Nurse Practitioner & Physician Assistant Residency Program Accreditation Standards©

First Edition
First Published June 2023
Effective January 2024
Revised January 2024

© 2023 Accreditation Review Commission on Education for the Physician Assistant, Inc.

ACEN/ARC-PA
NURSE PRACTITIONER & PHYSICIAN ASSISTANT RESIDENCY PROGRAM
ACCREDITATION *STANDARDS*
TABLE OF CONTENTS

Standard 1: Sponsorship, Mission, Governance and Resources

The administrative operation of NP & PA program includes collaboration between the program educators, the administrative and support staff, and the sponsoring organization leadership. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. The sponsoring organization supports the program with sufficient and sustainable resource capacity to achieve role-specific competencies and program outcomes.

1.1   The mission/values/goals of the program are congruent with that of the sponsoring organization.

Annotation: The mission, values, and goals of the NP & PA program must be congruent with the core values, mission, and goals of the sponsoring institution.

Suggested Evidence:

Comparison and relationship of institution and program mission, and vision statements and goals.

1.2   The program administrator is experientially and educationally qualified to facilitate the achievement of the role-specific competencies and program outcomes, and each trainee's specialty area residency program.

Annotation: The program administrator has the requisite experience, knowledge and administrative skills in the specialty of the program to facilitate the achievement of the role-specific competencies and program outcomes in the specialty areas.

Suggested Evidence:

CV of program administrator;

Job description for program administrator;

Onsite discussions with program educators, staff, trainees.

1.3 The program administrator has the authority to:

  a. Develop and implement the mission of the program;

  b. Administer and lead the program;

  c. Prepare the program budget with program educators' input; and

  d. Administer the resources allocated to the program.

Annotation: The program administrator is responsible and has the authority for the administration of the program to include development and implementation of the mission of the program with stakeholders of the program, operate and lead the program, prepare the program budget and allocation of resources to the program.
Suggested Evidence: CV of program administrator;   Job description of program administrator;   Tools used to evaluate program administrator;   Organizational chart.
1.4   Stakeholders have opportunities to provide input into program processes and/or decision-making.
Suggested Evidence: Descriptive narrative of process for stakeholder input to program processes or decision-making.   Meeting minutes, survey tools, etc. that are used to provide stakeholder input.   Documentation of formal decision-making process with stakeholder steps identified.
1.5 The program administrator has sufficient time and resources to fulfill the role and responsibilities.
Annotation: The program administrator has sufficient protected time and resources (e.g., human, fiscal, academic, technology, equipment) necessary to fulfill the role and responsibilities. In addition, the program administrator has sufficient protected time to provide trainees timely access for assistance and counseling regarding their academic and professional progress.
Suggested Evidence: Example of schedule for program administrator.   Letter of hire or contract for program administrator that specifies time expectation for program work.   Documentation of resources allotted to program.   Job description.
1.6   The program has sufficient and sustainable fiscal resources to support the NP & PA program and its mission at all locations and for all method(s) of delivery.
Annotation: The program budget is sufficient to assure budgetary needs of the program are met to fulfill its mission at all locations and for all method(s) of delivery.
Suggested Evidence: Budget template that includes program's fiscal resources.

1.7   The program has sufficient and sustainable physical resources to support the program and its mission at all locations and for all method(s) of delivery.
Annotation: The program has sufficient physical resources (e.g., sufficient classrooms, labs, and clinical practices sites for trainees; sleeping rooms for call duty, space for confidential academic counseling of trainees) to support the program and its mission at all locations and for all method(s) of delivery.
Suggested Evidence: Data from Program Datasheet.
1.8   The program has sufficient and sustainable human resources to support the program and its mission at all locations and for all method(s) of delivery.
Annotation: The program has sufficient and sustainable administrative, and staff human resources needed on a daily and ongoing basis, to support the program administrator and program educators in accomplishing their assigned tasks and to support the program and its mission at all locations and for all method(s) of delivery.
Suggested Evidence: Data from Program Datasheet, (Appendix 1).   CVs of program administrative and staff members and their duties (Template 3).
1.9   Support services for instructional technologies are commensurate with the needs of program educators, regardless of method(s) of delivery used.
Annotation: The program has access to current technology, support services and resources for instructional technology needs of the program and program educators.
Suggested Evidence: List of support services for instructional technologies provided by institution.
Standard 2:   **Program Educators and Preceptors**   Qualified Np & PA program educators and preceptors ensure the achievement of the role-specific competencies and program outcomes.
2.1   Program educators are educationally and experientially qualified to facilitate achievement of the role-specific competencies and program outcomes.
Annotation: The program educators have the requisite credentials, experience, and knowledge in the specialty of the program to facilitate the achievement of the role-specific competencies and program outcomes in the specialty areas.

Suggested Evidence: CV of program educators demonstrates qualifications to facilitate role-specific competencies and program outcomes. Job description for program educators demonstrates congruence with CV. Copy of current credentials, certification and/or licensure information.

2.2 Program educators:
 	
    a. are sufficient in number and experience to supervise the number of enrolled trainees to achieve the role-specific competencies and program outcomes;
 	
    b. have clearly defined role(s) and responsibilities;
 	
    c. are oriented to their role(s) and responsibilities; and
 	
    d. are mentored.

Annotation: The program has sufficient program educators assigned to provide enrolled trainees with the supervision, mentorship, education, and evaluation necessary to achieve the role-specific competencies and program outcomes. In addition, the program has sufficient program educators to assure that trainees have timely access to program educators for assistance and counseling regarding their academic and professional progress.
Suggested Evidence: Summary table(s) of program educators and preceptors that include: Educator's or Preceptor's role and responsibilities; Process for orienting educators and/or preceptors, plus date of last orientation for that individual; Documentation of mentoring process for educator or preceptor; may include letter indicating mentoring assignment and expectations for mentor/mentee; any policies related to mentoring relationship expectations; List of program educators.
2.3   Program educators maintain expertise in their areas of responsibility and participate in professional development.
Annotation: Program educators have the expertise that represents knowledge and skills reflective of current practice within the area specialty of the program.
Suggested Evidence: Documentation of educator's professional development over past 3 years.
2.4 Program educators' performance: a. is regularly evaluated in accordance with the sponsoring organization's policy/procedure; and

b. demonstrates effectiveness in the assigned area(s) of responsibility.
Annotation: Performance evaluation of each program educator occurs in a manner and timeline consistent with sponsoring organization's policy/procedure. The evaluation includes assessments of teaching, scholarly activity, and any additional responsibilities.
Suggested Evidence: Schedule of program educators' evaluation; Tools used to evaluate program educators; Tools used to determine educator's effectiveness: may include NP & PA formal feedback (survey tools), summative test scores of NP & PAs, description of evaluation process, description of analysis from survey or other evaluation tools.
2.5 Preceptors are educationally and experientially qualified to facilitate achievement of the role-specific competencies and program outcomes in the specialty area.
Annotation: The preceptors have the requisite experience, and knowledge in the specialty of the program to facilitate the achievement of role-specific competencies and program outcomes in the specialty areas.
Suggested Evidence: CV of preceptors demonstrates qualifications to facilitate program outcomes Copy of current certification and/or licensure information.
2.6 Program preceptors: a. are sufficient in number and experience to supervise the number of enrolled trainees to achieving the role-specific competencies and program outcomes, b. have clearly defined role(s) and responsibilities, c. are oriented to their role(s) and responsibilities; and d. are mentored.
Annotation: The program has sufficient preceptors assigned to provide enrolled trainees with the supervision, mentorship, education, and evaluation necessary to achieve the role-specific competencies and program outcomes.
Suggested Evidence: Summary table(s) of program educators and preceptors that includes: Educator's or Preceptor's role and responsibilities Process for orientating educators or preceptors, plus date of last orientation for that individual

Documentation of mentoring process for educator or preceptor; may include letter indicating mentoring assignment and expectations for mentor/mentee; any policies related to mentoring relationship expectations.   List of program preceptors.

2.7 Preceptors' performance:
 	
     a. is regularly evaluated by program educators and trainees; and
 	
     b. demonstrates effectiveness in the assigned area(s) of responsibility.

Annotation: Performance evaluation by program educators and trainees of each preceptor occurs in a manner and timeline consistent with sponsoring organization's policy/procedure. The evaluation includes assessments of teaching, and any additional responsibilities.
Suggested Evidence: Tools used by program educators and trainees to evaluate preceptors;   Tools used to determine preceptor's effectiveness: may include trainees' formal feedback (survey tools), summative test scores of trainees, description of evaluation process, description of analysis from survey or other evaluation tools.
Standard 3: Trainees   Policies and services support the trainee achievement of the role-specific competencies and program outcomes.
3.1   The program's current ACEN/ARC-PA accreditation status and the ACEN/ARC-PA contact information is accurate and readily accessible to the public.
Suggested Evidence: Information is easily accessible to the public on the program website and printed admission information.

3.2   Program and/or sponsoring organization policies that address admission, progression, completion, employment, and technology are:
 	
     a.   Publicly accessible;
 	
     b.   Current;
 	
     c.   Non-discriminatory;
 	
     d.   Communicated in a clear and timely manner; and
 	
     e.   Consistently applied to all trainees.

Suggested Evidence:

Program and sponsoring organization policy documents for all components of the standard, in addition assurance that guidance is available to assist trainees in understanding and abiding by program policies and practices.
3.3 A written employment agreement between the employer and each trainee is current and includes: a. Specific expectations for all parties, b. Specific remuneration and benefits for the trainees; and c. Ensure the protection of the trainees.
Suggested Evidence: Program and sponsoring organization policy documents for all components of the standard, in addition, assurance that guidance is available to assist trainees in understanding and abiding by program policies and practices.
3.4 Program educators and / or administrators have input into the selection of trainees admitted into the program.
Suggested Evidence: Job descriptions of program educators. Written admission policies and procedures for selection of trainees.
3.5 Orientation to the program emphasizes program requirements and the trainees' obligations to the sponsoring organization.
Annotation: The trainee is provided an orientation to all program requirements and obligations (e.g., duty hours, required curricular components, policies regarding moonlighting or otherwise working during the program, post-completion requirements or responsibilities).
Suggested Evidence: Orientation schedule and materials (e.g., trainee's handbook) for trainees.
3.6   Trainees must be clearly identified as such to distinguish them from students and other health care professionals.
Annotation: The trainees must be clearly identified as such to distinguish them from physicians, medical residents, staff NP & PAs, other health care professionals, and students.
Suggested Evidence: Program policies and procedures related to trainees' identification. Trainees' names tags and/or jacket patches/emblems.

3.7   Program records reflect that grievances and complaints related to the program receive due process.
Annotation: Program has a well-defined process and procedure for grievances and complaints related to the program submitted by program educators and trainees.
Suggested Evidence: Review of sponsoring organization and program grievance and complaint policies and procedures; Review of program educators and trainees' folders who have submitted a grievance and/or complaint related to the program.
3.8 Trainees must be provided: a. Information related to instructional technologies requirements that is accurate, clear, consistent, and accessible. b. Orientation to instructional technologies and technological support.
Annotation: The trainee has access to and is oriented to current instructional technology and provided technological support for the achievement of the role-specific competencies and program outcomes in the specialty areas.
Suggested Evidence: List of instructional technology provided to the trainee. Orientation schedule and documents provided to the trainee related to instructional technology.
3.9   Support services are commensurate with those needed for role transition throughout the program.
Annotation: Support services assist the trainee to reach their academic and career goals typically include academic and professional advising, tutoring, remediation, and health resources.
Suggested Evidence: List of support services provided and available to trainees.
Standard 4: Curriculum The NP & PA program demonstrates evidence of an effective curriculum that enhances trainees' abilities to provide patient-centered care and work in collegial, interprofessional teams.
Annotation: The curriculum addresses the application of diagnostic, behavioral, and social sciences; patient assessment and clinical treatment; and clinical practice.
Suggested Evidence:

Course-related materials.
4.1   Professional standards, guidelines, and competencies are the basis for sufficient curricular depth and breadth and demonstrated capability in the clinical practice specialty area.
Annotation: The curriculum reflects the depth and breadth needed to meet the role-specific competencies and program outcomes in the specialty areas.
Suggested Evidence: Course-related materials that include higher level learning outcomes that define the expected program outcomes appropriate for clinical practice in the specialty.
4.2   The role-specific competencies are used to: a.   organize the curriculum;   b.   guide instruction; and   c.   direct learning activities that are appropriate for all methods of delivery.
Annotation: The curriculum design/organization enables instruction and learning activities for the trainee to meet the program outcomes.
Suggested Evidence: Graphic design of the curriculum design/organization and sequencing.   Course/didactic instruction, and clinical experiences sequence, in conjunction with learning activities demonstrate a curriculum that sequentially builds upon previous knowledge and competencies to achieve program outcomes.
4.3   Emphasizing the role of the trainee, the curriculum incorporates the following concepts in all learning environments: a. principles in quality improvement;   b. patient safety;   c. patient-centered care;   d. interpersonal and interprofessional communication;   e. professional identity; and   f. contemporary evidence-based practice, research, and/or scholarship.
Annotation: The curriculum has learning outcomes stated in measurable terms for all components of this standard.
Suggested Evidence: Learning outcomes for each of the components of this standard.

Learning outcomes are clear in defining expectations, provide guidance to help the trainee achieve competency in the clinical practice specialty area and to achieve the program outcomes.

4.4 To optimize healthcare outcomes, the curriculum enables the trainee to independently assume the responsibilities within a clinical practice specialty area and emphasizes:

a. leadership capacity including delegation; prioritization, advocacy, and conflict resolution;

b. the continuing development of clinical reasoning and performance improvement;

c. the application of evolving biomedical sciences, ethics, information literacy, and informatics;

d. teamwork and interprofessional collaboration; and

e. value-based care, including the evaluation of healthcare data and performance improvement methods.

Annotation: The curriculum has learning outcomes stated in measurable terms for all components of this standard.

Suggested Evidence:

Learning outcomes for each of the components of this standard.

Learning outcomes are clear in defining expectations, provide guidance to help the trainee achieve role-specific competencies and program outcomes.

4.5 The curriculum identifies:

a. the diversity of the population(s) served;

b. addresses the health disparities of the population(s) served; and

c. prepares the trainees to provide culturally sensitive care.

Annotation: The curriculum has learning outcomes stated in measurable terms for all components of this standard.

Suggested Evidence:

Learning outcomes for each of the components of this standard.

Learning outcomes are clear in defining expectations, provide guidance to help the trainee achieve role-specific competencies and program outcomes.

4.6 The program assures that learning and clinical experiences are of sufficient quantity, quality, and variety for each trainee to achieve competency in the clinical practice specialty area and to achieve the role-specific competencies and program outcomes.

Annotation: The clinical experiences provide the trainee access to sufficient patient populations, clinical procedures, and other clinical experiences to achieve competency in the clinical practice specialty area and to achieve the program outcomes.
Suggested Evidence: Policies and procedures for trainee placement at clinical sites.   Program evaluations of clinical sites in terms of their ability to provide needed experiences.   Trainees of evaluation sites; documentation of patient encounters.

4.7 Evaluation methodologies are:
    a. varied;
    b. reflect established professional standards;
    c. reflect clinical practice specialty area competencies; and
    d. support the measurement of the program outcomes.

Annotation: The evaluation methodologies are grounded in the professional standards, reflective of current clinical practice specialty, and program outcomes; based on consideration of education theory and principles and linked to didactic courses and clinical experiences. A variety of instructional methods are selected to maximize learning, chosen based on the nature of the content, needs of the trainee and the defined program outcomes.
Suggested Evidence: Description of the variety of evaluation mechanisms, including formative and summative, used by the program to measure program outcomes.

4.8 The length of time required for program completion is:
    a. congruent with the attainment of the role-specific competencies and program outcomes;
    b. consistent with the purpose of the sponsoring organization; and
    c. consistent with current research on best practices.

Annotation: The length of the program ensures the expected role-specific competencies and program outcomes will be met by each trainee for program completion.
Suggested Evidence: Graphic design of the curriculum design/organization and sequencing.   Course/didactic instruction, and clinical experiences sequence, in conjunction with learning activities demonstrate a curriculum that sequentially builds upon previous knowledge and competence to achieve role-specific competencies and program outcomes.

4.9   Learning experiences are evidence-based, reflect contemporary practice and nationally established patient health and safety goals, and support the achievement of the role-specific competencies and program outcomes.
Annotation: Learning experiences refers to any interaction, course, clinical experience, or other experiences in which learning takes place.
Suggested Evidence: Curriculum-related materials

4.10 Written agreements for the clinical practice learning experiences are:
     a. current;
     b. specify expectations for all parties; and
     c. ensure the protection of the trainees.

Annotation: Written and signed agreements between the NP & PA program and each facility involved in training, defining the responsibilities for each institution involved in the supervised clinical practice of the trainees.
Suggested Evidence: Program Letters of Agreement or Affiliation Agreements
4.11   Learning activities, instructional materials, and evaluation methods are appropriate for all instructional delivery formats.
Annotation: Instructional delivery formats (face-to-face, remote, online, hybrid) meets the educational needs of the trainee.
Suggested Evidence: Curriculum-related materials.
Standard 5: Evaluation

The NP & PA program demonstrates program and curricular effectiveness.
 The systematic plan of evaluation contains:
     a. Specific, measurable expected levels of achievement for each role-specific competency and program outcome.
     b. Appropriate assessment method(s) for each role-specific competency and program outcome.
     c. Regular intervals of assessment for each role-specific competency and program outcome.
     d. Sufficient data to inform program decision-making for the maintenance and improvement of each role-specific competency and program outcome.

e. Analysis of assessment to inform program decision-making for the maintenance and improvement of each role-specific competency and program outcome.

f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each role-specific competency and program outcome.

Annotation: A well designed program self-assessment process includes evaluations of institutional resources and supports, effectiveness of curriculum, sufficiency and effectiveness of administrators, program educators, and preceptors.

Suggested Evidence:

Trainees' evaluations of clinical sites, administrator, program educators, and preceptors.

Program educators evaluations of institutional resources and support, curriculum (didactic and clinical course/instruction), program educators , operational policies, and other administrative processes.

Preceptor evaluations for trainees and curriculum.

Trainees' performance data (e.g., academic, clinical/technical, patient encounter data)

Evaluation of the program administrator to include assessment of program administrators' performance related to knowledge about and responsibilities for the program's organization, administration, fiscal management, continuous review and analysis, planning, development, and accreditation requirements and process.

5.1 The program demonstrates evidence of trainees' achievement of each role-specific competency and program outcome. The plan of evaluation contains:

a. Ongoing assessment trended over time, of the extent to which trainees attain each role-specific competency and program outcome.

b. Documentation of data collection and critical analysis used in program decision-making for the maintenance and improvement of trainees' attainment of each role-specific competency and program outcome.

c. A minimum of three (3) most recent years of role-specific competency and program outcome achievement data.

Annotation: A well designed program self-assessment process reflects the ability of the program in collecting and interpreting evidence of trainee's achievement of each role-specific competency and program outcome.

Suggested Evidence:

Trainees' evaluations of clinical sites, sufficiency and effectiveness program educators, effectiveness curriculum (didactic and clinical course/instruction), and program resources.

Program educator's evaluations of curriculum (didactic and clinical course/instruction), sufficiency and effectiveness of program educators.

Preceptor evaluations for trainees and effectiveness of curriculum.

Trainees' performance data (e.g., academic, clinical/technical, patient encounter data).

5.2 Program completion rates demonstrate evidence of program effectiveness. The expected level of achievement for program completion, with rationale, is determined by the program educators.

The plan of evaluation contains:

a. Ongoing assessment trended over time, of the extent to which trainees complete the program.

b. Documentation of data collection and critical analysis used in program decision-making for the maintenance and improvement of trainees' completion of the program.

c. There is a minimum of three (3) most recent years of annual completion data.

Annotation: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of program effectiveness as it relates to program completion rates.

Suggested Evidence:

NP & PA graduate/completion rate. If a program graduates more than one cohort of NP & PAs in a year, provide an analysis comparing the outcomes of the different cohorts.

5.3 Program satisfaction rates for graduate NP & PA and employers demonstrate program effectiveness. The expected level of achievement for program satisfaction, with rationale, is determined by program educators.

The plan of evaluation contains:

a. Ongoing assessment of the extent to which satisfaction rates demonstrate program effectiveness trended over time, of graduates and employers.

b. Documentation of data collection and critical analysis used in program decision-making for the maintenance and improvement of graduates and employers' satisfaction rates of program effectiveness.

c. There is a minimum of three (3) most recent years of annual program satisfaction data.

Annotation: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of program effectiveness as it relates to satisfaction rates for NP & PAs and employers.
Suggested Evidence: Appropriate data summaries: employer surveys, graduate surveys
5.4   NP & PA employee retention rates demonstrate evidence of program effectiveness. The expected level of achievement for employee retention, with rationale, is determined by the program educators. The plan of evaluation contains: a.   Ongoing assessment of the extent to which retention rates demonstrate program effectiveness trended over time. b.   Documentation of data collection and critical analysis used in program decision-making for the maintenance and improvement of retention rates that demonstrate program effectiveness. c.   There is a minimum of three (3) most recent years of annual retention data.
Annotation: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of program effectiveness as it relates to employee retention rates.
Suggested Evidence: Appropriate data summaries: employee retention rate, complaints from employers of graduates and the general public.
5.5   Job placements rates, demonstrate evidence of program effectiveness. The expected level of achievement for job placement, with rationale, is determined by the program educators. The plan of evaluation contains: a.   Ongoing assessment of the extent to which job placement rates demonstrate program effectiveness trended over time. b.   Documentation of data collection and critical analysis used in program decision-making for the maintenance and improvement of job placement rates that demonstrate program effectiveness. c.   There is a minimum of three (3) most recent years of annual job placement data.
Annotation: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of program effectiveness as it relates to job placements.

Key Terms

A

Accreditation: A voluntary, peer-review, self-regulatory process by which non-governmental associations recognize educational institutions or NP & PA programs that have been found to meet or exceed standards and criteria for quality.

Accurately: Free from error

Administration, Sponsoring Organization: The administrative officers or executives with primary responsibility for carrying out the mission and purpose of the sponsoring organization. Including, but not limited to: a president, chief executive officer (CEO), chief nursing officer (CNO), NP & PA director, physician assistant director, or chancellor.

Administrative Capacity: The actual capabilities and resources (i.e., fiscal, human, physical, and learning) available to the sponsoring organization that directly support the mission and purpose of the sponsoring organization in the achievement of an NP & PA's role-specific competencies and program outcomes.

Advanced Practice Registered Nurse (APRN): A licensure status which may include clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, or certified nurse midwife

Alternative Methods of Delivery: Methods of delivering a NP & PA program or course/module that differ from traditional in person/in-a-classroom instructional methods, including a variety of non-traditional means of interaction between NP & PA trainees and program educators. Examples include, but are not limited to, instructional television (ITV), DVD/podcast learning packages, and online delivery. See distance education definitions below.

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.

Asynchronous Learning: Learning and instruction that do not occur in the same place or at the same time.

C

Chief Nursing Executive/Officer: The individual with responsibility and authority for executive decisions and administrative activities of the sponsoring organization for the NP & PA program.

Clinical Reasoning: A process through which an NP & PA collects and analyzes information about a patient/client or a patient/client care situation and develops a plan of action to address identified patient/client needs. Includes evaluation of patient/client outcomes and self-reflection to enhance clinical reasoning in the future.

Communication: An interactive process through which ideas and expectations are transmitted to others. Interpersonal – Communication, involving others, used to identify patient/client care needs.

Interprofessional – Communication, among healthcare professionals, used to identify and meet patient/client care goals and ensure patient/client safety.

Comparable: Similar but not necessarily identical.

Competencies: The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for NP & PA practice specific to the specialty of the program.

Complaint: A formal allegation against a NP & PA program, typically expressed as a written, signed statement. A complaint is an assertion that a wrong or hardship was suffered specific to the individual's participation in the sponsoring organization's NP & PA program. A NP & PA program's record of complaints must include all complaints filed since initial accreditation or reaccreditation, whichever was the last accreditation site visit.

Contractual Agreement: An agreement between two or more entities for the delivery of all or part of the elements used in a NP & PA program.

Core values: Those beliefs or ideals that form the foundation for the work of a sponsoring organization.

Curriculum: A planned educational experience. This definition encompasses a breadth of educational experiences, from one or more sessions on a specific subject, to a clinical experience, to the entire educational program.

D

Deceleration: The loss of an NP and/or PA trainee from the entering cohort, who remains matriculated in the program.

Delivery Formats: Methods used to convey knowledge, skills, and behaviors from program educators to NP & PA trainees. Methods include, but are not limited to, traditional in-person/in-a-classroom techniques (e.g., lecture and "flipped classroom") and the use of synchronous and asynchronous technologies (e.g., online and simulation).

Didactic course: Organized instructional content on a specific topic or general content area provided in a defined and pre-established format over an extended period of time, such as a series of lectures, seminars, or workshops.

Diversity Concepts: Knowledge about persons, communities, regions, countries, cultures, and ethnicities other than one's own; essential as a basis for the provision of culturally sensitive care.

Due Process: A disciplined, analytical decision-making procedure in which relevant standards are applied by a properly constituted and authorized body using a method that is based on published rules of procedure and is free of improper influence.

E

Educationally Qualified: Documented educational qualifications that prepare the program educator to facilitate NP & PA trainee achievement of the role-specific competencies and program outcomes; program educators and nurse and physician assistant administrators and preceptors, must hold all

educational qualifications required by the sponsoring organization and, as applicable, the state and the sponsoring organization's accrediting agency

Employee Retention Rate: Percentage of NP & PAs who are retained by the employer. The definition of employee retention rate is the number of NP & PAs who remain employed with the employer from the time of enrollment in the NP & PA program for the period of time specified by the program educators; the program must provide a rationale for the expected level of achievement it sets.

Equivalent: Resulting in the same outcome or end result.

Evidence-Based: Actions, processes, or methodologies that are grounded in and flow from the translation of substantive and current research.

Expected Level of Achievement: A measurable index that reflects a desired outcome, often set as a desired percentage of achievement.

Experientially Qualified: Documented current or recent direct engagement in a significant manner in clinical experiences for those whose role includes teaching; for those engaged in administration, documented current or recent direct engagement in a significant manner in administrative functions in NP & PA education or administration. Program educators and nurse and physician assistant administrators must hold all experiential qualifications required by the sponsoring organization and, as applicable, the state and the sponsoring organization's accrediting agency.

G

Graduate Degree: A master's degree or doctoral degree.

H

Hybrid Education: An educational method of delivery in which instruction occurs using both distance and traditional education methods of delivery.

I

Information Literacy: The ability to identify what information is needed for a specific purpose and to access, evaluate, and use credible forms of information in achieving that purpose.

Instructional Technology: The method(s) and delivery system(s) used by program educators to convey course content to NP & PA trainees.

Interprofessional: Sharing of information among two or more healthcare professionals working together as a team with a common purpose and mutual respect.

J

Job Placement Rate: Percentage of NP & PA trainees employed in a position for which a NP & PA program prepared them; the program must provide a rationale for the expected level of achievement set.

L

Leadership: The ability to guide and/or direct others to accomplish common goals through the use of teamwork and collaboration and principles of effective leadership.

Learning Experiences: Planned learning activities that are sufficient and appropriate to achieve the role-specific competencies and/or program outcomes, which are overseen by qualified program educators who provide feedback in support of learning.

Learning Outcomes: The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component or supervised clinical experience.

Location: Site where a NP & PA program is delivered, in whole or part, including the main location and off-site location instructional sites

M

Maximum Class Size: Maximum potential number of NP & PA trainees enrolled for each admission cycle.

Mission/Philosophy: The sponsoring organization statement that designates fundamental beliefs and characteristics and provides guidance and direction for a NP & PA program and services offered.

Must: A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.

N

NCCPA: National Commission on Certification of Physician Assistants

Nurse Practitioner (NP) & Physician Assistant (PA): An individual who has completed the advanced education and training that qualifies them for licensure as a nurse practitioner or physician assistant. The education of an advanced practice provider qualifies the individual to (1) manage patient problems and (2) prescribe and provide diagnostic and therapeutic services within the scope of practice allowable by the terms of their professional license, specifically licensure as a nurse practitioner or physician assistant.

Nurse Practitioner & Physician Assistant Obligations: Commitments the trainee makes to the sponsoring organization in order to be accepted into and participate in the NP & PA program offered.

O

Outcome

Course/Module Learning Outcomes/Objectives

Statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the NP & PA trainees should be able to demonstrate upon completion of the course/module. Course/module learning outcomes/objectives must be consistent with standards of contemporary NP & PA practice and support achievement of the role-specific competencies and program outcomes.

Course/module learning outcomes/course objectives:

> • must be aligned and linked to the end-of-program learning outcomes;
>
> • should have a single, measurable action;
>
> • support the NP & PA's achievement of the role-specific competencies and program outcomes;
>
> • typically progress from "simple/advanced beginner" to "complex/full competent NP & PA" as NP & PA trainees advance through a NP & PA curriculum; and
>
> • organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning experiences, evaluation methodologies, and selection of practice learning environments.

P

Partnership: An agreement (formal relationship) between a sponsoring organization and an outside agent/agency to accomplish specific objectives and goals over a period of time.

Practice Learning Environments: Settings that facilitate NP & PA trainees' application of knowledge, skills, and behaviors in the performance of nursing responsibilities, as allowed by level of licensure and defined by the sponsoring organization, which support the achievement of the role-specific competencies and program outcomes. Settings include, but are not limited to, acute-care and specialty hospitals, long-term care facilities, ambulatory care centers, physician offices, and community and home health care.

Practice Learning Experiences: Direct hands-on, planned learning activities with appropriate patients/clients, interactions with the interprofessional team, and interactions with the patient's/client's family and friends that are sufficient and appropriate to achieve the role-specific competencies and program outcomes, and are overseen by qualified program educators and their designees (e.g., preceptor, nurse manager, physician assistant supervisor) who provide feedback in support of learning.

Preceptor: An academically and experientially qualified person who has received formal training to function as a resource, role model and to provide supervision of the NP & PA trainee during the NP & PA program. Preceptors may also provide didactic instruction to the NP & PA trainee during the NP & PA program. The duties of the preceptor are developed by the sponsoring organization, consistent with sponsoring organization policies and state regulatory requirements, if applicable.

Professional Standards/Guidelines for Physician Assistant and Nursing Practice: A set of guidelines approved by a nationally recognized organization for use in the development and evaluation of a NP & PA curriculum.

Program Length: NP & PA programs are formal educational programs in a medical or surgical specialty that offer structured curricular, including didactic and clinical components, to educate NP & PAs. Programs typically involve full-time study of 12-24 months duration.

Program Completion Rate: Percentage of NP & PA trainees who complete a NP & PA program within a period of time determined by the program educators. The definition for a NP & PA program completion rate is the number of NP & PA trainees who complete the program from enrollment in the NP & PA

program within the period of time specified by the program educators; the program must provide a rationale for the expected level of achievement set.

Program Administrator: The individual (Nurse, Nurse Practitioner, Physician Assistant) with responsibility and authority for planning, implementing, and evaluating the administrative and instructional activities of the NP & PA program(s) within the sponsoring institution.

Program Educators: Individuals who teach and evaluate NP & PA trainees enrolled in a NP & PA program, are academically qualified, and experientially qualified in the content areas in which they teach.

Program Educator's Professional Development: Activities that facilitate a program educator's maintenance or enhancement of expertise. Examples include, but are not limited to, certification, continuing education, formal advanced education, clinical practice, research, publications, and other scholarly activities.

Program Educator's Workload: Percentages of time that reflect the manner in which the sponsoring organization characterizes, structures, and documents the nature of a program educator's teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Program Requirements: Commitments the program expects of the NP & PA trainee who participate in the NP & PA program.

Program Length: Total time required to complete the defined NP & PA program, inclusive of all required prerequisite courses/modules. The rationale for the program length must be consistent with the purpose of the sponsoring organization and current research on best practices for NP & PA programs as identified by the sponsoring organization.

Program Outcomes: : Measurable indicators that reflect the extent to which the purposes of a NP & PA program are achieved and by which program effectiveness is documented, to include the required assessment of the following NP & PA program outcomes: program completion; NP & PA and employer program satisfaction; job placement rates and employee retention rates

Program Satisfaction Rate: Percentage of NP & PA trainees and employer who express satisfaction with a NP & PA program within a defined period of time; the program must provide a rationale for the expected level of achievement set.

Program Options: The specialty tracks available within a single nurse practitioner and physician assistant residency program (e.g., cardiovascular and orthopedic specialties).

Prospective NP & PA Trainees: Any individuals who have requested information about the program or submitted information to the program.

Published Documents: All written forms of communication distributed by a NP & PA program and/or sponsoring organization, including paper and electronic sources intended to inform the public.

R

Readily Available: Made accessible to others in a timely fashion via defined program or institution procedures.

Recognized regional or specialized and professional accrediting agencies:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accreditation Commission for Health (ACH)
- American Osteopathic Association (AOA)
- Commission on Accreditation of Rehabilitative Facilities (CARF)
- DNV Healthcare
- Healthcare Facilities Accreditation Program
- The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations)
- Liaison Committee on Medical Education (LCME)
- Middle States Association of Colleges and Schools
- New England Association of Schools and Colleges
- North Central Association of Colleges and Schools
- Northwest Association of Schools and Colleges
- Southern Association of Colleges and
- Schools Western Association of Schools and Colleges

Remediation: The program's defined process for addressing deficiencies in an NP & PA trainee's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.

Resources, Fiscal: The financial support required for securing the personnel, supplies, materials, equipment, and services necessary to ensure the achievement of the NP & PA role-specific competencies and program outcomes.

Resources, Physical: Equipment, classrooms, laboratories, offices, and other common spaces used by the NP & PA trainees enrolled in a NP & PA program, and the program educators teaching the NP & PA program courses/modules that are necessary to ensure the achievement of the role-specific competencies and program outcomes.

Resources, Technological: The materials, activities, and technologies that facilitate the development of NP & PA trainees' knowledge, skills, and behaviors necessary to ensure the achievement of the NP & PA program role-specific competencies and program outcomes.

Role-Specific Competencies: Expected, measurable levels of trainee performance upon completion of an NP & PA program that demonstrates the integration of specified knowledge, skills, and behaviors. Competencies may include, but are not limited to, specific knowledge areas, clinical judgments, and behaviors based upon the role and/or scope of practice after completion of the NP & PA program. The competencies are used to organize the curriculum, guide instruction and direct learning activities that are appropriate for all methods of delivery.

S

Single NP & PA Program: A NP & PA program that may be offered at more than one location under the auspices of a single sponsoring organization and a single program administrator, offering the same curriculum with the same role-specific competencies for each program option (i.e., specialty track), and using a shared systematic plan of evaluation.

Site Visit: A process whereby peer evaluators determine the extent to which the NP & PA program meets the standards and criteria in order for the commissioners to make accreditation decisions.

Should: The term used to designate requirements that are so important that their absence must be justified. (The onus of this justification rests with the program; it is the program's responsibility to provide a detailed justification why it is not able to comply with any standards including the term should.)

Sponsoring Organization: The entity with overall responsibility and authority for the NP & PA program (e.g., university, college, hospital/medical center, career center).

Staff: Personnel who facilitate the attainment of the goals and outcomes of the NP & PA program, including clerical and other support persons. Staff do not include preceptors, program educators, or the program administrator.

Stakeholder: Any individual or group with an interest in but no direct responsibility for the development or delivery of a NP & PA program (e.g., patients/clients, non-nurse/PA residents/trainees, non-program educators, non-sponsoring employers, healthcare providers, and citizens).

Standard: Agreed-upon expectations to measure quantity, extent, value, and education quality.

Substantive Change: A significant modification or expansion of the nature and scope of a NP & PA program.

Sufficient: Enough or adequate for the purpose of achieving the NP & PA program role-specific competencies and program outcomes. Enough to meet the needs of a situation or proposed end.

Sufficient Program Educators: Typically reflected by (1) the ratio of the number of program educators to the total number of NP & PA trainees enrolled in all NP & PA program courses/modules required for a NP & PA program or programs; (2) the program educators' workload; and (3) the non-program responsibilities required by the sponsoring organization.

Support Services: The services provided by the sponsoring organization to include remediation that are available to facilitate the NP & PA trainee in the transition from dependent to interdependent or independent practice at the level of licensure within the jurisdictional scope of practice.

Sustainability of Resources: The capacity of the sponsoring organization to continue financial, human, and physical resources at a sufficient level to ensure that the role-specific competencies and program outcomes can be achieved.

Syllabus: A written document that includes the content name, description, goals; outline of topics to be covered; expected learning outcomes; method(s) of NP & PA trainee assessment/evaluation; and plan for determining successful completion of expected competencies.

Synchronous Learning: Learning and instruction that occur at the same time and in the same place.

Systematic Plan for Evaluation: A written performance improvement plan emphasizing the ongoing, comprehensive assessment of the NP & PA role-specific competencies and program outcomes. See Section 5 in the NP & PA Standards and Criteria for the required elements in the performance improvement plan.

T

Teaching out: Allowing NP & PA trainees already in the program to complete their education or assisting them in enrolling in an accredited post graduate program, if one exists, in which they may continue their education.

Technical Standards: Requirements for participation in an NP & PA residency/traineeship program or activity. They include but are not limited to physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the residency/traineeship program for successful entry into the profession.

Timely: Without undue delay; as soon as feasible after giving considered deliberation.

Traditional Education: An educational method of delivery in which instruction occurs when a learner and instructor are in the place at the same time (e.g., face-to-face). This method of delivery may be web-enhanced/supported.

Trainee: a licensed NP or PA provider who is matriculated in an NP & PA program.

W

Written: On paper or available in electronic format.

U

United States: The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island. A program may satisfy the requirement of supervised clinical practice experiences through medical facilities located in the United States and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.

V

Value-Based Care: Employing safe, appropriate, and effective evidence-based care that takes into account a patient's/client's wishes and preferences resulting in improved patient satisfaction and enduring results at reasonable cost for the patient/client; Quality over Cost over Time