



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

DRAFT

**Compliance Manual 6
for
Entry Level PA Programs
September 2024**

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PA Education ©
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Effective

Disclaimer: This manual is provided strictly as an informational resource for physician assistant/physician associate (PA) *program faculty* and staff. Adherence to any suggestions is completely voluntary and does not assure compliance with any accreditation standard(s). The suggestions provided should not be considered inclusive of all proper methods and procedures needed to obtain a successful accreditation outcome. The institution, program director, and faculty should apply their own professional skills and experience to determine the applicability to their program of any specific suggestion.

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Demonstrating Compliance with the Standards

The purpose of the Compliance Manual is to improve program understanding of the various ways of demonstrating compliance with the *Standards*. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but rather they are examples of various means and materials that programs can use to demonstrate their compliance with individual standards. Programs may have documentation in addition to or instead of the suggested evidence that also demonstrates compliance.

Responsibility for Demonstrating Compliance

It is the responsibility of **the Institution and the** PA program to demonstrate its compliance with each of the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases, the ARC-PA is prescriptive about what it needs to review; that is, specific materials as listed in the application, appendices, and required materials for review at the site visit. However, the ARC-PA does not generally address process issues thereby allowing programs and institutions to develop processes best suited to their programs. Examples of process topics include the number of credits or hours assigned, format for curriculum and courses (for example, traditional vs. problem-based), and delivery methods. While the ARC-PA may require specific information to clarify process issues that may affect accreditation, it is the program's responsibility to address these in detail as specified in the *Standards*. For example, programs using a problem-based approach are still required to demonstrate their compliance with standards related to breadth and depth of curriculum and those that relate to *instructional objectives* and guiding student achievement of *learning outcomes* and program required *competencies* for entry level practice.

Essential Evidence of Compliance

SECTION A: ADMINISTRATION

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence pertaining to this section can be found in institution and program documents, such as catalogs and brochures, policy and procedure manuals, student orientation materials and handbooks, websites, program files, and records addressing the content areas identified in the *Standards*. Site visitors and ARC-PA Commissioners review materials assessing the accuracy of current policies and procedures and consistency across materials addressing the same content areas.

HELP? After reading this manual, if you need additional help understanding and interpreting the A standards, [click here to go to the online learning modules for a guide.](#)

A1

STANDARD	
A1.01	<p>When more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s):</p> <ul style="list-style-type: none"> a) define the rights and responsibilities of each party related to the educational program for students. b) specify whose policies govern the student including if certain program policies will be superseded by those at the clinical site. c) include the terms of participation for the PA program students. d) are signed by an authorized individual(s) of each participating entity.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • If more than one institution is involved in the provision of PA student education, what are the responsibilities of each institution? • If more than one institution is involved in the provision of PA student education, whose policies govern the student? When do the program policies supersede those at the clinical site? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Copy of current and signed written agreement(s) clearly documenting the rights and responsibilities between the sponsoring institution and other institution(s), whose policies govern the student(s), and the terms of participation for the PA program students. This may include an affiliation agreement, an addendum to an affiliation agreement, a memorandum of understanding, or a business agreement. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard applies to all institutions used for didactic education and <i>supervised clinical practice experiences</i>. • While other students may be mentioned, agreements must specifically name PA students as included and be specific to each campus location for programs with <i>distant campuses</i> or institutions with multiple PA programs in different locations. 	

A1.02a	The sponsoring institution is responsible for: a) complying with ARC-PA accreditation <i>Standards</i> and policies,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How have institutional officials been educated on the ARC-PA Standards and policies? • Can institutional officials speak to the specific standards where the program is struggling? • How have institutional officials supported the program in adhering to the ARC-PA accreditation <i>Standards</i> and policies? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Evidence of institutional support of the program (documented procedures, meetings, resources). • Evidence of institutional actions to ensure compliance with the Standards. • Discussions with institutional officials demonstrate knowledge of accreditation requirements and submitted accreditation materials. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Overall, if the program fails to demonstrate compliance with multiple standards, the Commission will call into question the institution’s commitment to fulfilling its responsibility for compliance. 	
A1.02b	The sponsoring institution is responsible for: b) supporting the <i>program faculty</i> in effective program self-assessment
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the process for the program to gain access to institutional resources related to program self-assessment and the SSR? • How often does this support and review occur? Is it ongoing? • Which personnel are designated or dedicated to supporting and reviewing/revising the program’s self-assessment plan? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Minutes of program assessment meetings involving institution personnel. • List of institutional assessment resources (both departments and personnel) and program utilization records. • Discussions with institutional officials verify what was written in the description of the application. • A complete, thorough, and effective program self-study report submitted with the application for accreditation. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • To demonstrate support for program assessment, the sponsoring institution may allocate a dedicated personnel position to the program. • Institutional support must go beyond delegating authority to the program. It must be <i>active</i> support. 	
A1.02c	The sponsoring institution is responsible for: c) ensuring current and ongoing effective program leadership,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the sponsoring institution ensure the effectiveness of program leadership? • What measures does the sponsoring institution have in place to ensure that the program director provides leadership and that the leadership is effective? • What <i>succession plan</i> does the sponsoring institution have in place to ensure the program maintains effective leadership if the current program leadership resigns? Is this plan written? • If a successor was named, does the planned successor or interim successor for the program director meet the qualifications of the program director position? If a hiring plan is needed, is it <i>sufficiently</i> robust to yield the results needed? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documents indicating the institutional process for and evidence of evaluating the program director’s leadership of the program. At a minimum evaluation includes the characteristics described in section A2. • Discussions with institutional officials, the program director, faculty, <i>preceptors</i>, and students to verify the description in the application. • Written leadership <i>succession plan sufficient</i> to ensure continued compliance with the standards. 	

Of note:

- The description in the application is supported by the program’s evidence outlined in the self-study report.
- A written *succession plan* focuses on ensuring an interim and then permanent program director. When this plan includes promotion of either the director of clinical education or didactic education or other key role in the program, the plan would then include filling of that vacant position. Plans may include the addition of *instructional faculty* to offset immediate teaching demands. This plan does not require the program to name a specific person and may include national searches and recruitment details.
- Evidence of the program director’s effectiveness is aligned with Standard A2.09 and the program’s self-study.



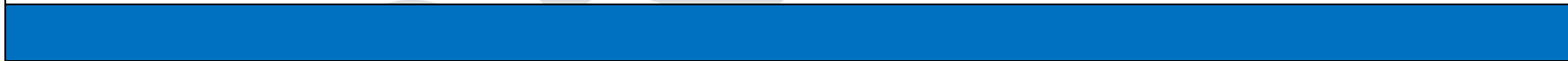
A1.02d	The sponsoring institution is responsible for: d) supporting the <i>program faculty</i> in curriculum design
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FOCUSED QUESTIONS

- How have institutional officials and resources supported the initial and ongoing design/re-design of the curriculum?
- What is the process for curricular design and revisions?

ESSENTIAL EVIDENCE

- Evidence of institutional support of the program (documented procedures, meetings, resources) for curricular design.
- Evidence of program utilization of institutional resources for curriculum/course design.
- Discussions with institutional officials and *program faculty* demonstrate institutional support is *readily available*.



A1.02e	The sponsoring institution is responsible for: e) documenting appropriate security and personal safety measures for PA students, faculty, and staff in all locations where instruction occurs,
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FOCUSED QUESTIONS

- What security measures does the university utilize? What personal safety measures does the university utilize?
- How are security measures documented on the main campus? For students? For faculty?
- How are the security and personal safety measures documented at all clinical *rotation* sites?

<ul style="list-style-type: none"> How are the security and personal safety measures documented at other off-campus sites where students or faculty routinely perform official functions? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Evidence of defined and documented security and personal safety measures for all locations used for didactic instruction and at sites used for <i>supervised clinical practice experiences</i>. List of security and personal safety measures documented at each site where students or faculty may be required to visit for purposes of instruction. <p><i>Of Note:</i></p> <ul style="list-style-type: none"> This standard applies to all instructional locations including international <i>rotations</i>. 	
<p>A1.02f</p>	<p>The sponsoring institution is responsible for:</p> <p>f) defining, publishing, making <i>readily available</i> and consistently applying to faculty and staff, its policies and procedures for processing faculty and staff grievances and allegations of harassment,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> What is the institution’s policy on faculty/staff grievances? Policy on faculty/staff allegations of harassment? What is the procedure for a faculty/staff member to file a grievance? Procedure to file allegations of harassment? Where are these <i>published</i> and available to faculty and staff? How does the institution ensure they are consistently applied? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Copy or link to Institution policies and procedures for faculty/staff grievances and allegations of harassment are available in an easily accessible manual, handbook, or webpage. Discussions with faculty/staff to determine if policies and procedures are <i>readily available</i> and consistently applied. <p><i>Of note:</i></p>	

- Policies and procedures for processing faculty/staff allegations of harassment should be available for any type of harassment and go beyond Title IX issues.

A1.02g

The sponsoring institution is responsible for:

- g) defining, publishing, making *readily available* and consistently applying to students, its policies and procedures for processing student allegations of harassment and *mistreatment*,

FOCUSED QUESTIONS

- What is the institution’s policy on student allegations of harassment and *mistreatment*?
- What is the procedure for a student to file allegations of harassment and *mistreatment*?
- Where are these *published* and available for students?
- How does the institution ensure they are consistently applied?
- How does this apply to students in the didactic phase? In the clinical phase?

ESSENTIAL EVIDENCE

- Copy or link to Institution policies and procedures for student allegations of harassment are available in an easily accessible manual, handbook or webpage.
- Discussions with students to determine if policies and procedures are *readily available* and consistently applied.

Of note:

- Policies and procedures for processing student allegations of harassment should be available for any type of harassment and go beyond Title IX issues.

A1.02h

The sponsoring institution is responsible for:

- h) defining, publishing, making *readily available* and consistently applying to students, its policies, and procedures for refunds of tuition and fees.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the institution’s policy for refund of tuition? Refund of fees (to include program-specific fees and admission deposits)? • What procedure would a student follow to obtain a refund of tuition and fees related to all allowable situations? • How does the institution ensure the policy and procedure are consistently applied? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institution policies and procedures are presented, in a <i>readily available</i> format, so students can determine when, how, and how much (\$) tuition and fees are refunded. 	
A1.03 a-c	<p>The sponsoring institution provides resources in support of the <i>program director</i> and <i>principal faculty</i>, as applicable to their job description, for:</p> <ul style="list-style-type: none"> a) full payment for their relevant professional and board certification(s). b) <i>sufficient</i> release time and financial resources for continuing medical education (CME) and professional development related to their faculty role. c) full payment of state professional license.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How much funding per year is allocated by the institution for the program director and each <i>principal faculty</i> to cover expenses such as CME, certification fees, and state licensure fees? • How much release time is available for the program director and each <i>principal faculty</i> to obtain the continuing medical education (CME) and testing to maintain their certification? • Is the time and financial support outlined for CME deemed <i>sufficient</i> for the program director and <i>principal faculty</i>? 	
ESSENTIAL EVIDENCE	

- Budget line evidence that the institution fully funds professional and board certification(s) and professional state licensure for the program director and *principal faculty*.
- Documentation in the program director and *principal faculty* files indicating completion of professional development including CME for maintenance of certification.
- Discussions with the program director and *principal faculty* to verify *sufficient* release time and financial resources are provided by the institution.
- *Sufficient* faculty are employed to allow faculty to take time to attend CME seminars and professional development.

Of note:

- The standard does not require payment of licensure in the state where the program resides.

A1.04

The sponsoring institution provides academic support and *student services* to PA students that are *equivalent* to those services provided to other *comparable* students of the institution.

FOCUSED QUESTIONS

- What are the academic support services available to all PA students? Are these the same as for all other students?
- What are the *student services* available to all PA students? Are these the same as for all other students?
- What are the ADA accommodations available to all students, and are these accommodations available to PA students?

ESSENTIAL EVIDENCE

- Program or institutional policies and procedures regarding access to academic support and *student services equivalent* to those of similar students enrolled at the sponsoring institution.
- Policies that address *student services* when students are assigned to clinical *rotations*.
- Web pages listing *student services* that detail availability to all students at the institution.
- Discussions with the faculty, students, and administration to ensure academic and *student services* are *equivalent*.

Of note:

- Academic support services examples may include group or individual tutoring, academic accommodations, an academic resource center for study skills, writing center, or learning specialists.

- *Student services* examples may include career services, financial aid services, student organizations, well-being services, health clinic services, mental health services, IT support services.
- “*Comparable students of the institution*” means the students that the program deems most similar to PA students as it relates to the service being considered (i.e. all other graduate students, all students at the institution, all professional program students, etc).

A1.05

The sponsoring institution provides PA students and faculty at geographically *distant campus* locations access to services and resources which help students reach their academic and career *goals* that are *comparable* to those available to PA students and faculty on the main campus.

FOCUSED QUESTIONS

If there is a *distant campus*:

- What student and faculty services are available there? How are they determined to be *comparable* to the main campus?
- If there is a *distant campus*, what resources are available to faculty? How are they determined to be *comparable* to the main campus?
- Students: Are there any services or resources you cannot access that the students on the other campuses utilize?
- Faculty: Are there any *student services* or resources that faculty and students cannot access at this *distant campus* compared to students and faculty on the main campus?
- What instructional resources are available at the *distant campus*? How do they compare to the main campus?

ESSENTIAL EVIDENCE

- Materials/documents/comparison tables/webpage from each campus site listing academic support resources, *student services*, and resources for both students and faculty displayed in a way that demonstrates equivalency.
- Discussions with students and faculty to determine if the academic and *student services* are *comparable* between campus locations.
- Comparison of outcomes between groups.
- Comparison of experiences between groups.

Of note:

- This standard applies to programs with one or more *distant campuses*.
- The types of services and resources that help students reach their academic and career *goals* typically include academic advising, tutoring, career services, financial aid, computing and library resources and access.

- The instructional resources available at the main campus and *distant campus* provide *comparable* experiences.
- Faculty services and resources include those that are available to *faculty* at the main campus, such as computing and technology resources, library resources and access, and employee assistance.
- The program is expected to inform students and faculty if certain services are only available to them on the main campus.

A1.06

The sponsoring institution provides the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.

FOCUSED QUESTIONS

- Is the current budget *sufficient* to operate the program? How does the institution determine budgetary sufficiency?
- What is the budgetary process to request additional funding?
- What resources does the program need but does not have?
- What resources have been requested but not provided by the institution?
- Is there a process for mid-year emergency funding to be made available if needed?
- Are salaries *sufficient* to retain and recruit personnel?

ESSENTIAL EVIDENCE

- 5-year budget indicating that resources are assured for current classes (5-year budget table completed as in the portal).
- Up-to-date and appropriate quantity of equipment and supplies purchased from the program budget.
- Budget spreadsheet demonstrating stability of budget over time – last 3 years, current year, and 1 future year that includes annual enrollment, all tuition and fees paid by students per year, all revenue by source and all expenditures (*instructional faculty* expenses, staff salary and benefits, faculty salary and benefits, operational expenses, faculty development).
- The program's description in the application is supported by the program's evidence related to the sufficiency of financial resources outlined in the self-study report.
- *Attrition* of personnel was analyzed and found not to be related to *insufficient* budget.

Of note:

- Additional considerations for program evidence include:
 - *Analysis* of student and faculty *attrition* demonstrating resources were not a primary cause for *attrition*.
 - *Analysis* of the program *goals* demonstrating *sufficient* resources were available to meet the program's *goals*.

A1.07 a-b	<p>The sponsoring institution <i>provides</i> the program with the human resources necessary to operate the educational program, comply with the <i>Standards</i>, and fulfill obligations to matriculating and enrolled students including <i>sufficient</i>:</p> <ul style="list-style-type: none"> a) <i>program faculty</i> and b) <i>administrative staff</i>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the sponsoring institution support the program in compliance with maintaining the minimum number of faculty and staff required by the Standards? • How many FTE faculty did the program's self-assessment determine to be <i>sufficient</i> (SSR)? Administrative and technical staff? • In what ways does the sponsoring institution support hiring of faculty (the <i>timely</i> recruitment, interviewing, selection, hiring)? • In what ways does the sponsoring institution support hiring of staff (the <i>timely</i> recruitment, interviewing, selection, hiring)? • Are the current faculty and staff <i>sufficient</i>? • How well is the program able to comply with all of the standards at its current staffing level? • Students – When you need your faculty or need one of the staff members to help you, are they available within a reasonable time frame? • How does the institution determine expected workload for PA faculty and staff? • Are the faculty and staff able to take their paid time off? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • All faculty and staff positions are filled, and each is working the number of hours per week designated for their position without long-term overages. • Ensure adequate <i>administrative support</i> staff are available to assist faculty in fulfilling their duties and to ensure program compliance with established standards. • Faculty duties do not include those typically completed by administrative or technical support staff and vice versa. • The response is supported by the program's evidence related to the <i>sufficiency</i> of human resources to operate the program outlined in the self-study report. • Describe policies and procedures that determine the faculty workload and staff workload. • Provide evidence that the faculty and staff workloads are within the defined institutional and program workload expectations. • List and describe the advertising and recruiting resources provided by the sponsoring institution to the program to facilitate faculty and staff candidate pool development. 	

- List and describe the application, interviewing, and hiring resources provided by the sponsoring institution to the program to facilitate candidate selection and hiring.

Of note:

- Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program-related activities such as maintaining records and processing admission applications.
- Non-PA student-workers may be used, but they do not substitute for faculty or *administrative* and technical support staff.

A1.08

The sponsoring institution *provides* the program with effective technical support.

FOCUSED QUESTIONS

- In what ways does the sponsoring institution provide technical support? Examples might include simulation staff, learning management system support, IT support, etc.
- Are the current technical support staff effective?
- Students/Faculty – When you need technical support staff members to help you, are they available within a reasonable time frame?

ESSENTIAL EVIDENCE

- Technical support staff are available to effectively assist faculty in fulfilling their duties and to ensure program compliance with established standards.
- Faculty duties do not include those typically completed by technical support staff.
- The response is supported by the program’s evidence related to the sufficiency of human resources to operate the program outlined in the self-study report.

A1.09

The sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the *Standards* and to fulfill its obligations to matriculating and enrolled students.

FOCUSED QUESTIONS

- Does the program have *sufficient* space and physical facilities (to include classrooms, offices, and labs) to operate the program?
- How often are class or lab sessions canceled or rescheduled due to lack of available classroom space?

<ul style="list-style-type: none"> Do faculty and staff have access to private rooms for counseling students or other sensitive meetings? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The program’s description of physical facilities as provided in the application is verified at the time of the visit. Space is appropriate for the number of students, faculty, and staff. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Physical facilities relate to offices, classrooms, and other educational spaces. This includes space to provide confidential academic counseling of students by the program director and <i>principal faculty</i>, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities <i>sufficient</i> in number and size and appropriate in design to meet their intended use, and appropriate classroom and laboratory space conducive to student learning. 	
<p>A1.10</p>	<p>The sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Are you able to access the online instructional and reference materials using the internet on campus (any internet speed issues)? Are there any books, journals, or other reference materials that you need access to that you don’t have? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> The program’s description (list of materials) as provided in the application is verified at the time of the visit. Discussions with faculty, students, and administration. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Instructional resources include computer and audio/visual equipment in classrooms and labs; instructional materials like PowerPoints or study guides; technological resources that provide access to the Internet, medical information, and current literature; the full text of current books, journals, periodicals, and other reference materials related to the curriculum and support evidence-based practice. 	

A1.11a-b	<p>The sponsoring institution:</p> <ul style="list-style-type: none"> a) secures clinical sites and <i>preceptors sufficient</i> in number to allow all students to meet the program's <i>learning outcomes</i> for <i>supervised clinical practice experiences</i> and b) ensures clinical sites and <i>preceptors</i> located outside of the <i>United States</i> are only used for <i>elective rotations</i>.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the sponsoring institution secure <i>sufficient sites/preceptors</i> for each student to attend the required SCPEs and meet the <i>learning outcomes</i>? • What is the sponsoring institution doing to help recruit <i>preceptors</i>? How many new <i>preceptors/placements</i> are procured annually? • What does the sponsoring institution do to help retain <i>preceptors</i>? • Does the program have any <i>required rotations</i> outside of the <i>United States</i>? • Are the <i>rotations</i> that are outside of the <i>United States</i> limited to <i>elective rotations</i> that may be specifically requested by students? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Review of program committee minutes, and budget, as appropriate, that provide evidence the institution recruits and retains <i>preceptors</i> and clinical sites in the <i>United States</i>, including assessing sites and <i>preceptors</i> for appropriateness in terms of meeting program <i>learning outcomes</i> and <i>Standards</i>. • Clearly stated and implemented strategies that entail specific institutional involvement and support for recruiting US sites and <i>preceptors</i>, maintaining existing sites and <i>preceptors</i>, and collaborating with the PA program to forecast potential clinical site shortages due to internal and external stressors. • Discussions with institutional officials, <i>program faculty</i>, and support personnel. • Consistency is demonstrated from what is described in the application, the program portal, and verified during the site visit. • The program's description in the application is supported by the program's evidence related to the sufficiency of clinical sites and <i>preceptors</i> outlined in the self-study report. • Discussions with students to confirm <i>required rotations</i> are in the <i>United States</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Examples of institutional support include offering <i>preceptors</i> faculty status, access to campus resources, access to campus events, funding CME, recruiting events hosted by institutional officials, institutional officials meeting with physician groups or hospitals to recruit for entire systems, etc. • <i>United States</i> is defined as: The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island. 	

- A program may satisfy the requirement of *supervised clinical practice experiences* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the *United States* Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.



A1.12a	<p>The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p style="padding-left: 40px;">a) supporting the program in having a documented PA program action plan for <i>diversity, equity, and inclusion</i>,</p>
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FOCUSED QUESTIONS

- What is the PA program’s action plan for DEI for faculty, for staff, and for students?
- How is the program’s action plan different from and in alignment with the institution’s action plan?
- What parts of the action plan are complete, and what is the timeline for implementation of the action plan?
- Which components of the PA program’s action plan improve *diversity* for faculty, for staff, and for students? How does the sponsoring institution support each of these?
- Which components of the PA program’s action plan improve *equity* for faculty, for staff, and for students? How does the sponsoring institution support each of these?
- Which components of the action plan improve *inclusion* for faculty, for staff, and for students? How does the sponsoring institution support each of these?

ESSENTIAL EVIDENCE

- The program has its own written action plan for *equity, diversity, & inclusion* that includes all three (3) groups: students, faculty, and staff.
 - Evidence of institutional support for the PA program’s created action plan (e.g. resources, funding, professional development, allocation of time for implementation, etc.)
 - Meeting minutes documenting the collaboration between institutional officials and the PA program in developing the action plan.
 - Evidence that the action plan has begun implementation by the program.
 - Discussions with faculty, staff, students, and administration.
- Of note:*
- Publication of the action plan on the program’s website or its *inclusion* in the program’s *published goals* is not required.
 - The institution may also have an action plan, but it does not serve in place of the PA program having its own action plan.

A1.12b	<p>The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p style="padding-left: 40px;">b) supporting the program in implementing <i>diversity, equity, and inclusion</i>-focused recruitment strategies,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the recruitment strategies for students that are related to <i>diversity</i>? For faculty? For staff? • What are the recruitment strategies for students that are related to <i>equity</i>? For faculty? For staff? • What are the recruitment strategies for students that are related to <i>inclusion</i>? For faculty? For staff? • What does the institution do to support these recruitment strategies? • If the recruitment strategies are at an institutional level, how are they specifically utilized by the PA Program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program demonstrates how the sponsoring institution supported/is supporting the implementation of each of the recruitment strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc). • Recruitment strategies that are defined and implemented addressing all three (3) groups: students, faculty, and staff. • Each strategy specifically ties to <i>diversity, equity, and/or inclusion</i>. • Recruitment strategies specifically include all three (3): <i>diversity, equity, and inclusion</i>. • Evidence that the strategies have begun implementation. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Recruitment strategies could include outreach resources (ads, flyers), university admissions presentations, human resources department engagement, institutional recruiting office initiatives, and advertising open positions specifically to attract diverse candidates. The program should explain how any of these resources effectively recruit students/faculty/staff on the basis of <i>diversity, equity, or inclusion</i> 	
A1.12c	<p>The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by:</p> <p style="padding-left: 40px;">c) supporting the program in implementing <i>diversity, equity, and inclusion</i>-focused retention strategies, and</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the retention strategies for students that are related to <i>diversity</i>? For faculty? For staff? • What are the retention strategies for students that are related to <i>equity</i>? For faculty? For staff? • What are the retention strategies for students that are related to <i>inclusion</i>? For faculty? For staff? • What does the institution do to support these retention strategies? • If the retention strategies are at an institutional level, how are they specifically utilized by the PA program? • How is each retention strategy specifically relevant to DEI? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program demonstrates how the sponsoring institution supported or is supporting the implementation of each of the retention strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc). • Retention strategies that are defined and implemented addressing all three (3) groups: students, faculty, and staff. • Each strategy specifically ties to <i>diversity, equity, or inclusion</i>. • Retention strategies include all three (3): <i>diversity, equity, and inclusion</i>. • Evidence that the strategies have begun implementation. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Retention strategies might include faculty/staff professional development and/or opportunity for advancement; student support services such as academic advising, tutoring, counseling, technology resources to support learning, student engagement initiatives, efforts to foster a sense of belonging, early intervention for at-risk students, clubs or other social groups representing diverse populations, etc. The program should explain how any of these resources effectively retain students/faculty/staff on the basis of <i>diversity, equity, or inclusion</i>. 	
A1.12d	The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff <i>diversity, equity, and inclusion</i> by: <ul style="list-style-type: none"> d) making available resources which promote <i>diversity, equity, and inclusion</i>.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Which institutional <i>diversity</i> resources does the program utilize? <i>Equity</i> resources? <i>Inclusion</i> resources? 	

<ul style="list-style-type: none"> How are the students, faculty, and staff made aware of these resources?
ESSENTIAL EVIDENCE
<ul style="list-style-type: none"> A list of the DEI Institutional resources available to all three groups: students, faculty, and staff, with clear designations indicating who the resources are intended for (students, faculty, and/or staff). Specify which resources are for <i>diversity</i>, which are for <i>inclusion</i>, and which are for <i>equity</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Resources may include, but are not limited to, inclusive pedagogy, professional development in DEI strategies and cultural competence, office of <i>diversity</i> or personnel, affinity groups/clubs, specific programming or activities related to DEI (list individually), etc. The program should explain how any of these resources effectively relate to <i>diversity</i>, <i>equity</i>, or <i>inclusion</i>.

A2

A2.01a-b	<p>All <i>program faculty</i>, including didactic and clinical <i>instructional faculty</i>,:</p> <ul style="list-style-type: none"> a) meet program-defined academic and experiential qualifications to teach in their assigned instructional areas. b) are evaluated for effectiveness in their assigned instructional areas.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the documented educational/academic qualifications required for the <i>instructional faculty</i>? (Is it the same for didactic and clinical <i>instructional faculty</i>?) What are the documented experiential and other qualifications required for <i>instructional faculty</i>? (is it the same for the didactic and clinical <i>instructional faculty</i>?) How are <i>instructional faculty</i> members evaluated to ensure that they have these academic qualifications? How are <i>instructional faculty</i> members evaluated to ensure that they have these experiential qualifications? How are <i>instructional faculty</i> members evaluated to ensure that they are effective? 	
ESSENTIAL EVIDENCE	

- Program-determined educational and experiential qualifications are documented for *instructional faculty* (IF) in their job description that is at least specific to the position and may be specific to the individual in the position.
- Current CVs or program forms document the education and experience required of each *instructional faculty* member.
- Discussions with faculty and administration.
- Description of *instructional faculty* vetting process to include evaluation of academic degree and experience as they relate to the qualifications set by the program.
- Evidence that *instructional faculty* have been vetted and meet the academic preparation and experience as required by the program.
 - Evidence could include, but is not limited to, individual forms completed for each *instructional faculty* member, a master spreadsheet of academic preparation and/or experience for all *instructional faculty*, or a combination of processes that may differ for didactic versus clinical faculty.
- Evidence *instructional faculty* have been evaluated for effectiveness.
 - Evidence could include, but is not limited to, individual forms completed for each *instructional faculty* member, a master spreadsheet of evaluations for all *instructional faculty*, or a combination of processes that may differ for didactic versus clinical faculty.

Of note:

- This standard encompasses didactic and clinical (*preceptors*) *instructional faculty*.

A2.02

The program has *program faculty* that include the program director, *principal faculty*, *medical director*, and *instructional faculty*.

FOCUSED QUESTIONS

- Who fills each of these roles: the program director, *medical director*, each *principal faculty* member, and *instructional faculty*?
- To each – Please describe your position/role at the PA program.

ESSENTIAL EVIDENCE

- List of program director, *medical director*, *principal faculty*, all didactic and clinical *instructional faculty* with names and roles.
- Alignment is demonstrated between the completed Program Datasheet and the submitted CV's and job descriptions.
- The evidence provided aligns with the information submitted by the program under the personnel tab in the portal.
- Discussions with *program faculty* during the site visit.

Of note:

- For clarity, please refer to the glossary definitions of each position.

A2.03	The program has at least four FTE <i>principal faculty</i> , of which three FTE <i>principal faculty</i> are PAs who are currently <i>NCCPA-certified</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have at least four FTE (4.0 FTE) <i>principal faculty</i>? • Are at least three FTE (3.0 FTE) currently certified PA-C's? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • List of <i>principal faculty</i>. • Faculty CVs indicate at least four FTE (4.0 FTE) <i>principal faculty</i>. • Faculty files include evidence of current <i>NCCPA</i> certification for three FTE (3.0 FTE) PA-C <i>principal faculty</i>. • Alignment is demonstrated through the completed Program Datasheet, the submitted CV's and job descriptions, and the program portal. • Discussions with <i>principal faculty</i>. <p>Of note:</p> <ul style="list-style-type: none"> • This Standard applies to all programs from the initial applicant programs through to the teach-out phase for closing programs. • See Glossary - the term "<i>principal faculty</i>" does not include the program director. • Several people with partial appointments (all meeting the definition of <i>principal faculty</i>) may be added together to equal the number of FTE's required. For example, four (4) <i>principal faculty</i> who each have a 0.8 FTE would only equal 3.2 FTE which does not meet the requirement while five (5) <i>principal faculty</i> who each have a 0.8 FTE would equal the required 4.0 FTE. • See also Standard A1.07 that requires <i>sufficient</i> faculty. 	
A2.04	<i>Principal faculty</i> and the program director have academic appointments and privileges <i>comparable</i> to other faculty with similar academic responsibilities in the institution.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are there university privileges that are provided for some faculty, but not all? • Are the promotion and tenure guidelines <i>comparable</i> or applicable to all faculty equally? 	

<ul style="list-style-type: none"> • Are university committee appointments comparably available to all faculty? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Institutional faculty manual and/or policies related to employment, university privileges such as committee membership, and classification/rank/ promotion and tenure guidelines apply to all faculty including PA faculty. Some may be college-specific but <i>comparable</i> across the institution. • Discussions with institutional officials and <i>program faculty</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • A master’s degree is recognized by the PA profession as the terminal degree for PA. 	
<p>A2.05a</p>	<p><i>Program faculty</i> maintain responsibility for the following:</p> <ul style="list-style-type: none"> a) developing, reviewing, and revising as necessary the mission statement, <i>goals</i> and <i>competencies</i> of the program,
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • When do the <i>program faculty</i> members designated with this responsibility review the program mission? <i>Goals? Competencies?</i> • Who is involved? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Program meeting/retreat minutes that demonstrate evidence of review and any needed revisions related to each of these three (3) aspects: mission, <i>goals</i>, <i>competencies</i> (e.g. retreats or committee meetings for curriculum, student progress, program assessment, etc). • Completion of the Personnel Responsibilities Template for each <i>program faculty</i> member. • Alignment is demonstrated between the application and individual job descriptions <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all <i>program faculty</i>. Furthermore, it does not restrict participation solely to the <i>principal faculty</i> and the program director. 	

A2.05b	<i>Program faculty</i> maintain responsibility for the following: b) selecting applicants for admission to the PA program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is involved in admissions? • What is the process for their participation in applicant selection? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of the student selection process, including the role of <i>program faculty</i> (meeting minutes, schedule, admissions day planning documents). • Completion of the Personnel Responsibilities Template for each faculty. • Alignment is demonstrated between the individual job descriptions and the application. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all <i>program faculty</i>. Furthermore, it does not restrict participation solely to the <i>principal faculty</i> and the program director. 	
A2.05c	<i>Program faculty</i> maintain responsibility for the following: c) providing student instruction,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is involved in providing student instruction? • What is the process for tracking who provides instruction in each course? 	
ESSENTIAL EVIDENCE	

- Documentation of each faculty member’s course and instruction responsibilities, course listings with primary instructors identified, daily academic schedule listing instructors.
- Completion of the Personnel Responsibilities Template for each faculty.
- Alignment is demonstrated between the individual job descriptions and the application.

Of note:

- This standard does not mandate participation from all *program faculty*. Furthermore, it does not restrict participation solely to the *principal faculty* and the program director.

A2.05d

Program faculty maintain responsibility for the following:

d) evaluating student performance,

FOCUSED QUESTIONS

- Who is responsible for and involved in evaluating student performance?
- What is the process for tracking who evaluates student performance in each course?

ESSENTIAL EVIDENCE

- Description of the faculty role in evaluating student performance.
- Completion of the Personnel Responsibilities Template for each faculty.
- Alignment is demonstrated between the individual job descriptions and the application.

Of note:

- This standard does not mandate participation from all *program faculty*. Furthermore, it does not restrict participation solely to the *principal faculty* and the program director.

A2.05e

Program faculty maintain responsibility for the following:

e) academic counseling of students,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible for and involved in academic counseling of students? • What is the process for tracking who provides academic counseling? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of faculty-student academic counseling sessions and academic counseling referrals (if offered). • Completion of the Personnel Responsibilities Template for each faculty. • Alignment is demonstrated between the individual job descriptions and the application. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all <i>program faculty</i>. Furthermore, it does not restrict participation solely to the <i>principal faculty</i> and the program director. 	
A2.05f	<p><i>Program faculty</i> maintain responsibility for the following:</p> <p>f) assuring the availability of remedial instruction,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who is responsible for and involved in assuring the availability of remedial instruction? • What is the process for tracking who needs remedial instruction and who provides remedial instruction in each course? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program’s description of its <i>remediation</i> process. • Documentation in student or program records regarding remedial instruction that follows the program’s process. • Completion of the Personnel Responsibilities Template for each faculty. • Alignment is demonstrated between the individual job descriptions and the Personnel Responsibilities Template. <p><i>Of note:</i></p>	

- This standard does not mandate participation from all *program faculty*. Furthermore, it does not restrict participation solely to the *principal faculty* and the program director.
- Ensuring the availability of remedial instruction means that the actual remedial instruction could come from any designated individual including other *instructional faculty*, tutors, adjuncts, institutional faculty, etc.

STANDARD

A2.05g	<i>Program faculty</i> maintain responsibility for the following: g) designing, implementing, coordinating, and evaluating the curriculum, and
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FOCUSED QUESTIONS

- Who is responsible, and who is involved – in each of the four (4) aspects of the substandard?
- What is the process for curriculum design, implementation, coordination, and evaluation?
- What measures does the program use to evaluate the curriculum?

ESSENTIAL EVIDENCE

- Meeting minutes or other evidence of *program faculty* responsible for and involved in curricular design/redesign and implementation of changes, coordination, and evaluation of the effectiveness of the curriculum.
- Completion of the Personnel Responsibilities Template for each faculty.
- Alignment is demonstrated between the individual job descriptions and the Personnel Responsibilities Template.

Of note:

- This standard does not mandate participation from all *program faculty*. Furthermore, it does not restrict participation solely to the *principal faculty* and the program director.

STANDARD

A2.05h	<i>Program faculty</i> maintain responsibility for the following: h) evaluating the program.
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FOCUSED QUESTIONS

- Who is responsible, and who is involved?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Meeting minutes or other evidence of the personnel responsible for and involved in program evaluation. • Completion of the Personnel Responsibilities Template for each faculty. • Alignment is demonstrated between the individual job descriptions and the Personnel Responsibilities Template. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not mandate participation from all <i>program faculty</i>. Furthermore, it does not restrict participation solely to the <i>principal faculty</i> and the program director. 	
A2.06	The program director had at least three years of full-time higher education or one year of higher education experience with two years of clinical education leadership experience at the time of appointment.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How many years of higher educational experience did the program director possess at the time of their appointment? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Current CV documenting higher education experience totaling up to the <i>equivalent</i> of three (3) years of full-time work. • The calculation of the 3 years of full-time experience may encompass several part-time, or partial appointments. All partial or part-time appointments would then add up to the <i>equivalent</i> of at least 3 years of full-time experience. For example, a person with a history of 6 years of working 0.75 FTE would equal $6 \times 0.75 = 4.5$ years full-time <i>equivalent</i> which would meet this requirement of at least 3 years. • Alignment is demonstrated from the Program Datasheet, the program director’s CV, and the Job Description. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Program directors appointed prior to this edition of the standards meet the required qualifications of the standards in place at their time of hire. Program directors appointed after the publication date of this edition of the standards meet the qualifications stated in this edition. • When a program director resigns from the role, the new program director is subject to this standard. The former director cannot resume the role after officially resigning unless they meet this standard, except in the case of a sabbatical or other leave of absence that did not count as resigning from the role. 	

A2.07	The program director is assigned to the program on a 12-month, 1.0 FTE, full-time basis and at least 80% of that time is devoted to administrative responsibilities in support of the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the program director’s contract for a full 12 months? • Is the program director’s contract for full-time work for the institution? • Is 80% or more of the program director’s time devoted to administrative responsibilities for the PA program? • What is the percentage of other assigned responsibilities of the program director? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program Datasheet is completed and indicates the FTE percent of the program director. • The program director’s CV indicates the FTE percent of their role as program director. • The job description indicates a 12-month full-time position. • Alignment is demonstrated across the Program Datasheet, the Program Personnel Excel Export, the program director CV, and the program director Job Description. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Program directors may hold other leadership roles within the institution or allocate time to teaching, clinical practice, research, or service. However, it is required that the program director dedicate 80% of their time to administrative responsibilities for the program. • Teaching, research, clinical practice, and institutional service is not included in the administrative responsibilities in support of the program. • All current program directors adhere to this standard regardless of the standards in place at their time of appointment 	
A2.08	The program director holds current or emeritus <i>NCCPA</i> certification status.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the program director a certified PA or an emeritus PA? 	
ESSENTIAL EVIDENCE	

- A copy of the current *NCCPA* certification document.

Of note:

- Program directors appointed prior to this edition of the standards meet the required qualifications of the standards in place at the time of their hire.



A2.09a	The program director provides program leadership through effective: <ul style="list-style-type: none"> a) program organization,
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FOCUSED QUESTIONS

- How do administrative leadership, faculty, staff, and students perceive the program director’s leadership in managing the program’s organization?
- How successfully does the program director collaborate with faculty and staff to coordinate course scheduling, academic advising, and other program organization functions?
- How well does the program director communicate expectations and responsibilities to faculty and staff regarding their roles in program organization and administration?
- How does the program director foster a culture of accountability and continuous improvement within the program’s organizational structure?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes program organization.
- Program organization encompasses appropriate staffing, effective organizational structure, program planning and execution, and program development.
- Diagram of institutional reporting and organizational structure as verified by discussions with faculty and institutional administrators during the visit.
- Written evaluations of the program director’s leadership related to program organization.
- Meeting minutes related to program organization with institutional administrators, program committees, retreats, etc.
- Meeting minutes related to program planning (e.g. strategic planning, routine annual planning, curriculum planning, etc.) with institutional administrators, other institutional departments, the Program Advisory Committee, other program committees, retreats, etc.
- Discussions with institutional administrators, the PD, faculty, staff, and students.

- Other indicators of organization that are considered include:
 - completeness, organization, and accuracy of the application and SSR submitted.
 - appropriate arrangements for the site visit, including the schedule and all materials prepared for visitors.
 - adherence to the *Standards* and ARC-PA policies, as well as following directions and guidelines provided by the ARC-PA.

Of note:

- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.



A2.09b	The program director provides program leadership through effective: <ul style="list-style-type: none"> b) program administration,
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FOCUSED QUESTIONS

- How well does the program director demonstrate an understanding of the administrative aspects of the program? (e.g. admissions, faculty and staff management related to recruiting, hiring, and evaluation, accreditation compliance, SCPE coordination, student support services, etc.)
- To what extent does the program director oversee the development, implementation, and evaluation of administrative policies and procedures to ensure consistency in application and compliance?
- How well does the program director handle administrative tasks such as program accreditation, faculty/ staff recruitment and hiring, admission procedures, etc.?
- How does the program director ensure that students receive adequate support services, such as academic advising, tutoring, to facilitate their success in the program?
- How well does the program director work with other institutional units to ensure PA program success?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes program administration.
- Written evaluations of the program director’s leadership related to program administration.
- Meeting minutes related to program administration with institutional administrators, program committees, retreats, etc.
- Discussions with institutional administrators, the PD, faculty, staff, and students.
- Evidence of responsiveness to personnel issues, strong communication, and proactive problem solving.

Of note:

- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.



A2.09c	The program director provides program leadership through effective: c) fiscal management of the program,
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FOCUSED QUESTIONS

- To what extent does the program director develop and oversee the annual budget for the program?
- How effectively does the program director monitor and manage expenditures to ensure fiscal responsibility and compliance with budgetary constraints?
- How does the program director advocate for adequate funding and resources to support the program’s needs, both within the institution and externally?
- How well does the program director prioritize and allocate resources to address critical issues that arise within the program?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes the fiscal management of the program.
- Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc).
- Meeting minutes related to the fiscal management of the program with institutional administrators, program committees, retreats, etc.
- Discussions with institutional administrators, the PD, faculty, staff, and students.

Of note:

- When evaluating program leadership, input from supervisors and subordinates are valuable.



A2.09d	The program director provides program leadership through effective: d) continuous programmatic review and <i>analysis</i> ,
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FOCUSED QUESTIONS

- How do institutional administrators, faculty, and staff perceive the program director’s knowledge of programmatic review and *analysis*?
- To what extent does the program director effectively lead the continuous review and *analysis* of the program?
- How does the program director stay informed regarding the Accreditation Standards to ensure that their programmatic review processes and *analysis* remain in compliance?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes continuous program review and assessment.
- Written evaluations of the program director (e.g. supervisor(s), subordinates, students, graduates, etc).
- Meeting minutes related to continuous programmatic review and *analysis* of the program with institutional administrators, program committees, retreats, etc.
- Discussions with institutional administrators, the PD, faculty, staff, and students.
- A concise SSR report that documents the continuous self-assessment of the program.

Of note:

- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.
- Overall, if the program fails to demonstrate compliance with the Standards related to its self-study, the Commission will call into question the program director’s compliance related to this standard.

A2.09e

The program director provides program leadership through effective:
e) communication

FOCUSED QUESTIONS

- How do institutional administrators, faculty, staff, and students perceive the program director’s communication skills?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes effective communication.
- Written evaluations of the program director’s communication skills (e.g. supervisor(s), subordinates, students, graduates, etc).
- Discussions with institutional administrators, the PD, faculty, staff, and students.

Of note:

- Effective communication could be demonstrated through written communication, verbal communication, and/or non-verbal communication.

A2.09f

The program director provides program leadership through effective:
f) adherence to the *Standards* and ARC-PA policies.

FOCUSED QUESTIONS

- How successfully does the program director communicate ARC-PA requirements and expectations to faculty, staff, and students, ensuring awareness and understanding?
- How does the program director promote compliance with the ARC-PA Standards and policies by the program?
- How does the program director address instances of non-compliance with the ARC-PA Standards or policies?
- How effectively does the program director assess the program’s adherence to the ARC-PA Standards and policies through regular self-assessment and review of its processes?

ESSENTIAL EVIDENCE

- The program director’s job description specifically includes adherence to the ARC-PA Standards and policies.
- Written evaluations of the program director evaluate the program director’s adherence to the ARC-PA Standards and policies.
- Meeting minutes related to program adherence to the Standards and ARC-PA policies with institutional administrators, program committees, retreats, etc.
- Discussions with institutional administrators, the PD, faculty, staff, and students.
- The program’s application, portal entries, and SSR are evidence of adherence to the Standards and policies including correct and *timely* submission of documents and information to the ARC-PA.

Of note:

- Overall, if the program fails to demonstrate compliance with multiple Standards, the Commission will call into question the program director’s adherence to the Standards and thus compliance with this Standard.

A2.10	The program director supervises all individuals in the roles of <i>medical director, principal and instructional faculty</i> , and staff in activities that directly relate to the PA program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Who does the program director supervise within the program? • Does the program director supervise the <i>medical director, principal and instructional faculty</i>, and staff when they function in their PA program role? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program organizational chart demonstrating supervision of the staff, <i>medical director, principal faculty, preceptors</i> and didactic <i>instructional faculty</i> for duties related to the PA program. • The <i>program faculty</i> job descriptions indicate the program director as the supervisor for duties related to the program. • When the Dean, Chair, or other superior serves as <i>instructional faculty</i> in the program, they are accountable to the program director for their instructional content. Therefore, the organizational chart reflects that the program director supervises all <i>instructional faculty</i>. These individuals will be evaluated in the same manner as all other <i>instructional faculty</i>. • Alignment of the supervisor (program director) is demonstrated in the organization chart, <i>program faculty</i> job descriptions, and discussions with the program/ institutional administrators. • Discussions with administrators, principal and <i>instructional faculty</i>, staff, <i>medical director</i> and program director. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The standard does not mandate a specific level of reporting. Therefore, it is understandable that clinical <i>instructional faculty (preceptors)</i> might be supervised by the director of clinical education, who in turn is supervised by the program director. • The program director cannot also be the <i>medical director, principal faculty, instructional faculty, or staff</i>. • When a Dean, Chair, or similar institutional administrator serves as <i>instructional faculty</i> within the program, the program director will supervise them in this role which should be clearly delineated in supporting documentation such as the organizational chart. 	
A2.11 a-b	<p>The <i>medical director</i> is:</p> <ul style="list-style-type: none"> a) a currently licensed allopathic or osteopathic physician and b) certified by an <i>ABMS</i> or <i>AOA</i> approved specialty board.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the <i>medical director</i> a currently licensed allopathic or osteopathic physician? • Is the <i>medical director</i> board certified by <i>ABMS</i> or an <i>AOA</i> approved specialty board? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Current CV to include licensure information including expiration date. • <i>Medical director</i> file includes evidence of current licensure. • Current CV to include board-certification information including expiration date. • <i>Medical director</i> file includes evidence of current board certification. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The <i>medical director</i> may be paid or volunteer, full or part-time, with or without an academic appointment. • The standard does not require licensure in the state where the program resides but rather just licensure to practice as a physician. • <i>Medical directors</i> appointed prior to this edition of the standards meet the required qualifications of the standards in place at the time of their hire. 	
A2.12	The <i>medical director</i> is an advocate for the PA program through <i>active</i> participation in the program and support of the development and review of the program curriculum and <i>competencies</i> to meet current practice standards as they relate to the PA role.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • <i>Medical director</i>: What is your role in the didactic and clinical curriculum? • <i>Medical director</i>: How do you support the program in ensuring that the curriculum and <i>competencies</i> meet the current practice standards for the PA role in providing patient care? • <i>Medical director</i>: How have you supported the development (and review) of the program <i>competencies</i>? 	
ESSENTIAL EVIDENCE	

- The job description for *medical director* includes participation requirements and includes development and routine review of program curriculum and *competencies*.
- Program documents and/or meeting minutes demonstrating the *medical director's* participation per the job description.
- Discussions with the *medical director*, program director, institutional administrators, faculty, and students.

Of note:

- The *medical director* supports the program director in ensuring that both didactic instruction and *supervised clinical practice experiences* meet current practice standards relevant to the PA role in providing patient care. The *medical director* is actively involved in developing/ reviewing the program *competencies* and may also participate in activities such as developing the mission statement, providing instruction, evaluating student performance, and designing, implementing, coordinating, and evaluating the curriculum and the program.

A2.13 The program *does not* rely primarily on resident physicians for didactic instruction.

FOCUSED QUESTIONS

- Does the program employ resident physicians for didactic instruction?
- If yes, what proportion of the didactic instruction is delivered by resident physician instructors?

ESSENTIAL EVIDENCE

- List of credentials for *instructional faculty* teaching in the didactic phase of the program.
- List of all *instructional faculty* involved in the didactic phase of the program, including content and hours taught.

Of note:

- Relying “primarily on” means 50% or more of the didactic instruction hours.

A2.14 All *instructional faculty* actively serving as *supervised clinical practice experience preceptors* hold a valid, unrestricted, and unencumbered state license to practice at the clinical site.

FOCUSED QUESTIONS

- What is the vetting process for *preceptors*?
- How is verification of licensure completed? By whom? How *frequently*?

<ul style="list-style-type: none"> • How are “unrestricted” and “unencumbered” reviewed and documented? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Written procedure describing how the program determines and maintains current licensure information for <i>preceptors</i>. • List of all <i>preceptors</i> with current licensure (current license information with expiration date). • List of all <i>preceptors</i> with initial certification. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • It is the program’s responsibility to verify that the <i>preceptors</i> hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the sites used for <i>supervised clinical practice experiences</i> is not verification that individuals hold valid licenses. • Reliance on a hospital vetting process is not <i>sufficient</i> without a recent copy of the vetting that includes license expiration, restrictions, and encumbrances (limitations). 	
<p>A2.15a</p>	<p>In each location to which a student is assigned for didactic instruction or <i>supervised clinical practice experiences</i>, the program:</p> <ul style="list-style-type: none"> a) informs the student of the name and contact information of the <i>principal</i> or <i>instructional faculty</i> member designated to assess and supervise the student's progress in achieving the course <i>learning outcomes</i>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How are the students informed of the faculty member (name and contact information) who is assigned to assess and supervise them? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Course syllabi or other program documentation identifies the instructor of record with contact information • Written procedure/evidence of informing students of their assigned <i>supervised clinical practice experience preceptor</i> of record with contact information. 	
<p>A2.15b</p>	<p>In each location to which a student is assigned for didactic instruction or <i>supervised clinical practice experiences</i>, the program:</p> <ul style="list-style-type: none"> b) orients all <i>instructional faculty</i> to specific course <i>learning outcomes</i> and their assessments.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How are <i>instructional faculty</i> oriented to the course <i>learning outcomes</i> and how the <i>learning outcomes</i> will be assessed in the didactic phase? • How are <i>instructional faculty</i> oriented to the SCPE <i>learning outcomes</i> and how the <i>learning outcomes</i> will be assessed in the SCPEs? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Orientation materials prepared for <i>instructional faculty</i>, including <i>preceptors</i>. • Correspondence from the program to didactic and clinical <i>instructional faculty</i> clearly orients each <i>instructional faculty</i> to the <i>learning outcomes</i> and related assessments. • Discussions with <i>instructional faculty</i> and students confirms that the <i>instructional faculty</i> were oriented in such a way that they understand the <i>learning outcomes</i> and how they will be assessed. 	
A2.16	<i>Administrative support</i> for the program is at least 1.0 FTE dedicated exclusively to the PA program at each campus.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there at least 1.0 FTE administrative staff support dedicated to the program at the main campus and at each <i>distant campus</i> (if any)? • How many support staff positions (and FTE's) are dedicated to the program? • To staff – which staff members are dedicated to the program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Identification of <i>administrative support</i> personnel showing at least 1.0 FTE dedicated to each campus for the PA program. • Confirmation that each <i>distant campus</i> has at least 1.0 FTE dedicated <i>administrative support</i>. • Discussions with institutional administrators, PD, faculty, staff, and students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This position may be occupied by more than one person as long as the FTE's add up to 1.0 FTE per campus (main and each <i>distant campus</i>). • <i>Administrative support</i> personnel report to the program director during the time assigned to the program. 	

- The number of individuals providing *administrative support* to the program may need to be more than the 1.0 FTE minimum due to the number of students, academic and administrative complexity of the program and responsibilities assigned to faculty and staff within the program.
- Student-workers are not counted in the minimum 1.0 FTE.

A3

A significant number of the A3 Standards include the verbiage “define, publish, make *readily available* and consistently apply”. For each of these standards, the Commission expects the program to define and publish the respective policy and/or procedure in a place that makes the policy and/or procedures easy to find. For standards that require information to be *readily available to prospective students*, this requires that the information is easily accessible to the general public on a website and intuitive to find. It should not be buried in the program’s website/documents/handbooks where the general public (any *prospective student*) would not know to look. Finally, the policy/procedure is “consistently applied” meaning that it is applied to all similar situations in a similar way. At the time of the site visit and within the program’s documents, there is evidence that the program is consistently following its own policies and procedures and not treating some individuals or groups differently under the same policy or procedure.

A3.01

Program policies are *published, readily available* and consistently applied regardless of location to all students, *principal faculty*, staff, and the program director.

FOCUSED QUESTIONS

- Where are the program policies *published*?
- To the students/ faculty – Do you know of any students, faculty, or groups who are not held to the program policies in the same way as others?
- How does the program communicate to students and faculty that the program policies apply to them in all instructional and business locations including *distant campuses* and clinical SCPE placements.

ESSENTIAL EVIDENCE

- Discussions with students and faculty affirming that program policies apply to all students and faculty at the main campus, satellite campuses, clinical sites, and anywhere instruction or program business occurs.

<p><i>Of note:</i></p> <ul style="list-style-type: none"> • Student, faculty, and the PD files, along with discussions, support that the program is consistently applying its policies. • See Glossary - the term “<i>readily available</i>” suggests that navigation to find program policies should take little effort or time. 	
<p>In the following section: Policies to be <i>published</i> for current students</p>	
<p>A3.02</p>	<p>The program publishes, makes <i>readily available</i> and consistently applies a policy that PA students are not required to work for the program.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Is there a policy indicating that students are not required to work for the program? • Where is this policy <i>published</i>? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • A policy stating PA students are not required to work for the program is <i>published</i> in a location that is intuitive and easy to locate. • Discussions with enrolled students show that the policy is known and is applied to all students equally. • Files and discussions support that the program consistently applies its policies. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This standard does not preclude PA students from functioning in hourly roles such as a tutor, teaching assistant, or graduate assistant in exchange for tuition waivers or stipends. Consider also ensuring confidentiality of program records. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
<p>A3.03a</p>	<p>The program publishes, makes <i>readily available</i> and consistently applies a policy that PA students do not substitute for or function as:</p> <p style="padding-left: 20px;">a) <i>instructional faculty</i>.</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Is there a policy indicating that students do not substitute for or function as <i>instructional faculty</i>? • Where is this policy <i>published</i>? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program policies and procedures, including a policy stating PA students will not substitute for or function as <i>instructional faculty</i>. • Discussions with enrolled students that state that PA students are not functioning as <i>instructional faculty</i> such as being required to teach a class session in lieu of a faculty member. • Files and discussions support that the program consistently applies its policies. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. • This standard does not preclude PA students from acting as peer tutors or providing information or expertise during a class session. 	
A3.03b	The program, publishes, makes <i>readily available</i> and consistently applies a policy that PA students do not substitute for or function as: b) clinical or <i>administrative staff</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students do not substitute for or function as <i>clinical or administrative staff</i>? • Where is this policy <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy stating PA students will not substitute for or function as clinical or administrative staff. • Discussions with enrolled students that state that students do not provide administrative staff work at the program nor provide clinical staff work while on SCPEs. • Files and discussions support that the program consistently applies its policies. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Functioning as staff while on SCPEs would include consistently performing tasks not required of a PA student such as consistently filling in for or acting in the role of a clerk, nurse or medical assistant. Practicing skills such as taking vital signs, while part of the medical assistant role, would not be considered relevant to this standard because those are also PA skills. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	

A3.04	The program, publishes, makes <i>readily available</i> and consistently applies a policy that PA students are clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students are clearly identified as a 'PA Student' in all clinical settings? • Where is this policy <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy stating how the program clearly identifies its students as PA students in all clinical settings. • Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • Name tags, jacket patches/emblems, etc. seen during meetings with clinical students. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.05a	The program, publishes, makes <i>readily available</i> and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies: a) address methods of prevention,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy on addressing student exposure to infectious and environmental hazards? • Does this policy address methods of prevention? • Where is this policy <i>published</i>? • Is this policy reviewed with students prior to any educational activities that would place them at risk? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy addressing student exposure to infections and environmental hazards that includes information about methods of prevention was <i>published</i> and available to students prior to any possible exposure. 	

- Copies of such policies in program and institution documents meet the criteria in each of the sub-standards.
- Discussions with enrolled students that confirm that they were made aware of methods of prevention prior to any possible exposures.

Of note:

- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.05b

The program publishes, makes *readily available* and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies:

- b) address procedures for care and treatment after exposure, and

FOCUSED QUESTIONS

- Is there a policy on addressing student exposure to infectious and environmental hazards?
- Does this policy address procedures for care and treatment after exposure?
- Where is this policy *published*?
- Is this policy available and reviewed with students prior to any educational activities that would place them at risk?

ESSENTIAL EVIDENCE

- A policy addressing student exposure to infections and environmental hazards that includes information about the procedure for care and treatment after exposure was *published* and available to students prior to any possible exposure.
- Copies of such policies in program and institution documents meet the criteria in each of the sub-standards.
- Discussions with enrolled students.

Of note:

- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.05c	<p>The program makes <i>readily available</i> and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies:</p> <p>c) clearly define financial responsibility.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy on addressing student exposure to infectious and environmental hazards? • Does this policy clearly define who is financially responsible for any necessary treatment? • Where is this policy <i>published</i>? • Is this policy available and reviewed with students prior to any educational activities that would place them at risk? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy addressing student exposure to infections and/or environmental hazards that includes information about who pays for the care related to the exposure or hazard. This policy was <i>published</i> and available to students prior to any possible exposure. • Copies of such policies in program and institution documents meet the criteria in each of the sub-standards. • Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.06	<p>The program publishes, makes <i>readily available</i> and consistently applies policies that preclude <i>principal faculty</i>, the program director and the <i>medical director</i> from participating as health care providers for students in the program, except in an emergency situation.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy that precludes <i>program faculty</i> from participating as health care providers for students in the program (except in an emergency)? • Where is this policy <i>published</i>? 	
ESSENTIAL EVIDENCE	

- A program policy that states that the program director, *principal faculty*, and *medical director* may not provide care as the health care provider for students enrolled in the program except as required in an emergency situation.
- Discussions with enrolled students and *program faculty* show that no *program faculty* serve as healthcare providers for PA students.

Of note:

- Discussions support that the program is consistently applying its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.07

The program, publishes, makes *readily available* and consistently applies written procedures that provide for *timely* access and/or referral of students to services addressing personal issues which may impact the student’s progress in the PA program.

FOCUSED QUESTIONS

- Is there a written procedure that provides for *timely* access and/or referral of students to services addressing personal issues?
- Where is this *published*?
- Does the publication include the procedure for contacting the service?

ESSENTIAL EVIDENCE

- A written procedure that is easily located by students detailing how to access services to address personal issues that are impacting their role as a PA student.
- *Timely* access occurs when students are able to speak to the service provider or their office staff within an appropriate time frame for the given situation.
- Student files support referral to services.
- Discussions with enrolled students.

Of note:

- Files and discussions support that the program consistently applies its policies.
- Referrals do not have to be made available on campus.

In the following section: Policies to be *published* for Prospective and Enrolled Students

A3.08	The program publishes, makes <i>readily available</i> and consistently applies a policy for prospective and enrolled students that they are not required to provide or solicit clinical sites or <i>preceptors</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy indicating that students are not required to provide or solicit clinical sites and <i>preceptors</i>? • Where is this policy <i>published</i> so that the general public can easily and intuitively locate it? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program policies and procedures, including a policy stating prospective and enrolled students are not required to provide or solicit clinical sites or <i>preceptors</i> which is <i>published</i>. • Discussions with enrolled students. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Files and discussions support that the program consistently applies its policies. • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.09a	The program publishes, makes <i>readily available</i> for current and <i>prospective students</i> and consistently applies policies based on current CDC health professionals recommendations and applicable state or country mandates for: <ul style="list-style-type: none"> a) immunization and health screening of students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is there a policy on immunizations and health screenings? • Where is this policy <i>published</i>? • Is this policy based on current CDC recommendations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • A policy for student health screening and immunization that is easily located by students and is based on the most current CDC recommendations for health care professionals with addition of any state laws for the state in which the program/campus is located. • Program files have documents indicating the program consistently applies its policy. This may be individual documents for each student, one document listing all students in a cohort, or other documentation methods deemed appropriate by the program. 	

- Discussions with enrolled students.

Of note:

- Being based on the CDC recommendations means that the CDC recommended immunizations are addressed as either required or recommended by the program. It does not mean that the program must require all of the CDC recommended immunizations.
- <https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html#table-conditions> (note that the “medical condition” in the far right column is “being a healthcare provider”)
- If a state law prohibits or mandates the requirement or recommendation of an immunization, that information is included in the same location as other immunization information provided to students.
- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.09b

The program publishes, makes *readily available* to current and *prospective students* and consistently applies policies based on current CDC health professionals recommendations and applicable state or country mandates for:

- b) international travel for programs offering elective international curricular components.

FOCUSED QUESTIONS

- Are there international experiences available for elective curricular components?
- If so, where are the written travel health policies *published*?
- Are these policies based on current CDC recommendations?

ESSENTIAL EVIDENCE

- Policies for international travel (student health screenings and immunizations) for elective curricular components are consistent with the most current CDC recommendations for health care professionals going to that area of the world.
- Discussions with enrolled students.

Of note:

- Files and discussions support that the program consistently applies its policies.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.10	The sponsoring institution and program’s announcements and advertising <i>accurately</i> reflect the program offered.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the website current and does it <i>accurately</i> reflect the program? • What other advertisements are used by the program? Are they current and accurate? • How often is the program webpage updated? • To the students – Now that you’re enrolled in the program, were the advertisements about the program that you viewed during your research and application time period an accurate reflection of the program? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institutional and program advertisements are consistent with each other and <i>accurately</i> reflect the program (includes both printed and electronic documents). • Advertisements are not purposefully misleading. 	
A3.11a	The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include: <ul style="list-style-type: none"> a) the program’s ARC-PA accreditation status as provided to the program by the ARC-PA,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the program’s current accreditation status (verbatim as provided by ARC-PA) <i>published</i> in an online location that is intuitive and easily located by students and by the general public? • Is the link to the program’s accreditation history within the accreditation status paragraph a current and functioning link? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The website clearly describes all components of the standard. All institutional and program documents, correspondence, and websites are accurate and consistent with each other. Information is easily accessible for <i>prospective students</i>. • The program’s publication uses the official wording provided by the ARC-PA exactly as written. The expectation is that this will be <i>published</i> and available on the home page of the program’s website or as a link directly from the home page. 	

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.11b

The program publishes and makes *readily available* to enrolled and *prospective students* current program information to include:
 b) evidence of its *effectiveness* in meeting its *goals*,

FOCUSED QUESTIONS

- Are the program *goals* defined? Are they *published* online where a member of the general public can easily find them?
- Are the *goals* measurable with identified benchmarks?
- Has the program *published* the specific outcomes (data summary) for each goal?
- Is the evidence of meeting the *goals* inclusive of the most recent outcomes *published* within 30 days of achieving the outcome?

ESSENTIAL EVIDENCE

- The program first defines/writes its *goals*. Then the program publishes success in achieving its *goals* in a way that is easily interpreted by *prospective students* (such as reporting outcomes compared to *goals*, standards or benchmarks). The expectation is that this information will be easily recognizable from the home page of the program website in a category where a reasonable person would expect to find program *goals*.
- Evidence of effectiveness should be in the form of data summarized and aggregated (probably by cohort) in a way that clearly shows if the program met its benchmark during each assessment period (probably annually). A statement that the goal was achieved, or benchmark met is not *sufficient* without a data summary.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.11c

The program publishes and makes *readily available* to enrolled and *prospective students* current program information to include:
 c) the most current annual “*NCCPA PANCE Exam Performance Summary Report Last 5 Years*” provided by the *NCCPA* through its program portal, no later than April first (4/1) of each year,

FOCUSED QUESTIONS

- Is the most current *PANCE* Exam Performance Summary Report *published* online where a member of the general public would be able to easily find it (or a link to it)?

ESSENTIAL EVIDENCE

- The program publishes the official *NCCPA PANCE* “Exam Performance Summary Report” Last 5 Years as provided by the *NCCPA* through its program portal. (This is not the same as the “Five Year First Time Taker Summary Report” which is not required to be posted). The report will reflect the most recent graduating class that has taken the *PANCE*. The expectation is this document will be easily recognizable from the home page of the program website, in a category related to graduate outcomes, not hidden within other categories. If the link connects to a separate web page on the site, the *PANCE* report is readily evident.
- The ARC-PA expects programs to have the most current results posted at all times and no later than April first of each year.
- The “Exam Performance Summary Report” looks like this (from *NCCPA*):

**Physician Assistant National Certifying Examination
Exam Performance Summary Report**

Program Name:
Program Number:
Test Taker Status: All Test Takers

Definitions of the report headings are provided at the end of the report.
All information is current as of the date the report was generated unless otherwise specified.

Class	Class Graduation Year	Group	Number of Candidates Who Took PANCE	Number of Exam Attempts	Number of Exams Passed	Program Exam Pass Rate	National Exam Pass Rate for the Class Graduation Year	% of Candidates Who Ultimately Passed PANCE
May 2019	2019	All Takers	70	71	70	99%	91%	100%
		First Time Takers	70	70	69	99%	93%	100%
May 2020	2020	All Takers	73	75	72	96%	93%	99%
		First Time Takers	73	73	72	99%	95%	99%
May 2021	2021	All Takers	74	78	74	95%	91%	100%
		First Time Takers	74	74	71	96%	93%	100%
February 2022	2022	All Takers	68	68	68	100%	89%	100%
		First Time Takers	68	68	68	100%	92%	100%
February 2023	2023	All Takers	71	73	71	97%	89%	100%
		First Time Takers	71	71	69	97%	92%	100%

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.11d

The program publishes and makes *readily available* to enrolled and *prospective students* current program information to include:

	d) all required curricular components including <i>required rotation</i> disciplines and delivery method,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are all required curricular components <i>published</i> online where the general public could easily find them? • Which disciplines of medicine are the students required to do SCPE's in? Is each listed individually? • Does the program publish its method of delivery for every course (i.e. in-person, hybrid, <i>telehealth</i>, etc.)? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Listed curricular components include all courses including <i>required rotations</i> by specialty. If the <i>rotation</i> discipline is not clear by the course name (i.e. PAS 501 <i>Rotation 1</i>, PAS 502 <i>Rotation 2</i>, etc), then the disciplines could be listed separately as a note below the curriculum. • The curriculum <i>published</i> online is consistent with the curriculum provided in the application. • The delivery method is listed with each course and SCPE. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.11e	The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include: e) academic credit offered by the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the academic credit offered by the program <i>published</i>? Are the credit hours per course and for the entire curriculum clear? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program publishes online, in a location easily accessible to the general population, the number of credit hours per course listed in the curriculum. The credits are totaled for the whole program. 	

A3.11f	The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include: f) estimates of the total cost of enrollment including all required expenses (tuition, fees, books, equipment) related to the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What is the total of all costs (to include tuition, fees, books, equipment, other required expenses), including estimates or ranges of costs, related to the program? • Where is this <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The <i>published</i> program costs are current, include all required expenses (including those related to SCPEs), and are presented so the general public can easily determine the total cost of attendance. • Estimates are generally kept within 10% of the current calculated cost for a typical student. • The <i>published</i> program cost is within 10% of the total cost reported in the program’s Portal. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This Standard includes all expenses collected by the university and all additional required program expenses that may not be directly collected by the sponsoring institution (i.e. SCPE transportation and housing at sites not local to the campus, etc.). • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.11g	The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include: g) program defined <i>competencies</i> for entry level practice,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are the program’s <i>competencies published</i> in a place that is easily located by the general public? • Has the program defined <i>competencies</i> for all required components including clinical and technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> The program listed on its website all its program-defined, required <i>competencies</i> for entry level practice in the PA profession. These posted <i>competencies</i> match the <i>competencies</i> listed in the application and the <i>competencies</i> tested on the <i>summative evaluation</i>. <p><i>Of note:</i></p> <ul style="list-style-type: none"> <i>Competencies</i> address all topic areas required in B4.03. While programs may choose to utilize the Core <i>Competencies published</i> by PAEA as a guide, that is not a requirement. See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.11h	<p>The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include:</p> <p style="padding-left: 40px;">h) whether certain services and resources are only available, or differently available, to students and faculty on the main campus when the program is offered at a geographically <i>distant campus</i> location, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program have a <i>distant campus</i>? If so, which services and resources are available at each campus (main and distant)? Identify both student and faculty services. Which of these services and resources are not available at all locations? Which are in-person, by phone, by video communications, etc.? Where is this information posted online so that a member of the general public may easily find it? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program website lists which services and resources are available at each campus (main and distant) highlighting which are not available at both/all campuses. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	

<p>A3.11i</p>	<p>The program publishes and makes <i>readily available</i> to enrolled and <i>prospective students</i> current program information to include:</p> <ul style="list-style-type: none"> i) the most current annual student <i>attrition</i> information, on the table provided by the ARC-PA, no later than April first (4/1) of each year.
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Is the most recent graduating cohort’s <i>attrition</i> information <i>published</i> on the program’s website using the ARC-PA table or a program-created table that looks like the ARC-PA table? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • The <i>published</i> table includes <i>attrition</i> information for the program’s graduated cohorts. • It is <i>published</i> online where a member of the general public could easily find it. • The most recent graduating cohort’s information is provided as soon as it’s available and no later than April first (4/1) of each year. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Some program websites will not accept an upload of the table or an image of the table. In this case, the program may re-create the table using its web design system in a way that looks like the ARC-PA table. Contact Accreditation Services with questions. • Programs may add information to explain the table or add additional tables as long as the ARC-PA table information is complete. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
<p>A3.12a</p>	<p>The program publishes, consistently applies and makes <i>readily available</i> to <i>prospective students</i>, admission and enrollment practices that address:</p> <ul style="list-style-type: none"> a) favored or preferred specified characteristics, individuals, or groups (if applicable),
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Are the program admission policies and procedures <i>published</i> online where a member of the public can easily find them? • Does the program have admission and enrollment practices that favor specified individuals and/or groups? • If so, what are the favored criteria? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institutional and program documents and website(s) are consistent with each other and clearly describe all components of the standard. • If applicable, the program’s preference for certain admission characteristics (e.g., higher GRE score, higher GPA, higher patient contact hours, etc.) is clearly identified. • If applicable, the program’s preference for certain individuals (e.g. previous applicants, leaders, military, graduates of certain colleges, etc.) is clearly identified. • If applicable, the program’s preference for certain groups (e.g. religious groups, ethnic groups, cultural groups, memberships in a group, etc.) is clearly identified. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • It is not required that the program disclose more than just a “preference.” The number of points or other scoring does not need to be disclosed to applicants. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.12b	The program, publishes, consistently applies and make <i>readily available</i> to <i>prospective students</i> , admission and enrollment practices that address: b) prior education
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the admission requirements regarding academic courses, degrees, and/or minimum GPAs? • Is this <i>published</i> online where a member of the general public could easily find it? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program explicitly states on its website all of the required education/academic standards (e.g. minimum GPA(s), minimum scores on standardized testing, minimum credit hours, specific majors required or preferred, minimum degree, required and preferred prerequisite courses, etc.) for admission to the program. This information is located where the general public can easily find it. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • It is not required that the program disclose more than just a “preference” if there is one related to prior education. The number of points or other scoring/ rubrics does not need to be disclosed to applicants. For preferences please see item A3.12a. • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	

A3.12c	The program publishes, consistently applies and makes <i>readily available</i> to <i>prospective students</i> , admission and enrollment practices that address: c) awarding or granting <i>advanced placement</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program award <i>advanced placement</i>? • If so, is this policy and procedure <i>published</i> online where a member of the general public can easily find it? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The program has a policy <i>published</i> on its website(s) that explicitly states when/if <i>advanced placement</i> is and is not an option. • If the program grants <i>advanced placement</i>, there is a procedure for how that award is made. • If <i>advanced placement</i> has been awarded, student files contain evidence of the program following its designated policies and procedures. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. • Notice the glossary definition of <i>advanced placement</i> refers to <i>advanced placement</i> within the program and not the <i>advanced placement</i> exams taken in high school to earn undergraduate course credit. 	
A3.12d	The program publishes, consistently applies and makes <i>readily available</i> to <i>prospective students</i> , admission and enrollment practices that address: d) required work experience
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the required work experiences for applicants? • Does the program require this work to be in a certain discipline, paid, volunteer, or meet other criteria? • Is this <i>published</i> online where a member of the general public can easily find it? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Prior work experience (e.g. patient contact hours, paid vs volunteer requirements) that are required for admission are listed online where the general public can easily find them. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.12e	The program publishes, consistently applies and makes <i>readily available</i> to <i>prospective students</i> , admission and enrollment practices that address: <ul style="list-style-type: none"> e) required <i>technical standards</i> for enrollment.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are the required <i>technical standards</i> defined and <i>published</i>? • Are they <i>published</i> online where a <i>prospective student</i> can easily locate them? • Are the <i>published technical standards</i> consistent across the different places where they are <i>published</i> (online, handbooks, syllabi, etc)? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The required <i>technical standards</i> for enrollment are defined, <i>published</i>, and <i>readily available</i>. • The <i>technical standards</i> listed online are the same as other places the program publishes them. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
A3.13	The program makes student admission decisions in accordance with clearly defined and <i>published</i> practices of the institution and program.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the processes / practices for admission decisions? • Are these <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Written admission policies and procedures adhered to as evidenced by review of student files. • Copies of forms/rubrics used to screen applications for admission reflect practices <i>published</i> on the program website. • Comparison of the program’s submitted admissions documents to the program’s website demonstrates that the program’s process for selecting students matches the information <i>published</i> on the program’s website. • Documentation of individual student admission files with the admissions requirements met. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The number of points or other scoring/ rubrics do not need to be disclosed to applicants. 	
A3.14a	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : a) any required academic standards,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the required academic standards for students while in the program? • Where are these required academic standards <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Institutional and program documents and website(s) are consistent with each other and clearly describe all academic standards that are required by the program to maintain enrollment (e.g. GPA requirements, grade requirements, <i>remediation</i> requirements, etc.). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	

A3.14b	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : b) requirements and deadlines for progression in and completion of the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the requirements for progression in the program? • What are the deadlines for progression in the program? • What are the requirements for completion of the program? • What is the deadline for completion of the program? • Where are these requirements and deadlines <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Deadlines and requirements for progression through the curriculum are <i>published</i> and available. • Deadlines and requirements for completion of the program may be stated in various ways, so long as it's clear to the student, which may include stating this as a maximum or time limit for program completion. • Evidence that the program consistently applies these requirements and deadlines provided in student files during the site visit. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.14c	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : c) policies and procedures for <i>remediation</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • What are the policies and procedures for <i>remediation</i>? • Where are these <i>published</i>? 	
ESSENTIAL EVIDENCE	

- The program’s course/curricular component *remediation* policies and procedures are consistently applied as verified by student and course files.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.14d	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : d) <i>policies and procedures for deceleration</i>
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FOCUSED QUESTIONS

- What are the policies and procedures for *deceleration*?
- Where are these *published*?

ESSENTIAL EVIDENCE

- The program’s *deceleration* policies and procedures are consistently applied as verified by student and course files.

Of note:

- The program explicitly states whether *deceleration* (the loss of a student from the entering cohort, who remains matriculated in the PA program) is not an option in any circumstance.
- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.14e	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : e) <i>policies and procedures for withdrawal</i>
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FOCUSED QUESTIONS

- What are the policies and procedures for withdrawal?
- Where are these *published*?

ESSENTIAL EVIDENCE

- Program withdrawal policies and procedures.
- Procedures clearly describe how the student withdraws from courses and how they withdraw from the program.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.14f	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : f) policies and procedures for dismissal,
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FOCUSED QUESTIONS

- What are the policies and procedures for dismissal?
- Where are these *published*?

ESSENTIAL EVIDENCE

- Program dismissal policies and procedures.
- Procedures clearly describe the procedure for dismissal from the program.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to digital content should take little effort or time.

A3.14g	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : g) policies and procedures for student grievances
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FOCUSED QUESTIONS

- What are the policies and procedures for student grievances?

<ul style="list-style-type: none"> Where are these <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program policies and procedures for student grievances and appeals The procedures outline clearly how the student would file a grievance and how the grievance is adjudicated. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.14h	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : h) policies and procedures for student appeals
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> What are the policies and procedures for appeals? Where are these <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Program policies and procedures for student appeals. The procedures outline clearly how the student would appeal a decision or grade. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term "<i>readily available</i>" suggests that navigation to digital content should take little effort or time. 	
A3.14i	The program publishes, consistently applies and makes <i>readily available</i> to enrolled and <i>prospective students</i> : i) policy for student employment while enrolled in the program
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • What is the policy for student employment while in the program? • Where is this <i>published</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program policy on student employment. • Discussions with students verify that the policy is consistently applied. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • See Glossary - the term “<i>readily available</i>” suggests that navigation to digital content should take little effort or time. 	
Program Records	
A3.15a	Programs granting <i>advanced placement</i> document within each student’s file that those students receiving <i>advanced placement</i> have: <ul style="list-style-type: none"> a) met program-defined criteria for such placement,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program award <i>advanced placement</i>? (If no, NA) • If so, how does the program document that the student met the program’s criteria for <i>advanced placement</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Detailed program criteria for granting <i>advanced placement</i>. • Records of students granted <i>advanced placement</i> include documentation of meeting each program criteria for which <i>advanced placement</i> is granted. 	
A3.15b	Programs granting <i>advanced placement</i> provide documentation within each student’s file that those students receiving <i>advanced placement</i> have: <ul style="list-style-type: none"> b) met institution-defined criteria for such placement, and

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program award <i>advanced placement</i>? (If no, NA). • If so, how does the program document that the student met the institution’s criteria for <i>advanced placement</i>? (**Note, this does not say PA program’s criteria) 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Detailed program and institutional criteria for granting <i>advanced placement</i>. • Records of students granted <i>advanced placement</i> include documentation of meeting each institutional criteria for which <i>advanced placement</i> is granted. 	
A3.15c	<p>Programs granting <i>advanced placement</i> provide documentation within each student’s file that those students receiving <i>advanced placement</i> have:</p> <ul style="list-style-type: none"> c) demonstrated meeting the <i>learning outcomes</i> for the curricular components in which <i>advanced placement</i> is given.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program award <i>advanced placement</i>? (If no, NA). • If so, how does the program document that the student achieved the <i>learning outcomes</i> for the courses or components for which <i>advanced placement</i> was granted? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of <i>learning outcomes</i> assessed and student performance when <i>advanced placement</i> is granted. 	
A3.16a	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation:</p> <ul style="list-style-type: none"> a) that the student met <i>published</i> admission criteria,
FOCUSED QUESTIONS	

- How does the program document the students have met the *published* admission criteria?
- Where is this located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Program documentation within student files or program files (hard copy or electronic) clearly identifies each student by name has met each of the program’s *published* admission criteria. Each criterion is identified separately and designated as met or not met.

Of note:

- Evidence being documented solely in CASPA is not *sufficient*.
- Evidence may be documented on several different forms (i.e. one form for CASPA criteria, one form for interview criteria, etc.).

A3.16b

Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to only the authorized program personnel and include documentation:

- b) that the student met institution and program health screening and immunization requirements,

FOCUSED QUESTIONS

- How does the program document the students have met the health screening and immunization requirements?
- Where is this located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Program files have documents indicating the students have met the health screening and immunization requirements. This may be individual documents for each student, one document listing all students in a cohort, or other documentation method deemed appropriate by the program.
- The site visit team reviews documentation that clearly identifies all students have met health screening and immunization requirements.

<p>A3.16c</p>	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to only the authorized program personnel and include documentation:</p> <p>c) of student performance while enrolled,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How does the program document the students' academic performance while enrolled? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Student academic records include documentation of student performance while enrolled including at a minimum their assessment grades and final course grades in each course to date. • These academic records may be kept within individual student files or other locations deemed appropriate by the program. Examples of locations for academic performance records may include learning management systems, databases, online program management software, etc. 	
<p>A3.16d</p>	<p>Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to only the authorized program personnel and include documentation:</p> <p>d) of <i>remediation</i> efforts and outcomes,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • How does the program document the students' <i>remediation</i> efforts and outcomes? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access? 	
<p>ESSENTIAL EVIDENCE</p>	

- Student records/ files include *remediation* documentation and include both the *remediation* plan and the outcome of *remediation*.

A3.16e

Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to only the authorized program personnel and include documentation:

- e) of any formal disciplinary action taken against a student, and

FOCUSED QUESTIONS

- How does the program document the formal academic, behavioral, professional, or other disciplinary action taken against a student?
- Where is this documentation located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Review of student records/ files for affected students that include formal disciplinary action.

A3.16f

Student academic records kept by the sponsoring institution or program, in a paper or electronic format, *are* readily accessible to only the authorized program personnel and include documentation:

- f) that the student met the requirements for program completion.

FOCUSED QUESTIONS

- How does the program document the students have met the requirements for program completion?
- Where is this documentation kept?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Program files have documents indicating the students who have met the requirements for program completion. This may be in electronic format or paper.
- A final student transcript may not be *sufficient* if the program/institution has additional program completion requirements beyond what is provided in a transcript (e.g. passing the summative exam).
- The documentation format is the program’s choice (e.g. one file including all members of the cohort, individual records in each student file, etc.).

A3.17

Unauthorized persons including PA students do not have access to the academic records or confidential information of other students or faculty.

FOCUSED QUESTIONS

- How does the program ensure PA students and other unauthorized persons do not have access to academic records or confidential information related to other students or faculty?
- Where/ how are the academic records and confidential information securely stored?

ESSENTIAL EVIDENCE

- Program process stating how students and faculty may request to review their own records.
- Program process stating that students may not access records other than their own – not other students and not any faculty.
- Program process stating how program confidential records are kept secure from those who are not authorized to access them.
- Discussions and tour of facilities/online files to verify that records are not accessible to those without authority.

Of note:

- This standard does not limit a PA student’s access to their own records.

A3.18

Student *health records* are confidential and are not accessible to or reviewed by *program faculty* or staff except for immunization and screening results, which may be maintained and released with written permission from the student.

FOCUSED QUESTIONS

- How does the program ensure the confidentiality of student *health records*?

<ul style="list-style-type: none"> • Where/ how are the student <i>health records</i> securely stored? • Who has access to the immunizations and screening results? How is written permission to share these obtained from the students? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Program process indicating that student <i>health records</i> are not to be accessed or reviewed by <i>program faculty</i> or staff. • Program process explaining how permission/release forms are obtained. • Review of student files showing release forms and immunization/screening results only (no <i>health records</i>). <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks, a part of the <i>health record</i>. 	
<p>A3.19a</p>	<p>Faculty records for the program director, <i>medical director</i> and <i>principal faculty</i> include:</p> <p>a) current job descriptions that include duties, responsibilities, and required qualifications specific to each faculty member, and</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Where are faculty records housed? • Does each faculty record include a current job description with the needed information related to duties, responsibilities, and qualifications? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Faculty records contain current and accurate position descriptions specific to the duties of the faculty member. • The position descriptions include duties and responsibilities specific to the faculty member (either by name or title). For example, the job description could be specific to Dr. Smith, or it could be specific to the role of Associate Program Director. Either way, the duties, qualifications, and responsibilities are clearly stated. • The job description matches what is stated in the application. 	

A3.19b	Faculty records for the program director, <i>medical director</i> and <i>principal faculty</i> include: b) current curriculum vitae.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are faculty records housed? • Does each <i>program faculty</i> member's file include a current CV? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Faculty records contain a current and correct CV for every <i>program faculty</i> member listed above. 	
A3.20	Program records include a current curriculum vitae for each <i>course director</i> .
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where are <i>course director</i> records housed? • Does the program have a current CV for each <i>course director</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Program files include current CVs for all <i>course directors</i>. 	

SECTION B: CURRICULUM AND INSTRUCTION

INTRODUCTION

The standards in section B1 apply to the entire curriculum of the program and have application to all curricular components.

The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program.

The standards in section B3 apply to the clinical curriculum of the program.

The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

B1

B1.01a	The curriculum: a) is consistent with the mission and <i>goals</i> of the program,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the curriculum align with the program’s mission and <i>goals</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Curriculum mapped/aligned to mission and <i>goals</i>. • Curriculum (course <i>goals</i> and/or course <i>learning outcomes</i>) mapped/aligned to program <i>goals</i> and program <i>goals</i> are mapped/aligned to the mission. 	
B1.01b	The curriculum: b) is consistent with program <i>competencies</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • How does the curriculum align with the program’s <i>competencies</i>? 	
ESSENTIAL EVIDENCE	

- Curriculum supports student achievement of the defined program *competencies* (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice).
- Curriculum (course *learning outcomes*) mapped/aligned to *competencies*.

B1.01c

The curriculum:

- c) includes core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and

FOCUSED QUESTIONS

- What are the foundational science courses within the curriculum?
- Where in the curriculum are new, cutting-edge topics in the basic sciences and in the clinical sciences explored?

ESSENTIAL EVIDENCE

- Curriculum demonstrates instruction and application of biomedical and clinical science knowledge as it relates to patient care.
- Curriculum demonstrates instruction and application of evolving, new topics related to biomedical and clinical sciences.

B1.01d

The curriculum:

- d) provides the necessary breadth and depth to prepare the student for the clinical practice of medicine.

FOCUSED QUESTIONS

- How does the program determine *sufficient* breadth of the curriculum? Using the program's measure, is there *sufficient* breadth?
- How does the program determine *sufficient* depth of the curriculum? Using the program's measure, is there *sufficient* depth?
- What resources does the program use to ensure breadth and depth?
- How often is this reviewed?

ESSENTIAL EVIDENCE

- Program *learning outcomes* that define expected and appropriate clinical practice *competencies*.

- Program assessment of the curriculum may include success in meeting its mission and *goals*, faculty and student evaluation of the curriculum, student outcomes on exams and summative assessment, *PANCE* performance of content and task areas, *preceptor* feedback on the curriculum, graduate feedback on preparation for employment, student success in certification and employment.

Of note:

- The Commission may find that the program’s curriculum lacks *sufficient* breadth and depth of a particular topic if there are significant components missing from course *learning outcomes* or sustained poor outcomes related to a particular topic.

B1.02 The curriculum design reflects content and course sequencing that builds upon previously achieved student learning.

FOCUSED QUESTIONS

- How was the curriculum designed?
- How did the *program faculty* determine the sequencing of content/ courses?
- How are topics reinforced through sequencing that builds upon previously achieved learning?

ESSENTIAL EVIDENCE

- Graphic display of the curriculum design and sequencing.
- Course sequencing in conjunction with course syllabi content demonstrates a curriculum that sequentially builds upon previous knowledge.
- Program self-assessment of instructor/ *preceptor* feedback on student preparation for coursework. *Analysis* of course evaluation data.

Of note:

- The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum.

B1.03a For each didactic and clinical course (including *required* and *elective rotations*), the program defines and *publishes* for students the following detailed information in syllabi or appendix to the syllabi:

- a) course name,

FOCUSED QUESTIONS

- Does each course syllabus include the correct course name?

<ul style="list-style-type: none"> Does the file name for the syllabus include the course name or abbreviation of the course name? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Programs have a document (syllabus or appendix to the syllabus) that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. The syllabus submitted must have the course name in the document name. For example, the syllabus for the PA 522 Anatomy I course has a document name similar to "PA522_ANAT1" to facilitate document location and review. 	
<p>B1.03b</p>	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>b) course description,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Does each course syllabus include the correct course description? Does the course description match the course description online and in the catalog? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. 	
<p>B1.03c</p>	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>c) faculty instructor of record,</p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include the faculty instructor of record? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. 	
B1.03d	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>d) course goal(s)</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include course goal(s) or an <i>equivalent</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. 	
B1.03e	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>e) <i>course learning outcomes</i> in measurable terms that guide student acquisition of required <i>competencies</i></p>

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include <i>course learning outcomes</i> that are measurable and are able to guide student acquisition of required <i>competencies</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs will pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. <i>Course learning outcomes</i> are clear in defining program expectations, providing guidance, and helping students achieve program required <i>competencies</i>. <i>Course learning outcomes</i> are written in measurable terms that can be measured by the course assessments. 	
B1.03f	<p>For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi:</p> <p>f) <i>instructional objectives</i> in measurable terms that can be assessed</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each course syllabus include <i>instructional objectives</i>, that are measurable and guide student acquisition of required <i>learning outcomes</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. <i>Instructional objectives</i> are written in measurable terms. <i>Instructional objectives</i> align with <i>course learning outcomes</i> to guide student learning and achievement of the course <i>learning outcomes</i>. 	

B1.03g	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi: g) outline of topics to be covered that align with <i>learning outcomes</i> and <i>instructional objectives</i> ,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each course syllabus include the outline of topics to be covered? • Does the outline of topics align with the <i>learning outcomes</i> and <i>instructional objectives</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. • This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. • An embedded URL link to a topic list is acceptable as long as it is functional. 	
B1.03h	For each didactic and clinical course (including <i>required</i> and <i>elective rotations</i>), the program defines and <i>publishes</i> for students the following detailed information in syllabi or appendix to the syllabi: h) detailed description of the student assessment(s)/evaluation(s), and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each course syllabus include a detailed description of every student assessment and evaluation in the course? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum. • This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record. 	

- The detailed descriptions of assessments/evaluations provide the student with descriptive information about the assessment/evaluation and will include more than a listing of assessment titles. The description enables the reader to understand what they will be expected to do. For example, “written exam one” is an assessment title. It is followed by this detailed description, “all written exams will be 50-75 multiple choice questions delivered online and covering the learning modules covered up to the day before the exam.” For example, “formative quiz 1-12” is an assessment title. It is followed by this detailed description, “a formative quiz is available every week online in the Canvas learning management system. No points are awarded for these quizzes. All quizzes are optional. Each quiz is 10 multiple choice questions with feedback to allow students to self-assess their progress in learning the week’s material.”
- The description of each assessment allows the reviewer to identify how the assessment aligns with the instructional content, *instructional objectives*, and *course learning outcomes*.

B1.03i

For each didactic and clinical course (including *required* and *elective rotations*), the program defines and *publishes* for students the following detailed information in syllabi or appendix to the syllabi:

- i) plan for grading.

FOCUSED QUESTIONS

- Does each course syllabus include the plan for grading?

ESSENTIAL EVIDENCE

- Programs have a document that includes detailed information for all areas identified in the sub-standards in each course in the curriculum.
- This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit as course syllabi and appendix to the syllabi in their application of record.
- The plan for grading allows the student to understand how the final course grade is calculated by listing each assessment individually with its point value or percent of grade. If a numeric final course score is converted to a letter grade, then the conversion table from numeric score to letter grade is provided (i.e. 90-100=A, 80-89.5=B, etc).

B1.04a

The program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:

- a) conducted at geographically separate locations,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have a geographically separate location for some instruction (i.e. <i>distant campus</i>, remote learning)? • If so, how does the program ensure equivalency of content, experience, and access to materials? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documents demonstrating equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided in different geographic locations for some students (i.e. <i>distant campus</i>) • Student-completed evaluations and assessments demonstrate course equivalency. • Program evaluation and <i>analysis</i> of curriculum design and delivery with direct comparison of outcomes between the main campus and the geographically separate location. • Discussions with students and faculty. 	
B1.04b	<p>The program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:</p> <p style="padding-left: 40px;">b) provided by different pedagogical and instructional methods or techniques for some students.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program provide different pedagogical instructional methods or techniques for some students? • If so, how does the program ensure equivalency of content, experience, and access to materials? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documents demonstrating equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different means (such as online vs. in-person or lecture vs. case-based) for some students. • Student-completed evaluations and assessments demonstrate course equivalency. • Program evaluation and <i>analysis</i> of curriculum design and delivery. • Program <i>analysis</i> of student outcome achievement between the different methods. • Discussions with students and faculty. 	

B2

B2	
B2.01	While programs may require specific course(s) as prerequisites to enrollment, those prerequisites do not substitute for more advanced applied content within the professional component of the program.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are there any prerequisite courses that are required and so the program chooses not to teach that advanced applied material as part of the program curriculum (i.e. anatomy, genetics, pharmacology, etc)? • Are there any prerequisite courses that would exempt a student from having to take that advanced applied material as part of the program curriculum (i.e. anatomy, genetics, pharmacology, etc)? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Comparison of prerequisite courses versus those delivered during the professional phase. • Review of prerequisite information <i>published</i> by the program and institution explaining how prerequisite courses will not replace taking any component of the curriculum. 	
B2.02a	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: a) anatomy,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is anatomy taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- Anatomy *instructional objectives* cover all organ systems (cardiac, vascular, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, endocrine, and dermatologic).
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Consider ensuring *sufficient* breadth and depth of anatomy to include all organ systems.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, case studies, etc.

B2.02b

The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice:

b) physiology,

FOCUSED QUESTIONS

- Where is physiology taught in the didactic curriculum?

ESSENTIAL EVIDENCE

- Physiology *instructional objectives* cover general physiology (cells) and all organ systems (cardiac, vascular/heme, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, endocrine, and dermatologic).
- Normal physiology *instructional objectives* are distinct from pathophysiology *instructional objectives*.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Consider ensuring *sufficient* breadth and depth of physiology to include all organ systems.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.02c	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: c) pathophysiology,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is pathophysiology taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Pathophysiology <i>instructional objectives</i> cover all organ systems (cardiac, vascular, pulmonary, nervous system, EENT, GI, renal, reproductive, urinary, musculoskeletal, endocrine, and dermatologic). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Consider ensuring <i>sufficient</i> breadth and depth of pathophysiology to include all organ systems. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.02d	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: d) pharmacology and pharmacotherapeutics,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is pharmacology taught in the didactic curriculum? • Where is pharmacotherapeutics taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Pharmacology <i>instructional objectives</i>. • Pharmacotherapeutics <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.02e	<p>The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice:</p> <p>e) the genetic and molecular mechanisms of health and disease.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is genetics taught in the didactic curriculum? Where are molecular mechanisms of health and disease taught in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Genetics <i>instructional objectives</i>. Molecular mechanisms of health and disease <i>instructional objectives</i> (i.e. molecular basis for diagnosis and treatment of diseases like cancer, neurodegenerative disorders, infectious diseases). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.03	<p>The program curriculum includes instruction in clinical medicine covering all organ systems.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is clinical medicine taught in the didactic curriculum? Does this instruction cover all organ systems? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Clinical medicine <i>instructional objectives</i> including all organ systems. 	

- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Consider ensuring *sufficient* breadth and depth.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.04

The program curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals.

FOCUSED QUESTIONS

- Where is instruction in interpersonal and communication skills in the didactic curriculum?
- Does this include instruction in the effective exchange of information and collaboration with patients? Their families? And other health professionals?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to interpersonal and communication skills that result in effective exchange of information and collaboration with patients.
- *Instructional objectives* specific to interpersonal and communication skills that result in effective exchange of information and collaboration with family members.
- *Instructional objectives* specific to interpersonal and communication skills that result in effective exchange of information and collaboration with other health professionals.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Interpersonal and communication skills include verbal and written communication.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.05

The curriculum includes instruction related to the development of clinical reasoning and problem-solving abilities.

FOCUSED QUESTIONS

<ul style="list-style-type: none"> Where is instruction in the development of clinical reasoning and problem-solving skills in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> <i>Instructional objectives</i> for the development of clinical reasoning and problem-solving skills. <i>Instructional objectives</i> for reasoning through a clinical problem. <i>Instructional objectives</i> for using clinical information to develop a diagnosis/differential diagnosis. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.06a</p>	<p>The curriculum includes instruction to prepare students to provide medical care to patients with consideration for:</p> <ul style="list-style-type: none"> a) disability status or special health care needs,
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for disability status or special health care needs in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> <i>Instructional objectives</i> specific to providing care to patients with disabilities or special health care needs. This goes beyond a definition of the different disabilities or health care needs. It is about the special considerations for providing care for these patients. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Disability status may include physical, mental, emotional, and learning disabilities. Special health care needs may include religious (e.g. Jehovah’s Witness), cultural, ethnic, communication impairment, etc. Providing care includes history, physical exam, diagnosis, treatment, and follow-up. The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.06b	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: b) ethnicity/race,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for ethnicity/race in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> specific to providing care to patients with consideration for ethnicity/race. This goes beyond taking a patient history to include the specific considerations to providing patient care. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Providing care includes history, physical exam, diagnosis, treatment, and follow-up. The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.06c	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: c) gender identity,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to provide care to patients with consideration for gender identity in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- *Instructional objectives* specific to providing care to patients with consideration for gender identity. This goes beyond taking a patient history to include the specific considerations to providing patient care.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Providing care includes history, physical exam, diagnosis, treatment, and follow-up.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.06d The curriculum includes instruction to prepare students to provide medical care to patients with consideration for:
d) religion/spirituality,

FOCUSED QUESTIONS

- Where is instruction to provide care to patients with consideration for religion/spirituality in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with consideration for religion/spirituality. This goes beyond taking a patient history to include the specific considerations to providing patient care.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- Providing care includes history, physical exam, diagnosis, treatment, and follow-up.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.06e The curriculum includes instruction to prepare students to provide medical care to patients with consideration for:
e) sexual orientation, and

FOCUSED QUESTIONS

- Where is instruction to provide care to patients with consideration for sexual orientation in the didactic curriculum?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • <i>Instructional objectives</i> specific to providing care to patients with consideration for sexual orientation. This goes beyond taking a patient history to include the specific considerations to providing patient care. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Providing care includes history, physical exam, diagnosis, treatment, and follow-up. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.06f	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: f) social determinants of health.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in providing care to patients with consideration for social determinants of health in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • <i>Instructional objectives</i> specific to providing care to patients with consideration for social determinants of health. (Social determinants of health could be referenced as a whole or individually as long as social determinants of health are explained/defined.) This goes beyond taking a patient history to include the specific considerations to providing patient care. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • Providing care includes history, physical exam, diagnosis, treatment, and follow-up. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07a	The curriculum includes instruction in: a) patient interviewing and eliciting a medical history across all age groups,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in interviewing and eliciting a medical history in the didactic curriculum? • How does the program address eliciting a medical history specific to each age group? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Interviewing and eliciting medical history <i>instructional objectives</i>. • <i>Instructional objectives</i> cover eliciting a medical history from the caregiver of an infant. • <i>Instructional objectives</i> cover special considerations of eliciting a medical history from children, adolescents, adults, and the elderly. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07b	The curriculum includes instruction in: <ul style="list-style-type: none"> b) performing complete and focused physical examinations across all age groups,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in performing complete physical exams in the didactic curriculum? • Where is instruction in performing focused physical examinations in the didactic curriculum? • How does the program provide instruction on physical examination of each age group specifically (infant, child, adolescent, adult, elderly)? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Complete physical examination <i>instructional objectives</i>. • Focused physical examination <i>instructional objectives</i>. • <i>Instructional objectives</i> cover the differences between physical exams on infants, children, adolescents, adults and the elderly. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.07c	The curriculum includes instruction in: c) generating differential diagnoses,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in generating differential diagnoses in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Generating differential diagnoses <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07d	The curriculum includes instruction in: d) ordering and interpreting diagnostic studies,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in ordering and interpreting diagnostic studies in the didactic curriculum? Where is instruction in ordering and interpreting laboratory studies in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Ordering diagnostic and laboratory studies <i>instructional objectives</i>. Interpreting diagnostic and laboratory studies <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Evidence of instruction includes ordering and interpreting diagnostic and laboratory studies. 	

<ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07e	The curriculum includes instruction in: <ul style="list-style-type: none"> e) patient management including acute and chronic care plans, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in patient management, including acute and chronic care plans, in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Patient management with acute care plans including required follow-up care <i>instructional objectives</i>. Patient management with chronic care plans including required follow-up care <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.07f	The curriculum includes instruction in: <ul style="list-style-type: none"> f) patient education
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in patient education in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- Patient education including follow-up care *instructional objectives*.
- Patient education *instructional objectives* specific to the special considerations for infants, children, adolescents, adults, and the elderly.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.07g

The curriculum includes instruction in:
g) referral of patients to other providers.

FOCUSED QUESTIONS

- Where is instruction in the referral of a patient to another provider in the didactic curriculum?

ESSENTIAL EVIDENCE

- Patient referral *instructional objectives* (to specialists, to therapists, to counseling, etc.).
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.08a

The curriculum includes instruction in:
a) the provision of medical care through *telehealth*

FOCUSED QUESTIONS

<ul style="list-style-type: none"> Where is instruction in <i>telehealth</i> in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> <i>Instructional objectives</i> regarding providing medical care through <i>telehealth</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.08b</p>	<p>The curriculum includes instruction in:</p> <p>b) the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> Where is instruction in medical care across the life span in the didactic curriculum? Where is instruction in prenatal care? Infant medical care? Medical care for children? Medical care for adolescents? Adult medical care? Medical care for the elderly? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> Prenatal medical care <i>instructional objectives</i>. Infant medical care <i>instructional objectives</i>. Adolescent medical care <i>instructional objectives</i>. Adult medical care <i>instructional objectives</i>. Elderly medical care <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.08c	The curriculum includes instruction in: c) preventive, emergent, acute, chronic, and rehabilitative patient encounters,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in preventive patient encounters in the didactic curriculum? • Where is instruction in emergent patient encounters in the didactic curriculum? • Where is instruction in acute patient encounters in the didactic curriculum? • Where is instruction in chronic patient encounters in the didactic curriculum? • Where is instruction in rehabilitative patient encounters in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Preventive patient encounter <i>instructional objectives</i>. • Emergent patient encounter <i>instructional objectives</i>. • Acute patient encounter <i>instructional objectives</i>. • Chronic patient encounter <i>instructional objectives</i>. • Rehabilitative patient encounter <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.08d	The curriculum includes instruction in: c) pre-, intra-, and post-operative care,
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is instruction in pre-operative care in the didactic curriculum? • Where is instruction in intra-operative care in the didactic curriculum? • Where is instruction in post-operative care in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Pre-operative care <i>instructional objectives</i>. • Intra-operative care <i>instructional objectives</i>. • Post-operative care <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This instruction occurs prior to the clinical year SCPE's. • These objectives should consider what students need to know in preparation for their surgery <i>rotation</i> and go beyond the technical skills. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
<p>B2.08e</p>	<p>The curriculum includes instruction in:</p> <p style="padding-left: 20px;">e) psychiatric/behavioral conditions, and</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • Where is instruction in psychiatric and behavioral conditions in the didactic curriculum? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Psychiatric and behavioral conditions <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • This instruction occurs prior to the clinical year SCPE's. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.08f	The curriculum includes instruction in: f) palliative and end-of-life care.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in palliative and end-of-life care in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Palliative care <i>instructional objectives</i>. End-of-life care <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.09	The curriculum includes instruction in clinical and technical skills including procedures based on current professional practice.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in clinical and technical skills (including procedures) in the didactic curriculum? Are these skills and procedures based on current professional practice? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives for clinical skills.</i> <i>Instructional objectives for technical skills</i> List of <i>clinical</i> and <i>technical skills</i> taught in the didactic curriculum. Discussions with students and faculty and verification of instructional materials on-site. 	

<p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, lesson plans or case studies. 	
B2.10a	<p>The curriculum prepares students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction:</p> <p>a) includes content on the roles and responsibilities of various health care professionals,</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the roles and responsibilities of various health care professionals in the didactic curriculum? Which other health care professions roles and responsibilities are taught? Does this instruction include collaborative, interprofessional, patient centered teamwork? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> related to the roles and responsibilities of different healthcare professionals. Interprofessional, patient-centered team <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. 	
<p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.10b	<p>The curriculum prepares students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction:</p> <p>b) emphasizes the team approach to patient-centered care</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction that emphasizes the team approach to patient-centered care beyond the physician-PA team in the didactic curriculum? 	
ESSENTIAL EVIDENCE	

- *Instructional objectives* related to the team approach to patient centered care (beyond physician-PA).
- Interprofessional patient centered team *instructional objectives*.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.10c	The curriculum prepares students to work collaboratively in <i>interprofessional</i> patient centered teams. Instruction: c) includes application of these principles in <i>interprofessional</i> teams.
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FOCUSED QUESTIONS

- Where do students get to apply the principles of interprofessional teamwork in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to the application of the principles of interprofessional teamwork where students are working in interprofessional teams providing patient care (may be simulated care).
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.11a	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice in: a) death, dying and bereavement,
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FOCUSED QUESTIONS

- Where is instruction in death, dying, and bereavement in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to behavioral science considerations of death and dying.

- *Instructional objectives* related to behavioral science considerations of bereavement of a patient and loss of a loved one.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.11b	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice in: b) human sexuality,
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FOCUSED QUESTIONS

- Where is instruction in human sexuality in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to the behavioral science considerations of human sexuality.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.11c	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice in: c) the psychosocial effects of illness, stress and injury
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FOCUSED QUESTIONS

- Where is instruction in the patient response to illness in the didactic curriculum?
- Where is instruction in the patient response to stress in the didactic curriculum?
- Where is instruction in the patient response to injury in the didactic curriculum?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Patient social and behavioral response to illness (their disease/diagnosis) <i>instructional objectives</i>. • Patient social and behavioral response to stress <i>instructional objectives</i>. • Patient social and behavioral response to injury (an acute injury, trauma) <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11d	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice in: d) substance use disorders, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the social and behavioral aspects of substance use disorders in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • <i>Instructional objectives</i> on the psychosocial aspects of substance use disorders from a behavioral health perspective. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.11e	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice in: e) identification and prevention of violence.

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in violence identification in the didactic curriculum? • Where is instruction in violence prevention in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • <i>Instructional objectives</i> on the identification of physical or psychological violence (e.g. assault, abuse, trafficking). • <i>Instructional objectives</i> on the prevention of violence (i.e. early identification and treatment of risk factors). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.12a	The curriculum includes instruction about basic counseling and patient education skills that is: <ul style="list-style-type: none"> a) focused on helping patients adhere to treatment plans,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in basic counseling in the didactic curriculum? • Where is instruction in patient education skills in the didactic curriculum? • Where is instruction in helping patients adhere to treatment plans? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Basic counseling <i>instructional objectives</i>. • Patient education <i>instructional objectives</i>. • <i>Instructional objectives</i> on using basic counseling/patient education skills to help patients adhere to treatment plans (the whole treatment plan, not just the medications). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.12b	The curriculum includes instruction about basic counseling and patient education skills that is: b) focused on helping patients modify their behaviors to more healthful patterns, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in helping patients modify their behaviors to more healthful patterns in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> on using basic counseling/patient education skills to help patients modify their behavior to more healthful patterns. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.12c	The curriculum includes instruction about basic counseling and patient education skills that is: c) focused on helping patients develop healthy coping strategies.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in helping patients develop healthy coping mechanisms in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> on using basic counseling/patient education skills to help patients develop healthy coping mechanisms. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.12d	The curriculum includes instruction about basic counseling and patient education skills that is: d) patient-centered and culturally sensitive.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in basic counseling and patient education skills that focuses on patient-centered and culturally sensitive care? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Basic counseling <i>instructional objectives</i>. Patient education <i>instructional objectives</i>. <i>Instructional objectives</i> on using patient-centered and culturally sensitive basic counseling/patient education skills. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.13a	The curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include: a) framing of research questions,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum? Where is instruction in framing research questions in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> related to preparing students to search, interpret, and evaluate medical literature. <i>Instructional objectives</i> related to how to frame a research question to investigate within the medical literature (i.e. PICO). Discussions with students and faculty and verification of instructional materials on-site. 	

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13b	The curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include: b) interpretation of basic biostatistical methods,
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FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum?
- Where is instruction in interpretation of basic biostatistical methods in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to preparing students to search, interpret, and evaluate medical literature.
- Interpretation of basic biostatistical methods *instructional objectives*.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13c	The curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include: c) the limits of medical research,
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FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum?
- Where is instruction in the limits of medical research in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to preparing students to search, interpret, and evaluate medical literature.

- *Instructional objectives* related to the limits of medical research (when might it be useful/relevant and when might it not be useful/relevant).
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13d	The curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include: d) types of sampling methods, and
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FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum? B1.03
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- Where is instruction in types of sampling methods in the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to preparing students to search, interpret, and evaluate medical literature.
- *Instructional objectives* describing different types of research samples (i.e. simple random sampling, systematic sampling, stratified sampling, clustered sampling, etc).
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.13e	The curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include: e) the use of common databases to access medical literature.
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FOCUSED QUESTIONS

- Where is instruction to prepare students to search, interpret, and evaluate medical literature in the didactic curriculum?
- Where is instruction in the use of common databases to access medical literature in the didactic curriculum?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • <i>Instructional objectives</i> related to preparing students to search, interpret, and evaluate medical literature. • Use of common databases to access medical literature <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14a	The curriculum includes instruction about the business of health care to include: <ul style="list-style-type: none"> a) coding and billing,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in coding and billing in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care <i>instructional objectives</i>. • Coding and billing <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14b	The curriculum includes instruction about the business of health care to include: <ul style="list-style-type: none"> b) documentation of care,
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in documentation of care in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care <i>instructional objectives</i>. • Documentation of care in the medical record/chart <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14c	The curriculum includes instruction about the business of health care to include: <ul style="list-style-type: none"> c) health care delivery systems, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in health care delivery systems in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care <i>instructional objectives</i>. • Health care delivery systems <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.14d	The curriculum includes instruction about the business of health care to include: <ul style="list-style-type: none"> d) health policy.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Where is instruction in the business of health care? • Where is instruction in health policy in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Business of health care <i>instructional objectives</i>. • Health policy <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15a	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: <ul style="list-style-type: none"> a) disease prevention, surveillance, reporting and intervention,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in concepts of public health in the didactic curriculum? • Where is instruction in disease prevention, surveillance, reporting, and intervention specifically as they relate to public health (not individual patient care) in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Concepts of public health <i>instructional objectives</i>. • <i>Instructional objectives</i> related to public health disease prevention (e.g. vaccination, education, outbreak response, getting bans on toxic substances, etc). • <i>Instructional objectives</i> related to public health disease surveillance (i.e. analyzing and sharing information about diseases within populations rather than individuals). • <i>Instructional objectives</i> related to public health disease reporting (i.e. reportable diseases). • <i>Instructional objectives</i> related to public health disease intervention (e.g. stopping the spread of diseases, improving health outcomes in populations, etc.). • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.15b	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: b) the public health system,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the public health system in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Concepts of public health <i>instructional objectives</i>. Public health system <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15c	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: c) patient advocacy, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in concepts of public health in the didactic curriculum? Where is instruction in patient advocacy in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Concepts of public health <i>instructional objectives</i>. <i>Instructional objectives</i> on patient advocacy (i.e. advocating for the health of a patient or population of patients). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Advocacy is developing skills to effectively advocate for health policies and communicate policy decisions and their implications to diverse audiences, including policymakers, stakeholders, and the public. Patient advocacy is about being a voice for patients or groups of patients thereby ensuring their rights and facilitating their access to quality care. 	

<ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.15d	<p>The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and:</p> <ul style="list-style-type: none"> d) maintenance of population health.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in concepts of public health in the didactic curriculum? Where is instruction in the maintenance of population health in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Concepts of public health <i>instructional objectives</i>. Maintenance of population health <i>instructional objectives</i>. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16a	<p>The curriculum includes instruction in:</p> <ul style="list-style-type: none"> a) patient safety,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in patient safety in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> on patient safety (i.e. the prevention of harm to patients especially due to an effective system of care delivery that prevents errors, learns from errors, and encourages/rewards the reporting of concerns). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. Patient safety includes safe prescription use but should not be limited to only that component because the broad topic of “patient safety” goes far beyond the side effects of medications. 	

B2.16b	The curriculum includes instruction in: b) prevention of medical errors,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the prevention of medical errors in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Prevention of medical errors <i>instructional objectives</i> (medical errors encompass more than just medication errors). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.16c	The curriculum includes instruction in: c) quality improvement, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in quality improvement in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> on quality improvement in healthcare (e.g. improving patient outcomes, improving efficiency, reducing costs, etc). Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	

B2.16d	The curriculum includes instruction in: d) risk management.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in risk management in the didactic curriculum? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Risk management <i>instructional objectives</i>. These would include topics around the processes and procedures that identify, assess, and reduce risks to patients, staff, and healthcare organizations from a medical, legal, and business perspective. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17a	The curriculum includes instruction about the PA profession to include: a) credentialing,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the PA profession to include credentialing? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Credentialing <i>instructional objectives</i>. (i.e. what is involved in hospital credentialing processes for SCPE placements and in PA-C clinical practice) Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17b	The curriculum includes instruction about the PA profession to include: b) historical development,

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the historical development of the PA profession? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about the historical development of the PA profession. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17c	The curriculum includes instruction about the PA profession to include: <ul style="list-style-type: none"> c) laws and regulations regarding professional practice and conduct,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about PA profession related laws and regulations regarding professional practice and conduct? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about PA profession related laws and regulations regarding professional practice and conduct. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17d	The curriculum includes instruction about the PA profession to include: <ul style="list-style-type: none"> d) licensure and certification,
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> Where is instruction about PA licensure and certification? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about PA licensure. <i>Instructional objectives</i> about PA certification. Discussions with students and faculty. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17e	The curriculum includes instruction about the PA profession to include: <ul style="list-style-type: none"> e) the PA relationship with physicians and other health care providers,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the PA professional relationship with the physician and other health care providers? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about the PA professional relationship with the physician <i>Instructional objectives</i> about the PA professional relationship with other healthcare providers Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17f	The curriculum includes instruction about the PA profession to include: <ul style="list-style-type: none"> f) policy issues that affect practice, and
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> Where is instruction about policy issues that affect practice? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about policy issues (i.e. federal, state, Medicare, insurance) that affect PA clinical practice. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.17g	The curriculum includes instruction about the PA profession to include: <ul style="list-style-type: none"> g) professional organizations.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about the structure, function, purpose, and benefits of PA professional organizations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> <i>Instructional objectives</i> about PA Professional organizations at state and national level for general and specialty organizations. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. There are many professional organizations for practicing PA's beyond just the "4-Orgs". 	
B2.18	The program curriculum includes instruction in the principles and practice of medical ethics.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction in the principles and practice of medical ethics? 	
ESSENTIAL EVIDENCE	

- *Instructional objectives* about the principles and practice of medical ethics.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.19a The curriculum includes instruction in:
a) intellectual honesty,

FOCUSED QUESTIONS

- Where is instruction in intellectual honesty?

ESSENTIAL EVIDENCE

- Intellectual honesty *instructional objectives* that cover the importance of honestly admitting what a clinician knows and does not know.
- Discussions with students and faculty and verification of instructional materials on-site.

Of note:

- A reading of institution and /or program policies and standards of conduct is not evidence of instruction.
- This standard expects to see evidence of teaching what intellectual honesty is and how it is applied regardless of when it is presented (orientation, co-curriculum, part of a course).
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.19b The curriculum includes instruction in:
b) academic integrity, and

FOCUSED QUESTIONS

- Where is instruction in academic integrity?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Academic integrity <i>instructional objectives</i> that cover the concept for students and after graduation. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • A reading of institution and /or program policies and standards of conduct is not evidence of instruction. • Academic integrity <i>instructional objectives</i> may cover respect, responsibility, and freedom to build new ideas, and knowledge while respecting and acknowledging the work of others. • This standard expects to see evidence of teaching what academic integrity is and how it is applied to students and graduates regardless of when it is presented (orientation, co-curriculum, part of a course). • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.19c	The curriculum includes instruction in: c) professional conduct.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Where is instruction in professional conduct? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Professional conduct <i>instructional objectives</i>. • Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • A review or orientation to institution and/or program policies and standards of conduct is not evidence of instruction. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.20a	The curriculum includes instruction about student and provider <i>personal wellness</i> including prevention of: a) impairment and

FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about provider <i>personal wellness</i> that includes prevention of impairment? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Provider <i>personal wellness instructional objectives</i>. Prevention of provider impairment <i>instructional objectives</i>. <i>Instructional objectives</i> on student wellness and prevention of impairment in students. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B2.20b	
B2.20b	The curriculum includes instruction about student and provider <i>personal wellness</i> including prevention of: b) burnout.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Where is instruction about provider <i>personal wellness</i> that includes instruction about prevention of burnout? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Provider <i>personal wellness instructional objectives</i>. Prevention of provider burnout <i>instructional objectives</i>. <i>Instructional objectives</i> on student wellness and prevention of student burnout. Discussions with students and faculty and verification of instructional materials on-site. <p><i>Of note:</i></p> <ul style="list-style-type: none"> The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies. 	
B3	
B3	
B3.01	The program ensures clinical students may achieve all SCPE <i>learning outcomes</i> by: a) securing <i>sufficient preceptors</i> and clinical sites

b) providing no more than 25% of scheduled SCPE as *telehealth* experiences

FOCUSED QUESTIONS

- What are the required and *elective rotations*?
- How many sites and *preceptors* (i.e. “slots” or “placements”) for each SCPE course for the year are secured? Are there at least enough clinical slots/placements for the current clinical cohort of students for each SCPE course?
- Do you have sites and *preceptors* for all clinical year students to meet the *learning outcomes* for SCPEs?
- Do you have any overlap of SCPEs (*is the clinical year longer than 12 months*)? If yes, how is this handled?
- For the “placements” provided for each student, how does the program ensure that no more than 25% of the SCPE’s are *telehealth* care.

ESSENTIAL EVIDENCE

- List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical *rotations*.
- Documentation that identifies the specific number of students each site has agreed to supervise per year or at least for the current year if this is updated annually.
- Provisional (applicant) program demonstrates *sufficient* clinical placements for their requested *maximum class size*.
- Accredited programs demonstrate *sufficient* clinical placements for their current clinical cohort(s) number of students.
- Clinical sites are *sufficient* in number to allow every student to have the experiences needed to meet the program’s *learning outcomes*.
- *Telehealth* percent time can be estimated by approximate time scheduled to be *telehealth* or reported by students as the percentage of their time spent doing *telehealth*. An exact accounting of minutes or hours is not required. For example, if the program has a clinical year made up of 10 SCPE’s that are each 4 weeks long and the behavioral health SCPE’s are all 3-4 days of *telehealth* per week with 1-2 days of face to face per week. Then the most any student would have is 3.2 weeks *telehealth*/40 SCPE weeks total = 8% of their SCPE time so far. Those students could have another 2 weeks of family medicine in *telehealth* and a 4 week elective in *telehealth*. That would be in compliance with the maximum time allowed in this Standard. If some *required rotations* have *telehealth* and others do not, the program will need to show evaluation and comparison of outcomes in the SSR.

Of note:

- The ARC-PA defines *supervised clinical practice experiences* (SCPEs) as: Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.
- Programs may be able to use virtual experiences, simulation or other technology to meet some of the program defined *learning outcomes* for SCPEs, but the expectation is that SCPEs will include direct patient care, meet the program defined *learning outcomes*, and be of *sufficient* breadth and depth to prepare students for the clinical practice of medicine.

B3.02a	<i>Supervised clinical practice experiences</i> occur in the following settings: a) emergency department,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE with designated time in the emergency department? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing emergency department experiences. Faculty and student evaluations of SCPEs. <p><i>Of note:</i></p> <ul style="list-style-type: none"> Urgent care centers may be used for <i>supervised clinical practice experiences</i> but do not replace the requirement to have students in an emergency department setting. 	
B3.02b	<i>Supervised clinical practice experiences</i> occur in the following settings: b) inpatient,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE with designated time in an inpatient setting? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing inpatient experiences. Faculty and student evaluations of SCPEs. 	

B3.02c	<i>Supervised clinical practice experiences</i> occur in the following settings: c) outpatient, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE with designated time in an outpatient setting? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing outpatient experiences. Faculty and student evaluations of SCPEs. 	
B3.02d	<i>Supervised clinical practice experiences</i> occur in the following settings: d) operating room.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Do all students have a SCPE with designated time in an operating room? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> List(s) of clinical sites with settings compared to the clinical <i>rotation</i> schedule for planned <i>rotations</i> (or case tracking for those who completed this) showing operating room experiences. Faculty and student evaluations of SCPEs. 	

B3.03	<i>Instructional faculty</i> for the <i>supervised clinical practice experience</i> portion of the program consist primarily of (85% or greater) practicing physicians and PAs who hold or have held a board certification.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Are the <i>SCPE preceptors</i> primarily physicians and PAs? • What percent of <i>preceptors</i> are physicians? PAs? Other? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • List of current <i>preceptors</i> including their credentials. • List of clinical students and their assigned <i>SCPE preceptors</i>, clearly indicating which <i>preceptors</i> hold or have previously held board certification and those who have never held board certification. • The term “primarily” refers to most of the clinical <i>preceptors</i>. This allows for a small number of <i>preceptors</i> to be nurse practitioners, midwives, psychologists, or other professions. There is not a specific number or percent specified, but the program needs to be prepared to discuss the non-PA/non-physician <i>preceptors</i> utilized and why they are utilized instead of a physician or PA. • Initial or current <i>NCCPA</i> certification for <i>PA preceptors</i>. • Initial or current board certification for physician <i>preceptors</i>. 	
B3.04a	<i>Supervised clinical practice experiences and preceptors</i> enable students to meet program defined <i>learning outcomes</i> for: a) family medicine including preventive care,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does each student have a <i>SCPE</i> with a <i>preceptor</i> practicing in family medicine? • Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for family medicine? • Do the <i>learning outcomes</i> include family medicine and preventive medicine topics? 	
ESSENTIAL EVIDENCE	

- Lists of *preceptors* currently providing *supervised clinical practice experiences*, and their area of practice.
- Clinical *rotation* schedule including supervising *preceptor* area of practice.
- List of *learning outcomes* for family medicine that includes preventive care.
- Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying *preceptor's* board certification in specialty area).

B3.04b

Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:

- b) emergency medicine including acute and emergent care,

FOCUSED QUESTIONS

- Does each student have a SCPE with a *preceptor* in emergency medicine?
- Do these *preceptors* enable students to meet the program defined *learning outcomes* for emergency medicine?

ESSENTIAL EVIDENCE

- Lists of *preceptors* currently providing *supervised clinical practice experiences*, and their area of practice.
- Clinical *rotation* schedule including supervising *preceptor* area of practice.
- List of *learning outcomes* for emergency medicine including acute care and emergent care.
- Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying *preceptor's* board certification in specialty area).

B3.04c

Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:

- c) internal medicine including adults and the elderly,

FOCUSED QUESTIONS

- Does each student have a SCPE with a *preceptor* in internal medicine?
- Do these *preceptors* enable students to meet the program defined *learning outcomes* for internal medicine?

ESSENTIAL EVIDENCE

- Lists of *preceptors* currently providing *supervised clinical practice experiences*, and their area of practice.
- Clinical *rotation* schedule including supervising *preceptor* area of practice.
- List of *learning outcomes* for internal medicine that specify adults and that specify elderly patients.
- Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying *preceptor's* board certification in specialty area).

B3.04d

Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:

d) surgery including pre-operative, intra-operative, and post-operative care,

FOCUSED QUESTIONS

- Does each student have a SCPE with a *preceptor* in surgery?
- Do these *preceptors* enable students to meet the program defined *learning outcomes* for surgery?
- What are the *learning outcomes* for pre-operative care? Intra-operative care? Post-operative care?

ESSENTIAL EVIDENCE

- Lists of *preceptors* currently providing *supervised clinical practice experiences*, and their area of practice.
- Clinical *rotation* schedule including supervising *preceptor* area of practice.
- List of *learning outcomes* for surgery that include pre, intra, and post-operative care of patients (going beyond just technical skills).
- Results of evaluation demonstrating students can meet program defined *learning outcomes* when assigned to *supervised clinical practice experiences* with the *preceptors* listed (Note: this is more than verifying *preceptor's* board certification in specialty area).

B3.04e

Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:

e) pediatrics with preventive care including infants, children, and adolescents,

FOCUSED QUESTIONS

- Does each student have a SCPE with a *preceptor* in pediatrics?
- Do these *preceptors* enable students to meet the program defined *learning outcomes* for pediatrics?
- Do these *preceptors* enable students to meet the *learning outcomes* for pediatric preventive care?

<ul style="list-style-type: none"> Do these <i>preceptors</i> enable students to meet the <i>learning outcomes</i> for infants? For children? For adolescents? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. List of <i>learning outcomes</i> for pediatrics that includes infants, children, and adolescents specifically. Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). 	
B3.04f	<i>Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:</i> f) women’s health including prenatal and gynecologic care, and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does each student have a SCPE with a <i>preceptor</i> in women’s health which includes prenatal and gynecologic care? Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for women’s health which includes prenatal and gynecologic care? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. List of <i>learning outcomes</i> for women’s health including prenatal care and gynecologic care specifically. Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). 	
B3.04g	<i>Supervised clinical practice experiences and preceptors enable students to meet program defined learning outcomes for:</i> g) behavioral and mental health care.
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • Does each student have a SCPE with a <i>preceptor</i> in behavioral and mental health care? • Do these <i>preceptors</i> enable students to meet the program defined <i>learning outcomes</i> for behavioral and mental health care? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Lists of <i>preceptors</i> currently providing <i>supervised clinical practice experiences</i>, and their area of practice. • Clinical <i>rotation</i> schedule including supervising <i>preceptor</i> area of practice. • List of <i>learning outcomes</i> for behavioral and mental health care. • Results of evaluation demonstrating students can meet program defined <i>learning outcomes</i> when assigned to <i>supervised clinical practice experiences</i> with the <i>preceptors</i> listed (Note: this is more than verifying <i>preceptor's</i> board certification in specialty area). 	
<p>B3.05a</p>	<p>The program's process clearly documents the initial and ongoing evaluation of all sites and <i>preceptors</i> used for <i>supervised clinical practice experiences</i>, to ensure students have access to:</p> <p style="padding-left: 20px;">a) physical facilities needed to meet the <i>learning outcomes</i> for the specific SCPE,</p>
<p>FOCUSED QUESTIONS</p>	
<ul style="list-style-type: none"> • What is the process for initial evaluation of sites and <i>preceptors</i>? • What is the process for ongoing evaluation of sites and <i>preceptors</i>? • Do these evaluations include students' access to physical facilities needed to achieve the <i>learning outcomes</i> of the specific SCPE? • Where are these documented? 	
<p>ESSENTIAL EVIDENCE</p>	
<ul style="list-style-type: none"> • Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Documentation of evaluation of students access to physical facilities. • Completed evaluations of sites used with specific information about physical facilities needed for the specific SCPE. • Discussions with <i>preceptors</i>, students, and faculty. 	

B3.05b	<p>The program’s process clearly documents the initial and ongoing evaluation of all sites and <i>preceptors</i> used for <i>supervised clinical practice experiences</i>, to ensure students have access to:</p> <p style="padding-left: 40px;">b) patient populations needed to meet the <i>learning outcomes</i> of the specific SCPE, and</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> ● What is the process for initial evaluation of sites and <i>preceptors</i>? ● What is the process for ongoing evaluation of sites and <i>preceptors</i>? ● Do these evaluations include students’ access to patient populations? ● Do these evaluations ensure students are able to fulfill the program <i>learning outcomes</i> for the specific SCPE? ● Where are these documented? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> ● Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. ● Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. ● Documentation of evaluation of students’ access to patient populations needed to meet the <i>learning outcomes</i> of the specific SCPE. ● Completed evaluations of sites used. ● Discussions with <i>preceptors</i>, students, and faculty. 	
B3.05c	<p>The program’s process clearly documents the initial and ongoing evaluation of all sites and <i>preceptors</i> used for <i>supervised clinical practice experiences</i>, to ensure students have access to:</p> <p style="padding-left: 40px;">c) continuous supervision.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> ● What is the process for initial evaluation of sites and <i>preceptors</i>? ● What is the process for ongoing evaluation of sites and <i>preceptors</i>? ● Do these evaluations include students’ access to continuous supervision? ● Do these evaluations ensure students are able to fulfill the program <i>learning outcomes</i>? ● Where are these documented? 	

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Description of the process used for the initial clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Description of the process used for the ongoing clinical site and <i>preceptor</i> evaluation, including the format and timing of evaluations. • Documentation of evaluation of students' access to continuous supervision by the <i>preceptor</i> of record or other licensed healthcare provider designated by the <i>preceptor</i> of record. • Completed evaluations of sites used. • Discussions with <i>preceptors</i>, students, and faculty. 	
B4	
B4.01a	The program conducts <i>frequent</i> , objective and documented evaluations of student performance to assure students meet the program's <i>learning outcomes</i> for both didactic and <i>supervised clinical practice experience</i> components. The evaluations: <ul style="list-style-type: none"> a) align with what is expected and taught and
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Do the evaluations (formative or summative) for each course occur <i>frequently</i> throughout the course? • Do the evaluations for each course align to the <i>learning outcomes</i> and the instruction provided? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Assessments are both described and clearly align to <i>learning outcomes</i> and instruction provided (lessons). • Programs provide evidence that assessment tools utilized (e.g. formative quizzes, written exams, <i>preceptor</i> evaluations, assignments, etc.) allow the program and students to determine how well students have met all <i>learning outcomes</i>. • Course syllabi include student evaluation methodology and a schedule of objective <i>formative and summative evaluations</i> that align with <i>learning outcomes</i>. • Discussions with students and faculty. 	

B4.01b	<p>The program conducts <i>frequent</i>, objective and documented evaluations of student performance to assure students meet the program’s <i>learning outcomes</i> for both didactic and <i>supervised clinical practice experience</i> components. The evaluations:</p> <p>b) allow the program to identify and address any student deficiencies in a <i>timely</i> manner.</p>
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Do the evaluation tools utilized provide feedback that is specific to each <i>learning outcome</i> in a way that allows identification of which component of the <i>learning outcome</i> has not been met? • Following the evaluation, is it clear to the learner what specific deficiencies they need to address? • Does the program utilize complex assessment items (questions that assess multiple concepts)? If so, how does the program ensure <i>timely</i> feedback? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Assessments allow <i>timely</i> identification of student deficiencies in program defined <i>learning outcomes</i> so they can be addressed. • Assessment tools that include evaluation items that are not complex in nature and allow the evaluator to readily identify a student deficiency. • Student files indicating means of <i>remediation</i> employed and outcomes of <i>remediation</i> are <i>timely</i> and are as described in program policy and procedures. • Committee meetings minutes with discussions related to student progress documented. • Discussions with faculty and students. 	
B4.02	<p>The program conducts and documents a <i>summative evaluation</i> of each student within the final four months of the program to verify that each student meets all program-defined <i>competencies</i> required to enter clinical practice, including:</p> <ul style="list-style-type: none"> a) <i>clinical and technical skills</i>, b) clinical reasoning and problem-solving abilities c) interpersonal skills d) medical knowledge e) professional behaviors
FOCUSED QUESTIONS	

<ul style="list-style-type: none"> • What are the program’s <i>competencies</i>? Do they cover topics within the categories of a-e of this standard? • How are each of the program’s <i>competencies</i> assessed in the final four months of the program? • Where is this documented? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • The evaluation instrument(s) correlate(s) with each of the components of all program defined <i>competencies</i> (including the sub-<i>competencies</i> if present/utilized by the program). • Mapping of program <i>competencies</i> to program’s <i>summative evaluation</i>. • Instruments used for <i>summative evaluation</i> address each of the sub-standards. • Results of the <i>summative evaluation</i> of each student are documented. • The <i>summative evaluation</i> (and all of its component parts) occurs within the final four months of program completion. <p><i>Of note:</i></p> <ul style="list-style-type: none"> • The <i>summative evaluation</i> is a separate evaluation and not a review of the student’s previous performance/ evaluations. 	
B4.03a	The program documents equivalency of student evaluation methods and outcomes when instruction is: <ul style="list-style-type: none"> a) conducted at geographically separate locations and/or
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Does the program have a distant site that it uses for part or all of the curriculum? • How does the program document equivalency of evaluation methods between instructional locations? • How does the program document equivalency of outcomes between instructional locations? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Documentation of program <i>analysis</i> of evaluation method equivalency between/among group(s) at the main location versus any separate location(s). • Documentation of program <i>analysis</i> of outcome equivalency between/among the group(s) at the main location versus any separate location(s). • Discussions with students and faculty. 	

<ul style="list-style-type: none"> • Student course evaluations. 	
B4.03b	<p>The program documents equivalency of student evaluation methods and outcomes when instruction is:</p> <ul style="list-style-type: none"> b) provided by different pedagogical and instructional methods or techniques for some students.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Do any courses have instruction that is different for some students? Differences might include different instructional method, type, length, approach, etc. • For these courses, how does the program document that the evaluation methods are <i>equivalent</i>? • For these courses, how does the program document that the outcomes are <i>equivalent</i>? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Provide a list of courses where instructional pedagogy, methods, or techniques are different for any students. (Examples would include such differences as hi-flex courses, variable lengths, optional face-to-face sessions vs online, face-to-face vs <i>telehealth</i> access to <i>preceptors</i> (student and <i>preceptor</i> are not together), etc.) • Document the criteria used to establish equivalency of evaluation methods between the groups. • Document the criteria used to establish equivalency of outcomes between the groups. Then report data to support that the outcomes are <i>equivalent</i>. 	

SECTION C: EVALUATION***C1 ONGOING PROGRAM SELF-ASSESSMENT***

C1.01	The program documents ongoing self-assessment of its overall effectiveness in preparing graduates for clinical practice by collecting data, using critical <i>analysis</i> to draw conclusions, and creating self-improvement action plans.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> ● Does the documented data demonstrate that the self-assessment process is documented and ongoing? ● What benchmarks did the program set for each of the data sets? Is it clear on the charts/tables when a benchmark is not met? ● Did the program display its data summaries in charts and tables that were clearly labeled, included response rates, and included legends? ● Does the program evaluate any data beyond the requirement in this standard? How was that data displayed and summarized? ● What trends does the program analyze? Do these trends include at least all of the data points required in the standard? ● What correlations does the program evaluate as part of its routine <i>analysis</i>? Do these correlations include at least all of the data points required in the standard? ● What criteria does the program utilize to determine that its effectiveness in preparing graduates for clinical practice is on target? A program strength? An area needing improvement? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> ● Required Data Tables: <ul style="list-style-type: none"> ○ admissions data including designation of alternates accepted ○ <i>PANCE</i> scores and sub-scores ○ didactic <i>attrition</i>, clinical <i>attrition</i>, overall <i>attrition</i> ○ course grades and <i>remediation</i>, ○ course and instructor evaluations including clinical sites and <i>preceptors</i>, ○ EOR exam scores, ○ summative exam results and <i>remediation</i>, ○ graduate evaluation of the program 	

- *preceptor* evaluation of preparedness for clinical *rotations*,
- Exit Survey from graduating students
- Data is displayed showing trends that directly support the program’s *analysis* discussion, including response rates for survey data, and including a legend for any symbols or colors that have meaning.
- Qualitative data summaries are presented by cohort/group with recurring themes over time identified and correlations to quantitative data highlighted by the narrative.
- Required correlations to be displayed on the same table/chart (program may do more if it chooses):
 - Admission data correlated to didactic *attrition*, course grades, and *PANCE* scores
 - Didactic course grades correlated to instructor and course evaluations and related *PANCE* sub-scores (if applicable)
 - Clinical EOR exam scores correlated to *preceptor* evaluations and related *PANCE* sub-scores (if applicable)
 - *Attrition* correlated to course grades and *remediation*
 - Course grades correlated to summative exam results, *remediation*, and *PANCE* scores
- Conclusions are based on data *analysis* provided in the SSR. Conclusions are documented for at least each annual data review and are paired with action plans
- Multi-campus programs are able to analyze data and draw conclusions for the program as a whole and for each campus.

Of Note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were a result of critical data *analysis*.

C1.02

The program documents ongoing self-assessment of the sufficiency of program personnel by collecting data, using critical *analysis* to draw conclusions, and creating self-improvement action plans.

FOCUSED QUESTIONS

- Does the documented data demonstrate that the self-assessment process is documented and ongoing?
- What benchmarks did the program set for each of the data sets? Is it clear on the charts/tables when a benchmark is not met?
- Did the program display its data summaries in charts and tables that were clearly labeled, included response rates, and included legends?
- Does the program evaluate any data beyond the requirement in this standard? How was that data displayed and summarized?
- What trends does the program analyze? Do these trends include at least all of the data points required in the standard?

- What correlations does the program evaluate as part of its routine *analysis*? Do these correlations include at least all of the data points required in the standard?
- What criteria does the program utilize to determine that its effectiveness in preparing graduates for clinical practice is on target? A program strength? An area needing improvement?

Of Note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were a result of critical data *analysis*.

ESSENTIAL EVIDENCE

- Required Data Tables:
 - student, faculty, staff, and graduate evaluation of the sufficiency of personnel by type or task,
 - *program faculty* and staff FTE's filled and vacant with *attrition* rates,
 - utilization of leave rates by personnel
 - workload calculation by personnel
- Data is displayed showing trends that directly support the program's *analysis* discussion, including response rates for survey data, and including a legend for any symbols or colors that have meaning.
- Qualitative data summaries are presented by cohort/group with recurring themes over time identified and correlations to quantitative data highlighted by the narrative.
- Required correlations to be displayed on the same table/chart:
 - *Program faculty* sufficiency evaluation survey data correlated to filled FTE, *attrition* rate, calculated workload percentage
 - Program staff sufficiency evaluation survey data correlated to filled FTE, vacant FTE, *attrition* rate, and *PANCE*
 - *Program faculty* FTE correlated to PAEA data on like programs and leave time utilization rate
- Conclusions are based on data *analysis* provided in the SSR. Conclusions are documented for at least each annual data review and are paired with action plans
- Multi-campus programs are able to analyze data and draw conclusions for the program as a whole and for each campus.

Of Note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were a result of critical data *analysis*.

C1.03	The program documents ongoing self-assessment of the sufficiency of institutional resources by collecting data, using critical <i>analysis</i> to draw conclusions, and creating self-improvement action plans.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> ● Does the documented data demonstrate that the self-assessment process is documented and ongoing? ● What benchmarks did the program set for each of the data sets? Is it clear on the charts/tables when a benchmark is not met? ● Did the program display its data summaries in charts and tables that were clearly labeled, included response rates, and included legends? ● Does the program evaluate any data beyond the requirement in this standard? How was that data displayed and summarized? ● What trends does the program analyze? Do these trends include at least all of the data points required in the standard? ● What correlations does the program evaluate as part of its routine <i>analysis</i>? Do these correlations include at least all of the data points required in the standard? ● What criteria does the program utilize to determine that its effectiveness in preparing graduates for clinical practice is on target? A program strength? An area needing improvement? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> ● Required Data Tables: <ul style="list-style-type: none"> ○ institutional support for admissions ○ institutional support and resources for the clinical year and number of new clinical placements created, ○ faculty, staff, and student evaluation of institutional resources divided by resource available ○ budget data and evaluation of sufficiency ○ institutional support for course and curriculum design, ○ institutional support of technology resources and technology support ● Data is displayed showing trends that directly support the program's <i>analysis</i> discussion, including response rates for survey data, and including a legend for any symbols or colors that have meaning. ● Qualitative data summaries are presented by cohort/group with recurring themes over time identified and correlations to quantitative data highlighted by the narrative. ● Required correlations to be displayed on the same table/chart: <ul style="list-style-type: none"> ○ Institutional support for admissions correlated to admissions data and number of alternates needed ○ Institutional support for clinical year represented by number of placements created per year correlated to EOR scores and <i>PANCE</i> scores ○ Budget sufficiency correlated to faculty/staff/student evaluation of institutional resources and of the program overall 	

- Budget dollars correlated to budget sufficiency, personnel *attrition*, and *PANCE*
- Conclusions are based on data *analysis* provided in the SSR. Conclusions are documented for at least each annual data review and are paired with action plans.
- Multi-campus programs are able to analyze data and draw conclusions for the program as a whole and for each campus.

Of Note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were a result of critical data *analysis*.

SECTION D: PROVISIONAL ACCREDITATION

Section D of the *Standards* applies only to programs applying for entry into the ARC-PA accreditation process as a new provisional applicant program. Programs being evaluated for Provisional Accreditation as they enter the accreditation process must meet the standards in Section D as well as those in all other sections of the *Standards*.

D1.01a-d	<p>Based on the qualifications outlined in the <i>Standards</i>, the program has:</p> <ul style="list-style-type: none"> a) A 1.0 FTE program director hired by the institution and working on a permanent basis at least 15 months prior to the date of the scheduled site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda. b) A <i>medical director</i> appointed by the institution and working on a permanent basis at least 15 months prior to the date of the scheduled site visit. c) 2.0 FTE PA-C <i>principal faculty</i> and 1.0 FTE support staff hired by the institution and working on a permanent basis at least 9 months prior to the date of the scheduled site visit. d) 1.0 FTE <i>principal faculty</i> (the third <i>principal faculty</i> member as per A2.03) hired and working on a permanent basis prior to the date of the scheduled site visit.
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FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the program director 1.0 FTE? • Was the program director hired and working at least 15 months prior to the site visit? • Was the <i>medical director</i> hired and working at least 15 months prior to the site visit? • Are there 2.0 FTE PA-C <i>principal faculty</i> members? Were these positions filled and working at least 9 months prior to the site visit? • Is there a 1.0 FTE support staff member? Was this position filled and working at least 9 months prior to the site visit? • Is there a third 1.0 FTE <i>principal faculty</i> member? Was this position filled and working prior to the site visit? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> • Appropriate individuals have been hired and assigned according to the required timeline. • Names and CVs of program director and <i>medical director</i> that meet qualifications as required by the <i>Standards</i>. Date of hire should include month and year for PD, MD, PF, and staff on data sheet and CVs. • The ARC-PA does not consider a <i>consultant</i> or interim program director a program director hired on a permanent basis. • The Commission expects that the program will retain the same program director for these 15 months. Programs informs the ARC-PA immediately when the program director is hired OR if there is a change in program director. The program may be removed from the agenda for not retaining a permanent program director for this time period. • If the program is allowed to stay on the Commission agenda, the program may be issued a citation for not retaining a permanent program director for this time period. • If the above position is not filled by the indicated time frame, the program will be removed from the commission agenda, forfeiting any fees paid. 	
D1.02a	The developing program publishes and makes <i>readily available</i> to <i>prospective students</i> and everyone who requests information: <ul style="list-style-type: none"> a) its ARC-PA applicant status as provided to the program by the ARC-PA,
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> • Is the correct ARC-PA accreditation statement as provided by the ARC-PA <i>published</i> and <i>readily available</i>? 	
ESSENTIAL EVIDENCE	

- The applicant status accreditation statement is *published* and *readily available* on the program webpage.
- The applicant status accreditation statement is provided in all materials distributed to inquiries.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to find program policies should take little effort or time.

D1.02b	The developing program publishes and makes <i>readily available</i> to <i>prospective students</i> and everyone who requests information: b) that the program is not yet accredited, and
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FOCUSED QUESTIONS

- Where does the program publish and make available the fact that the program is not yet accredited?

ESSENTIAL EVIDENCE

- The statement that the program is not yet accredited is *published* on the program webpage.
- The statement that the program is not yet accredited is provided in all materials distributed to inquiries.

Of note:

- See Glossary - the term “*readily available*” suggests that navigation to find program policies should take little effort or time.

D1.02c	The developing program publishes and makes <i>readily available</i> to <i>prospective students</i> and everyone who requests information: c) the implications of non-accreditation by the ARC-PA.
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FOCUSED QUESTIONS

- What are the implications of non-accreditation?
- Where is this *published* and *readily available*?
- Are these implications included in all materials distributed to those who request information?

ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> The statement of the implications of non-accreditation by the ARC-PA is <i>published</i> on the program webpage. This includes what would happen to fees paid, applicants, admitted students, etc. if the program does not achieve provisional accreditation in the proposed time frame. The statement of non-accreditation by the ARC-PA is provided in all materials distributed to inquiries. <p><i>Of note:</i></p> <ul style="list-style-type: none"> See Glossary - the term “<i>readily available</i>” suggests that navigation to find program policies should take little effort or time. 	
D1.03	The institution-approved complete curriculum is submitted with the application of record.
FOCUSED QUESTIONS	
<ul style="list-style-type: none"> Does the program have a complete curriculum included in the application of record? When was the curriculum approved by the institution? 	
ESSENTIAL EVIDENCE	
<ul style="list-style-type: none"> Course syllabi, student handbooks or other documents which include written curriculum design, sequencing, and evaluation methods for the entire program curriculum. Documented institutional approval of the curriculum is available with the application of record. 	

SECTION E: ACCREDITATION MAINTENANCE

Section E was moved to the policy manual

STANDARDS GLOSSARY

NOTE: Where terms are not defined, their definitions are at the discretion of the ARC-PA.

TERM	DEFINITION
ABMS	American Board of Medical Specialties.
Accurately	Free from error.
Active	Having practical operation or results, characterized by action rather than by contemplation or speculation.
Administrative Support (Staff)	Those individuals providing administrative, secretarial or clerical help to the program. <i>Administrative support</i> staff do not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data <i>analysis</i> .
Advanced Placement	The waiving of required coursework included in the PA curriculum for applicants to the program and/or the waiving of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components as part of the PA curriculum .
Analysis	Study of compiled or tabulated data interpreting correlations and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
AOA	American Osteopathic Association
Attrition	<p>Attrition is a reduction in number.</p> <p>Student attrition: the permanent loss of a matriculated student from a cohort in a PA program.</p> <p>Faculty/Staff attrition: the loss of a faculty/staff member from a position assigned to the PA program. Annual attrition rate is calculated as the (#FTE lost from the program/# FTE assigned to the program)x100=% attrition. The attrition rate is unaffected by whether or not the person(s) who left was replaced.</p> <ul style="list-style-type: none"> •Example 1: If a program is assigned 1 FTE staff total, and that program had a staff person leave every 6 months and therefore 2 different people left over the calendar year 2023. Attrition would be $(2/1) \times 100 = 200\%$ attrition. •Example 2: if a program had 0.5 FTE faculty person leave and the program had 4.0 FTE total faculty, then the attrition would be $(0.5/4) \times 100 = 12.5\%$ attrition
Comparable	Similar but not necessarily identical.
Competencies	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.
Consultant	An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program, principal or <i>instructional faculty</i> or staff.

TERM	DEFINITION
Course Director	Faculty member primarily responsible for the organization, delivery and evaluation of a course.
Deceleration	The loss of a student from the entering cohort, who remains matriculated in the PA program.
Distant Campus	A campus geographically separate from the main program at which didactic, preclinical or clinical instruction occurs for all or some of the students matriculated to that campus.
Distance Education	A formal educational process in which 50% or more of the required content/time/credit hours, excluding <i>supervised clinical practice experiences</i> , may be accrued when the student and instructor/faculty are not in the same physical location at the same time. The interaction may be synchronous or asynchronous.
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs and/or values. The <i>inclusion</i> of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another.
Effectiveness	The degree to which objectives are achieved and the extent to which problems are solved.
Elective Rotation	<i>Supervised clinical practice experiences</i> that may differ by student and which allow students to gain exposure to or deeper understanding of medical specialties related to their clinical or academic areas of interest.
Equity	The implementation of resources, consistent with applicable law, that address the remediable differences among diverse groups for all to achieve academic or professional success.
Equivalent	Resulting in the same outcomes or end results.
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help students in achieving goals.
Frequent	Occurring regularly at brief intervals.
Goals	The end toward which effort is directed.
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system. This term includes routine clinical or office records, records of care in any health-related setting, preventive care, lifestyle evaluation, research protocols and various clinical databases.
Inclusion	The <i>active</i> , intentional and ongoing engagement with <i>diversity</i> in ways that increase awareness, content knowledge, cognitive sophistication and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and/or clinical phases of the program, regardless of length of time of instruction, faculty status or rank.
Instructional Objectives	Statements that describe observable actions or behaviors the student will be able to demonstrate after completing a unit of instruction.
Interprofessional practice	Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.

TERM	DEFINITION
Learning Outcomes	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component, course or program.
Maximum Class Size	Maximum potential number of students enrolled for each admission cycle as approved by the ARC-PA.
Medical director	Physician assigned to the PA program and who reports to the program director. The FTE assigned to the <i>medical director</i> is specific to this position/role. Supports the program in ensuring that didactic and clinical instruction meet current practice standards as they relate to the role of the PA in providing patient care.
Mistreatment	<p><i>Mistreatment</i> is any behavior that disrespects the dignity of others or interferes with the learning process. It can be intentional or unintentional.</p> <p>Examples of <i>mistreatment</i> include:</p> <ul style="list-style-type: none"> • Discrimination: Denying opportunities based on race, ethnicity, gender, sexual orientation, or other protected category • Humiliation: Publicly belittling or humiliating someone • Physical or psychological punishment: Threatening or actually inflicting physical harm • Unfair treatment: Intentionally singling out someone for arbitrary treatment • Exploitation: Requiring that someone perform personal errands or exploiting them in any other way
NCCPA	National Commission on Certification of Physician Assistants
Operating Budget	Funds that the program may use for its general operations including all expenses other than salaries and benefits. These funds may be held in various types of accounts from various sources within or external (i.e. grants) to the institution. The funds may be recurring, one-time, or rolled over from a previous year. The program reports in the Portal at the beginning of the budget year, and at any time when funding changes, the dollar amount that the program may spend to cover its expenses. A decrease of 5% or greater is reported using the ARC-PA forms (see ARC-PA policy).
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.
Personal wellness	The quality or state of being in good health especially as an actively sought goal. It includes choices and activities aimed at achieving physical vitality, sense of accomplishment, and personal fulfillment.
Preceptor	Any <i>instructional faculty</i> member who provides student supervision during <i>supervised clinical practice experiences</i> .
Principal faculty	Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director.
Program faculty	The program director, <i>medical director</i> , <i>principal faculty</i> and <i>instructional faculty</i>
Prospective students	Any individuals who have requested information about the program or submitted information to the program.
Published	Presented in written or electronic format.
Readily available	Made accessible to others in a <i>timely</i> fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.
Recognized institutional accrediting agencies	An institutional accrediting agency or association recognized by the <i>United States</i> Department of Education (DOE) or the Council for Higher Education Accreditation that offers accreditation for graduate degrees.

TERM	DEFINITION
Remediation	The program defined and applied process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Required rotation(s)	<i>Rotations</i> which the program requires all students to complete. While an <i>elective rotation</i> may be one of the <i>required rotations</i> , it is not included in this definition.
Rotation	A <i>supervised clinical practice experience</i> for which there are <i>published</i> expected <i>learning outcomes</i> and student evaluation mechanisms.
Student services	Services aimed at helping students reach their academic and career <i>goals</i> . Such services typically include academic advising, tutoring, career services, disability services, financial aid, student health, computing and library resources and access.
Subspecialists	A narrow field of practice within its medical specialty as defined by <i>ABMS</i> and <i>AOA</i> .
Succession plan	A <i>succession plan</i> is a strategy that helps programs identify and develop potential leaders to fill critical positions in the future. The goal is to ensure that a program can continue to operate smoothly even when leaders leave, retire, or get promoted. <i>Succession plans</i> can involve a mix of people, processes, and tools.
Succinctly / Succinct	Marked by compact, precise expression without wasted words.
Sufficient	Enough to meet the needs of a situation or proposed end.
Summative evaluation	An assessment of the learner conducted by the program to ensure that the learner has the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. This evaluation consists of more than a listing and review of student outcomes otherwise obtained in the course of the program.
Supervised clinical practice experiences	Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management
Teaching out	Allowing students already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited program in which they can continue their education.
Technical standards	Nonacademic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.
Telehealth / Telemedicine	Patient evaluation and treatment using real-time, two-way interactive communication between a patient and a healthcare provider at a different location. This is conducted using audio and video communications in most cases unless video is not feasible.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
United States	The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island. A program may satisfy the requirement of <i>supervised clinical practice experiences</i> through medical facilities located in the <i>United States</i> and through a limited number of medical facilities that are accredited by the <i>United States</i> Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.

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