



Nurse Practitioner & Physician Assistant Residency Program Accreditation Standards Accreditation Manual

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

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Introduction/Overview

The NP & PA Residency Program Standards are agreed-upon expectations to measure educational quality. The 2023 Standards apply to each program type accredited by the ACEN/ARC-PA.

This manual should be used by program educators and administrators to facilitate preparation and writing of any type of report for the ACEN/ARC-PA.

Note: Terms that are *italicized* are defined in the **Glossary**.

Accreditation Policies

The ARC-PA Policies and Bylaws can be found linked to the ACEN/ARC-PA web site at: www.nppa-accredit.org

Program Review Cycle

The maximum length of time between validation visits with commission review for NP & PA residency programs is 7 years. A program, once accredited, remains accredited until the program formally terminates its accreditation status, or the ACEN/ARC-PA terminates the program's accreditation through a formal action. When the ACEN/ARC-PA withdraws accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases. A site visit or any required reporting by the program does not affect the accreditation status of a program unless it is accompanied by a formal ACEN/ARC-PA accreditation action.

Document Retention

The ACEN/ARC-PA does not provide a repository service for program materials submitted during the course of a program accreditation cycle. The sponsoring institution and program are responsible for maintaining copies of applications, required reports and other critical correspondence they submit to the commission. The ACEN/ARC-PA will not provide program copies of previously submitted materials.

Demonstrating Compliance with the Standards

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

Format of Evidence Suggestions

Before each general section of the *Standards* is a paragraph that explains the intent of the section and provides some examples of materials that would be useful in demonstrating compliance for several of the individual standards within the section. Listing such materials and documents in the introductory section paragraph simplifies the table and eliminates the need to repeat the same content areas for multiple individual standards.

The ACEN/ARC-PA recognizes that sponsoring institutions and programs vary significantly in administrative and curricular design and format. The ACEN/ARC-PA also recognizes that programs vary by history and that program educators and staff include those new to accreditation, as well as those with many years of experience. Therefore, suggestions are provided for almost every standard. Some of the suggestions that may seem obvious to the experienced program director may not be obvious to the new program director.

This manual is a dynamic one, and the ACEN/ARC-PA will monitor the questions and comments it receives regarding its clarity and usefulness. Revisions will be made periodically as needed during the year to provide clarification about particular standards.

Responsibility for Demonstrating Compliance

It is the responsibility of the program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases, the ACEN/ARC-PA is very prescriptive about what it needs to review; that is, specific materials as listed in the application, appendices, and required materials for review at the site visit. However, the ACEN/ARC-PA does not generally address process issues, allowing programs and institutions to develop those best suited to their programs. While the ACEN/ARC-PA may require specific information to clarify process issues that may affect accreditation, it is the program's responsibility to address processes in detail as specified in the *Standards*.

Introduction to the NP & PA Residency Program Accreditation Standards, 1st Edition

The collaborating organizations cooperate with the ACEN/ARC-PA to establish, maintain, and promote appropriate standards of quality for advanced practice providers (APPs) and to provide recognition for educational programs that meet the requirements outlined in these *Standards*. These *Standards* are used for the development, evaluation, and self-analysis of programs.

The role of the APP demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to respond to emergencies in a calm and reasoned manner. Essential attributes of the APP include an attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare.

The *Standards* recognize the continuing evolution of the Nursing and PA professions and practice and endorse experiential competency-based education as a fundamental tenet of APP education. While acknowledging the interests of the sponsoring institution as the ACEN/ARC-PA work with the program to meet the *Standards*, the *Standards* reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of *sufficient* depth and breadth to prepare all trainees for practice. The *Standards* allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation that are used to enable trainees to achieve program *goals* and trainee *competencies*. Mastery of *program defined competencies* is key to preparing trainees for entry into safe and competent clinical practice.

The *Standards* are the requirements to which an accredited program is held accountable and provide the basis on which the ACEN/ARC-PA will confer or deny program accreditation. The ACEN/ARC-PA expects all accredited programs to be in compliance with the *Standards* at all times.

Eligibility

The ACEN/ARC-PA accredits only qualified NP & PA residency programs offered by, or located within, institutions chartered by and physically located within, the *United States* and where *trainees are* geographically located within the *United States* for their education.

A single institution *must* be clearly identified as the sponsor of the program and *must* be authorized under applicable law to provide a program of post-secondary education. It *must* be accredited by a *recognized regional accrediting agency* and *must* be authorized by this agency to confer upon graduates of the PA program a graduate degree.

Sponsoring institutions applying for initial accreditation of a new program *must* be accredited by, and in good standing with, a recognized regional accrediting agency.

Sponsoring institutions which apply for initial accreditation but whose program does not meet these eligibility requirements will not be considered by the ACEN/ARC-PA.

Program Review

Accreditation of programs is a process initiated by the sponsoring institution. The process includes a comprehensive review of the program relative to the *Standards*. It is the responsibility of the program and the sponsoring institution to demonstrate compliance with the *Standards*. Accreditation decisions are based on the ACEN/ARC-PA's evaluation of information contained in the accreditation application, the report submitted by the site visit team, any additional requested reports or documents submitted to the ACEN/ARC-PA by the program, and the program's accreditation history.

Whether to grant or deny accreditation (or to take other action with respect to a sponsoring institution) is within the sole discretion of the ACEN/ARC-PA. As a condition of seeking accreditation, a sponsoring institution and its program waive any and all right to sue ACEN/ARC-PA, its officers, employees, and agents in the event of an adverse decision. If such an institution or program does sue and loses, it will be responsible for all the defendants' reasonable costs and attorneys' fees.

Report Development: Guiding Focused Questions/Examples of Supporting Evidence

When writing a report for the ACEN/ARC-PA, the program educators must use the current Standards.

All reports should be based on intentional reflection and evaluation of a program's compliance with all, or selected, Standards. Further, reports should represent the combined efforts of the sponsoring organization administrators, program administrators, program educators, staff, trainees, and other individuals concerned with the program. Broad participation in the writing of reports for the ACEN/ARC-PA leads to an understanding of the total program. A report should provide the reader with a clear understanding of the structure and function of the program as it relates to the Standards and should include a concise description of the extent to which the program is in compliance with the Standards.

To assist program educators in writing the report narrative, this manual includes the focused questions designed to illustrate the essential components of each Standard; these can be used to guide the program educators as they think about and evaluate the program's compliance with each Standard. The focused questions in this guide should not be the only lens through which the Standards are evaluated and explored as they are not all-inclusive; program leaders and program educators need to consider their situation and program and write the report accordingly. However, the focused questions do provide some guidance for ensuring that the critical aspects of each Standard are considered when program educators evaluate the program's compliance with the Standards. Focused questions can also be shared with program stakeholders to assist in their preparation for interviews during an ACEN/ARC-PA accreditation visit.

The goal of any report submitted to the ACEN/ARC-PA is to demonstrate the extent to which the program is in compliance with the Standards.

When writing any report for the ACEN/ARC-PA, program educators must use the **Glossary** to ensure consistent and appropriate use of the terminology in the report.

Supporting evidence should be maintained by programs as an objective means of documenting and/or recording a program's compliance with the Standards. Supporting evidence should be identified by the program as those documents or pieces of evidence that are a credible representative sample of the best evidence that demonstrates the program is in compliance with each Standard. Documents used as supporting evidence should be maintained as electronic (searchable) documents. In addition to the supporting evidence maintained by the program, the peer evaluators may include interviews with appropriate stakeholders (e.g., trainees and program educators), and/or direct observations as part of the supporting evidence they identify and verify during a site visit.

The examples of supporting evidence included in this manual are based on evidentiary sources that are commonly used and, unless otherwise noted, they are not all-inclusive or required documentation. When peer evaluators complete a review of a program, the emphasis is on a "snapshot" in time. This means that peer evaluators primarily focus on what is verifiable at the time of the review. Please note

that three years of the most recent data are required for some Standards. In these instances, which are noted in the guidelines for each Standard below, accredited programs are encouraged to maintain three years of the most recent data or more frequently as required by the sponsoring organization or program policy. Additionally, it is generally appropriate to maintain a minimum of three years of meeting minutes. For other evidence, program educators should use their professional judgement as well as considering sponsoring organization and state agency requirements.

Standard I Sponsorship, Mission Governance and Resources

The administrative operation of advanced practice provider 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.

Standard I.1 The mission/values/goals of the program are congruent with that of the sponsoring organization.

Annotation: The mission, values, and goals of the advanced practice provider program must be congruent with the core values, mission, and goals of the sponsoring institution.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What are the mission, goals, and/or values of the sponsoring organization?</i>• <i>What are the mission, goals, values, and/or philosophy of the program?</i>• <i>How do the mission, goals, values, and/or philosophy of the program support the sponsoring organization in fulfilling its mission and/or goals?</i>• <i>How do the sponsoring organization's mission, goals, and/or values support the program in fulfilling its mission and/or goals?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Mission/Goals/Values/Philosophy Statements• Comparison and relationship of institution and program mission, and vision statements and goals.• Interviews with sponsoring organization and program administrators and interviews with program educators

Standard I.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.

FOCUSED QUESTIONS
<ol style="list-style-type: none"><i>What are the experiential and educational qualifications of the program administrator?</i><i>What are the roles and responsibilities of the program administrator?</i><i>How is the program administrator experientially qualified for the role responsibilities?</i><i>How does the program administrator facilitate achievement of the role-specific competencies and program outcomes?</i>

EXAMPLES OF SUPPORTING EVIDENCE

- CV of program administrator.
- Job description for program administrator.
- Onsite discussions with program educators, staff, trainees.

Standard 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.

FOCUSED QUESTIONS

- *What authority and responsibility for development and administration of the program does the program administrator have?*
- *Is the authority and responsibility for the development and administration of the program held by the program administrator consistent with the level of authority and responsibility held by individuals in similar positions within the sponsoring organization?*
- *Does the program administrator have responsibility for the program budget?*
- *What is the administrator's authority for the program's budget preparation?*
- *Does the program administrator have the ability to administer resources allocated to the program?*

EXAMPLES OF SUPPORTING EVIDENCE

- CV of program administrator.
- Job description of program administrator.
- Tools used to evaluate program administrator.
- Organizational chart.

Standard 1.4 Stakeholders have opportunities to provide input into program processes and/or decision-making.

FOCUSED QUESTIONS

- a. *Who are the identified stakeholders?*
- b. *How do stakeholders participate and provide input into the program processes and decision-making?*
- c. *How frequently do stakeholders provide input into the program?*

EXAMPLES OF SUPPORTING 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.

Standard 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.

FOCUSED QUESTIONS
<p>a. <i>How much time is dedicated to the program administrative functions by the program administrator?</i></p> <p>b. <i>How is/was the program administrator mentored in the role?</i></p> <p>c. <i>What is/are the workload distribution/assignments of the program administrator position?</i></p> <p>d. <i>Is/Are the workload distribution/assignments similar to that/those of other individuals in similar positions within the sponsoring organization?</i></p> <p>e. <i>Does the role include release time?</i></p> <p>f. <i>Does the administrator have enough time for all assigned roles/responsibilities?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Descriptive narrative of the 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.

Standard 1.6 The program has sufficient and sustainable fiscal resources to support the advanced practice provider 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.

FOCUSED QUESTIONS
<p>a. <i>What is the program budget?</i></p> <p>b. <i>How do program educators provide input into the budgetary process?</i></p> <p>c. <i>What is the administrator’s role and process for administering fiscal resources to the program?</i></p> <p>d. <i>What is the sponsoring organization doing to ensure sufficiency of funding for the maintenance of the program?</i></p> <p>e. <i>What is the sponsoring organization or program doing to ensure sustainability of the program’s fiscal resources?</i></p> <p>f. <i>Is the program budget sufficient to ensure achievement of the end-of-program competencies and program outcomes?</i></p> <p>g. <i>Have the sources and/or amount of funding changed over time?</i></p>

EXAMPLES OF SUPPORTING EVIDENCE	
	<ul style="list-style-type: none">• Budget template that includes program’s fiscal resources

Standard 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.

FOCUSED QUESTIONS	
	<ol style="list-style-type: none"><i>What physical resources (e.g., equipment, classrooms, laboratories, offices, and common spaces) are available for the program educators, staff, and trainees of the program?</i><i>Are these physical resources dedicated to the program or shared?</i><i>What private meeting spaces are available if program educators have shared offices? Where are these spaces located and how many are available?</i><i>When are physical resources (computer and skills laboratories) accessible to trainees?</i><i>How are physical resources for all program options comparable for all locations?</i><i>Have the physical resources changed over time?</i>
EXAMPLES OF SUPPORTING EVIDENCE	
	<ul style="list-style-type: none">• Data from Program Datasheet, (Appendix 1).

Standard 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.

FOCUSED QUESTIONS	
	<ul style="list-style-type: none">• <i>How many program educators are there?</i>• <i>What are the roles and responsibilities for program educators?</i>• <i>How much FTE is assigned to the program?</i>• <i>What is the workload policy for program educators? What is the distribution of teaching and non-teaching workload expectations?</i>• <i>How many program educators teach in the program?</i>• <i>What is the ratio of full-time equivalent (FTE) program educators to the total number of trainees?</i>• <i>How are program educators’ teaching assignments determined?</i>• <i>Do the program educators have adequate time to implement a variety of teaching/learning strategies, develop and review the curriculum, and assess the end-of-program competencies and program outcomes?</i>

EXAMPLES OF SUPPORTING EVIDENCE

- Data from Program Datasheet, (Appendix I).
- CVs of program administrative and staff members and their duties.

Standard 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.

FOCUSED QUESTIONS

- *What delivery methods are used for the program courses/ components?*
- *What support services are available to the program for instructional technology?*
- *Is there a budget provided for additional instructional technology support?*

EXAMPLES OF SUPPORTING EVIDENCE

- List of support services for instructional technologies provided by the institution.

Standard 2 Program Educators and Preceptors

Qualified advanced practice provider program educators and preceptors ensure the achievement of the role-specific competencies and program outcomes.

Standard 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none"><i>What are the organization's educational and experiential qualification requirements for program educators?</i><i>Does each program educator member meet these requirements? Have exceptions or waivers been granted if a program educator member does not meet the educational qualification requirements?</i><i>Does each program educator hold current licensure? Certification?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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.

Standard 2.2 Program educators:

- are sufficient in number and experience to supervise the number of enrolled trainees to achieve the role-specific competencies and program outcomes;**
- have clearly defined role(s) and responsibilities;**
- are oriented to their role(s) and responsibilities; and**
- 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none"><i>How many program educators are used in the program?</i><i>Do the program educators meet the requirements of specialty/certification for the program?</i><i>Does each program educator hold current licensure? Certification?</i><i>What are the roles and responsibilities for program educators?</i>

- e. *How are the program educators oriented to their role and responsibility?*
- f. *How are the program educators mentored?*
- g. *How does the program determine sufficiency of program educators?*

EXAMPLES OF SUPPORTING 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.

Standard 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.

FOCUSED QUESTIONS

- a. *How do program educators maintain expertise in their area of responsibility?*
- b. *What support is available for program educators' professional development?*

EXAMPLES OF SUPPORTING EVIDENCE

- Documentation of educator's professional development over the past 3 years.

Standard 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.

FOCUSED QUESTIONS

- *How are program educators evaluated? And, how frequently?*
- *How does the program determine effectiveness of program educators?*

EXAMPLES OF SUPPORTING EVIDENCE

- Schedule of program educators' evaluation;
- Tools used to evaluate program educators;
- Tools used to determine educator's effectiveness: may include trainee formal feedback (survey tools), summative test scores of trainees, description of the evaluation process, description of analysis from survey or other evaluation tools.

Standard 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.

FOCUSED QUESTIONS
a. <i>What are the educational and experiential qualifications of program preceptors to ensure facilitation of achievement of role-specific competencies and program outcomes?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• CV of preceptors demonstrates qualifications to facilitate program outcomes.• Copy of current certification and/or licensure information.

Standard 2.6 Program preceptors:

- are sufficient in number and experience to supervise the number of enrolled trainees to achieving the role-specific competencies and program outcomes,**
- have clearly defined role(s) and responsibilities,**
- are oriented to their role(s) and responsibilities; and**
- 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.

FOCUSED QUESTIONS
a. <i>How many program preceptors are in the program?</i>
b. <i>What are the experiential qualifications of program preceptors?</i>
c. <i>What are the roles and responsibilities of program preceptors?</i>
d. <i>How are preceptors oriented to their roles and responsibilities?</i>
e. <i>How are preceptors mentored? And how frequently?</i>
f. <i>How does the program determine the sufficiency of preceptors?</i>
EXAMPLES OF SUPPORTING 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.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>How does the program evaluate the preceptor performance?</i>b. <i>How frequently are preceptors evaluated by the program? By the trainee?</i>c. <i>How does the program determine the effectiveness of the preceptor?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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 the evaluation process, description of analysis from a survey or other evaluation tools.

Standard 3 Trainees

Policies and services support the trainee achievement of the role-specific competencies and program outcomes.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>What is the program's current ACEN/ARC-PA accreditation status? Where is this information available to the public?</i>b. <i>Where is the ACEN/ARC-PA contact information available to the public?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Information is easily accessible to the public on the program website and printed admission information.

Standard 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.**

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>Where are program policies located? Are policies current?</i>b. <i>What are the admission policies for the program?</i>c. <i>What are the progression policies used by the program?</i>d. <i>What are the program completion policies?</i>e. <i>What are the program employment policies?</i>f. <i>What are the program technology policies?</i>g. <i>How are these policies communicated to the trainees?</i>h. <i>How are they accessible to the public?</i>i. <i>How do the program educators ensure these policies are consistently applied to all trainees?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Program and sponsoring organization policy documents for all components of the standard, in addition to assurance that guidance is available to assist trainees in understanding and abiding by program policies and practices.

Standard 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.**

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>When do trainees receive a written employment agreement?</i>b. <i>What are the specific expectations of all parties contained within the written employment agreements?</i>c. <i>What are the remunerations and benefits provided to the trainees? Are these found in the written employment agreement?</i>d. <i>Does the written agreement include the protection of trainees?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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.

Standard 3.4 Program educators and / or administrators have input into the selection of trainees admitted into the program.

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>How are program educators involved in the selection of trainees admitted into the program?</i>b. <i>How are administrators involved in the selection of trainees admitted into the program?</i>c. <i>Who participates in the admissions process of selecting trainees admitted into the program?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Job descriptions of program educators.• Written admission policies and procedures for the selection of trainees.

Standard 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).

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>How are trainees oriented to the program requirements?</i>b. <i>How are trainees orientated to the trainee obligations to the sponsoring institution?</i>c. <i>Have there been any recent changes in the program requirements or trainee obligations? If so, how were these changes clearly communicated to trainees?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Orientation schedule and materials (e.g., trainee’s handbook) for trainees.

Standard 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 advanced practice providers, other health care professionals, and students.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>What is the program policy for trainee identification?</i>b. <i>Who are trainees clearly identified to distinguish them from students and other health care professionals?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Program policies and procedures related to trainees’ identification.• Trainees’ name tags and/or jacket patches/emblems.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What is the definition of a formal complaint or grievance within the sponsoring organization and/or program?</i>• <i>What is the formal complaint or grievance policy of the program?</i>• <i>Is the formal complaint or grievance policy non-discriminatory? How do the program educators and program administrators ensure the formal complaint or grievance policy is implemented as written?</i>• <i>How many formal complaints or formal grievances has the program received?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>How are trainees informed about any technology requirements?</i>• <i>What are the technology requirements for trainees?</i>• <i>How does the program orient trainees to the instructional technologies?</i>• <i>What technological support is available to trainees?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• List of instructional technology provided to the trainee.• Orientation schedule and documents provided to the trainee related to instructional technology.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>What support services are available for trainees?</i>• <i>Do all trainees have access to support to reach their academic and career goals?</i>• <i>How and where does the trainee access academic and professional advising, tutoring, remediation, and health resources?</i>• <i>What library or learning resource center resources are available to trainees?</i>• <i>How do trainees access these resources (e.g., on-site, online, both)?</i>• <i>How are trainees oriented to the support services?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• List of support services provided and available to trainees.

Standard 4 Curriculum

The advanced practice provider 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.

Standard 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none"><i>What are the program's role-specific competencies?</i><i>What are the program outcomes?</i><i>Are the role-specific competencies and program outcomes consistent with contemporary practice?</i><i>How does the program ensure continued currency?</i><i>How does the program reflect the depth and breadth to meet the role-specific competencies and program outcomes for the specialty area?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">Course-related materials that include higher level learning outcomes that define the expected program outcomes appropriate for clinical practice in the specialty.

Standard 4.2 The role-specific competencies are used to:

- organize the curriculum;**
- guide instruction; and**
- 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none"><i>How are the role-specific competencies used to organize the curriculum?</i><i>How are the role-specific competencies used to guide instruction?</i><i>How are the role-specific competencies used to direct learning activities that are appropriate for all methods of delivery?</i><i>What are some examples of learning activities in the program?</i><i>How are learning activities selected?</i>

f. <i>How does the program determine the instruction and learning activities guide trainees to meet the program outcomes?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • 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.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none"> • <i>Where does the instruction in principles in quality improvement occur?</i> • <i>Where does the instruction of patient safety occur?</i> • <i>Where does the instruction in patient-centered care occur?</i> • <i>Where does the instruction in interpersonal and interprofessional communication occur?</i> • <i>Where does the instruction in professional identity occur?</i> • <i>Where does the instruction in contemporary evidence-based practice, research and/ or scholarship occur?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none"> • Learning outcomes for each of the components of this standard. • Learning outcomes are clear in defining expectations and provide guidance to help the trainee achieve competency in the clinical practice specialty area and to achieve the program outcomes.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>Where does the curriculum include instruction in leadership capacity to include delegation, prioritization, advocacy, and conflict resolution?</i>• <i>Where does the curriculum include the instruction the continuing development of clinical reasoning and performance improvement?</i>• <i>Where does the curriculum include instruction in the application of evolving biomedical science, ethics, information literacy, and informatics?</i>• <i>Where does the curriculum include instruction in teamwork and interprofessional collaboration?</i>• <i>Where does the curriculum include instruction in value-based care, to include the evaluation of healthcare data and performance improvement methods?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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.

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">• <i>How is diversity incorporated throughout the curriculum?</i>• <i>Where does the curriculum include instruction in health disparities of the populations served?</i>

- *Where does the curriculum address preparing trainees to provide culturally sensitive care?*

EXAMPLES OF SUPPORTING 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.

Standard 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.

FOCUSED QUESTIONS

- *What are required clinical experiences of the program?*
- *How are clinical sites selected? And evaluated?*
- *How does the program determine sufficiency of patient populations, clinical procedures, and other clinical experiences to achieve competency?*
- *Are there required patient encounters at each site?*

EXAMPLES OF SUPPORTING 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.

Standard 4.7 Evaluation methodologies are:

- varied;**
- reflect established professional standards;**
- reflect clinical practice specialty area competencies; and**
- 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.

FOCUSED QUESTIONS

- What are the varied evaluation methods used by the program?*
- What types of formative evaluation methods are used by the program?*

- c. *What types of summative evaluation methods are used by the program?*
- d. *How does the program ensure the evaluation methods reflect the professional standards of the clinical practice specialty?*
- e. *How does the program ensure the evaluation methods reflect the practice specialty area competencies?*
- f. *How does the program ensure the evaluation methods support the measurement of program defined outcomes?*

EXAMPLES OF SUPPORTING EVIDENCE

- Description of the variety of evaluation mechanisms, including formative and summative, used by the program to measure program outcomes.

Standard 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.

FOCUSED QUESTIONS

- a. *How long is the program?*
- b. *How does the program ensure the length of time required for program completion is congruent with the attainment of the role-specific competencies and program outcomes?*
- c. *How does the program ensure the length of time for program completion is consistent with the purpose of the sponsoring institution?*
- d. *How does the program ensure the length of time for program completion is consistent with current research on best practices?*

EXAMPLES OF SUPPORTING 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.

Standard 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>How are the learning experiences reflective of evidence-based, contemporary practice?</i>b. <i>How are the experiences reflective of nationally established patient health and safety goals to support achievement of the role-specific competencies and program outcomes?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Curriculum-related materials

Standard 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 advanced practice provider program and each facility involved in training, defining the responsibilities for each institution involved in the supervised clinical practice of the trainees.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>What is the process for developing written agreements for clinical practice learning experiences?</i>b. <i>Do written agreements include the expectations for all parties?</i>c. <i>Do written agreements ensure the protection of the trainees?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Program Letters of Agreement or Affiliation Agreements

Standard 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>What instructional delivery formats are used throughout the program?</i>b. <i>How were/are methods learning activities, instructional materials, and evaluation methods determined to be appropriate to meet the educational needs of the trainee?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Curriculum-related materials.

Standard 5 Evaluation

The advanced practice provider 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.

FOCUSED QUESTIONS
<ol style="list-style-type: none">a. <i>How did the program educators develop the written systematic plan of evaluation?</i>b. <i>What direct assessment methods are used by the program educators to assess the extent of trainees' summative achievement of each role-specific competency and program outcome?</i>c. <i>Does each assessment method have a specific, measurable expected level of achievement?</i>d. <i>What is the schedule for data collection?</i>e. <i>How does the program educators ensure sufficiency of the data?</i>f. <i>What is the schedule for analysis of the data?</i>g. <i>Does/ Did the program document data collection and critical analysis used in program decision making for the maintenance and improvement of trainees' attainment of role-specific competence and program outcomes?</i>h. <i>Does the program have a minimum of three years most recent years of data?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• 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.

Standard 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.

FOCUSED QUESTIONS
<p>i. <i>How did the program educators develop the written systematic plan of evaluation?</i></p> <p>j. <i>What direct assessment methods are used by the program educators to assess the extent of trainees' summative achievement of each role-specific competency and program outcome?</i></p> <p>k. <i>Does each assessment method have a specific, measurable expected level of achievement?</i></p> <p>l. <i>What is the schedule for data collection?</i></p> <p>m. <i>How does the program educators ensure sufficiency of the data?</i></p> <p>n. <i>What is the schedule for analysis of the data?</i></p> <p>o. <i>Does/ Did the program document data collection and critical analysis used in program decision making for the maintenance and improvement of trainees' attainment of role-specific competence and program outcomes?</i></p> <p>p. <i>Does the program have a minimum of three years most recent years of data?</i></p>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Trainees' evaluations of clinical sites, sufficiency and effectiveness program educators, effectiveness curriculum (didactic and clinical course/instruction), and program resources.• Program educators 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).

Standard 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none"><i>a. How are program completion rates data calculated?</i><i>b. When are program completion rate data collected? What are the aggregate program completion rates for the most recent 3 years?</i><i>c. When are program completion rate data analyzed? Are there examples of how the program educators analysis of data were used for program decision-making?</i><i>d. Does the program have three years of program completion rate data?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Advanced practice providers graduate/completion rate. If a program graduates more than one cohort of advanced practice providers in a year, provide an analysis comparing the outcomes of the different cohorts.

Standard 5.3 Program satisfaction rates for graduate advanced practice providers 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 advanced practice providers and employers.

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>Has the program achieved the benchmark for satisfaction rates of graduates?</i>b. <i>Has the program achieved the benchmark for satisfaction rates of employers?</i>c. <i>When are the satisfaction rate data analyzed? Are there examples of how the program educators' analysis of data was used to maintain and/or improve the satisfaction rates?</i>d. <i>Does the program have three years of satisfaction rate data? Is the data, analysis (and actions if needed) documented?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Appropriate data summaries: employer surveys, graduate surveys

Standard 5.4 Advanced practice provider 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.

FOCUSED QUESTIONS
<ul style="list-style-type: none">a. <i>What is the expected level of achievement for retention?</i>b. <i>How and when is the retention rate collected?</i>c. <i>When are the retention data analyzed?</i>d. <i>Does the program have three years of retention data? Is the data, analysis (and actions if needed) documented?</i>
EXAMPLES OF SUPPORTING EVIDENCE
<ul style="list-style-type: none">• Appropriate data summaries: employee retention rate, complaints from employers of graduates and the general public.

Standard 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.

FOCUSED QUESTIONS

- a. *What methods do program educators use to collect job placement data?*
- b. *What is the expected level of achievement for job placement? Was it determined by program educators?*
- c. *How and when is the job placement rate collected?*
- d. *Are there sufficient data to inform program decision-making?*
- e. *When are the job placement data analyzed? Are there examples of how the program educators analysis of data were used to maintain and/or improve the job placement rate?*
- f. *Does the program have three years of job placement data? Is the data, analysis (and actions if needed) documented?*

EXAMPLES OF SUPPORTING EVIDENCE

- **Appropriate data summaries: job placement rates.**

Appendices

A. Recommended Site Visit Agenda Template



NOTE: Content below is to show detail that must be provided to the members of the site visit team for each event and represents the recommended sequence and timing that programs are expected to follow, as they prepare to discuss the schedule with the site visit team chair.

This template is best reviewed in conjunction with the Rationale for Site Visit Sessions that provides a description and rationale for each session of the visit.

HOSPITAL NAME
NP & PA RESIDENCY PROGRAM NAME

NP & PA RESIDENCY PROGRAM INITIAL ACCREDITATION SITE VISIT SCHEDULE
MONTH/DATE/YEAR

Evaluators: Enter name of evaluator
 Enter name of evaluator

Hotel: Name of hotel:
 Street address:
 City, state, zip:
 Phone:

Program:
 Street address:
 City, state, zip:
 Program phone:
 Program Administrator cell phone:
 Program Administrator home phone:

Hotel Confirmation Number:

Day, M/D/Y

7:00 AM TRANSPORT TO PROGRAM OFFICES
 Name of person picking up visitor

7:30 AM MEETING with PROGRAM ADMINISTRATOR
 Room: xxxx
 Name and title, Program Administrator

- 7:45 AM REVIEW OF DOCUMENTS AND RECORDS
Room: xxxx
- 9:30 AM DISCUSSION OF GOALS, OBJECTIVES, CURRICULUM
Room: xxxx
Name and title, Program Administrator
Name and title, Program Educator
Name and title, Program Educator
- 11:30 PM LUNCHEON: TEAM EXECUTIVE SESSION
- 12:30 PM INTERVIEWS WITH PROGRAM EDUCATORS PROVIDING DIDACTIC AND CLINICAL INSTRUCTION
Program Educators (provide names and titles of those involved)
Room: xxxx
Name and title, Course/Lecture, Name of program educator providing didactic instruction
Name and title, Rotation, Name of program educator providing clinical instruction (preceptor)
- 2:00 PM MEETING WITH CURRENT TRAINEES
Room XXXX
Name Name
Name Name
- 2:45 PM BREAK
- 3:00 PM TOUR OF FACILITIES
- 4:00 PM REVIEW OF DOCUMENTS CONTINUES
Room: XXXX
- 5:00 PM MEETING PROGRAM ADMINISTRATOR
- 5:15 PM ADJOURN FOR THE DAY

Day, M/D/Y

- 7:00 AM TRANSPORT TO PROGRAM OFFICES
Name of person picking up visitor

7:30 AM MEETING with PROGRAM ADMINISTRATOR
Room: xxxx
Name and title, Program Administrator

7:45 AM MEETING WITH KEY SENIOR INSTITUTIONAL OFFICIALS
Room: xxx

9:00 AM INTERVIEWS WITH GRADUATES
Room: xxx
Graduates
Name.
Name
Name
Name

10:00 REVIEW OF DOCUMENTS CONTINUES/ PREPARE REPORT
Room: XXXX

12:00 PM LUNCHEON AND PREPARATION OF REPORT
(Program Administrator should be available if needed by team)

1:00 PM TEAM MEETS WITH PROGRAM EDUCATORS TO CLOSE VISIT

1:15 PM TEAM DEPARTS

B. Rationale for NP & PA Residency Initial Accreditation Site Visit Schedule



NP & PA RESIDENCY PROGRAM ACCREDITATION Rational for Site Visit Session

A site visit team can conduct a thorough and accurate assessment of the NP & PA residency educational program in 1.5 days. Site visits should provide the site visit team member(s) information on the program and should provide the team the opportunity to meet and discuss the program with its administration, program educators, staff, preceptors, and trainees.

The primary responsibility of the site visit team is to verify, validate, and clarify, if necessary, the information supplied by the program in its application materials. The purpose of the site visit is to assess the program's demonstrated compliance with the *Standards*.

While the actual schedule may vary from the model below, the types of activities listed here should be included. The visitors need to have an opportunity to discuss the program with its program educators, preceptors, current trainees, and graduates of the program.

The Program Administrator is asked to consult with the site visit team chair before final scheduling occurs. This is best handled when the team chair has a copy of the proposed schedule in hand.

Day 1:

15-30 minutes **Meeting with Program Administrator**

Purpose: To review the schedule for the first day, as planned by the program and make desired adjustments when feasible and not excessively disruptive. To allow the evaluator to state briefly the function of the evaluation visit, the ACEN/ARC-PA, the type of accreditation status available to the program, and what that status represents.

60-90 minutes **Review of Documents, Files, and Records Maintained by the Program On the Trainees And The Curriculum**

Purpose: To assess the adequacy of course documents, exams, trainee manuals, trainee files, policies and other documentation requested in the application that must be available for visitors on site.

90 – 120 minutes **Discussion of Program Goals, Objectives, Curriculum**

Visitor meets with the Program Administrator and key program educators for the program.

Purpose: The responsibility for the format of the session rests with the site visitors. This session provides the visitors an opportunity to review thoroughly, discuss, and if necessary, clarify the program's application and supporting materials with the program officials in order to obtain a more complete understanding of the program. The program officials should be prepared to answer clarifying questions which may include reviewing program goals, philosophies, course/lecture objectives, operational procedures, trainee selection criteria, trainee evaluation protocols, preceptor selection criteria, processes for monitoring preceptors' performance, etc. Additional supporting documentation may be required to be reviewed or provided as a result of this session.

60 to 90 minutes **Meeting with Program Educators providing didactic and clinical instruction**

Purpose: Meet with program educators providing didactic and clinical instruction, for the purpose of assessing how they determine what they teach; their instructional methods; the frequency and means they use to assess and report to trainees on their individual progress, and related information. To discuss individually and sequentially, with program educators for any didactic instruction and supervised units of instruction which are designed to teach clinical skills, the didactic/clinical selection and content, the instructional objectives and methods, the frequency and means of assessing and reporting to trainees on their progress, and related information. The conversations should allow the visitors to assess the program educator's understanding of their teaching responsibility to the trainees; their contacts with the program administration; their teaching methods; the nature of supervision, direction, and evaluation they provide to trainees in the clinical setting; and the like.

30 – 60 minutes **Meeting with current Trainees**

Purpose: To obtain perceptions of the program from trainees and to gain an understanding of the organization and quality of instruction they have received. Discussion with trainees should allow the visitors to obtain their perceptions of the program, the curriculum, the quality of teaching, the types and frequency of evaluation of their progress, their career objectives, major challenges, and related topics. Visitors should also obtain impressions of trainees' practical skills, as well as their clinical understanding, knowledge, and judgment of their limitations and the character of their interaction with others in the clinical setting. (Members of the program educators are not to be present during these conversations)

30 – 60 minutes **Tour of Facilities**

Purpose: To provide the site visitor the opportunity to verify the classroom, lab, program educators' office, and educational resources necessary for the Advanced Practice Provider program.

Day 2:

15-30 minutes **Meeting with Program Administrator**

Purpose: To review the schedule for the second day, as planned by the program, and make desired adjustments when feasible and not excessively disruptive. To allow the evaluator to request additional documents needed by the site visit team.

30 to 75 minutes **Meeting with Key Senior Institutional Officials**

(Such as Chief Executive Officer, Chiefs of Service, President, whomever the Institution wishes to represent the sponsoring institution etc.)

Purpose: To discuss issues of institutional support for the program.

30 to 60 minutes **Meeting with Graduate**

Purpose: Meet with graduates to provide the site visitors with an opportunity to assess the graduates' satisfaction with their education and their profession. Examples include the degree to which the program prepared them to assume the functions they perform on the job, and their impressions of patient acceptance of them.

Closure: The site team indicates it has completed its report and is ready to depart the program. The site visit team may take a few moments to express thanks to the program for its assistance in allowing the team to complete its task. Transportation arrangements for the visitors should have been previously arranged. The ACEN/ARC-PA does not give an oral exit report at the conclusion of the site visit.

The filed written report submitted by the team will be sent to the program from the ACEN/ARC-PA within approximately 21 - 29 days of the visit in most cases. The program will be offered the opportunity to respond to any of the observations noted in the site visitor evaluation report. The purpose of the program's response is to eliminate errors of fact or challenge perceived ambiguities and misperceptions.