



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

October 6, 2017

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Sharon L. Gaber, PhD,
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Re: Notice of Adverse Action

Dear Dr. Gaber:

This letter is to advise you that the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has **withdrawn accreditation** from the **University of Toledo Physician Assistant Program** (the "Program"), sponsored by the **University of Toledo** ("University" or "Institution"). The basis for this decision was the information contained in the Program application and all appendices submitted to the ARC-PA, the report of the site visit team, and the Program response. As such, the Program is prohibited from admitting a cohort of students.

Based on its review of all relevant materials and the applicable ARC-PA policies, the ARC-PA determined that the Program is no longer in compliance with the ARC-PA *Standards* and is no longer capable of providing an acceptable educational experience for its students.

GENERAL COMMENTS

The numerous observations described in further detail below reflect the following:

1. Insufficient faculty and lack of oversight by the Institution and Interim Program Director
2. Lack of required curriculum elements
3. Inability to conduct meaningful program self-assessment
4. Inability to prepare a self-study report (SSR) that accurately documented results of critical analysis from ongoing self-assessment

Collaborating Organizations: American Academy of Family Physicians • American Academy of Pediatrics • American Academy of Physician Assistants • American College of Physicians • American College of Surgeons • American Medical Association • Physician Assistant Education Association

Member: Association of Specialized and Professional Accreditors (ASPA)

Recognized by: Council for Higher Education Accreditation (CHEA)

In addition, the application, site visit and Program response reflected programmatic disorganization and a poor understanding of the accreditation process and requirements to demonstrate compliance with the *Standards*. These observations along with the detailed citations listed below lead to the conclusions that:

1. The existing students were unlikely to receive adequate instruction.
2. The Program did not have the resources to educate students.
3. There was no reasonable expectation of rapid corrective action.

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

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

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

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

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

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

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

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

2. **Standard A1.03c** The sponsoring institution is responsible for:
 - c) complying with ARC-PA accreditation Standards and policies,

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

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

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

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

3. **Standard A1.03g** The sponsoring institution is responsible for:

- g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs

Finding: The sponsoring institution did not provide evidence it was responsible for addressing appropriate security and personal safety measures at all locations where instruction occurred.

Comments: The Institution was not able to provide evidence that it addressed appropriate security and personal safety for students and faculty during clinical rotations. During the site visit, the Program faculty stated that they "probably" discussed security and personal safety with the students and "probably" asked the sites to discuss this issue with the students when a student arrived at the site. The process to assure student and faculty safety measures in all locations was not located in any of the materials the Program provided as evidence of compliance (i.e., the affiliation agreement, the Clinical Manual or the Preceptor Manual).

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

4. **Standard A2.03** Principal faculty must be sufficient in number to meet the academic needs of enrolled students.

ANNOTATION: The number of principal faculty may need to exceed the 3.0 FTE minimum in order to accommodate student needs in larger programs and, depending upon the academic and administrative complexity of the program and responsibilities assigned to faculty within the program.

Finding: Principal faculty were not sufficient in number to meet the academic needs of enrolled students.

Comments: At the time of the site visit, the Program did not have an identified clinical coordinator and was not meeting the needs of the clinical phase students. In particular, the Program did not conduct site visits during the first four clinical rotations even though it was the Program's practice to do so and students expected these site visits to occur. In addition, there had been no advising of clinical phase students. In discussions with the faculty clinical team, the team identified that there were no

educational opportunities on call back days even though it was the Program's practice to do so and Program faculty expected these opportunities to occur. In the Graduate feedback survey data (appendix 13G) and during the site visit, students expressed their displeasure that educational opportunities were not provided at every call back day.

The Program's response to the observation stated that six site visits had occurred and there were planned clinical activities on the call back days in 2017. That information was not provided to the site visit team at the time of the visit.

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

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

Finding: The Interim Program Director (IPD) did not provide effective leadership and management.

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

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

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

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

a) organization

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

Finding: The IPD was not knowledgeable about or responsible for the Program organization.

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

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

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

d) continuous review and analysis,

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

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

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

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

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

g) participation in the accreditation process.

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

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

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

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

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

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

Finding: The Interim Program Director did not supervise the medical director, principal or instructional faculty in activities that directly related to the Program.

Comments: During the site visit, the IPD stated that no one in the Program reported to her and that Dr. Wishner had been overseeing the Program since the former Program Director left in December 2016. The job descriptions for Faculty/Assistant Professor, Associate Program Director and Academic Coordinator/Instructor identified that these positions reported directly to the Department Chair, not to the PD/IPD. The job description for Faculty Clinical Coordinator did not indicate to whom this position reports. The organizational chart, however, showed that faculty report to the PD.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Further, review of the Program's syllabi showed that a number of courses did not include sufficient instructional objectives to prepare the student for the practice of medicine. For example, in the following courses, all or the majority of the instructional objectives included the verbs "describe or identify," which did not provide the depth necessary in PA education to develop critical thinking skills. These courses included 5050: Human Physiology; 5510, 5520, 5530: Fundamentals of Pharmacology I, II, III; and 5330: Clinical Medicine III. Additionally, the Program did not actively participate in curricular evaluation to determine sufficient depth and breadth of the curriculum. Finally, the clinical curriculum was not sufficient to meet several of the standards (see citations #21-27 (B3.02 to B3.06b)).

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

13. **Standard B1.09** For each didactic and clinical course, the program *must* define and publish *instructional objectives* that guide student acquisition of required *competencies*.

ANNOTATION: *Instructional objectives* stated in measurable terms allow assessment of student progress in developing the *competencies* required for entry into practice. They address learning expectations of students and the level of student performance required for success.

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

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

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

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

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

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

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

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

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

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

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

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

15. **Standard B2.08** The program curriculum *must* include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span.

ANNOTATION: Social and behavioral sciences prepare students for primary care practice. Instruction includes detection and treatment of substance abuse; human sexuality; issues of death, dying and loss; response to illness, injury and stress; principles of violence identification and prevention; and psychiatric/behavioral conditions.

Finding: The Program did not provide evidence that the curriculum included instruction in human sexuality; issues of death, dying and loss; or response to illness, injury and stress.

Comments: On-site review of course syllabi and interviews with faculty revealed instruction in social and behavioral sciences, normal and abnormal development, substance abuse, human sexuality, principles of violence, and psychiatric/behavioral conditions. However, there was no evidence provided to affirm the curriculum included instruction in issues of death, dying and loss or response to illness, injury and stress.

In the Program's response to the observation, it provided instructional objectives from PHYA 6050 Medical Ethics for death, dying and loss. It did not provide evidence of instruction in response to illness, injury and stress.

16. **Standard B2.09** The program curriculum must include instruction in basic counseling and patient education skills.

ANNOTATION: Instruction in counseling and patient education skills is patient centered, culturally sensitive and focused on helping patients cope with illness, injury and stress, adhere to prescribed treatment plans and modify their behaviors to more healthful patterns.

Finding: The Program curriculum did not include instruction in counseling and patient education skills to help patients cope with injury and stress.

Comments: On-site review of course syllabi identified in the application and during the site visit as evidence of compliance with the standard (i.e. 6150 Behavioral Science and 5340 Clinical Medicine II) contained no evidence of instruction in counseling and patient education skills to help patients cope with injury and stress.

The Program's response to the observation stated that the instruction was covered in 5100 Principles of Interviewing and Medical History, which included one instructional objective: "Objective H. Describe typical patient reactions to illnesses and to health care encounters." The objective did not address patient education skills or helping patients cope with injury and stress, and therefore is not sufficient to demonstrate compliance with the standard.

17. **Standard B2.12** The program curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA.

ANNOTATION: Instruction in concepts of public health includes an appreciation of the public health system and the role of health care providers in the prevention of disease and maintenance of population health. It includes participating in disease surveillance, reporting and intervention.

Finding: The Program curriculum did not include instruction in concepts of public health including disease surveillance or reporting.

Comments: On-site review of the course syllabus identified in the application as evidence of compliance with the standard (i.e. PHYA 6110 Health Promotion & Disease Prevention) and interviews with faculty revealed instruction in public health, the public health system, prevention of disease, maintenance of population health and intervention. However, there was no evidence to affirm the curriculum provided students with instruction in disease surveillance or reporting.

The Program's response to the observation stated that disease surveillance and reporting were listed in the syllabus, but it was not specific as to where this information was included. From ARC-PA's review, the course description, course objectives and topic schedule in Appendix 10-PHYA6110 of the response did not include evidence of instruction in disease surveillance and reporting.

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

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

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

At the time of the site visit, review of course syllabi provided as evidence of compliance (i.e., PHYA 6110 Health Promotion & Disease Prevention, PHYA 5310, 5320 and 5330 Clinical medicine I, II and III, PHYA 6150 Behavioral Science, and PHYA 5140 Health Care Teams & Systems) and interviews with faculty revealed that the curriculum did not include instruction in quality improvement, prevention of medical errors or risk management.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Program stated it also monitored the student logging of patient encounters, but at the time of the site visit, it was not able to verify each student had patient encounters in all areas required by the

standard. Additionally, while exposure is essential for students to meet Program expectations, exposure alone is not sufficient to meet the standard as it does not verify student acquisition of competencies.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d) care for behavioral and mental health conditions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

At the time of the site visit, the Program was not able to articulate how faculty were engaged in data-driven decisions or application of self-assessment results leading to effective change in the curriculum or

other dimensions of the Program. For example, the Program was not able to articulate the factors which may have impacted the PANCE pass rate decline from 85% in 2014 to 74% in 2016.

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

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

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

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

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

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

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

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

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

Appendix 13F Preceptor feedback of student preparedness: The Program did not document analysis of “student preparedness” for supervised clinical practice experiences (SCPEs). Instead, the Program documented analysis of student performance in the SCPE, which is not the requested information.

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

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

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

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

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

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

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

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

Comments: Overall, the Program appeared to have made little progress from the prior SSR in faculty evaluation of the curricular and administrative aspects of the Program. The Program did not provide

evidence of analysis of data within the appendix. The Program offered only one conclusion about the newly hired clinical coordinator (within Appendix 13L Table Revision 040414 which identified three curricular issues), but this was not supported by data analysis provided within the appendix narrative.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- f) plans for addressing areas needing improvement

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Program did not consistently follow the directions in the application or appendices (including the SSR templates). In particular, the Program failed to do the following, as required by the application: (1) address all of the questions within the application and appendices, (2) complete all areas of the application and appendices (i.e., Standard C3.05b and analysis narrative for appendix 13E), (3) check the boxes within section E of the application (for E1.01, E1.02, E1.03, E1.04, or E1.06), (4) address the expectations of the commission as provided within the feedback letter from the SSR 2-years prior to this application and SSR, (5) divide Appendix 13 into sections with tabs and (6) use the templates provided in the application for Appendices 13B or C.

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

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

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

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

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

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

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

Finding: The Program did not provide quarterly updates to the ARC-PA on progress toward filling the Program Director position.

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

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

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

In addition to the citations above, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) recently reviewed your response to citations, dated 7/5/2017. Based on its review, the Commission **does accept** the report.

The Commission also reviewed your exceeding class size explanation form dated 8/7/2017. Based on its review, the Commission **does accept** the explanation.

The Commission also reviewed your PANCE required report form dated 7/5/2017. Based on its review, the Commission **does not accept** the report. The data analysis did not meet the definition of analysis as stated in the *Standards* Glossary: Analysis: "Study of compiled or tabulated data

interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.” The analysis provided by the Program was an insufficient exploration of the contributing factors and analysis and failed to identify a cause and effect relationship. The Program has not effectively explored the poor PANCE performance and therefore was not able to articulate effective actions.

NEXT STEPS

If the Program wishes to appeal the ARC-PA’s decision, it must send the ARC-PA a written Notice of Appeal within thirty (30) calendar days of the date of this letter. If a Notice of Appeal is not received, this decision shall be final and shall not be subject to appeal. A copy of the ARC-PA Appeal Procedure is attached for your information.

Alternatively, the Program may voluntarily withdraw from the accreditation process by notifying the ARC-PA within thirty (30) calendar days of the date of this letter.

If the Program does not appeal the ARC-PA’s decision or withdraw from the accreditation process, the Program must provide ARC-PA with a detailed description of the process it has used to notify students and applicants of the Program’s accreditation-withdrawn status within thirty (30) calendar days of the date of this letter. The Program listing on the ARC-PA website will reflect the Program’s accreditation-withdrawn status. If an appeal is initiated, the Program accreditation status on the ARC-PA website will not change until the outcome of the appeal has been resolved.

If you have questions or concerns, do not hesitate to contact us.

Sincerely,



Sharon Luke, MSHS, PA-C
Executive Director

- c: Christopher Cooper, MD, Dean of the School of Medicine; christopher.cooper@utoledo.edu
Linda Jo Dill, PhD, PA-C; Program Director; Lindajo.dill@utoledo.edu
Vivian Moynihan, MD, MPH, FACOG; Chair, ARC-PA
Jack Bierig, JD; Legal Counsel, ARC-PA
Emily Van Wyck, JD; Legal Counsel, ARC-PA



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

9.15 Accreditation Actions Subject to Appeal and Appeal Procedures

The following adverse actions by the ARC-PA affect a PA program's accreditation status and are subject to appeal pursuant to the ARC-PA's Appeal Procedures.

1. refusal to consider a program for accreditation
2. withholding of accreditation
3. assignment of probationary status
4. withdrawal of accreditation

Any appeal must be based upon the time and the circumstances that triggered the ARC-PA adverse action (e.g., a reaccreditation comprehensive review, provisional application, required report, etc.). Descriptions of program changes made since that time will not be considered.

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification.

Appeal Procedure

Note: In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to insure a fair and impartial review.

Programs enter the Appeal Process by filing a Notice of Appeal.

Appeals Fee

Reconsideration \$5,000

Appeal before an Independent Appeals Panel \$8,000
(In addition to other expenses as detailed in the Appeals Procedure)

Appeal fees are to be submitted to:

Accreditation Review Commission on Education for the Physician Assistant
Attn. Accreditation Services
12000 Findley Road, Suite 275
Johns Creek, GA 30097

Accreditation Status, Public Release

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing the Appeal Process, the ARC-PA shall advise those inquiring that the program's accreditation status remains as it was prior to the Appeal.

A. Notice of Appeal

If a PA program wishes to appeal the ARC-PA's adverse action, it must send a written Notice of Appeal, which must include all documentation in support of the appeal, to the ARC-PA Executive Director within **thirty (30) calendar days** after the date of written notification of the accreditation decision.

At a minimum, the Notice of Appeal should include:

1. A statement of the accreditation decision to be reviewed.
2. A description of the modification or reversal sought by the program.
3. A complete and concise description of any inaccurate, incomplete or erroneous fact(s), or incorrect interpretation of the **Standards**, on which the program believes the decision was based.
4. Pertinent detailed supporting documentation.
5. Any other relevant information the program wishes to have reviewed.

The program should submit its request **electronically as an attachment to accreditationservices@arc-pa.org**.

If a Notice of Appeal and the appropriate appeal fees are not received by the ARC-PA within **thirty (30) calendar days**, the initial adverse action by the ARC-PA shall constitute final action by the ARC-PA, effective immediately.

B. Reconsideration by a Review Panel

All Notices of Appeals are initially referred to a five-member Review Panel consisting of two members of the executive committee, the public member of the ARC-PA and two other commissioners appointed by the ARC-PA Chair.

No person shall be included on the Review Panel if he or she:

- participated in the site visit that triggered the adverse action,
- was assigned to review recent site visit findings, required reports or other ARC-PA findings regarding that PA program on behalf of the ARC-PA,
- has a conflict of interest as determined under the ARC-PA Conflict of Interest policy.

Information Provided to the Review Panel

The Review Panel members will consider materials independently before discussing the program. The ARC-PA Executive Director (or designee) shall forward to each member of the Review Panel the following materials, which shall constitute the Reconsideration Review Record:

- the commission review process documents – program application, site visitor worksheet, program response to the site visit observations and program accreditation history – that were available to the ARC-PA and upon which the ARC-PA relied in the action that is the subject of the appeal,
- the first and second (commissioner) reviewer worksheets,
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action,
- a copy of the institution/program Notice of Appeal and supporting documentation.

No new information will be presented to or will be considered by the Review Panel.

C. Deliberation and Report of the Review Panel

In developing its decision, the panel will give consideration to the Reconsideration Review Record, the particular facts or **Standards** at issue, as well as the existing ARC-PA policies and ARC-PA precedent. The Review Panel shall determine whether the ARC-PA's action is supported by the evidence, and whether the action was taken in accordance with the ARC-PA's policies and procedures. The Review Panel may find it necessary to consult with ARC-PA staff regarding ARC-PA policy issues and precedent.

The panel must develop a written report to include the following:

1. Activities: a brief summary of the activities of the panel pertaining to the case, including dates and contents of any meetings or conference calls, the purpose of these meetings or conference calls and the persons involved.
2. Findings: a statement responding to each of the issues brought forth in the program director's appeal letter, including a brief description of reasons for the panel's determination regarding each issue.
3. Decision: the decision of the Review Panel.
4. Signatures: electronic signatures of each panel member indicating agreement or not with the report.

D. Reconsideration Decision

The Review Panel shall make one of the following decisions:

1. Affirm the initial adverse action;
2. Modify the initial adverse action in whole or in part; or
3. Reverse the initial adverse action.

The program will be notified of the Review Panel decision by the ARC-PA.

If the adverse action being reconsidered related to probation or refusal to consider a program for accreditation, the decision of the Review Panel is final and the appeal process is complete. The program may not request a Formal Appeal hearing by the ARC-PA.

If the program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before the ARC-PA. Such a request must be received in writing by the ARC-PA within **ten (10) calendar days**.

E. Formal Appeal Before an Independent Appeals Panel

Process for appeal of an adverse action of denial or withdrawal of accreditation action following reconsideration

Appeal Procedure

Note: In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to insure a fair and impartial review.

Institution/program enters the Appeal Process by filing a Notice of Final Appeal with the appropriate appeal fees.

If, after reconsideration by the Review Panel, the institution/program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before an independent Appeals Panel. Such a request must be received in writing by the ARC-PA within **ten (10) calendar days** of receipt of notification of the Review Panel decision.

The appeal shall be limited to the time and circumstances that triggered the ARC-PA action (e.g., a commission review, focused visit, required report, etc.) and shall be based solely on the information contained in the documents upon which the decision was based. Descriptions of changes made since that time will not be considered, except as expressly provided herein.

(1) Panel Selection

The Appeals Panel shall be appointed by the ARC-PA Executive Director in consultation with the ARC-PA Chair and shall include individuals who are former ARC-PA commissioners or who otherwise meet the qualifications to serve on the ARC-PA, such as educator or practitioner status as defined by the ARC-PA. There will be three members of the Appeals Panel, including a representative of the public, and three alternate members, including a representative of the public, who will be called upon to participate if an Appeals Panel member must be excused.

No person shall be included on an Appeals Panel for a given program if he or she:

- has participated in a commission review process visit that triggered the adverse action,
- reviewed recent commission review process findings, status reports, or other ARC-PA findings or conclusions regarding that program on behalf of the ARC-PA,
- has a conflict of interest as determined under the ARC-PA Conflict of Interest Guidelines

Once the Appeals Panel has been established, neither the sponsoring institution/program nor any member of the ARC-PA shall contact any member of the Appeals Panel concerning the substance of the matter under appeal.

(2) Information Provided to the Appeals Panel

The ARC-PA Executive Director shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record:

- the commission review process documents – program application, site visitor report, program response to the site visit observations, and the program history that was available to the ARC-PA and upon which the ARC-PA relied in the action that is the subject of the appeal
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action
- a copy of the institution/program Notice of Appeal and supporting documentation
- a copy of the letter containing the results of the reconsideration by the review panel
- no new information will be presented to or will be considered by the Appeals Panel; provided that, if:
 - a) the adverse action that is the subject of appeal was based solely upon a failure by the institution/program to meet an accreditation standard pertaining to finances, and
 - b) the information was unavailable to the institution/program prior to the decision by the ARC-PA to take the adverse action, and
 - c) the information is significant and bears materially on the financial deficiencies identified by the ARC-PA, that information also will be forwarded to and may be considered by the Appeals Panel.

Timing of and Representation at the Appeals Panel Hearing

The Appeals Panel shall select a Chair and the Chair of the Appeals Panel shall notify the institution in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution/program that it:

- may send representatives to appear before the Appeals Panel,
- may be represented by legal counsel, and
- may submit a written response to the ARC-PA's cited areas of noncompliance; such response must be limited to the time and circumstances that triggered the adverse action and shall be based solely on the information contained in the accreditation letter

The institution/program's written response, names of institution/program representatives to appear before the Commissioner Appeals Panel and, if any, the legal counsel who will attend the hearing, must be received by the Chair of the Appeals Panel no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The institution/program will be notified that failure to appear without good cause, or failure to notify the Chair of the Appeals Panel at least ten (10) calendar days before the scheduled date of the hearing that it will not appear, may result in the Appeals Panel making its decision based on the information before it with no further opportunity for an appearance by the institution. Any costs related to the institution/program failure to appear or to cancel the hearing will be billed to the institution/program.

During the hearing, the ARC-PA will be represented by the ARC-PA chair or commissioner designee, the Executive Director or staff designee, and legal counsel.

(3) Conduct of the Hearing before the Appeals Panel

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

Introductory statement by the Chair of the Appeals Panel and review of procedure by ARC-PA legal counsel

- Oral presentation by the ARC-PA Chair, or commissioner designee presenting the grounds for the adverse action (30 minutes).
- Oral presentation by the institution/program (one hour).
- Response by the ARC-PA Chair, or commissioner designee (15 minutes)
- Questions by the Appeals Panel to both parties.
- Appeals Panel executive session (15- 30 minutes).
- Additional questions by the Appeals Panel to both parties.
- Closing statement by the institution/program (15 minutes).
- Closing statement by the ARC-PA (15 minutes)
- Adjournment.

The hearing will be audio recorded.

(4) Decision of the Appeals Panel

At the conclusion of the hearing, the Appeals Panel shall meet in executive session to review the proceedings and to reach a decision. The Appeals Panel shall consider the Appeal Record and the information presented during the hearing. The Appeals Panel shall determine, by majority of those members present, whether the institution/program has demonstrated by the presentation of substantial evidence that the ARC-PA findings of noncompliance with each of the cited areas of accreditation standards should be overturned, and whether the adverse action should be affirmed, modified or reversed.

The Appeals Panel shall make one of the following decisions:

- Affirm the adverse action
- Reverse or modify the adverse action

The Appeals Panel determination shall be submitted to the ARC-PA using the format of the ARC-PA's *Appeal Decision Template*, which includes a written report of the Appeals Panel decision and the reasons therefore, and specific implementation instructions for the ARC-PA, if any.

The Appeals Panel process, including the filing of the report with the ARC-PA, shall be completed within ninety (90) calendar days from the time that the institution/program files its Notice of Final Appeal, and shall constitute the final decision on the matter.

(5) ARC-PA Implementation of the Appeals Panel Decision

The ARC-PA shall act in a manner consistent with the Appeals Panel decision.

The ARC-PA Executive Director shall notify the institution/program in writing of the Appeals Panel decision, and the action taken by the ARC-PA to implement such decision, including the reasons therefore, within thirty (30) calendar days after receipt of the Appeals Panel Report.

(6) Costs of Formal Appeal

The costs of the Formal Appeal shall be allocated in the following manner:

- the appellant institution/program shall submit payment of the Appeal Fee
- the ARC-PA and the appellant institution/program share all of the administrative and meeting costs for the Formal Appeal, including the costs of the hearing
- the appellant institution/program shall bear all of the costs involved in the development and presentation of its appeal and in the travel and other expenses of its representatives present at any hearing
- the ARC-PA shall bear the cost of audio recording the hearing. The institution/program shall be required to pay for any copies of the audio recording

(7) Notice and Filings with the ARC-PA Executive Director

Whenever, under any of the provisions of this procedure, there is a requirement for a written notice, request, or other writing to be submitted to the ARC-PA, said writing (email attachment is acceptable) shall be addressed to the following:

Sharon L. Luke, MSHS, PA-C
Executive Director
Accreditation Review Commission on Education for the Physician Assistant
12000 Findley Road, Suite 275
Johns Creek, GA 30097
ExecutiveDirector@arc-pa.org.