective October 20, 2017. Her first priority was to hire a new Program Director to ensure compliance with ARC-PA Standards. April Gardner, MSBS, PA-C, was hired effective October 26, 2017. These new leaders were given authorization to recruit two new full-time principal faculty members, with PA-C credentials, to supplement the principal faculty. To date, one of the faculty positions has been filled by Michael Vasko, PA-C, and an active search is underway for the second faculty position. These actions were taken to ensure that the Program continues to meet all of the ARC-PA Standards regarding Program faculty leadership and qualifications.

The institution also developed a plan to ensure the Program's compliance with ARC-PA Standards and policies throughout the accreditation review process. The Program has implemented a process whereby accreditation reports undergo four levels of review:

- 1) Department Chair
- 2) Associate Dean of Graduate Programs in the College of Medicine and Life Sciences
- 3) Dean of College of Medicine and Life Sciences
- 4) Provost's office - Office of Accreditation, Assessment, and Program Review

Additionally the job description of the Associate Dean for Graduate Programs now includes:

- 1) Monitors and manages programs accreditation
- 2) Informs Provost's office regarding program accreditation
- 3) Maintains master database for graduate programs in COMLS
- 4) Addresses areas of concern or monitoring
- 5) Reviews and shares reports with the provost's office a minimum of one week prior to submission deadlines

As previously explained for Standard A1.03a, the Provost' office has provided extensive support to the Program since the site visit in June 2017 to ensure its compliance with ARC-PA Standards.

The institution plans to assure compliance in the future. The Program will undergo academic program review as described in the response to Standard A1.03a. Moreover, the Provost now requires accredited programs to submit accreditation documents for internal review prior to submission.

Finally, UT will continue to provide appropriate resources to the Program to ensure that the faculty members are knowledgeable about ARC-PA Standards, policies and expectations. For example, the Office of Assessment, Accreditation and Program Review has offered to fund the PA Program Director and another faculty member from UT to attend the "ARC-PA Workshop Accreditation and You," in July 2018.

3. **Standard A2.08** The program director *must* provide effective leadership and management.

ANNOTATION: Effective leadership and management involve careful attention to all aspects of the program to assure a solid operational foundation. Effective leaders and managers give careful attention to issues related to personnel, program and institutional processes, and application of resources. They employ strong communication skills in all situations. They analyze and proactively problem solve. They monitor, oversee, mentor, supervise and delegate as appropriate to the individuals, setting, or issue.

**Finding:** The interim program director (IPD) did not provide effective leadership and management.

**Comments:** The IPD, Dr. Dill, was not able to answer several questions during the site visit and nearly always asked Dr. Hogue, the Department Chair to answer questions. Dr. Dill stated the IPD role was currently being handled by three people: herself, Dr. Hogue (the current Department Chair), and Dr. Wishner (the current academic coordinator/assistant program director), with each person taking on one-third of the duties. When asked during the site visit to describe how the IPD role had been divided among the three individuals, none of the three were able to describe the division of labor. The faculty stated that they reported to either Dr. Hogue or Dr. Wishner, and they did not report to the IPD for anything. At the time of the site visit, the IPD was not engaged in mentoring new faculty. For example, Ms. Rego (a new principal faculty hire as of spring 2017) stated she was being mentored in her new role as a PA educator by Ms. Walkup (a 0.5 FTE new hire, who had been employed as principal faculty by the program in the past).

The senior institutional officials were not familiar with Dr. Dill in her role as the IPD and stated they worked primarily with Dr. Hogue for program-related issues. The senior institutional officials stated the university process for assessment of the program director's leadership and management was conducted by the department chair and the report was then forwarded to the respective dean. None of the senior institutional officials were able to confirm whether Dr. Dill was providing appropriate leadership and management for the program, and they stated this issue would need to be discussed with Dr. Hogue. The senior institutional officials also indicated Dr. Hogue likely had not completed a formal review of Dr. Dill since she only had been in the role of IPD for 6 months.

The program's response to the observation acknowledged the observation.

**Required Report:** Provide a succinct narrative response indicating how the institution/program has resolved the citation and will assure compliance with this standard in the future.

The Program Director provides effective leadership and management.

The Interim Program Director has been replaced with an experienced, permanent (1.0 FTE) Program Director (PD) who provides effective leadership and management of the Program. April Gardner, MSBS, PA-C was hired as the PD on October 26, 2017. Ms. Gardner first gained experience with ARC-PA Standards and policies when she worked as a Clinical Science Instructor for the University of Findlay Physician Assistant Program. She also previously was a member of the Program for nine years and during this time served as principal faculty, Academic Coordinator, Associate Program Director, and PD. Thus, she has previously served in a number of roles within the Department that required her to provide effective leadership and management of the PA Program. Having served as the previous PD, she has experience performing the requirements of the position, which involve providing effective leadership and management. For example, she has experience with supporting faculty development, engaging with faculty members on a regular basis and through regularly scheduled meetings, recruiting and supervising support staff.

One of the essential ways in which the current PD demonstrates leadership and management to the Program is through her oversight of PA Program faculty. She is responsible for faculty and staff hiring, as well as faculty development and mentoring. All faculty and staff report directly to the PD (Appendix 3-A – Organizational Chart). She also oversees the Faculty Search Committee and is responsible for recruitment, interviewing, recommendation of the appropriate candidates and mentoring of new faculty.

The current PD's ability to provide effective leadership and management expands beyond her oversight of PA Program faculty. Ms. Gardner is keenly aware of all aspects of the Program, including student recruitment and retention and the curriculum. She also helped to develop previous versions of the Didactic Rules and Regulations and the Clinical Manual, and oversees current revisions of both documents.

Additionally, the PD works closely with the Office of the Provost, College of Medicine and Life Sciences (COMLS) leadership and PA faculty to ensure the Program is meeting or exceeding ARC-PA accreditation Standards. The PD reports directly to the Chair of the Department, both of whom also meet regularly with the Dean of the COMLS, and College and University leadership, to ensure the Program is meeting or exceeding all Standards. In collaboration with the Department Chair, the PD recently evaluated the budget and received approval for increases in faculty salaries and the travel budget.

The institution plans to assure compliance with ARC-PA Program Director Standards in the future through the following measures:

- The Program Director's job description was rewritten to more specifically align with the ARC-PA Standards requiring effective leadership and management of the Program (Appendix 3-B – Program Director Job Description).
- The Program Director will undergo an annual performance review by the Department Chair who will measure the Program Director's performance against the recently revised job description. The Department Chair will submit her review of the Program Director's performance to the Dean of the COMLS.

- The annual performance review of the PA Department will be evaluated by the Dean on an annual basis to ensure that the PD is providing effective leadership and management. The annual report to the Dean from the Department Chair includes the Program Director's evaluation of each faculty members' performance in relation to goals set in the previous year which include performing duties related to compliance with the Standards.

- If the PD should leave the institution, she will be replaced with a qualified candidate capable of performing all of the essential functions as set forth in the job description, including Program leadership and management.

4. **Standard A2.09a** The program director must be knowledgeable about and responsible for program:

a) organization

ANNOTATION: Knowledge and responsibility related to participation in the accreditation process involve more than simply completing applications and reports required by the ARC-PA. They are demonstrated by adhering to the Standards and ARC-PA policies, and following directions and guidelines provided by the ARC-PA.

**Finding:** The IPD was not knowledgeable about or responsible for program organization.

**Comments:** The IPD did not have a clear understanding of the organizational structure of the program or the university's involvement in or oversight of the program. At the time of the site visit, the IPD was unable to answer questions regarding program policy and protocols including whether the program had a written remediation policy, the financial responsibility related to student needle stick/environmental exposures, the process for the program director search, the process for updates and review of the program's website, the process for review of the program's mission and goals and the process for confirmation of completion of student requirements for graduation.

The program's response to the observation acknowledged the observation.

**Required report:** Provide a succinct narrative response indicating how the program/institution has resolved the citation and will assure compliance with this standard in the future.

The Program Director is knowledgeable about and responsible for Program organization.

The Interim Program Director has been replaced with an experienced, permanent (1.0 FTE) Program Director (PD) who is knowledgeable about and responsible for Program organization. April Gardner, MSBS, PA-C was hired as the PD on October 26, 2017 (Please see Program's response to Standard A2.08 for further details regarding Ms. Gardner's qualifications). As the current PD, among other ways, she demonstrates her knowledge of and responsibility for Program organization by directing the development of a master course schedule, developing (in collaboration with Program faculty) a calendar of events that comports with the COMLS and UT calendars, and as described in more detail below, developing and monitoring annual budgets. The current PD has a clear understanding of the organizational structure of the Program, as well as the University's involvement in and oversight of the Program. She is aware that she has ongoing responsibility for the Program and reports directly to the Department Chair. Organization of the Program has been clarified through development of a revised

organizational chart and all Program faculty and staff report directly to the PD. (See Appendix 3A - Organizational Chart).

The current PD has a clear understanding of all Program policies and protocols. She works closely with the Department Chair, Program faculty, and leadership to review and revise policies in the Didactic Rules and Regulations and the Clinical Manual. She has discussed policies on student intervention, remediation, and deceleration with leaders from seven PA programs to ensure best practices are considered while revising policies. She works closely with the COMLS leadership to review COMLS policies to align policies for PA students with policies applicable to other clinical students in the COMLS. Additionally, the PD works closely with the Office of the Provost, UT's leadership and Program faculty to ensure the Program is meeting or exceeding ARC-PA Standards regarding assessment. The PD also oversees students in the Program from admissions and matriculation to graduation. The PD and the Chair of the Department, both meet regularly with the Dean of the COMLS, and College and University leadership, to ensure the Program is meeting or exceeding all ARC-PA Standards.

In order to improve faculty engagement and systematic program management, the PD and the Department Chair instituted a new Program committee structure including:

- Admissions Committee;
- Foundational Science Curriculum Committee;
- Clinical Curriculum Committee;
- Executive Curriculum Committee;
- Student Progress Committee;
- Program Assessment Committee.

The PD also strives to ensure that the Program remains appropriately organized by ensuring that students are able to relay any concerns to faculty in a consistent and organized manner. In order to improve communication between PA Program faculty, staff and students, the PD created an organized system to communicate with the student body, by holding weekly student forums to discuss Program accreditation matters and student concerns between October 2017 through December 2017. As students became more aware of and comfortable with how the Program was handling its accreditation issues, the forums were less attended, and were discontinued. The Program also supported the election of student body representatives to ensure that lines of communication remain open between PA Program leadership and the students. Class representatives from the first-year and second-year classes meet with the PD and Department Chair biweekly to discuss student concerns and accreditation updates.

The current PD has also taken responsibility for and is knowledgeable about the process for updates and review of the Program's website <http://www.utoledo.edu/med/grad/pa/>. Under her supervision, space was created on the Program's website to present relevant information, ARC-PA documents, and to address frequently asked questions. The PD also oversees all material on the Program website and works closely with the Web and Digital Media Specialist to provide updates as needed to ensure excellent communication with students and to ensure compliance with all ARC-PA Standards.

The institution plans to assure compliance with ARC-PA Program Director Standards in the future through the following measures:



- The PD will remain committed to strong organizational leadership and management of the Program and will continue to receive mentoring from the new Department Chair. Additionally, the Program Director's job description aligns with the ARC-PA Standards, including the PD's duty to be knowledgeable about and responsible for Program organization. The PD's knowledge of and assumption of responsibility for the Program's organization will be assessed through an annual performance review conducted by the Department Chair, and if improvement is needed, the PD will be provided with the proper training and resources to improve her performance. The Department Chair will submit the PD's annual review to the Dean of the COMLS, and the Department will be evaluated by the Dean on an annual basis to ensure that the PD is sufficiently performing her duties.

- Additionally, the PD will ensure that she remains knowledgeable about all Program policies and protocols by periodically reviewing them. She will also ensure that the Program's website remains updated by reviewing the website information, at a minimum, each semester during a faculty meeting. She also will review the information with the Web and Digital Media Specialist for the COMLS. Updates will be posted to the website quarterly and as needed in the interim to remain in compliance with the Standards. Finally, the PD will attend the "ARC-PA Workshop Accreditation and You" in July 2018 to increase her knowledge regarding how best to serve the Program as its leader.

- If the PD should leave the institution, she will be replaced with a qualified candidate capable of performing all of the essential functions as set forth in the job description, including Program organization.

5. **Standard A2.09d** The program director must be knowledgeable about and responsible for program:

d) continuous review and analysis,

ANNOTATION: Knowledge and responsibility related to participation in the accreditation process involve more than simply completing applications and reports required by the ARC-PA. They are demonstrated by adhering to the Standards and ARC-PA policies, and following directions and guidelines provided by the ARC-PA.

**Finding:** The IPD was not knowledgeable about or responsible for program continuous review and analysis.

**Comments:** The site visit team asked each faculty member present (including the IPD, department chair, and principal faculty) to describe their participation in the preparation of the accreditation documents. Dr. Dill declined to respond to this question. According to the other faculty members, they participated in some faculty meeting and retreat discussions, but the application and SSR were written by the department chair.

The program's response to the observation acknowledged the observation.

**Required report:** Provide a succinct narrative response indicating how the program/institution has resolved the citation and will assure compliance with this standard in the future.

The Program Director is knowledgeable about and responsible for Program continuous review and analysis. She has implemented a PA Program Self-Assessment Committee that facilitates continuous

review and analysis of the Program (See Program's response to Standard A2.09a for details regarding the committee structure).

As a former Associate Program Director and Academic Coordinator, she has experience reviewing the curriculum. As the current PD, Ms. Gardner demonstrates her knowledge of and responsibility for the Program's continuous review and analysis by conducting, with Program faculty, ongoing curriculum development, review of Program goals and objectives, and conducting Program self-study, and evaluation. She also is responsible for implementing the PA Program so it meets ARC-PA Standards and fulfills the mission of COMLS and UT—a task that requires continuous review and analysis of the Program.

The PD is directly responsible for overseeing all aspects of accreditation documentation including the review and analysis of the Self-Study Report (SSR). She is responsible for overseeing review and analysis of the Program. Since her return to the Program she has implemented and participated in procedures designed to strengthen the Program's continuous review and analysis. For example, in January 2018 the PD formed the PA Program Self-Assessment Committee which she continues to oversee.

The institution plans to assure compliance with ARC-PA Program Director Standards in the future through the following measures:

- The PD will continue to oversee the PA Program Self-Assessment Committee which meets monthly. The Department Chair, PD and all principal faculty are actively involved in discussions and drafting the written reports related to the Program's continuous review and analysis.
- Additionally, as stated in the Program Director job description, Ms. Gardner is responsible for the preparation and writing of the SSR and all other accreditation reports, with faculty input.
- If the PD should leave the institution, she will be replaced with a qualified candidate capable of performing all of the essential functions of the PD as set forth in the job description, including continuous review and analysis of the Program.

6. **Standard A2.09g** The program director must be knowledgeable about and responsible for program:

- g) participation in the accreditation process.

ANNOTATION: Knowledge and responsibility related to participation in the accreditation process involve more than simply completing applications and reports required by the ARC-PA. They are demonstrated by adhering to the Standards and ARC-PA policies, and following directions and guidelines provided by the ARC-PA.

**Finding:** The IPD was not knowledgeable about the program's participation in the accreditation process.

**Comments:** The IPD declined to respond when asked about her participation in preparation of the accreditation documents. According to other faculty members interviewed during the site visit, the application documents were completed by Dr. Hogue, the department chair.

The on-site materials required by the ARC-PA were not all present and had to be requested by the site visit team. None of the onsite materials were identified by standard making it difficult for the program to demonstrate compliance with the standards.

The program's response to the observation acknowledged the observation.

**Required report:** Provide a succinct narrative response indicating how the program/institution has resolved the citation and will assure compliance with this standard in the future.

The Program Director is knowledgeable about and responsible for Program participation in the accreditation process.

The Interim Program Director has been replaced with an experienced, permanent (1.0 FTE) Program Director (PD). April Gardner, MSBS, PA-C was hired as the PD on October 26, 2017 (Please see Program's response to Standard A2.08 for further details regarding Ms. Gardner's qualifications).

During her previous tenure at UT, Ms. Gardner gained extensive experience about the Program's participation in the accreditation process. As the current PD, she is required to be knowledgeable about and responsible for the Program's participation in the accreditation process. As an example, the PD is directly responsible for overseeing all aspects of preparing and reviewing accreditation documentation and reports, including this report. The PD is also responsible for assigning writing tasks, as appropriate, to the Department Chair, Medical Director, Program faculty, the Administrative Clinical Coordinator, and the Administrative Assistant. As with this current document, the PD reviews and edits, as needed, all contributions to the report and is responsible for the content and submission of the final document.

The institution plans to assure compliance with ARC-PA Program Director Standards in the future through the following measures:

- The PD will facilitate access of accreditation documents for future site visitors, UT's leadership, faculty, and staff. All required accreditation documentation will be available in the Department and identified by individual Standard, both electronically and in hard copy.

- The PD will be responsible for the preparation and writing of the SSR and all other accreditation reports, with the appropriate input of the faculty and others.

- If the PD should leave the institution, she will be replaced with a qualified candidate capable of performing all of the essential functions as set forth in the job description, including participation in the accreditation process.

7. **Standard A2.10** The program director must supervise the medical director, principal and instructional faculty and staff in all activities that directly relate to the PA program.

**Finding:** The IPD did not supervise the medical director, principal or instructional faculty in activities that directly related to the program.

**Comments:** During the site visit, the IPD stated that no one in the program reported to her and that Dr. Wishner had been overseeing the program since the former program director left in December 2016. The job descriptions for Faculty/Assistant Professor, Associate Program Director and Academic Coordinator/Instructor identified that these positions reported directly to the Department Chair, not to

the PD/IPD. The job description for Faculty Clinical Coordinator did not indicate to whom this position reports. The organizational chart, however, showed that faculty report to the program director.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide a succinct narrative response indicating how the program/institution has resolved the citation and will assure compliance with this standard in the future. Append a diagram or description of the organizational structure of the PA program, to include at a minimum, the program director, medical director, principal faculty and administrative support staff.

The Program Director supervises the medical director, principal and instructional faculty and staff in all activities that directly relate to the PA Program.

To address leadership concerns, the University took rapid corrective action and replaced the Interim Program Director and Department Chair. The current PD directly supervises and evaluates the medical director, principal and instructional faculty, the administrative clinical coordinator, and the administrative assistant in all activities directly related to the Program. All positions report directly to the PD on all Program matters. The Program's job descriptions and organizational chart have been updated to clearly state reporting assignments. (See Appendix 3-A – Organizational Chart).

The institution plans to assure compliance with ARC-PA Program Director Standards in the future through the following measures:

- The PD, in consultation with the Department Chair, will annually review and revise Program job descriptions as well as the organizational chart in accordance with ARC-PA's current and future Standards.
- If the PD should leave the institution she will be replaced with a qualified candidate capable of performing all of the essential functions as set forth in the job description, including supervision of the medical director, principal and instructional faculty, and staff.

8. **Standard A3.08** The program must inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

ANNOTATION: Policies related to infectious and environmental hazards are expected to address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility.

**Finding:** The program's policy related to infectious and environmental hazards did not address methods of prevention or include a definition of financial responsibility.

**Comments:** At the time of the site visit, the program did not have a written infectious and environmental hazard policy which included methods of prevention or definition of financial responsibility.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** The program must provide a copy of the published policy that addresses student exposure to infectious and environmental hazards, including methods of prevention, procedures for care, treatment after exposure, and financial responsibility. Identify how students are informed of the policy. If published online, provide the active URL link.

The Program informs its students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk.

The University's Policy Number 3364-81-04-016-04, "Student Training for Occupational Exposure," addresses procedures for care, treatment after exposure, and financial responsibility. The policy applies to the entire College of Medicine and Life Sciences, including the Physician Assistant Program. Section (D)(2) provides that: "Information about the procedures for care and treatment after exposure, including definition of financial responsibility must be made clear to the students at repeated times throughout the curriculum." As explained further below, these procedures are presented to students throughout the curriculum. This policy is published on the College of Medicine and Life Sciences policy webpage at [http://www.utoledo.edu/policies/academic/college\\_of\\_medicine/pdfs/3364\\_81\\_04\\_016\\_04%20%20Student%20training%20for%20occupational%20exposure.pdf](http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/3364_81_04_016_04%20%20Student%20training%20for%20occupational%20exposure.pdf) (Appendix 8-A – Student Training for Occupational Exposure).

Regarding financial responsibility, Policy Number 3364-81-04-016-01, "Student Health Services for Health Professions Students" provides the PA Program's definition of financial responsibility. Under the heading, "Lab/Radiology Test Services Benefits," the policy provides that: "The University will cover certain laboratory and radiological services for health professions students which include: Occupational exposure testing and immediate follow-up care. If a student would ever receive a bill for said services, they are to bring it immediately to the hospital billing department." UT's hospital will pay for any bills that students incur for testing and immediate follow-up care. This policy is published on the COML's policy webpage at: [http://www.utoledo.edu/policies/academic/college\\_of\\_medicine/pdfs/3364\\_81\\_04\\_016\\_01.pdf](http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/3364_81_04_016_01.pdf) (Appendix 8-B – Student Health Services for Health Professions Students).

The Program's Didactic Rules & Regulations outline the specific procedures for care and treatment in the event of an injury, incident, or exposure to infectious or environmental hazards (Appendix 8-C – Rules & Regulations pp 14-15). Incoming students are provided the Program's Didactic Rules and Regulations, which students review at orientation. Students also are required to complete a form informing the Program of their specific allergies during the Program Orientation.

Procedures for care and treatment in the event of an injury, incident or exposure to infectious or environmental hazards are also addressed in the Clinical Manual (Appendix 8-D – Clinical Manual pp 111-112). Students in the clinical year are provided the Clinical Manual. Students then sign an acknowledgement form indicating they read and understand these documents. Students also are required to fill out a Clinical Safety Checklist when they begin each rotation.

Students receive further training regarding procedures for care and treatment in the event of an injury, incident, or exposure to infectious and environmental hazards in PHYA6500 Intro to Clinical Practice. ANAT 5000, Anatomy for Physician Assistant Students, includes a section in the syllabus that addresses safety in the gross anatomy lab.

Finally, students in the Program are required to complete yearly online training within the University's Safety and Health Training Testbank. The required training modules are "Bloodborne Pathogens" and "Safety and Health Training," which includes Emergency Preparedness, Hazmat and Wastes, Infection Control (Needle stick, Powered Air Purified Respirator training and Hand Hygiene), Life Safety, Medical Equipment Safety, and Safety and Security.

9. **Standard A3.14b** The program must define, publish and make readily available to enrolled and prospective students general program information to include:

b) the success of the program in achieving its goals,

ANNOTATION: The program is expected to provide factually accurate evidence of its effectiveness in meeting its goals.

**Finding:** The program did not define, publish and make readily available to enrolled and prospective students, factually accurate evidence of the success of the program in achieving its goals.

**Comments:** The program webpage provided in the application, appendix 8, and at the time of the site visit (<http://www.utoledo.edu/med/grad/pa/prospectus.html#outcomes>), did not publish the success of the program in achieving its goals.

The Program faculty and department chair stated the program was working on ways to provide evidence of meeting its goals, but did not have that information defined at the time of the site visit.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** In the response box below, provide the URL for the program's published, factually accurate evidence of its effectiveness in meeting its goals.

The Program goals, together with descriptions of corresponding processes and factually accurate outcomes, are now published on the Program website at:  
<http://www.utoledo.edu/med/grad/pa/prospectus.html#outcomes>.

The Program's previously published goals were mainly process-oriented, rather than outcome-oriented. Although some process measures could be documented, the Program determined this would not provide sufficient evidence that the Program is successfully meeting its goals. Therefore, the Program assembled a subgroup of the faculty, with the Program Director and the Department Chair, to revise the Program's goals and establish the outcome measures that provide evidence of our progress and success. The proposal for both the goals and the corresponding outcome measures were then vetted with the entire group of principal faculty. Students in the Program were then notified of the publication of the Program's success in meeting its goals.

Going forward, the Program goals and outcomes will be reviewed annually and revised as needed. Updated goals will be posted on the Program website and students will be informed of the posted updated goals and outcomes.

10. **Standard B1.03** The curriculum must be of *sufficient* breadth and depth to prepare the student for the clinical practice of medicine.

**Finding:** The program did not provide evidence the curriculum was of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

**Comments:** The program's application stated it determined sufficient breadth and depth of the curriculum based on feedback from preceptors, the fact that the students "are taught by the same professors as the medical students with the same curriculum" and PANCE scores. However, the program failed to explain how it uses these items to demonstrate the curriculum was of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

Moreover, other evidence provided at the time of the site visit indicated the curriculum may not be of sufficient breadth and depth. Specifically, the most recent PANCE pass rate for the program was low (i.e., 74% for the Class of 2016). The department chair reported student performance in the program was the only variable considered in evaluating the PANCE results, and the program had found no direct correlation to the poor PANCE pass performance. Straight "A" students and decelerated students were among those who did not successfully pass the PANCE on their first attempt.

Also, at the site visit, a few clinical students stated they believed they had gained only superficial knowledge in some areas because they could not adequately respond to questioning by preceptors on topics which the students felt they should be knowledgeable.

Further, review of the program's syllabi showed that a number of courses did not include sufficient instructional objectives to prepare the student for the practice of medicine. For example, in the following courses, all or the majority of the instructional objectives included the verbs "describe or identify," which does not provide the depth necessary, in PA education, to develop critical thinking skills. These courses included 5050: Human Physiology; 5510, 5520, 5530: Fundamentals of Pharmacology I, II, III; and 5330: Clinical Medicine III. Additionally, the program did not actively participate in curricular evaluation to determine sufficient depth and breadth of the curriculum. Finally, the clinical curriculum was not sufficient to meet several of the standards (see citations #12-15 (B2.06, B2.13, B2.14, B2.15)).

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** In the response box below, provide evidence the program has developed and evaluates the curriculum to determine it is of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

The PA Program's curriculum is of sufficient breadth and depth to prepare students for the clinical practice of medicine, as demonstrated by the Program's developmental systems-based curriculum. Topics introduced in the first semester of the didactic curriculum are continually reinforced during the remaining 10 months of instruction and into the clinical rotations. An example of the curricular depth of instruction on a single topic (heart failure) is provided as Appendix 10-A – Depth of Curriculum Table. The Program also has established higher order educational objectives to ensure sufficient content complexity in each curricular unit. The program monitors the breadth of instruction by reviewing the Program's curricular map.

The Program also assesses the curricular breadth and depth by using feedback from students about their preparedness for clinical rotations, feedback from preceptors about students' medical knowledge during

their clinical rotations as well as student performance on the PANCE.

#### Curriculum Map

The Office of Assessment, Accreditation and Program Review, led by Vice Provost Dr. Constance Shriner, recommended that the Program create a matrix to display the coverage of each content area required by the ARC-PA Standards in the Program's courses. Following this recommendation, Program faculty "mapped" the course student learning objectives to the Standards as a method to ensure that the Program's curriculum has sufficient breadth and depth. (See Appendix 1-B – Curriculum Map Summary).

The program uses the curriculum map as a tool to determine the Program's curricular strengths and weaknesses and to identify what changes in the curriculum need to be made to improve the Program and to ensure compliance with ARC-PA Standards.

#### Higher Order Educational Objectives

In December 2017, the PA Program faculty attended an in-house workshop designed to teach faculty how to improve their syllabi. During the workshop, members of the Provost's office helped faculty revise their course student learning objectives to include a greater number of higher order learning objectives, as suggested by ARC-PA. This ensures the appropriate depth of instruction and student critical thinking.

The Program has included with this response the Student Learning Objectives for the five courses cited by ARC-PA for insufficient instructional objectives that now demonstrate higher order learning objectives (Appendix 10-B – Learning Objectives Table). The full syllabi for all of the Program's courses will be available to the site visitors.

#### Preceptor and Student Feedback

The positive feedback from preceptors and students about students' knowledge base in preparation for and during the clinical phase of the Program is an indicator that the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

In addition, on the End of Program Survey, graduating students are asked to respond to the "effectiveness of [each didactic] course in providing a knowledge base for clinical rotations." In the didactic curriculum, 17 of the 19 courses were rated as effective in providing the knowledge base necessary for clinical rotations.

During the clinical phase of the Program, students are evaluated by preceptors at the end of the rotation. The preceptors are asked to rate the students on whether the knowledge/information base of students is sound and broad-based, whether they can address common problems, and whether they can establish appropriate priorities and suggest alternative approaches, among other factors. The Program established a benchmark for scores on the preceptor evaluations of 3.0 on a 4 point scale.

The results demonstrate the average scores for the classes of 2014 -2017 are above 3.0. The Program uses the preceptor evaluation results to determine if curriculum changes are needed to better prepare students for clinical practice. The class of 2017 received an average score of 3.35 on a 4.0 scale on whether the student's "information base is sound and broad based." This demonstrates that the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine.



#### PANCE Scores

The Program also determines if the curriculum is of sufficient depth and breadth by reviewing the PANCE pass rates. The Program has historically had high PANCE pass rates, with an overall pass rate of 100% for numerous graduating classes including 2011 and 2012. The Program's first-time pass rate fluctuated between 85%-95% from 2013-2015.

The 75% first-time pass rate for the class of 2016 was an anomaly and ultimately, 98% of the class of 2016 students did pass the exam (one student has not yet taken the exam). However, the low first-time pass rate caused considerable reflection and analysis of data among the Program faculty.

As a result of this process, the Program determined that it should start administering PAEA End of Rotation exams instead of the end of rotation exams developed by the Program. The Program adopted the PAEA End of Rotation exams in January 2017 and the Program is currently gathering data to evaluate the effectiveness of the PAEA exams.

As a starting point, the current 100% first-time pass rate on the PANCE for the students graduating in December 2017 strongly suggests the effectiveness of the program's modifications, including use of the PAEA End of Rotation exams. Of the class of 2017, all 37 graduates who have taken the PANCE have passed on the first attempt and only three students have not yet attempted the exam.

In conclusion, the Program has demonstrated that its curriculum is of sufficient breadth and depth through its extensive mapping of curricular content with the ARC-PA curriculum Standards and in the design and implementation of the Program's developmental systems-based curriculum and by including higher level content on its syllabi and examinations, preceptor evaluations and 2017 PANCE scores.

11. **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.

**Finding:** The program did not provide evidence of instructional objectives for each didactic course that would guide student acquisition of required competencies.

**Comments:** The instructional objectives did not consistently guide students in the acquisition of required competencies.

For example, all or the majority of the instructional objectives for 5050: Human Physiology; 5510, 5520, 5530: Fundamentals of Pharmacology I, II, III; and 5330: Clinical Medicine III only used the verb "describe or identify," which does not provide the level of depth necessary for PA education to ensure students acquire the required competencies.

None of the three courses in the 5510, 5520, 5530: Fundamentals of Pharmacology I, II, III series provided the learning expectations needed to guide student acquisition of required competencies because there was one set of instructional objectives for all three courses.

Additionally, in the 5510, 5520, 5530: Fundamentals of Pharmacology I, II, III and 5330: Clinical Medicine III courses, students were provided with bullet-point lists of diseases and drugs without a stem to guide students as to the expected level of performance on the course assessments.

Finally, in the PHYA 6150 Behavioral Science syllabus, “overall objectives” were listed and the syllabus stated that specific lecture objectives would be provided on Blackboard. However, the program did not provide these objectives to the site visitors.

The program’s response to the observation stated there was no error of fact in the observation.

**Required report:** Append the instructional objectives for:

- PHYA 5510, 5520, 5530. Fundamentals of Pharmacology I, II, III
- PHSL 5050, Physiology
- PHYA 5330, Clinical Medicine III
- PHYA 6150, Behavioral Science

The instructional objectives must be stated in measurable terms that allow assessment of student progress in developing the competencies required for entry into practice. They must address learning expectations of students and the level of student performance required for success.

The Program has defined and published instructional objectives that guide student acquisition of required competencies for each didactic and clinical course listed above and, as requested, these are provided in Appendix 11-A(i)-(iv)-Instructional Objectives. Because the narrative also specifically cites that specific lecture objectives for PHYA 6150 were not readily available, we have also provided these in Appendix 11-B.

The following information provides context for the revisions of the instructional objectives. As discussed in the previous response to Citation 10, the Program mapped its objectives to the ARC-PA Standards and revised the course syllabi accordingly. As part of this process, the faculty revised the student learning objectives for each course to include higher order learning objectives that are stated in measurable terms that allow assessment of student progress in developing the competencies required for entry into practice, and address learning expectations of students and the level of student performance required for success.

As requested by ARC-PA, the instructor for the three sequential courses of Fundamentals of Pharmacology has divided the objectives and topics into three separate syllabi and further developed the objectives for the courses to guide student acquisition of required competencies. ARC-PA also expressed concern that students were provided with pages of bullet pointed lists of drugs without a stem to guide the students as to what was expected for successful level of performance for the course assessments. The Program would like to clarify that although students were presented with a list of drugs in the Fundamentals of Pharmacology syllabi, these lists were meant as a study guide for students and not as the student learning objectives. Students also were presented with a list of questions they should ask themselves as a formative assessment strategy in each content area. These types of material have been labeled as “Study Guides” readdressed in the Fundamentals of Pharmacology syllabi for students to use throughout these three courses, while the instructional and learning objectives guide students as to the expected level of performance on the course assessments.

The Program is in compliance with Standard B1.09 because the Program has defined and published

instructional and learning objectives that guide student acquisition of required competencies for each didactic and clinical course. In addition, the Program has corrected the deficiencies identified by ARC-PA in the citation.

**12. Standard B2.06** The program curriculum must include instruction in the provision of clinical medical care across the life span.

ANNOTATION: Preclinical instruction prepares PAs to provide preventive, emergent, acute, chronic, rehabilitative, palliative and end-of-life care. It includes content relevant to prenatal, infant, children, adolescent, adult and elderly populations.

**Finding:** At the time of the site visit, the program did not provide evidence the curriculum included instruction in rehabilitative care.

**Comments:** On-site review of course syllabi identified in the application as evidence of compliance with the standard (i.e., PHYA 5310, 5340, 5330 Clinical Medicine I, II and III, PHYA 6110 Health Promotion & Disease Prevention, PHYA 6150 Behavioral Science and PHYA 6050 Medical Ethics) and interviews with faculty revealed instruction in care across the lifespan (prenatal to elderly) in preventive, emergent, acute, chronic, and end-of-life care. However, there was no evidence to affirm the curriculum provided students with instruction in rehabilitative or palliative care.

In the response to the observation, the program provided evidence of end of life and palliative care content in PHYA 6150 Behavioral Science. However, the program did not provide evidence of instruction in rehabilitative care across the life span.

**Required report:** Provide evidence the curriculum includes instruction in rehabilitative care across the life span (attach in an appendix if appropriate).

The Program's curriculum currently includes instruction in rehabilitative care in multiple courses. The faculty has addressed the citations and included additional instruction on rehabilitation across the lifespan. Appendix 12-A – Rehabilitation Care across the Lifespan Table includes a comprehensive delineation of rehabilitative care across the lifespan within the curriculum. Specific examples are provided below.

Rehabilitative care objectives have been developed for PHYA 6500 Intro to Clinical Practice and a course module titled "Rehabilitation Care Across the Spectrum of Care Settings and Lifespan" (Appendix 12-B – Rehabilitation Care Across the Lifespan Module) was delivered on the first End of Rotation day on March 2, 2018.

Objectives for this module include:

- Describe the spectrum of rehabilitation care settings.
- Enumerate common disease states appropriate for referral for rehabilitation care services for children, adolescents, adults and the elderly.
- Explain the rationale for referral for specific rehabilitation services in clinical scenarios.

As part of program review, the program included material relating to rehabilitative care across the lifespan in the following courses (See Appendix 12-A –Rehabilitation Care across the Lifespan Table):

PHYA 5310 Clinical Medicine I delivers an overview of rehabilitative care across the lifespan. The lecture titled "Rehabilitative Care: Who Provides it, When is it Needed, and Who Needs It?" discusses physical medicine and rehabilitation, including occupational therapy, physical therapy, speech therapy, mental healthcare services and social services. The "Pulmonary Circulatory Disorder" lecture discusses pulmonary rehabilitation as a potential part of the treatment plan.

PHYA 5330 Clinical Medicine III includes objectives and lectures in rehabilitative care on topics such as burns, stroke, cardiac, traumatic brain injury, and sexual assault.

- The Program has added three objectives regarding burn rehabilitation. The lecture on burns covers rehabilitation treatment for the pediatric and adult patients.

- The objectives for stroke now include summarizing rehabilitation after a stroke and analyzing the emotional issues patients will face during rehabilitation. The Program added a presentation titled "Rehabilitation of the Stroke Patient" to this class.

- The Program added a presentation titled "Cardiac Rehabilitation." The objectives for the lecture include the principles and practices, indications, resources, risks, and benefits of cardiac rehabilitation.

- To support the objectives for rehabilitative care related to head trauma, the lecture on traumatic brain injury includes information on brain injury rehabilitation, including potential consequences, timelines for recovery, and the differences between acute, post-acute, and long-term rehabilitation.

- The Program also developed rehabilitation objectives for the sexual assault awareness lecture, which include providing information to victims about support services and medical advocacy.

PHYA 6150 Behavioral Science includes objectives and the lecture titled "Chemical Dependency: The Science of Addiction." The lecture addresses substance abuse rehabilitative treatment, including settings and approaches.

All of the materials cited above will be available to the site visitors.

In conclusion, the Program is in compliance with Standard B2.06 because the curriculum includes instruction in rehabilitative care across the lifespan.

**13. Standard B2.13** The program curriculum *must* include instruction in patient safety, quality improvement, prevention of medical errors and risk management.

**Finding:** The program did not provide evidence the curriculum included instruction in quality improvement, prevention of medical errors or risk management.

**Comments:** The instructional objectives provided in appendix 17 of the application as evidence of compliance with the standard did not include quality improvement, prevention of medical errors or risk management.

At the time of the site visit, review of course syllabi provided as evidence of compliance (i.e., PHYA 6110 Health Promotion & Disease Prevention, PHYA 5310, 5320 and 5330 Clinical medicine I, II and III, PHYA

6150 Behavioral Science, and PHYA 5140 Health Care Teams & Systems) and interviews with faculty revealed the curriculum did not include instruction in quality improvement, prevention of medical errors or risk management.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide evidence the curriculum includes instruction in quality improvement, prevention of medical errors and risk management (attach in an appendix if appropriate).

The Program's curriculum includes instruction on patient safety, quality improvement, prevention of medical errors and risk management in PHYA 6500 Intro to Clinical Practice. The Notice of Appeal submitted to ARC-PA on November 3, 2017 provided evidence of instruction on these topics through several lectures in PHYA 6500 including "Surviving and Thriving on Clinical Rotations," as well as "Hospitals: Origin, Organizations and Performance." The Program has subsequently enhanced the curriculum by replacing those lectures with updated material. Appendix 13-A – Patient Quality, Quality Improvement and Risk Management Table includes a comprehensive delineation of the current integration of quality improvement, prevention of medical errors and risk management into the curriculum. Specific examples are provided below.

The Program revised the PHYS 6500 course syllabus to reflect that this material is covered in the course. One of the instructional objectives states that students will be able to "specify concepts of patient safety, quality improvement, prevention of medical errors, and risk management."

The "Quality Assessment and Performance Improvement in Healthcare" lecture in PHYA 6500 also has been revised and includes content related to quality improvement and the prevention of medical errors. Part of this lecture incorporates small group discussion of a medical error case and formulating a plan for a better outcome and reduction of medical errors.

Additionally, the instructor has included an online module called "Risk Management for Legal Issues Associated with Medical Care" which teaches students the basic elements of a medical malpractice claim, the standard of care to which they will be held as a practicing physician assistant, methods to reduce potential liability, and how to handle a medical malpractice claim.

All of the materials cited above will be available to the site visitors.

As a result, the Program is in compliance with Standard B2.13, because the curriculum includes instruction in quality improvement, prevention of medical errors, and risk management.

**14. Standard B2.14** The program curriculum must include instruction about PA licensure, credentialing and laws and regulations regarding professional practice.

**Finding:** The program curriculum did not contain instruction in PA credentialing.

**Comment:** On-site review of the course syllabus identified in the application as evidence of compliance with the standard (i.e. PHYA 5010 Intro to PA Profession) and interviews with faculty revealed instruction in PA licensure and laws and regulations regarding professional practice. However, there was no evidence to affirm the curriculum provided students with instruction in PA credentialing.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide evidence the curriculum includes instruction in PA credentialing (attach in an appendix if appropriate).

The Program's curriculum includes instruction in PA credentialing in PHYA 5010 Intro to PA Profession. Appendix 14-A – PA Credentialing Table includes a comprehensive delineation of the integration of PA credentialing into the curriculum. Specific examples are provided below.

To reflect the instruction in PA credentialing that was occurring in PHYA 5010, the Program revised the syllabus to include an objective regarding the steps and potential barriers to credentialing which states "Identify the steps for PA credentialing in professional practice and potential barriers to successful credentialing." In PHYA 5010, there is a lecture addressing PA credentialing titled "Legislation and Policy." The lecture states, "Credentialing is the process utilized by licensed health-care facilities to validate the background and assess the qualification of health-care profession[al]s to provide patient care services. PAs are credentialed by the medical staff and authorized through privileges in a manner parallel to that used for physicians."

Additionally, the course includes a packet containing credentialing materials from The University of Toledo Central Verification Office/Medical Staff Services for review and discussion with the students. This packet includes an initial credentialing application and handouts on delineation of privileges, primary source verification, and credentialing red flags.

Thus, the Program is in compliance with Standard B2.14 because the curriculum includes instruction in PA credentialing.

15. **Standard B2.15** The program curriculum *must* include instruction regarding reimbursement, documentation of care, coding and billing.

**Finding:** The Program did not provide evidence that the curriculum included instruction in billing and coding.

**Comments:** Onsite review of course syllabi identified in the application as evidence of compliance with the standard (i.e. PHYA 5010 Intro to PA Profession and PHYA 5140 Health Care Teams & Systems) and interviews with faculty revealed instruction in reimbursement and documentation of care. However, there was no evidence to affirm the curriculum provided students with instruction in billing and coding.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide evidence the curriculum includes instruction in billing and coding (attach in an appendix if appropriate).

The Program's curriculum includes instruction on billing and coding in PHYA 6500 Intro to Clinical Practice. The Notice of Appeal submitted to ARC-PA on November 3, 2017 provided evidence of instruction on these topics through several lectures in PHYA 6500 including "Getting Paid for What You Do" as well as "Documentation." The Program has subsequently enhanced the curriculum by replacing those lectures with updated material.

The Program revised the syllabus for PHYA 6500 to reflect that this material is covered in the course. The syllabus includes the following instructional objectives related to billing and coding:

- Explain the proper way to code a patient encounter for billing purposes.
- Summarize how to properly code an office note and explain how to document care.
- Coding and billing for patient populations (inpatient/outpatient) also is listed as one of the course topics (topic 16).

The lecture titled “How to Generate a Level of Service” includes instruction on the terminology used in billing and coding. Specifically, it covers coding systems (CPT-4, ICD 9, ICD 10, Healthcare Common Procedural Coding System, and national and local codes), encounter forms, evaluation and management, new patient coding, established patient coding, key components of coding (history, exam, medical decision-making), choosing the level of service, billing based on time, practice locations, types of service (surgery, emergency department, preventive, consultations) and modifiers.

All of the materials cited above will be available to the site visitors.

Thus, the Program is in compliance with Standard B2.15, because the curriculum includes instruction in billing and coding.

**Comment:** Standard B3.02 has two important points: Supervised Clinical Practice Experiences (SCPEs) must enable students 1) to meet program expectations and 2) acquire the competencies needed for clinical PA practice.

Standards B3.02-B3.07 relate to the supervised clinical practice components of the program while the C standards also relate to these in terms of evaluation. It is often helpful to think of these interrelated standards by the major category they address.

- types of patient encounters (B3.02),
- types of care patients are seeking (B3.03),
- settings in which SCPE must occur (B3.04),
- people with whom the students should work to obtain those experiences (B3.05, B3.06, B3.07)

16. **Standard B3.02** *Supervised clinical practice experiences must enable students to meet program expectations and acquire the competencies needed for entry into clinical PA practice.*

ANNOTATION: It is anticipated that the program expectations of students will address the types of patient encounters essential to preparing them for entry into practice. It is required that at a minimum these will include preventive, emergent, acute, and chronic patient encounters.

**Finding:** At the time of the site visit, the Program did not verify that supervised clinical practice experiences (SCPEs), including preventive, emergent, acute, and chronic patient encounters, enabled each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.

**Comments:** Standard B3.02 first requires the program have well-defined expectations for necessary patient encounters related to preventive, emergent, acute and chronic encounters, and then requires the program to assess that those experiences allow each student to meet the expectations needed to acquire the competencies (as defined by the ARC-PA and identified in the Glossary of the *Standards*: the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities required for PA practice) needed for entry into clinical PA practice. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

The program did not provide evidence in its application, during the site visit or in response to the observation that it had a method of assessment which allowed the program to determine that each student had met program expectations. The method of assessment for each rotation included the following: a discipline-specific end of rotation exam (the PAEA exam), a written SOAP note which was discipline-specific and the preceptor evaluation of student performance. None of these methods of assessment were specific to the program expectations for preventive, emergent, acute or chronic patient encounters. The preceptor evaluation of student performance did not assess any of the program expectations required of the standard. The SOAP notes may have included one or more of the program expectations required of the standard, but the program did not define or monitor them in order to determine whether the student had demonstrated those competencies.

The program stated it also monitored student logging of patient encounters, but at the time of the site visit, it was not able to verify each student had patient encounters in all areas required by the standard. Additionally, while exposure is essential for students to meet program expectations, exposure alone is not sufficient to meet the standard as it does not verify the student has met the program's expectations.

Additionally, the program did not identify how it addressed situations where a student did not meet the program's expectations. In order for the program to demonstrate compliance with the standard, it must monitor, measure and document that each student has met program expectations and can demonstrate s/he can do what is expected after having had the experiences.

**Required report:** Provide the supervised clinical practice experience (SCPE) expectations for students in preventive, emergent, acute and chronic patient encounters (attach in an appendix).

Below, provide narrative describing how the program determines each student has met those program defined expectations. Include how the program will address situations where a student did not meet the program's expectations.

Append the document(s) necessary (e.g. preceptor evaluation of student performance) to verify the program has a means to determine each student has met the program's expectations needed for entry into clinical PA practice with preventive, emergent, acute and chronic patient encounters.

The Program's supervised clinical practice experiences (SCPEs), including preventive, emergent, acute and chronic patient encounters, enable students to meet Program expectations and acquire the competencies needed for entry into clinical PA practice. These expectations are located in Appendix 16-A-SCPE Expectations for Preventive, Emergent, Acute and Chronic Patient Encounters, which is organized by type of encounter and clinical rotation.

The Program 1) has well-defined expectations for necessary patient encounters related to preventive,



emergent, acute and chronic patient encounters; 2) assesses those experiences to make sure that each student has met the expectations needed to acquire the competencies needed for entry into clinical PA practice; and 3) has a plan to address students who do not achieve the level of performance required.

First, the Program determined the minimum number of patient encounters students are required to complete with patients seeking care for preventive, emergent, acute and chronic conditions during their clinical rotations. The numeric expectations for SCPEs is provided at Appendix 16-B-Patient Encounters. The Faculty Clinical Coordinator uses a spreadsheet to track the number of patient encounters students have for preventive, emergent, acute and chronic conditions.

Second, the Program determines that students have met the expectations needed to acquire the competencies required for entry into clinical PA practice through its various methods of assessment. 1) Student Patient Logs, 2) Written assignments (SOAP notes) that students must complete, and 3) A passing grade of 3.0 (on a Likert Scale 1-4) or better by the Preceptor for the rotation cycle.

#### Student Patient Logs

The student logs were revised to include the specific data entry fields for preventive, emergent, acute and chronic patient encounters (Appendix 16-C-E\*Value Case Log). If upon review, the Faculty Clinical Coordinator determines the student is not experiencing a sufficient number of preventive, emergent, acute and chronic patient encounters, the student will be strategically assigned for all or a portion of the final Preceptorship rotation PHYA 6760 (e.g., placement at a particular site or with a particular preceptor) such that the student will have access to more patients with preventive, emergent, acute or chronic conditions. The Clinical Manual states that students are evaluated, in part, by review of their patient logs.

#### Written Assignments

Students are required to write a history and physical exam with assessment or SOAP note that is specifically associated with an encounter with a preventive, emergent, acute, and chronic patient. By the end of their clinical rotation schedule, students will have completed at least one assignment for each type of patient encounter, which is being monitored by the Faculty Clinical Coordinator (Appendix 16-D-EOR Assignment Rubric). The notes will not be considered acceptable if appropriate information regarding the encounter is missing.

#### Preceptor Evaluations

The preceptor evaluation forms were revised to assess the student's competency in preventive, emergent, acute and chronic patient encounters. For example, the Women's Health preceptor evaluation form assesses students' competency in preventive women's care: "[i]s the student competent in discussing appropriate preventive measures such as ACOG guidelines for pap smears, mammograms and immunizations?" Additionally, the Family Medicine preceptor evaluation form now specifically assesses a student's ability to care for patients with chronic conditions "[i]s the student competent in diagnosing and formulating a treatment plan for chronic common conditions such as diabetes, hypertension, and hyperlipidemia?" Similarly, preceptors must assess whether students are "competent in formulating a plan for acute illnesses such as UTIs, rashes and URIs." By reviewing the preceptor's evaluations and specific notes and observations regarding the student's clinical

performance, Program faculty are able to assess whether a student is meeting the Program's expectations related to preventive, emergent, acute and chronic patient encounters (See Appendix 16-E-Women's Health Preceptor Evaluation and Appendix 16-F-Family Medicine Preceptor Evaluation).

Third, the Program addresses students who do not achieve the level of performance required, which is provided in the Clinical Manual. As mentioned above, if the Program faculty determined through review of the student logs, that a student has not experienced enough encounters with patients seeking care for preventive, emergent, acute and chronic conditions, the student will be strategically assigned for all or a portion of the Preceptorship rotation, PHYA 6760. The Clinical Manual states that if a student does not receive a grade of 80 percent or higher on the written assignment, remediation will occur. To remediate the assignment, the student must rewrite and submit the revised written assignment. Students who obtain poor scores on their preceptor evaluations— an overall score below three— are required to repeat the rotation with a strategically assigned preceptor to ensure the student receives individualized instruction in the area(s) of deficiency. Students may repeat a maximum of two clinical rotations.

In conclusion, the Program has SCPE expectations for students in preventive, emergent, acute and chronic patient encounters. The Program uses many assessment tools to determine whether each student has met its expectations and has a plan to address those situations where a student does not meet expectations.

17. **Standard B3.03a** *Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking:*

- a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly

**Finding:** At the time of the site visit, the program did not verify supervised clinical practice experiences (SCPEs), including medical care across the life span with infants, children, adolescents, adults and the elderly, enabled each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.

**Comments:** Standard B3.03a requires the program to first clearly define its expectations for SCPEs with patients seeking medical care across the life span. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure (i.e., monitor, measure and document) that the SCPEs provide sufficient patient exposure to allow each student to meet those requirements and acquire the competencies (as defined by the ARC-PA and identified in the Glossary of the *Standards*: the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) needed for entry into clinical PA practice. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

The program did not provide evidence in its application, during the site visit or in response to the observation that it had a method of assessment which allowed the program to determine each student had met the program's expectations. The method of assessment for each rotation included the following: a discipline specific end of rotation exam (the PAEA exam), a written SOAP note that was

discipline specific and the preceptor evaluation of student performance. None of the methods of assessment were specific to medical care across the life span. The preceptor evaluation of student performance did not contain any of the program's expectations required by this standard. The SOAP notes may have included one or more of the program expectations required by the standard, but the program did not define or monitor them in order to determine if the student had demonstrated those competencies.

The program stated it also monitored student logging of patient encounters, but at the time of the site visit, the program was not able to verify each student had patient encounters with patients seeking care across the life span. Additionally, while exposure is essential for students to develop competencies, exposure alone is not sufficient to meet the standard as it does not verify students met program expectations.

Additionally, the program did not identify procedures for addressing a situation where a student was not meeting program expectations. In order for the program to demonstrate compliance with the standard, it must monitor, measure and document that each student has met the program's expectations and can demonstrate s/he can do what is expected after having had the experiences.

**Required report:** Provide the supervised clinical practice experience (SCPE) expectations for students providing medical care across the life span to include, infants, children, adolescents, adults and the elderly.

Below, provide narrative describing how the program will determine each student has met those program defined expectations. Include how the program will address a student who does not meet the program's expectations.

Append the document(s) necessary (e.g. preceptor evaluation of student performance) to verify the program has a means to determine each student has met the program's expectations for medical care across the life span to include, infants, children, adolescents, adults and the elderly, needed for entry into clinical PA practice.

The Program's SCPEs provide sufficient patient exposure to allow each student to meet Program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking medical care across the life span to include infants, children, adolescents, adults and the elderly.

The Program 1) has well-defined expectations for necessary patient encounters across the life span; 2) assesses those experiences to make sure that each student has met the expectations needed to acquire the competencies needed for entry into clinical PA practice; and 3) has a plan to address students who do not achieve the level of performance required.

First, the Program has clearly defined expectations for SCPEs with patients seeking medical care across the life span to include infants, children, adolescents, adults and the elderly. The Program's clinical portion includes rotations in Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, Surgery, Women's Health, and Behavioral Health as shown on the clinical rotation schedule in the Clinical Manual. These clinical rotations require students to interact with patients seeking medical care across the life span. For example, in Pediatrics, students encounter patients who are infants, children and adolescents. In Emergency Medicine and Family Medicine clinical rotations, students encounter patients across the life span. Upon review of this Standard, the faculty clarified their expectations for

students regarding the number of encounters with patients seeking medical care across the life span (Appendix 16-B-Patient Encounters). The Faculty Clinical Coordinator uses a spread sheet to track the number of encounters students have with each age group of patients specified in the Standard.

In addition, the Program has clearly defined expectations for SCPEs with patients seeking medical care across the life span in rotation-specific student instructional objectives.

Specific examples include:

From the Pediatrics rotation syllabus:

- Demonstrate the ability to obtain an accurate pediatric history including all essential elements — appropriate and age-specific nutrition, developmental and behavioral information; and
- Describe the components of preventive care and anticipatory guidance in the context of pediatric patients performing a well child exam and check-ups from newborn to age 18 years.

From the Family Medicine rotation syllabus:

- Accurately perform and document a well exam for a pediatric and adult patient.

From the Internal Medicine rotation syllabus:

- Elicit historical data... for patients presenting with common problems in the adult medicine setting; and
- Identify important patient concerns when caring for geriatric patients in ambulatory and extended care facility settings.

Second, the Program monitors, measures and documents that students meet the Program's expectations for patients seeking medical care across the life span through its various methods of assessment. The Program's assessments for each rotation include: 1) Student Patient Logs, 2) Written assignments (SOAP notes), and 3) A passing grade of 3.0 or better (on a Likert Scale 1-4) by the Preceptor for the rotation cycle.

#### Student Patient Logs

The Program monitors, measures and documents that students have sufficient patient exposure during their SCPEs and documented in patient logs in E\*Value (Appendix 16-C- E\*Value Case Log). The student logs include specific fields for infants, children, adolescents, adults and elderly patient encounters. The Clinical Manual states that students are evaluated, in part, by review of the patient logs. As mentioned above, the Program has recently set specific expectations regarding the minimum number of encounters for each patient age group. Students who do not meet expectations for the minimum number of required patient encounters with infants, children, adolescents, adults and the elderly will be strategically assigned for all or a portion of their final Preceptorship rotation PHYA 6760. For example, if a student has not met the Program's expectations regarding the number of patient encounters that should be experienced with an adult, then that student's final Preceptorship rotation will occur in a general internal medicine clinic, where there is a high likelihood that the student will gain the sufficient number of adult patient encounters.

#### Written Assignments

Students are required to write a history and physical exam with assessment or SOAP note that is specifically associated with an encounter with an infant, child, adolescent, adult, and an elderly patient.

By the end of their clinical rotation schedule, students will have completed at least one assignment at each age group across the life span, which is being monitored by the Faculty Clinical Coordinator (Appendix 16-D-EOR Assignment Rubric). The notes will not be considered acceptable if appropriate information regarding the encounter is missing.

#### Preceptor Evaluations

The preceptor evaluation forms were recently revised to include questions specific to care for patients across the life span, such as: "[i]s the student competent in determining age appropriate routine screenings such as laboratory tests (lead levels in children, cholesterol, glucose, etc.), Papanicolaou (Pap) smears, mammograms, and colonoscopy?", "[i]s the student competent with performing and documenting a well child exam from newborn to age 18 years of age?" and "[i]s the student competent in performing a well adult examination including the geriatric population?" By reviewing the preceptor's evaluations and specific notes and observations regarding the student's clinical performance, Program faculty are able to assess whether a student is meeting the Program's expectations (See Appendix 16-E-Women's Health Preceptor Evaluation; Appendix 16-F-Family Medicine Preceptor Evaluation; Appendix 17-A-Pediatrics Preceptor Evaluation).

Third, the Program addresses students who do not achieve the level of performance required, which is provided in the Clinical Manual. As mentioned above, if the Program faculty determined through review of the student logs, that a student has not experienced enough encounters with patients seeking care across the life span, the student will be strategically assigned for all or a portion of the Preceptorship rotation, PHYA 6760. The Clinical Manual states that if a student does not receive a grade of 80 percent or higher on the clinical assignment, remediation will occur. To remediate the assignment, the student must rewrite and submit the revised clinical assignment. Students who obtain poor scores on their preceptor evaluations — an overall score below three — are required to repeat the rotation with a strategically assigned preceptor to ensure the student receives individualized instruction in the area(s) of deficiency. Students may repeat a maximum of two clinical rotations.

In conclusion, the Program has SCPE expectations for students with patient encounters across the life span. The Program determines whether each student has met its expectations and has a plan to address those situations where a student does not meet expectations.

18. **Standard B3.03b** *Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking:*

b) women's health (to include prenatal and gynecologic care)

**Finding:** At the time of the site visit, the program did not verify that supervised clinical practice experiences (SCPEs) in women's health (to include prenatal and gynecologic care) enabled each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.

**Comments:** Standard B3.03b requires the program to first clearly define its expectations for SCPEs with patients seeking women's health (to include prenatal and gynecologic care). Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure (i.e., monitor, measure and document) the SCPEs provide sufficient patient exposure to allow each student to

meet those requirements and acquire the competencies (as defined by the ARC-PA and identified in the Glossary of the *Standards*: the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) needed for entry into clinical PA practice. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

The program did not provide evidence in its application, during the site visit or in response to the observation that it had a method of assessment which allowed the program to determine each student had met the program's expectations. The method of assessment for each rotation included the following: a discipline specific end of rotation exam (the PAEA exam), a written SOAP note that was discipline specific and the preceptor evaluation of student performance. None of the methods of assessment of student learning were specific to women's health (to include prenatal and gynecologic care). The preceptor evaluation of student performance did not contain any of the program's expectations required by this standard. The SOAP notes may have included one or more of the program expectations required by the standard, but the program did not define or monitor them in order to determine if the student had demonstrated those competencies.

The program stated it also monitored the student logging of patient encounters, but at the time of the site visit, it was not able to verify each student had encounters with patients seeking care in women's health. Additionally, while exposure is essential for students to develop competencies, exposure alone is not sufficient to meet the standard as it does not verify students have met program expectations.

Additionally, the program did not identify procedures for addressing a situation where a student was not meeting the program's expectations. In order for the program to demonstrate compliance with the standard, it must monitor, measure and document that each student has met program expectations and can demonstrate s/he can do what is expected after having had the experiences.

**Required report:** Provide the supervised clinical practice experience (SCPE) expectations for students in women's health, to include prenatal and gynecologic care (attach in an appendix).

Below, provide narrative describing how the program will assess each student has met those program expectations for women's health care. Include how the program will address a student who does not meet the program's expectations.

Attach any document(s) used by the program to verify each student has met the program's expectations needed for entry into clinical PA practice in women's health (for example, preceptor evaluation of student performance form).

The Program's SCPEs provide sufficient patient exposure to allow each student to meet Program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking women's health care. The expectations are located in Appendix 18-A-Women's Health Learning Objectives. All students in the program participate in a four-week Women's Health clinical rotation.

The Program 1) has well-defined expectations for necessary patient encounters for women's health; 2) assesses those experiences to make sure that each student has met the expectations needed to acquire the competencies needed for entry into clinical PA practice; and 3) has a plan to address students who do not achieve the level of performance required.

First, the Program expectations for SCPEs include the Women's Health Learning Objectives (Appendix 18-A) and more detailed knowledge objectives located in the Clinical Manual (Appendix 18-B-Women's Health Knowledge Objectives), that elaborate on the content necessary for successful completion of the rotation.

Some examples of the expectations for SCPEs with patients seeking women's health care are that the student will be able to:

- Perform a routine preventive physical exam including pelvic exam (bimanual and rectovaginal) and obtaining Pap sample and breast exam;
- Summarize a schedule of prenatal visits and the components of the interval visits;
- Describe the most common presenting conditions that require disease and pregnancy management; and
- Counsel patients on family planning options.

Second, the Program monitors, measures and documents that students meet the Program's expectations with patients seeking women's health care through its various methods of assessment as listed in the Women's Health syllabus located in the Clinical Manual. These are determined through the: 1) Student Patient Logs 2) Written assignments (SOAP notes), 3) PAEA End of Rotation Exam, and 4) A passing grade of 3.0 or better (on a Likert Scale 1-4) by the Preceptor for the rotation cycle.

#### Student Patient Logs

The Program monitors, measures and documents sufficient patient exposure through completion of patient logs in E\*Value which requires information regarding a patient's gender, pregnancy status and age (Appendix 16-C-E\*Value Case Log). The Faculty Clinical Coordinator reviews the logs and if the student did not meet the minimum of patient encounters per rotation, the student will be placed at a different site to give the student the best overall rotation experience and ensure the student has met Program expectations regarding patient encounters with patients seeking women's health care. In addition, if the student did not have prenatal patient encounters, the Faculty Clinical Coordinator will provide simulation experience on the end of rotation day. The simulation experience will consist of taking an obstetric history and examining a pregnant interactive simulation model. Specifically, the student will ask questions such as last menstrual period (LMP) to calculate estimated date of delivery; gravida, term, premature, abortion, live birth (GTPAL); and verbalize appropriate labs (Rubella, blood type, Hepatitis B). The physical exam would include vital signs, measuring fundal height and position of the fetus.

#### Written Assignment

The Women's Health written assignment requires students to submit one problem-focused history and physical exam with assessment (including ICD codes and reasoning) and plan (including patient education and age appropriate screening recommendations) or a postpartum note. The assignment assesses whether students have acquired the knowledge and clinical skills to enter the clinical PA practice with patients seeking women's healthcare (Appendix 16-D-EOR Assignment Rubric).

#### PAEA End of Rotation Exam

The PAEA End of Rotation Exam for Women's Health tests the specific medical knowledge and patient

care techniques the students should have acquired related to women's health during the clinical rotation. The end of rotation exam also assesses whether students have acquired the necessary clinical reasoning and problem solving abilities in this content area.

#### Preceptor Evaluation

Program faculty also assess the final preceptor evaluations that now include expectations specific to women's health care including the following questions (Appendix 16-E-Women's Health Preceptor Evaluation):

- Is the student competent in performing a well female examination, which includes obtaining a Pap sample?
- Is the student competent in discussing appropriate preventive measures such as ACOG guidelines for Pap smears, mammograms and immunizations?
- Is the student competent in discussing and formulating plans for family planning?

Additionally, the form contains a comment box where preceptors may enter text regarding any specific concerns they have about a student's performance. By reviewing the preceptor's evaluations and specific notes and observations regarding the students' clinical performance, Program faculty are able to assess whether a student is meeting the Program's expectations.

Third, the Program addresses students who do not achieve the level of performance required. As mentioned above, if Program faculty determine, through review of student logs, that a student has not experienced enough encounters with patients seeking women's health care, the student will be placed at another site to gain a sufficient number of experiences or complete a simulation experience.

The Clinical Manual states that if a student does not receive a grade of 80 percent or higher on the written assignment, remediation will occur. To remediate the assignment, the student must rewrite and submit the revised written assignment.

If a student receives a score of less than 70 on the PAEA exam, he or she is required to remediate. Students achieving a score of 65-69 must participate in directed study of PAEA Feedback by Keyword, and may proceed to the next clinical rotation uninterrupted. A student scoring less than 65 is required to participate in four weeks of self-study to include, at minimum, directed study of PAEA Feedback by Keyword. At the end of the four-week period, the student is allowed to retake the PAEA end of rotation exam. If the student fails the retake rotation exam, the student is required to repeat the rotation and pass the PAEA end of rotation exam.

Students who obtain poor scores on their preceptor evaluations — overall score below three — are required to repeat the rotation with a strategically assigned preceptor to ensure the student receives individualized instruction in the area(s) of deficiency. Students may repeat a maximum of two clinical rotations.

In conclusion, the Program has expectations for students with patient encounters in women's health. The Program assesses whether each student has met its expectations and has a plan to address those situations where a student does not meet expectations.



19. **Standard B3.03c** *Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking:*

- c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care

**Finding:** At the time of the site visit, the program did not verify supervised clinical practice experiences (SCPEs) providing care for conditions requiring surgical management including pre-, intra- and post-operative care, enabled each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.

**Comments:** Standard B3.03c requires the program to first clearly define its expectations for SCPEs with patients seeking care for conditions requiring surgical management, including pre-, intra- and post-operative care. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure (i.e., monitor, measure and document) that the SCPEs provide sufficient patient exposure to allow each student to meet those requirements and acquire the competencies (as defined by the ARC-PA and identified in the Glossary of the *Standards*: the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) needed for entry into clinical PA practice. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

The program did not provide evidence in its application, during the site visit or in response to the observation, it had a method of assessment which allowed the program to determine each student had met program expectations. The method of assessment for each rotation included the following: a discipline specific end of rotation exam (the PAEA exam), a written SOAP note that was discipline specific and the preceptor evaluation of student performance. None of the methods of assessment of student learning were specific to care for conditions requiring surgical management, including pre-operative, intra-operative and post-operative care. The preceptor evaluation of student performance did not contain any of the program's expectations required by this standard. The SOAP notes may have included one or more of the program expectations required by the standard, but the program did not define or monitor them in order to determine if the student had demonstrated those competencies.

The program stated it also monitored student logging of patient encounters, but at the time of the site visit, it was not able to verify each student had patient encounters with patients seeking care for conditions requiring surgical management. Additionally, while exposure is essential for students to develop competencies, exposure alone is not sufficient to meet the standard as it does not verify students met program expectations.

The program did not identify procedures for addressing a situation where a student was not meeting program expectations. In order for the program to demonstrate compliance with the standard, it must monitor, measure and document that each student has met program expectations and can demonstrate s/he can do what is expected after having had the experiences.

**Required report:** Provide the supervised clinical practice experience (SCPE) expectations for students in care for conditions requiring surgical management, including pre-, intra- and post-operative care (attach in an appendix).

Below, provide narrative describing how the program will assess each student has met those program expectations for patients seeking care for conditions requiring surgical management. Include how the program will address a student who does not meet the program's expectations.

Attach any document(s) used by the program to verify each student has met the program's expectations needed for entry into clinical PA practice with patients requiring surgical management (for example, preceptor evaluation of student performance form).

The Program's SCPEs provide sufficient patient exposure to allow each student to meet Program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking care for conditions requiring surgical management, including pre-operative, intra-operative and post-operative care. The expectations are located in Appendix-19-A-Surgery Student Learning Objectives. All students in the program participate in a four-week surgery clinical rotation.

The Program 1) has clearly defined expectations for SCPEs with patients requiring surgery; 2) documents that each student has met the Program's expectations and competencies needed; and 3) has a plan to address students who do not achieve the level of performance required.

First, the Program expectations for SCPEs include the Surgery Learning Objectives (Appendix 19-A) and more detailed knowledge objectives located in the Clinical Manual (Appendix 19-B-Surgery Knowledge Objectives), that elaborate on the content necessary for successful completion of the rotation. Some examples of the expectations for student SCPEs with patients requiring surgery, include:

- Obtain an accurate pre-op history and physical, explaining a surgical procedure to the patient and prepping the patient by starting an IV.
- Demonstrate aseptic technique including scrubbing, gowning, gloving and awareness of sterile field within the intra-operative setting.
- Demonstrate post-operative care, such as wound closure, applying appropriate dressings and pain management.

Second, the Program monitors, measures and documents that students have sufficient patient exposure during their SCPEs with surgical patients. These are determined through the: 1) Student Patient Logs 2) Written assignments (SOAP notes), 3) PAEA End of Rotation Exam, and 4) A passing grade of 3.0 or better (on a Likert Scale 1-4) by the Preceptor for the rotation cycle.

#### Student Patient Logs

The Program monitors, measures and documents sufficient patient exposure through completion of patient logs in E\*Value. The Faculty Clinical Coordinator reviews the student patient logs at least every 72 hours. If it is determined that the student did not meet the minimum amount of patient encounters for the Surgery rotation, the student will be placed at a different site to give the student the best overall rotation experience and ensure the student has met Program expectations regarding surgical management. The Clinical Manual states that students are evaluated, in part, by review of their patient logs.

## Written Assignment

The Surgery written assignments are either a pre-operative history and physical exam with assessment and plan or a post-operative SOAP note (Appendix 16-D-EOR Assignment Rubric). The assignment assesses whether the students have acquired knowledge and clinical skill to enter the PA practice with patients seeking care for conditions requiring surgical management.

## PAEA End of Rotation Exam

The PAEA End of Rotation Exam for Surgery tests the specific medical knowledge and patient care techniques the students should have acquired related to surgery during the clinical rotation. The end of rotation exam assesses whether students have also acquired the necessary clinical reasoning and problem solving abilities in this content area.

## Preceptor Evaluation

The preceptor evaluation forms were revised to include specific questions related to this standard and now requires the preceptor to evaluate student competency in the following areas (Appendix 19-C-Surgery Preceptor Evaluation):

- Aseptic technique.
- Obtaining a pre-op history and physical, explaining surgical procedures to the patient and prepping the patient by starting an IV.
- Post-operative care, such as wound closure, applying appropriate dressings and pain management.

Additionally, the form contains a comment box where preceptors may enter text regarding any specific concerns they have about a student's performance.

Third, the Program addresses students who do not achieve the level of performance required. As mentioned above, if Program faculty determine, through review of student logs, that a student has not experienced enough encounters with patients seeking care for conditions requiring surgical management, the student will be placed at another site to gain a sufficient number of experiences.

The Clinical Manual states that if a student does not receive a grade of 80 percent or higher on the clinical assignment, remediation will occur. To remediate the assignment, the student must rewrite and submit the revised clinical assignment.

If a student receives a score of less than 70 on the PAEA exam, he or she is required to remediate. Students achieving a score of 65-69 must participate in directed study of PAEA Feedback by Keyword, and may proceed to the next clinical rotation uninterrupted. A student scoring less than 65 is required to participate in four weeks of self-study to include, at minimum, directed study of PAEA Feedback by Keyword. At the end of the four-week period, the student is allowed to retake the PAEA end of rotation exam. If the student fails the retake rotation exam, the student is required to repeat the rotation and pass the PAEA end of rotation exam.

Students who obtain poor scores on their preceptor evaluations — overall score below three — are required to repeat the rotation with a strategically assigned preceptor to ensure the student receives individualized instruction in the area(s) of deficiency. Students may repeat a maximum of two clinical rotations.

In conclusion, the Program has expectations for students with patients seeking care for conditions requiring surgical management. The Program assesses whether each student has met its expectations and has a plan to address those situations where a student does not meet expectations.

20. **Standard B3.03d** *Supervised clinical practice* experiences *must* provide sufficient patient exposure to allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking:

d) care for behavioral and mental health conditions

**Finding:** At the time of the site visit, the program did not verify that supervised clinical practice experiences (SCPEs) in care for behavioral and mental health conditions enabled each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice.

**Comments:** Standard B3.03d requires the program first clearly define its expectations for SCPEs with patients seeking care for behavioral and mental health conditions. Those requirements must be communicated to students and preceptors prior to the SCPEs. The program then must assure (i.e., monitor, measure and document) that the SCPEs provide sufficient patient exposure to allow each student to meet those requirements and acquire the competencies (as defined by the ARC-PA and identified in the Glossary of the *Standards*: the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) needed for entry into clinical PA practice. Additionally, the program must have a plan to address students who do not achieve the level of performance required.

The program did not provide evidence in its application, during the site visit or in response to the observation that it had a method of assessment which allowed the program to determine each student had met program expectations. The method of assessment for each rotation included the following: a discipline specific end of rotation exam (the PAEA exam), a written SOAP note that was discipline specific and the preceptor evaluation of student performance. None of the methods of assessment of student learning were specific to care for behavioral and mental health conditions. The preceptor evaluation of student performance did not contain any of the program's expectations required by this standard. The SOAP notes may have included one or more of the program expectations required by the standard, but the program did not define or monitor them in order to determine if the student had demonstrated those competencies.

The program stated it also monitored the student logging of patient encounters, but at the time of the site visit, it was not able to verify each student had encounters with patients seeking care for behavioral and mental health conditions. Additionally, while exposure is essential for students to develop competencies, exposure alone is not sufficient to meet the standard as it does not verify students met program expectations.

Additionally, the program did not identify procedures for addressing a situation where a student was not meeting program expectations. In order for the program to demonstrate compliance with the standard, it must monitor, measure and document that each student has met program expectations and can demonstrate s/he can do what is expected after having had the experiences.

**Required report:** Provide the supervised clinical practice experience (SCPE) expectations for students in behavioral and mental health care (attach in an appendix).

Below, provide narrative describing how the program will assess each student has met those program expectations in behavioral and mental health conditions. Include how the program will address a student who does not meet the program's expectations.

Attach any document(s) used by the program to verify each student has met the program's expectations for entry into clinical PA practice with patients seeking behavioral and mental health care (for example, the preceptor evaluation of student performance forms).

The Program's SCPEs provide sufficient patient exposure to allow each student to meet Program expectations and acquire the competencies needed for entry into clinical PA practice with patients seeking care for behavioral and mental health conditions. The SCPE expectations for Behavioral and Mental Health are located in Appendix 20-A-Behavioral Health Student Learning Objectives. All students in the program participate in a four-week Behavioral Health clinical rotation.

The Program 1) has clearly defined expectations for SCPEs with patients requiring behavioral and mental health care; 2) documents that each student has met the Program's expectations and competencies needed; and 3) has a plan to address students who do not achieve the level of performance required.

First, the Program expectations for SCPEs include the Behavioral Health Learning Objectives (Appendix 20-A) and more detailed knowledge objectives located in the Clinical Manual (Appendix 20-B-Behavioral Health Knowledge Objectives), that elaborate on the content necessary for successful completion of the rotation.

Some examples of the clearly defined expectations or SCPEs with patients seeking care for behavioral and mental health conditions are that the student will be able to:

- Describe the most common treatments for conditions that require mental health management, such as depression, anxiety, personality disorders, schizophrenias and substance abuse.
- Formulate a treatment plan for a patient with a chronic mental health condition such as depression, schizophrenia, personality disorder, phobias or anxiety.
- Determine emergent conditions such as suicidal/homicidal ideations, active psychosis and distressing delusions.

Second, the Program monitors, measures and documents that students have sufficient patient exposure during their SCPEs with patients seeking care for behavioral and mental health conditions. These are determined through the: 1) Student Patient Logs 2) Written assignments (SOAP notes), 3) PAEA End of Rotation Exam, and 4) A passing grade of 3.0 or better (on a Likert Scale 1-4) by the Preceptor for the rotation cycle.

#### Student Patient Logs

These logs require students to record the amount of time they spend in a particular setting of their rotation, and the number of patients they evaluate. The Faculty Clinical Coordinator reviews the student patient logs at least every 72 hours. If it is determined that the student did not meet the minimum amount of patient encounters for the Behavioral Health rotation, the student will be placed at a different site to give the student the best overall rotation experience and ensure the student has met

Program expectations regarding patient encounters with patients seeking care for behavioral and mental health conditions. The Clinical Manual states that students are evaluated, in part, by review of their patient logs.

#### Written Assignment

The Behavioral Health clinical assignment requires students to submit a problem focused history and physical exam with assessments and a plan. The Program uses the assignment to assess whether students have acquired the knowledge and clinical skills to enter into clinical PA practice with patients seeking care for behavioral and mental health conditions.

#### PAEA End of Rotation Exam

The PAEA End of Rotation Exam for Behavioral Health tests the specific medical knowledge and patient care techniques the students should have acquired related to surgery during the clinical rotation. The end of rotation exam also assesses whether students have acquired the necessary clinical reasoning and problem solving abilities in this content area.

#### Preceptor Evaluation

Program faculty also assess whether students have gained necessary competencies through review of final preceptor evaluations. During a student's clinical rotation, the preceptor observes the student to determine if he or she is demonstrating the proper medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning/problem-solving abilities necessary for entry into clinical PA practice with patients seeking care for behavioral and mental health conditions. The Program has updated its Behavioral Health preceptor evaluation (Appendix 20-C-Behavioral Health Preceptor Evaluation) to include Program expectations specific to the Behavioral Health rotation. For example, the preceptor evaluation form requires preceptors to assess if the student can:

- Formulate a treatment plan for psychiatric conditions, such as depression and anxiety;
- Show compassion for counseling and treating psychiatric conditions; and
- Develop a care plan for a chronic mental health conditions such as depression, anxiety, substance abuse and phobias.

Additionally, the form contains a comment box where preceptors may enter text regarding any specific concerns they have about a student's performance.

By reviewing the preceptor's evaluations and specific notes and observations regarding a student's clinical performance, Program faculty are able to assess whether the student is meeting the Program's expectations.

Third, the Program addresses students who do not achieve the level of performance required. As mentioned above, if Program faculty determines, through review of student logs, that a student has not experienced enough encounters with patients seeking care for behavioral and mental health conditions, the student will be placed at another site so that he or she may gain a sufficient number of experiences.

The Clinical Manual states that if a student does not receive a grade of 80 percent or higher on the clinical assignment, remediation will occur. To remediate the assignment, the student must rewrite and

submit the revised clinical assignment.

If a student receives a score of less than 70 on the PAEA exam, he or she is required to remediate. Students achieving a score of 65-69 must participate in directed study of PAEA Feedback by Keyword, and may proceed to the next clinical rotation uninterrupted. A student scoring less than 65 is required to participate in four weeks of self-study to include, at minimum, directed study of PAEA Feedback by Keyword. At the end of the four-week period, the student is allowed to retake the PAEA end of rotation exam. If the student fails the retake rotation exam, the student is required to repeat the rotation and pass the PAEA end of rotation exam.

Students who obtain poor scores on their preceptor evaluations — overall score below three — are required to repeat the rotation with a strategically assigned preceptor to ensure the student receives individualized instruction in the area(s) of deficiency. Students may repeat a maximum of two clinical rotations.

In conclusion, the Program has expectations for students with patients seeking care for behavioral and mental health conditions. The Program assesses whether each student has met its expectations and has a plan to address those situations where a student does not meet expectations.

21. **Standard B3.06a** *Supervised clinical practice experiences should occur with:*

- a) physicians who are specialty board certified in their area of instruction

ANNOTATION: It is expected that the program will provide *supervised clinical practice experiences* with *preceptors* who are prepared by advanced medical education or by experience. The ARC-PA will only consider *supervised clinical practice experiences* occurring with physician preceptors who are not board certified or with other licensed health care providers serving as *preceptors* when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.

**Finding:** The program did not provide evidence that supervised clinical practice experiences occurred with physicians who were specialty board certified in their area of instruction.

**Comments:** At the time of the site visit, the program stated it was not aware it needed to verify the board certification of the physician preceptors. Additionally, during the site visit, the program could not provide verification that each physician preceptor was board certified in his/her area of instruction.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide narrative documenting how the program assures supervised clinical practice experiences (SCPEs) occur with physicians who are specialty board certified in their area of instruction. Alternately, describe why the requirement that students have SCPEs with physicians board certified in their area of instruction cannot be met, detailing the attempts by the program to meet the standard.

The Program's supervised clinical practice experiences generally occur with physicians who are specialty board-certified in their areas of instruction. The Program does not currently utilize any physician preceptors who are not specialty board-certified in their areas of instruction in its SCPEs.

The Program has processes in place to confirm the licensure and board certification of every physician preceptor. First, the Program utilizes a Clinical Site Pre-Assessment Form that is sent to every potential new site (Appendix 21-A – Clinical Site Pre-Assessment Form). The form asks if the preceptor(s) is/are board certified and licensed. Preceptors' licensure and board certification statuses are verified and retained within the department prior to the beginning of each rotation.

After the Administrative Clinical Coordinator sets the student clinical rotation schedule, the Administrative Clinical Coordinator verifies licensure and board certification for every preceptor participating in the upcoming rotation through the American Board of Medical Specialties Maintenance of Certification online database and the applicable state medical board online database. The licensure and board certification documents are kept on file for each rotation, marked by the academic year, and will be maintained for a period of four years.

The Program requires all of its preceptors to be licensed to practice, whether they are physicians, physician assistants, nurse practitioners, etc. In some professions, such as nurse practitioners or social workers, seeking board certification may not be as routine a practice as it is for physicians and physician assistants. However, the Program's preceptors in such positions are appropriate instructors in certain practices, such as behavioral medicine, and provide a suitable placement for our students. When utilizing such other licensed healthcare providers as preceptors, the Program evaluates the providers' education and experience to determine whether he/she is appropriate for the specified area of instruction.

The institution plans to assure compliance with ARC-PA Supervised Clinical Practice Standards in the future in the following manner:

\* The Program will continue to strictly monitor preceptors by using the Clinical Site Pre- Assessment Form for new sites and monitoring and updating the file of each preceptor prior to the beginning of each rotation by verifying licensure and board licensure statuses for each preceptor and maintaining it within the department.

\* If, through these monitoring processes, the Program learns that a potential preceptor is board-eligible and not yet board-certified, or that a preceptor does not have board certification, as described above, the Program will evaluate the preceptor's qualifications and experience to determine if the preceptor is appropriate for his or her specified area of instruction. If the Program determines that the preceptor is not appropriate, no students will be placed with the preceptor.

\* The Program will retain all documentation it evaluated in determining the preceptor's qualifications in order to support its decision and allow for review by ARC-PA for a period of four years.

**22. Standard B3.06b** *Supervised clinical practice experiences should occur with:*

- b) PAs teamed with physicians who are specialty board certified in their area of instruction

ANNOTATION: It is expected that the Program will provide *supervised clinical practice experiences* with *preceptors* who are prepared by advanced medical education or by experience. The ARC-PA will only consider *supervised clinical practice experiences* occurring



with physician preceptors who are not board certified or with other licensed health care providers serving as *preceptors* when they are evaluated and determined by the Program faculty to be appropriate for the specified area of instruction, under circumstances unique to the Program.

**Finding:** The program did not provide evidence that supervised clinical practice experiences occurred with PAs teamed with physicians who were specialty board certified in their area of instruction.

**Comments:** At the time of the site visit, the program stated it was not aware it needed to verify the board certification of the physicians teamed with PA preceptors. Additionally, during the site visit, the program could not provide verification that each PA preceptor was teamed with a physician who was board certified in his/her area of instruction.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Provide narrative documenting how the program assures supervised clinical practice experiences (SCPEs) occur with PAs teamed with physicians who are specialty board certified in their area of instruction. Alternately, describe why the requirement that students have SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction cannot be met, detailing the attempts by the program to meet the standard.

The Program's supervised clinical practice experiences occur with PAs teamed with physicians who are specialty board-certified in their areas of instruction. The Program does not currently utilize any PAs teamed with physicians who are not specialty board-certified in their area of instruction in its SCPEs.

The Program has processes in place for confirming the board certification of every physician preceptor that is teamed with a PA. The Program uses a Clinical Site Pre-Assessment Form that is sent to every potential new site (See Appendix 21-A – Clinical Site Pre-Assessment Form). The Form asks whether physicians teamed with PAs serving as preceptors are board certified and licensed.

Prior to each clinical rotation, the Administrative Clinical Coordinator verifies board certification for every supervising physician, teamed with a precepting PA, using the American Board of Medical Specialties Maintenance of Certification online database. Licensure and board certification verification are printed for each physician teamed with a PA. The licensure and board certification documents are kept on file for each rotation, marked by the academic year, and will be maintained for a period of four years.

The institution plans to assure compliance with ARC-PA's Supervised Clinical Practice Standards in the following manner:

\* The Program will continue to strictly monitor the supervising physicians who are teamed with PA preceptors by using the Clinical Site Pre-Assessment Form for new sites and monitoring and updating the file of each supervising physician annually through use of the Ongoing Clinical Evaluation Form.

\* If, through these monitoring processes, the Program learns that a potential supervising physician is board-eligible and not yet board-certified, or that a supervising physician does not have board certification, as described above, the Program will evaluate the supervising physician's qualifications and experience to determine if the supervising physician is appropriate for his or her specified area of

instruction. If the Program determines that the supervising physician is not appropriate, no students will be placed with the supervising physician.

\* The Program will retain all documentation it evaluated in determining the supervising physician's qualifications in order to support its decision and allow for review by ARC-PA.

23. **Standard C1.01** The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.

ANNOTATION: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of student learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence that the program gives careful thought to data collection, management and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

**Finding:** The program did not implement an ongoing program self-assessment process which documented program effectiveness, fostered program improvement or fully addressed the commission expectations outlined in the self-study report (SSR) two-year out feedback letter to the program.

**Comments:** At the time of the site visit, faculty were unable to describe the program's self-assessment process beyond the program's evaluation of student performance in didactic courses.

The program did not respond to the SSR two-year out feedback from the ARC-PA in its application materials; in fact, the SSR feedback, delivered in July 2015, was not reviewed or addressed by the program until May 2016 in a faculty meeting.

In the application and during the site visit, description of analysis consisted of summarizing data and describing situations rather than conducting analysis for cause and effect. The program did not analyze contributing variables, interpret evidence of student learning, or analyze program administrative functions or outcomes. At the time of the site visit, program faculty meeting minutes were not detailed enough to provide evidence the faculty did more than discuss student and curricular issues.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

In the next SSR, the program must address standard C1.01 by providing a comprehensive narrative which details the quantitative and qualitative performance data collected and critically analyzed by the program. The SSR must document a detailed, thorough process that includes consideration of the collection and interpretation of evidence of student learning, as well as program administrative functions and outcomes.

24. **Standard C1.02** The program *must* apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

**Finding:** The program did not apply the results of ongoing program self-assessment to the curriculum or other dimensions of the program or fully address the commission expectations outlined in the SSR two-year out feedback letter to the program.

**Comments:** The program did not indicate, within the application narrative, how it applied the results of ongoing program self-assessment to the curriculum or other dimensions of the program. The example provided in the application narrative (i.e. the didactic radiology course) did not describe collection of data, analysis of collected data or the linkage to conclusions and actions taken. The changes made were not shown to be the result of ongoing self-assessment documented in this narrative or in reference to other areas of the SSR.

At the time of the site visit, the program was not able to articulate how faculty were engaged in data-driven decisions or application of self-assessment results leading to effective change in the curriculum or other dimensions of the program. For example, the program was not able to articulate the factors which may have impacted the PANCE pass rate decline from 85% in 2014 to 74% in 2016.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

25. **Standard C2.01b** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process, application and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

b) results of critical *analysis* from the ongoing self-assessment

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

**Finding:** The program did not prepare a self-study report (SSR) that accurately documented results of critical analysis from ongoing self-assessment.

**Comments:** Overall, the SSR submitted with the application did not show much improvement compared to the SSR submitted two years prior to the site visit. The program often failed to respond to the commission's expectations listed in the feedback letter. For most conclusions and action plans, the program failed to provide supporting evidence of data or analysis, nor did the program provide follow-up on action plans and modifications from the last SSR, as requested in the feedback letter. This comment applies to all appendices. In general, the program's overall ability to document results of critical analysis from its self-assessment process was inadequate as detailed by the following examples:

**Appendix 13B Student evaluation of courses/rotations:** The didactic course data reported was limited to one data point per course, which made it difficult to understand the program's analysis narrative. The program did not report the benchmark it used to analyze data. Qualitative data was collected but not presented or analyzed. There was no analysis of the data documented, but a conclusion was drawn about the Health Care Team course. The narrative provided only aggregate data for all clinical courses and did not address response rates. There was no analysis of the clinical course data presented.

**Appendix 13C Student evaluation of faculty:** The didactic faculty data reported was limited to one data point per course without identifying faculty members (with anonymous identifiers), which made it difficult to determine who was assigned to each course. The program did not report the benchmark it used to analyze data. Qualitative data was collected but not presented or analyzed. There was no analysis of the data about the faculty member teaching the Health Care Team Course, but the program concluded the faculty member was unwilling to improve the course. The program did not provide any data or analysis for clinical instructional faculty, nor did it identify any conclusions or actions.

**Appendix 13D Failure rates of each course/rotation:** The program did not indicate a benchmark for the number of grades of C or below that it considered acceptable, nor did it document analysis of any of the courses in the template that had a larger number of C, D or F grades.

**Appendix 13F Preceptor feedback of student preparedness:** The program did not document analysis of preceptor evaluation of "student preparedness" for supervised clinical practice experiences (SCPEs). Instead, the program documented analysis of student performance in the SCPE, which was not the requested information.

**Appendix 13H PANCE Performance:** The program's process of evaluating PANCE performance as part of its ongoing process of self-assessment did not include analysis of the items indicated as a minimum expectation from the SSR 2-years out feedback letter (e.g., correlation of PANCE performance with admissions criteria, individual course performance, remediation results or attrition data).

**Appendix 13I Sufficiency and effectiveness of faculty and staff:** The program had no set parameters on which to determine sufficiency and effectiveness of faculty or staff. The program stated they had sufficient clinical and didactic instructional faculty, but could not define the parameters by which they determined that sufficiency. The program did not use internal or external benchmarks to inform its analysis.

**Appendix 13J Faculty/staff changes:** The narrative did not document cause and effect analysis for attrition among faculty and staff. The program did not report the benchmark it used to analyze data. Qualitative data was collected but not presented or analyzed. The template identified a change in program director, two principal faculty and two staff, but the narrative only discussed the program director change.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

In the next SSR the commission expects the program to:

- Report response rates for evaluation surveys.

- Identify faculty by initials or other anonymous identifier to differentiate student evaluations of faculty who may teach multiple courses
- Where called for, explicitly state benchmarks and explain the rationale for choosing the particular benchmark.
- Explain its method for analyzing qualitative data, such as student comments.
- Analyze the possible course-related factors as well as the possible student-related factors that may be the cause of low student grades being concentrated in some courses.
- Provide data, data analysis, conclusions and actions based on preceptor feedback about student preparedness for clinical rotations rather than on student performance during clinical rotations.
- Include analysis of the items indicated as a minimum expectation for analysis of PANCE results from the SSR 2-years out feedback letter
- Provide data, data analysis, conclusions and actions related to staff sufficiency and effectiveness as well as faculty sufficiency and effectiveness.
- Calculate its faculty and staff attrition rates and identify benchmarks with rationale.
- Display aggregate data in tables or graphs that directly support the discussion and analysis.
- Document results of critical analysis of data collected, including both quantitative and qualitative data, that includes possible cause/effect relationships and trends over time related to program expectations.
- Explicitly state, in the analysis and actions narratives, the links between the data, analysis, conclusions and actions.

26. **Standard C2.01c** The program must prepare a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- c) faculty evaluation of the curricular and administrative aspects of the program

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

**Finding:** The program did not prepare a self-study report that accurately and succinctly documented faculty evaluation of the curricular and administrative aspects of the program.

**Comments:** Overall, the program appeared to have made little progress from the prior SSR in faculty evaluation of the curricular and administrative aspects of the program. The program did not provide evidence of analysis of data within the appendix. The program offered only one conclusion about the

newly hired clinical coordinator (within Appendix 13L Table Revision 040414 which identified three curricular issues), but this was not supported by data analysis provided within the appendix narrative.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

In the next SSR the commission expects the program to:

- Provide a summary of the data collected that reflects faculty evaluation of the curriculum and administrative aspects of the program (such as institutional responsibilities, policies, and resources (human, IT, financial, academic)).
- Provide data, data analysis, conclusions and actions related to faculty evaluation of curricular and administrative aspects of the program.
- Explicitly state, in the analysis and actions narratives, the links between the data, analysis, conclusions and actions.

27. **Standard C2.01d** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process, application and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- d) modifications that occurred as a result of self-assessment

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

**Finding:** The program did not prepare a self-study report that accurately and succinctly documented modifications that occurred as a result of self-assessment.

**Comments:** The program did not demonstrate that the modifications identified were a result of the collection and analysis of data as part of the program's self-assessment process. The program did not discuss any of the six modifications listed in template 13M in the SSR, and none of the modifications appeared to be the result of analysis of data leading to conclusions and modifications.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

In the next SSR the commission expects the program to list completed program modifications, which have been identified by the program's process of ongoing self-assessment described in the self-study report. The list must come from outcomes of analysis presented in the Appendices included in the SSR. Omit modifications that are routine updates and not part of the self-assessment process or the SSR.

28. **Standard C2.01e** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process, application

and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- e) self-identified program strengths and areas in need of improvement

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

**Finding:** The program did not prepare a self-study report that accurately and succinctly documented strengths and areas in need of improvement that were identified as a result of program self-assessment.

**Comments:** None of the five strengths identified in template 13N (i.e., Sponsoring institution, Simulation center, Interprofessional education, Professional development, Physical facilities) were identified as a result of the self-assessment documented in the SSR.

None of the three areas needing improvement identified in template 13N were supported by critical analysis of the data documented in the SSR ("Students no longer going to the simulation center"—identified in Appendix 13G, "clinical coordinator does not have a clinical background" and "replacement of administrative clinical coordinator-- identified in the table attached to Appendix 13A but not discussed in the SSR appendices).

In addition, in template 13N, the program did not include two other areas identified within the narratives of the SSR as needing improvement: the replacement of the instructor for PHYA5140 Health Care Teams & Systems (as stated in Appendix 13C) or the need to replace the program director (as stated in Appendix 13J). Furthermore, the program's SSR Appendix 13A outlined actions taken for other areas needing improvement that were not included in the 13N template including: end of rotation exams developed by the program were compromised (as stated in Appendix 13H), the need for online electronic evaluations of faculty rather than paper (as noted in Appendix 13L) and the need for an Admissions Survey to better evaluate the program's admissions process (as noted in Appendix 13L).

The program did not effectively identify strengths and areas in need of improvement through the self-assessment process as required by the standard.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** See Required Report under citation #29.

In the next SSR the commission expects the program to:

- List the strengths of the program related to the Standards and as identified by the process of ongoing self-assessment described in the self-study report. The strengths presented in Appendix N should demonstrate alignment with the outcomes of analysis described in the Appendices included in the SSR, indicating the program is meeting or exceeding its benchmarks or goals. The program should omit listing strengths of the

program that do not relate to analysis of program data as discussed within components of the SSR.

- List the areas in need of improvement, which are identified by the program's process of ongoing self-assessment described in the self-study report. The list must come from outcomes of analysis presented in the Appendices reported in the SSR.

29. **Standard C2.01f** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process, application and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- f) plans for addressing areas needing improvement

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

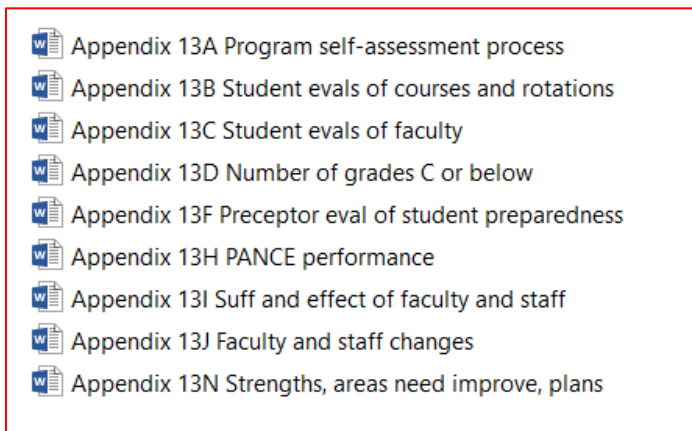
**Findings:** The program did not prepare a self-study report that accurately and succinctly documented plans for addressing areas in need of improvement that were identified as a result of self-assessment.

**Comments:** Since the program did not consistently perform critical analysis of data, its ability to identify plans to address areas in need of improvement in the program as a result of an ongoing self-assessment process was limited. As such, it was difficult to determine if the plans provided in Appendix 13N were appropriate.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** The program is expected to complete a modified Appendix 13 SSR that incorporates data as identified in each appendix listed below. Strengths and areas in need of improvement and plans (Appendix N) are drawn from and are supported by the data and analysis related to the required appendices only.





These templates can be downloaded from the program’s portal. Click on “Manage Program Documents” in the Action Center in the Program Dashboard. From the Program Documents page, click on the zip file titled “ARC-PA Request for Report.”

The program should submit its report by uploading it as a Report Due document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.”

30. **Standard C4.01** The program *must* define, maintain and document effective processes for the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences* to ensure that sites and *preceptors* meet program expectations for *learning outcomes* and performance evaluation measures.

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and *preceptors* as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

**Finding:** The program has not maintained and documented an effective process for the ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences (SCPEs) to ensure that sites and preceptors met program expectations for learning outcomes and performance evaluation measures.

**Comments:** The program did not provide evidence in its application, during the site visit or in its response to the observation that it had an effective process for ongoing monitoring of all sites and preceptors used for SCPEs. The program provided one sample form used in evaluation of clinical sites in Appendix 15 of the application. On site, the program provided different forms and stated the one submitted with the application had not been used for years.

The initial site evaluation process was developed and implemented but was inconsistently documented prior to the arrival of the administrative clinical coordinator in May 2017. Upon review of the completed Clinical Site Pre-Assessment Forms (used for the initial review of a site), 24 of the 28 active sites had documentation of the initial evaluation. The ongoing site evaluation process had not been implemented

and while there was a form (Clinical Site Evaluation Form), the evidence of ongoing clinical site evaluation was only documented for four sites.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Describe the process and append the related document(s) used by program faculty to monitor and verify that each clinical site and preceptor provides the opportunities and supervision necessary to fulfill program expectations of the clinical experience.

The Program has defined and maintains effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.

The Program divides the responsibilities of the clinical coordinator position between an Administrative Clinical Coordinator and a Faculty Clinical Coordinator. The Administrative Clinical Coordinator provides administrative support by coordinating and arranging clinical sites for students in the clinical year of the curriculum, tracking and updating clinical agreements. The Faculty Clinical Coordinator is responsible for teaching PHYA 6500 Introduction to Clinical Practice, evaluating clinical sites, coordinating End of Rotation days and End of Rotation exams, managing clinical evaluations, and responding to clinically-related problems, among other tasks.

#### Initial Evaluations

The Faculty Clinical Coordinator or the Administrative Clinical Coordinator makes initial contact with the potential clinical site by email or phone call. After initial contact, the potential clinical site completes the Clinical Site Pre-Assessment Form (See Appendix 21-A – Clinical Site Pre-Assessment Form). All approved sites must have a clinical affiliation agreement completed and signed by both parties (Appendix 30-A – Academic Affiliation Agreement).

The Clinical Site Pre-Assessment Form is used to determine if the clinical site and the prospective preceptor are in alignment with the goals and expectations of the Program. The Pre-Assessment Form is comprehensive in gathering the appropriate information about the site, i.e., the practice type, populations served, staffing, knowledge of physician assistants, previous experience of the precepting physician assistant, and student access to physical facilities.

#### Ongoing Evaluation

The Program has a consistent process used across all sites. The Faculty Clinical Coordinator uses the Ongoing Clinical Evaluation Form annually to evaluate all active sites and preceptors by either phone, video conference, or through an on-site visit (Appendix 30-B – Ongoing Clinical Evaluation Form). Students also evaluate sites and preceptors, and the evaluations are monitored by the clinical coordinators to determine if there are any concerns with the preceptor or site (Appendix 30-C-Rotation Evaluation by Students).

The Faculty Clinical Coordinator evaluates up to five clinical sites per rotation schedule for each of the eight clinical rotations. All sites are evaluated while students are participating in clinical rotations at the sites. Using this strategy, all sites used in the current clinical year will be evaluated at least once. Completed initial and ongoing evaluations will be available for review by the site visitors.

In conclusion, the Program is in compliance with Standard C4.01 because it defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.

31. **Standard C4.02** The program *must* document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

ANNOTATION: Site evaluation involves *program faculty* monitoring the sites used for *supervised clinical practice experiences* and modifying them as necessary to ensure the expected *learning outcomes* will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected *learning outcomes*. Documentation shows that *preceptors* are providing observation and supervision of student performance while on *supervised clinical practice experiences* and that they are providing feedback and mentoring to students.

**Finding:** The program did not document that each clinical site provided the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

**Comments:** The site visit form included in Appendix 15 of the application did not address student access to physical facilities, patient populations or supervision necessary to fulfill program expectations. During the site visit, the program provided different forms (Clinical Site Pre-Assessment Form and Clinical Site Evaluation Form) and stated the one submitted with the application had not been used for years.

During the site visit, review of completed Clinical Site Pre-Assessment Forms did document evaluation of patient populations and supervision but did not document student access to physical facilities. The ongoing Clinical Site Evaluation Form addressed supervision but did not document student access to patient populations or physical facilities.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** Describe the process used by program faculty monitoring the sites used for supervised clinical practice experiences to ensure student access to the physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience. Provide a sample of the record used to document each clinical site provides students access to the physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

The Program revised Appendix 21-A-the Clinical Site Pre-Assessment Form and Appendix 30-B-the Ongoing Clinical Evaluation Form to document that each clinical site provides the students with access to physical facilities, patient populations and supervision necessary to fulfill the Program's expectations of the clinical experience. In addition, changes were made to Appendix 30-C-Rotation Evaluation by Students in E\*Value to include specific questions in these same areas.

## Supervision

The evaluation forms document the supervision provided at the clinical site. The Clinical Site Pre-Assessment Form requires the evaluator to document the number of preceptors and staff at each site and whether they are knowledgeable about the role of the physician assistant (Appendix 21-A-Clinical Site Pre-Assessment Form). Appendix 30-B-Ongoing Clinical Evaluation Form also requires the evaluator to document the staff on site and student satisfaction with the clinical site.

In addition, the Program also verifies that students are receiving adequate supervision at clinical sites, as documented on the end of rotation clinical evaluations (Appendix 30-C). Students rate the clinical rotation on a four-point scale on various topics, including the level of preceptor supervision and feedback. Clinical coordinators review evaluation forms completed by students at the end of each rotation to ensure that the Program's expectations of clinical supervision are being met.

## Patient Populations

Both evaluation forms document whether a clinical site provides access to patient populations to fulfill the Program's expectations of the clinical experience. The Clinical Site Pre-Assessment Form requires the evaluator to document what percentage of the patient population is comprised of pediatric, adolescent, adult and geriatric patients, as well as the number of patients seen per week (Appendix 21-A). The Ongoing Clinical Evaluation Form also requires the evaluator to document the age breakdown of patients, as well as whether the cases are acute, chronic, emergent, or preventive. The evaluator also considers whether students are able to interact with patients (Appendix 30-B).

The Program also documents access to patient populations by monitoring the student patient encounter logs submitted in E\*Value. These logs are reviewed by the clinical coordinators at the end of each rotation to ensure that the Program's expectations for appropriate patient populations are met.

The E\*Value student final evaluation asks the student two specific questions about patient encounters: "List the major strengths of this rotation (including preceptor, facilities, patient population, other resources, etc.)" and "Do you feel the patient population was adequate for your training?"

## Physical Facilities

The Clinical Site Pre-Assessment Form and the Ongoing Clinical Form document student access to physical facilities including students' personal space at the clinical site. The Clinical Site Pre-Assessment Form documents whether students have access to physical facilities such as a personal study area, break room or a call room necessary to fulfill program expectations (Appendix 21-A). The Ongoing Clinical Form assesses whether there has been any change in the physical facilities and provides a space for comments (Appendix 30-B).

The end of rotation clinical evaluation form asks the student: "Did you have access to adequate physical facilities, including personal space at this site?" as well as asking for comments on the major strengths of the rotation including facilities (Appendix 31-A). The Program addresses problems regarding access to physical facilities as they arise through conducting meetings with clinical sites.

In conclusion, the Program is in compliance with Standard C4.02 because it documents required

information by utilizing the Clinical Site Pre-Assessment Form, Ongoing Clinical Evaluation Form, and the Rotation Evaluation by Student Form to verify that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

32. **Standard E1.03** The program *must* submit reports or documents as required by the ARC-PA.

ANNOTATION: Based on the data contained in reports and documents, the program may be required to submit additional information, may be scheduled for an onsite evaluation, may have the length of time between *comprehensive evaluation* visits changed, or may have its accreditation status altered.

**Finding:** The program did not submit reports or documents as required by the ARC-PA.

**Comments:** The application as submitted was missing several required parts including written job descriptions in paper or electronic format, working links in Appendix 8 and Appendix 9, and program-created graphic displays for Appendices 13I and L in paper or electronic formats.

After the ARC-PA staff contacted the program to request the missing pieces, the program submitted the requested items along with several revised templates (i.e., Appendices 13H, 13I, and 13L) that had not been requested.

The program did not consistently follow the directions in the application or appendices (including the SSR templates). In particular, the program failed to do the following, as required by the application: (1) address all of the questions within the application and appendices, (2) complete all areas of the application and appendices (i.e., analysis narrative for appendix 13E), (3) check the boxes within section E of the application (for E1.01, E1.02, E1.03, E1.04, or E1.06), (4) address the expectations of the commission as provided within the feedback letter from the SSR 2-years prior to this application and SSR, (5) divide Appendix 13 into sections with tabs, and (6) use the templates provided in the application for Appendices 13B or C.

**Required report:** None. The commission expects the program to follow directions and submit future reports and documents as required by the ARC-PA.

33. **Standard E1.04** The program must inform the ARC-PA in writing of personnel changes in its positions of program director, medical director, or other principal faculty within 30 days of the date of the effective change and must include a detailed plan and timeline to fill vacated positions.

**Finding:** The program did not inform the ARC-PA in writing of personnel changes within 30 days of the effective change and did not include a detailed plan and timeline to fill vacated positions.

**Comments:** The program hired 2.0 FTE PA-C principal faculty (i.e., Luebke-1.0, Walkup-0.5 and Rego-0.5), who all began May 1, 2017. At the time of the site visit on June 19, 2017, the program had not notified the ARC-PA or included the new faculty in Program Personnel tab of the program's portal. In addition, the program had not provided a detailed plan and timeline to permanently fill the program director or clinical coordinator positions.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** None. The commission expects the program to inform the ARC-PA, using forms found on the ARC-PA website, of personnel changes in its positions of program director, medical director, or other principal faculty within 30 days of the date of the effective change and update the portal with changes in personnel. The program must also provide the ARC-PA a detailed plan and timeline to fill vacated positions within 30 days of the date of the effective change.

34. **Standard E1.05** The program must demonstrate active recruitment to fill vacated faculty positions.

ANNOTATION: Programs are expected to provide quarterly updates to the ARC-PA on progress toward filling vacant positions.

**Finding:** The program did not provide quarterly updates to the ARC-PA on progress toward filling the program director position.

**Comments:** At the time of the site visit, the program had not started the search process for a permanent program director (PD) and had not established a timeline for the PD search to begin. The program was hopeful Dr. Dill might choose to transition from interim to permanent PD. Alternatively, Dr. Wishner was attempting to become licensed as a physician in the state of OH so that she could apply for board certification and apply for the PD position. If neither of those options were viable, then the program planned to begin the search for a new PD.

The institutional officials stated a search had been approved and that they believed it was underway, but stated they needed to confirm the status of the search with the department chair.

The program's response to the observation stated there was no error of fact in the observation.

**Required report:** None. In the future, the program must provide quarterly updates to the ARC-PA on progress toward filling vacated faculty positions.

## SUMMARY OF REQUIRED REPORTS

Report #1: Response to citations #1—22 and 30-31 due **May 30, 2018**

Report #2: Response to citations #23-29 (Modified SSR) due **October 1, 2018**

**\*\*Completed Statements and Signatures page must be submitted with each report required in this document, otherwise the report will not be accepted.\*\***

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The ARC-PA reminds the program to review the *Standards*, in particular Section E, regarding maintenance of accreditation. You will find the *Standards*, an accreditation manual and other helpful information on our website, [www.arc-pa.org](http://www.arc-pa.org).

One resource, which focuses on defining program expectations, can be found at <http://arc-pa.org/documents/Program%20%20Expectations%206.2016.pdf>.

Other resources that may be beneficial to the writing the SSR are found at <http://arc-pa.org/documents/Data%20Analysis%20Resource%20for%20Programs%20May%202015.pdf>  
And <http://www.arc-pa.org/accreditation/resources/notes-and-portal-updates/>

## STATEMENTS AND SIGNATURES

I understand and agree that the Program will be subject to an adverse accreditation action which could include withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

**Response Submitted by:** April Gardner, MSBS, PA-C      **Date:** 5/30/2018

**Program Director:**      April Gardner, MSBS, PA-C      **Date:** 5/30/2018  
The name that appears here is deemed an electronic signature.

### Institutional Official Program

**Director Reports To:** Linda Speer, MD, FAAFP      **Date:** 5/30/2018  
The name that appears here is deemed an electronic signature.

**\*\*Completed Statements and Signatures page must be submitted with each report required in this document, otherwise the report will not be accepted.\*\***