Riverside University Health System Orthopaedic Surgery Physician Assistant Fellowship Accreditation History

First accredited: March 2023
Next review: March 2026
Maximum class size per cohort: 4
Number of cohorts per year: 4

March 2025
The commission **accepted** the report providing evidence of

- description of how the program makes admission decisions in accordance with published practices, evidence the program defines, publishes, and makes readily available to enrolled and prospective PA trainees estimates of all costs related to the program which may be incurred by the PA trainee, and a description of the process utilized to evaluate clinical sites and preceptors used for PA trainees' clinical practice experiences

No further information requested.

June 2024
The commission **reviewed and more information requested of the report** providing evidence of

- Description of how the program makes admission decisions in accordance with published practices; the URL to the program's accreditation status published online; evidence that all program eligibility requirements are accurately defined, published, and made readily available to enrolled and prospective students on the program's website; evidence that the program defines, publishes, and makes readily available to enrolled and prospective PA trainees the policies related to instructional faculty supervision of PA trainees, technical standards, and estimates of all costs related to the program which may be incurred by the PA trainee; expected learning outcomes (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) for the Spine Clinic Rotation; description of how the program aligns PA trainee assessment with what the program expects of a student for the Spine Clinic Rotation; description of the program's self-assessment process to demonstrate the preparation of trainees to achieve program-defined competencies and sufficiency and effectiveness of program and instructional faculty and staff; and description of the process utilized to evaluate clinical sites and preceptors used for PA trainees' clinical practice experiences

Additional information (description of how the program makes admission decisions in accordance with published practices, evidence the program defines, publishes, and makes readily available to enrolled and prospective PA trainees estimates of all costs related to the program which may be incurred by the PA trainee, and a description of the process utilized to evaluate clinical sites and preceptors used for PA trainees' clinical practice experiences) due July 9, 2024.

March 2024
The commission **reviewed and more information requested** of the report addressing 3rd edition

- *Standard A3.11g* (provided evidence the program director *is* knowledgeable about and responsible for the program's accreditation requirements and process)
- *Standard A4.06* (lacked evidence the program clearly defines and publishes the admission requirements and practices upon which admissions decisions are made)
- *Standard A4.09a* (lacked evidence the ARC-PA accreditation status is defined, published, and readily available to prospective and enrolled PA trainees)
- *Standard A4.09c* (lacked evidence program eligibility requirements are defined, published, and readily available to prospective and enrolled PA trainees)

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- **Standard A4.09f** (lacked evidence policies related to instructional faculty supervision of PA trainees are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09g** (lacked evidence required technical standards are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09j** (lacked evidence estimates of all costs related to the program which may be incurred by the PA trainee are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09l** (provided evidence policies regarding *PA trainees' moonlighting* or otherwise working during the program are defined, *published*, and *readily available* to *prospective* and enrolled *PA trainees*)
- **Standard A4.09m** (provided evidence policies related to remuneration and benefits are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09n** (provided evidence policies addressing reduction in size or closure of a clinical postgraduate PA program and how PA trainees would be assisted in completing their education in such instances are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09o** (provided evidence defined training duties and weekly time expectations are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.17a** (provided evidence records of the program director, medical director and any program faculty include a current job description that includes duties and responsibilities specific to each individual)
- **Standard B1.04** (provided evidence the program provides the PA trainee with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined competencies)
- **Standard B1.06** (lacked evidence that for all didactic and clinical curriculum, the program provides each PA trainee with a written document that includes learning outcomes to guide PA trainee acquisition of the required competencies)
- **Standard B1.09** (lacked evidence the program assures that the volume and variety of clinical experiences provides for a sufficient number and distribution of appropriate experiences/cases for each PA trainee in the program to meet defined program expected learning outcomes)
- **Standard C1.01d** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of trainees to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of program and instructional faculty and staff)
- **Standard C2.01** (lacked evidence the program defines, implements and maintains effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA trainees' clinical practice experiences)

Additional information (description of how the program makes admission decisions in accordance with published practices; the URL to the program's accreditation status published online; evidence that all

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program eligibility requirements are accurately defined, published, and made readily available to enrolled and prospective students on the program's website; evidence that the program defines, publishes, and makes readily available to enrolled and prospective PA trainees the policies related to instructional faculty supervision of PA trainees, technical standards, and estimates of all costs related to the program which may be incurred by the PA trainee; expected learning outcomes (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) for the Spine Clinic Rotation; description of how the program aligns PA trainee assessment with what the program expects of a student for the Spine Clinic Rotation; description of the program's self-assessment process to demonstrate the preparation of trainees to achieve program-defined competencies and sufficiency and effectiveness of program and instructional faculty and staff; and description of the process utilized to evaluate clinical sites and preceptors used for PA trainees' clinical practice experiences) due March 8, 2024.

March 2023
Accreditation-Clinical Postgraduate Program; Next Comprehensive Evaluation: March 2026. The program is approved for up to four (4) students per cohort with 4 entering cohorts per year. Report due October 1, 2023 (*Standards*, 3rd edition):

- **Standard A3.11g (**lacked evidence the program director *is* knowledgeable about and responsible for the program's accreditation requirements and process)
- **Standard A4.06** *(*lacked evidence the program clearly defines and publishes the admission requirements and practices upon which admissions decisions are made)
- **Standard A4.09a (**lacked evidence the ARC-PA accreditation status is defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09c** (lacked evidence program eligibility requirements are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09f** (lacked evidence policies related to instructional faculty supervision of PA trainees are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09g** (lacked evidence required technical standards are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09j** (lacked evidence estimates of all costs related to the program which may be incurred by the PA trainee are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09l** (lacked evidence policies regarding *PA trainees' moonlighting* or otherwise working during the program are defined, *published*, and *readily available* to *prospective* and enrolled *PA trainees*)
- **Standard A4.09m** (lacked evidence policies related to remuneration and benefits are defined, published, and readily available to prospective and enrolled PA trainees)
- **Standard A4.09n** (lacked evidence policies addressing reduction in size or closure of a clinical postgraduate PA program and how PA trainees would be assisted in completing their education in such instances are defined, published, and readily available to prospective and enrolled PA trainees)

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- ***Standard A4.09o*** (lacked evidence defined training duties and weekly time expectations are defined, published, and readily available to prospective and enrolled PA trainees)
- ***Standard A4.17a*** (lacked evidence records of the program director, medical director and any program faculty include a current job description that includes duties and responsibilities specific to each individual)
- ***Standard B1.04*** (lacked evidence the program provides the PA trainee with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined competencies)
- ***Standard B1.06*** (lacked evidence that for all didactic and clinical curriculum, the program provides each PA trainee with a written document that includes learning outcomes to guide PA trainee acquisition of the required competencies)
- ***Standard B1.09*** (lacked evidence the program assures that the volume and variety of clinical experiences provides for a sufficient number and distribution of appropriate experiences/cases for each PA trainee in the program to meet defined program expected learning outcomes)
- ***Standard C1.01d*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of trainees to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of program and instructional faculty and staff)
- ***Standard C2.01*** (lacked evidence the program defines, implements and maintains effective processes for the initial and ongoing evaluation of all sites and preceptors used for PA trainees' clinical practice experiences)

No report due for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard A4.09h*** (lacked evidence all required curricular components are defined, published, and readily available to prospective and enrolled PA trainees; corrected subsequent to the visit)
- ***Standard E1.04*** (lacked evidence the program submits surveys and reports as required by the ARC-PA; corrected subsequent to the visit)