CONSORTIUM
FOR ADVANCED PRACTICE PROVIDERS

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Consortium for Advanced Practice Providers Accreditation Preparation 2025 Self- Study Guide

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INTRODUCTION

Self-study and assessment is an essential part of the process of becoming accredited as a postgraduate training program. The Consortium has developed this framework for organizations considering accreditation to guide you in this process and prepare you for a successful outcome to your accreditation application.

Throughout the instructions you will find that various kinds of data, documents, and materials are required in your self-study, and this may provide you with an opportunity to develop new material that you had not previously had for your program.

During the accreditation process, your self-study will provide the Consortium staff and Accreditation Commission members with the information needed to ensure that your program is meeting all requirements that can be assessed prior to an onsite visit, so that the onsite visit can be effectively used for the in person elements of meetings with programs staff, postgraduate trainees, and site/practice assessment.

ACKNOWLEDGEMENTS

The self-study guide, including the process for performing a self-study and this document, was developed by an expert workgroup of NPs and PAs, members of the Consortium, and experts in the field of postgraduate training and education for healthcare professionals. It reflects the standards for accreditation of postgraduate residency and fellowship programs for NPs and PAs which have been approved by the Consortium's Board of Directors. The Consortium recognizes and appreciates the body of work that has been developed by many disciplines in the area of postgraduate training, and acknowledges the contribution of these disciplines to the development of this self-study guide.

POSTGRADUATE TRAINING PROGRAM SCOPE

The scope of accreditation includes training programs that provide a minimum of one year of structured, intensive education and training in the service delivery setting that support the transition from the academic program and novice practitioner to clinical practice at the advanced level as a nurse practitioner or physician assistant in primary care or specialty areas.

SELF-STUDY PROCESS

The accreditation self-study process is primarily intended to provide your program an opportunity to systematically review, describe, and evaluate its education and training model and outcomes. The self-study also functions as a program evaluation, by providing the Consortium and assigned site visitors an opportunity to assess the degree to which your program's model and outcomes are consistent with the requirements of accreditation.

Each program is unique, and yet conforms to an emerging model of postgraduate training for NPs and PAs. The self-study is expected to reflect accurately both the unique aspects of your program's education and training model as well as the appropriateness of the model to the goals of postgraduate training for NPs and PAs in ways that meet the current and emerging health care needs of society. The combination of the self-study, the on-site visit, and the review by the Accreditation Commission of the Consortium are all essential activities aimed at evaluating your program's model, its components, and the degree to which they meet the standards developed by the Consortium for accreditation. The self-study represents a comprehensive evaluation of the program in preparation for an accreditation review. The self-study benefits from information

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generated by the ongoing regular assessment of the program. The Consortium suggests the following process as a helpful approach to organizing regular program assessments.

(NOTE: if this is the first time your program is conducting a self-study for accreditation, please review the information that must be submitted for accreditation (below beginning on Page 6). In addition, you may wish to use the process for program assessment as an approach for creating your self-study.)

Eight Step Process for Regular Program Assessment[1]

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their formal program assessment. The program assessment is an objective, comprehensive evaluation of the training program, with the aim of improving it. Underlying the assessment is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the program assessment from areas for improvement the Accreditation Commission of the Consortium identifies during accreditation reviews). The recommended steps in the process are as follows:

1. Assemble the assessment group
2. Engage program leaders and constituents in a discussion of program aims
3. Examine opportunities and threats
4. Aggregate and analyze data to generate a longitudinal evaluation of the program's improvement
5. Obtain stakeholder input
6. Interpret the data and aggregate the assessment findings
7. Discuss the findings with stakeholders
8. Complete the program assessment document for use in further program improvement and as documentation for the program's accreditation site visit

It is not required that a program follow these steps, nor must a program conduct the steps in the order they appear above. The steps are simply offered as an outline for organizing the program's assessment. Additional detail related to each step follows below.

Step 1. Assemble the assessment group

Membership: The members of the Program Evaluation Committee (PEC) are the ideal core foundation for the self-study group. (Note: the Program Evaluation Committee is the group of people established by the program to provide ongoing evaluation of the educational experience of the postgraduate trainees.) Over time, they will be familiar with the annual program assessment process and the resulting action plans and improvement efforts. Including the program coordinator is also recommended.

[1] Adapted from the Accreditation Commission on Graduate Medical Education. Accessed on 12/11/15 at www.acgme.org/acgmeweb/tabid/473/ProgramandInstitutionalAccreditation/Self-Study.aspx

Added participants: The Consortium does not require additional participants in the program assessment. However, it may be beneficial to have a few individuals to offer an external perspective. Examples include a departmental leader, a rotation director, or an expert in education, curriculum design, or assessment. These individuals may be included if program leaders think their contributions would be beneficial.

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Step 2. Engage program leaders and constituents in a discussion of program aims

The first task of the assessment group is a discussion of program aims. Aims are program and institutional leaders' views of key expectations for the program, and how it differentiates itself from other programs. Aims may focus on the types of trainees recruited into the program, training for particular careers, and other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Program aims should generally take a longer-term strategic view, but they also may change over time, in response to factors such as local or national demand for a postgraduate trainee workforce with certain capabilities, or new opportunities to train postgraduates in a different setting.

Step 3. Examine opportunities and threats

The next step is to conduct an assessment of the program's environment. The rationale for examining opportunities for and threats facing the program is to provide context for the program assessment.

Opportunities: Opportunities are external factors that are not entirely under the control of the program, but if acted upon, will help the program flourish. Opportunities take many forms, such as access to expanded populations for ambulatory care, partnering with an academic institution, other collaborations, or availability of new clinical or educational technology through agreements with external parties.

Threats: Threats also are largely beyond the control of the program, and like opportunities, come in many forms. They could result from a change in support for education at the national level, changing priorities at the institutional or state levels, or from local factors, such as erosion of a primary ambulatory system based on voluntary faculty. The benefit of assessing program threats is that plans can be developed to mitigate their effect.

Step 4. Aggregate and analyze data to generate a longitudinal assessment of the program's improvement

A key component of program assessment is the use of information from successive evaluations of the program. Programs are encouraged to conduct an annual program assessment to continuously evaluate performance and identify opportunities for improvement. While there are no explicit requirements for how information from annual assessments must be aggregated, the Consortium provides two suggested templates—both accessible through the same link below:

- *A template for reporting key information from a single annual program assessment*
- *A template for aggregating action items and key information from successive assessments*

Both templates can be accessed at the following link:
https://acgmehelp.acgme.org/hc/en-us/articles/360044317853-Annual-Program-Evaluation-APE-Tools[2]

For the data from the annual assessment, the focus is on program strengths and self-identified areas for improvement; how improvements are prioritized, selected, and implemented; and follow-up to understand whether interventions are effective. Over time, this process should focus on improvement that goes beyond compliance with requirements, with particular attention to improvements relevant to the program's aims and environmental context.

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Additional data for the program assessment should relate to ongoing improvement activities and the perspectives of program stakeholders, such as results of the annual Postgraduate Trainee and Faculty surveys, and other relevant departmental or institutional data.

Step 5. Obtain stakeholder input

The data should be confirmed and augmented by information from program stakeholders (postgraduate trainees, faculty members, others as relevant). For some programs, important information may include the perceptions of representatives from other specialties who interact with the postgraduate trainees. To collect this information, the program may use surveys, meetings with postgraduate trainees, or a retreat. Feedback from recent graduates could also provide useful data on the program's educational effectiveness.

Step 6. Interpret the data and aggregate the findings

The next step is to interpret the aggregated data from the program assessment. Specific elements of the assessment findings will include:

- establishing a working set of program aims
- listing key program strengths
- prioritizing among the self-identified areas for improvement to select those for active follow-up, and define the specific improvement activities
- discussing opportunities that may enhance the program, and develop plans to take advantage of them; and
- discussing threats identified in the self-study, and develop plans to mitigate their impact

Step 7. Discuss the findings with stakeholders

The program assessment findings from Step 6 (above) should be shared with faculty members, postgraduate trainees, and other identified stakeholders. This step should validate the findings and improvement priorities chosen by the assessment group with these key stakeholders.

Step 8. Complete the program assessment document for use in further program improvement and as documentation for the program's accreditation site visit

[2] Adapted from the Accreditation Commission on Graduate Medical Education. Accessed on 12/11/15 at www.acgme.org/acgmeweb/tabid/473/ProgramandInstitutionalAccreditation/Self-Study.aspx

The final step is for the assessment group or an individual designated by the group to complete the program assessment document.

At the time of the accreditation site visit, the program will be asked to provide a brief written update describing improvements resulting from the most recent program assessment. No information will be requested on areas identified during the program assessment that have not yet resulted in improvements.

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SELF-STUDY FORMAT

The attached instructions refer to and follow the sequence of the Consortium for Advanced Practice Providers Accreditation Standards. There is a narrative component, as well as required Tables 1-4 and Appendices A-C used to summarize information. In many instances, a question can be answered concisely in the self-study document. In some instances, a question may require a more extensive or detailed response. Some answers can be given by carefully referencing your program's website, catalog, and/or handbook. You are strongly encouraged to strike a balance between being succinct and comprehensive in responding to self-study questions. Your program, the site visitors, and the Accreditation Commission are best served by descriptions that are accurate, complete, and concise. If you are unsure about what should be included, please do not hesitate to contact the Consortium Office of Program Consultation and Accreditation for assistance at info@apppostgradtraining.com.

TEMPLATE AND FORMATTING: These instructions provide you with a template to guide your self-study responses. You may choose to develop your own template, but you must follow the sequence of the headings provided in order to facilitate review of each standard criterion. Use the numbering system and a brief summary heading to identify and label each of your responses as you complete the self-study (e.g., "1.3a, Mission in external communication").

Many training programs are extensively documented. Therefore, it is appropriate to refer directly to existing program documentation (e.g., catalog, website, postgraduate trainee handbook) in narrative responses to self-study items. When referring to existing program documentation, it is imperative that you append the relevant documentation and specify exactly where the requested information can be located in the appended documents (including page number of the documentation in the final self-study document). Only materials that are **specifically referenced** in the self-study text should be included in the appendices.

Some examples of existing program documentation useful in responding to self-study questions are:

1. Brochures, printouts of your program's website, or other informational materials describing your program's mission, training resources and processes;
2. Program manuals or training handbooks;
3. Publications listing training goals, objectives and norms for a traditional or specialty practice area as defined by its national reference group or professional training community;
4. Didactic seminar schedules, training calendars, listings of training events such as colloquia, workshops, invited lectures, grand rounds;
5. Rotation descriptions, sample training contracts, descriptions of required knowledge and practice competencies;
6. Descriptions of methods of measuring attainment of program and training goals and objectives, samples of performance-based examinations, evaluation forms and other resource, process or outcome assessment methods;
7. Blank copies of forms used in postgraduate trainee, faculty, preceptor, and program evaluations;
8. Descriptions of training outcomes, e.g., data on current practice settings, research and publication, and leadership activities at the local, state, or national level;
9. Administrative policy and /or procedure manuals, program correspondence, etc.

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SELF-STUDY SUBMISSION REQUIREMENTS AND REMINDERS

In addition to the instructions above, your program must follow these additional guidelines:

Physical submission:

- Applicants must provide (1) fully electronic version of the self-study.

- Applicants must complete the Application for Accreditation of Nurse Practitioner, Physician Assistant/Associate or Joint NP/PA Residency and Fellowship Programs BEFORE submitting the self-study. The application can be accessed by visiting www.APPpostgradtraining.com/apply. E mail the Consortium at email info@apppostgradtraining.com with any questions about the application or payment.

- It is required to send all documentation in electronic format as either scanned documents or links to electronic documents. Within the self-study document, it is very helpful to have some way of marking/dividing the appendices and sections so that referenced information can be easily located. It is recommended to reference the exact page number and appendix of supplemental materials that are cited within the self-study guide responses.

Length and formatting:

- There is no page limit. Be as concise as possible without sacrificing depth, quality, or completeness of response.

- Use no smaller than **12-point** typeface.

- The required tables (Tables 1-4 and Appendices A-C) should be attached to the end of the self-study document; please do not incorporate them within the narrative portion of the self-study.

- All pages within the document should be coherently numbered so that information can be easily referenced.

- Form fields, indicated by gray check boxes with bold text, are where responses necessary in the narrative should be provided. The gray check boxes are only there to remind you to provide information for that bolded question related to the standard. Please do not delete the bolded questions, and provide your answer clearly below each question.

- Appendices should contain materials that support the self-study narrative. Only material that is referenced specifically (Appendix # and page #) within the self-study text and/or requested in these instructions should be included in the appendices.

Multiple Practice Programs Self-Study Format:

- "Multiple Practice Programs" describes a *self-study format* in which two or more postgraduate training programs at the same institution submit a single self- study for accreditation. The Consortium's Accreditation Commission evaluates each program individually, and separate accreditation decisions are made for each program.

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- This format may be used for two or more primary care programs at the same institution. This format may be used by two or more specialty programs at the same institution. However, this format may NOT be used for primary care and specialty care programs at the same institution.

- When two or more submit a self-study using this format, the self-study must include the following:
    - Separate Transmittal Pages for each program. On the first page, identify your program name and its traditional or specialty practice area. On the second page, make sure to list the training director for the program identified on the first page. The program director's and chief clinical director's credentials and expertise should be consistent with your program's (see Standard 7.3 and 7.4).
    - Self-study narrative sections:
        - Separate sections for Standards 2 and 3 for each program.
        - Within the other Standards, much of the information is likely to apply across programs at an institution. Thus, the information for these Standards may be submitted as a single narrative document. However, if there are differences in Standards 1 or 4-8, the self-study document must specify which information applies to each program.
    - Tables and Appendices:
        - Separate tables and appendices for each program.

- The names assigned to each program should be distinct and should clearly reference each program's identity (e.g., "Postgraduate APP Training Program XXXX," "Postgraduate APP Training Program YYYY").

Miscellaneous:

- Postgraduate Trainee Names: Nothing in the self-study requires you to provide postgraduate trainees' names. If you wish to include postgraduate trainee names, your program must reference and include clear documentation of the postgraduate trainees' written permission to do so in the Appendices. When submitting sample documents (e.g., postgraduate trainee surveys, evaluation forms), please remove any name that could raise Family Educational Rights and Privacy Act (FERPA) or Health Information Portability and Accountability Act (HIPAA) issues, questions, or concerns.

- CVs: Follow the abbreviated CV format provided in these instructions, answering all questions briefly (this format is modeled after the NIH CV format). Do not exceed the 2-page limit for any CV. Do not send full vitae in addition to the abbreviated CVs; only the abbreviated CVs will be reviewed. Please double-check to make sure that a CV is included for every Faculty/Staff listed in Table 4(a). Exceptions to the CV requirement are noted in the footnotes to that table. Site visits and final decisions can be delayed because CVs are missing and/or incomplete in self-studies.

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Important reminders!

- After completing your self-study, please complete and submit the checklist on the following page to ensure that your program has provided all necessary information.

- Before submitting the final document, please double-check to make sure that:

    - All components of the self-study that need to be submitted are included, in the correct order;
    - The required *Summary Check Sheet and Table of Contents* is included, listing page numbers for all domains, tables and appendices, with pages coherently numbered throughout the entire document;
    - All numbers/data reported are consistent among the narrative, required tables, and publicly available information (e.g., on your program's website or in program brochures,);
    - References to page numbers of policies and other appendices are correct throughout the narrative and the *Summary Check Sheet and Table of Contents*;
    - Every question, item, or concern described in this document has been addressed;
    - You have included the transmittal page, signed by all parties or designee(s).

☐ **REQUIRED CHECKLIST: This completed checklist should be included with the self-study document, immediately after the signed Transmittal Page.**

After completing your self-study, complete the checklist below to ensure that you have provided all necessary information with accurate references. Please double-check to ensure that all page numbers noted here are identical to ones provided within the self-study narrative.

NOTE: Consistent with "Accreditation process for postgraduate training for NPs and PAs, procedures for Multiple Practice Programs," institutions or agencies submitting a single self-study need to provide **separate summaries for Standards 2 and 3** relating to each specific postgraduate training program **and separate tables for each program**; for the remaining standards, a single self-study may be submitted, except where there are significant differences between programs. Multiple Practice Programs should specify below which sections are separated for each program, and list your program names beside those sections.

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Summary Checklist and Table of Contents	
Task	Page #(s)
Transmittal pages signed by all parties	
All pages consecutively numbered including appendices	
Summary Checklist and Table of Contents	
Decision Regarding Program Type	
Standard 1 Mission, Goals, and Objectives	
Standard 2 Curriculum	
Standard 3 Evaluation	
Standard 4 Program Eligibility	
Standard 5 Administration	
Standard 6 Operations	
Standard 7 Staff	
Standard 8 Trainee Services	
Table 1	
Table 2	
Table 3	
Table 4	
Abbreviated CVs for all individuals identified in Table 4	
Appendix A	
Appendix B	
Appendix C	
Consortium Agreement signed by all members (if applicable)	
Documentation that the minimum requirements for successful completion of the training program is 12 months of full participation in postgraduate trainee activities	
Other: (ADD ADDITIONAL ROWS AS NECESSARY TO INCLUDE ALL RELEVANT INFORMATION PROVIDED IN THE SELF-STUDY DOCUMENT)	

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TRANSMITTAL PAGES
Postgraduate Training Programs:
Self-Study Report for 2025

Please include all required signatures.

NOTE: If the self-study addresses multiple practice programs include <u>separate transmittal pages</u> for each program addressed in the self-study,

☐ Initial Accreditation Date Submitted:
OR
☐ Re-accreditation

Sponsoring Institution/Agency Name:

Department Name (if applicable):

Location (City/State):

Does this self-study include multiple practice programs? ☐ No ☐ Yes
If Yes, you must include separate Transmittal Pages for each program.

Program Name:

<u>Indicate the primary care or specialty practice area of the program (*check only one below)*:</u>

☐ Primary care (adult, pediatrics, women's health, or family)

☐ Specialty practice, please list:

Date of last Accreditation, *if applicable:*

Number of trainees in program this year:

Number of trainees who have completed the program since inception:

Has the program previously been accredited by another accrediting organization?
☐ No ☐ Yes

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PROGRAM CONTACT INFORMATION: *The following information will be used to update our internal Office database. The individuals listed will receive copies of important program written correspondence (e.g., site visit reports, decision letters). Please add the relevant contact information for any other individuals who your program would like to receive such correspondence (e.g., co-directors, accreditation coordinator, chief clinical officer, CEO etc.). Signatures indicate that the self-study has been approved for submission and serve as an invitation to conduct a site visit to your program. If this self-study includes multiple practice programs, include separate transmittal pages for each program, and list the program director below who corresponds to the traditional or specialty program identified above.*

Program Director: _____
(Name) (Signature)

Credentials (licensure/certification to practice and earned degrees

Title:

Full Mailing Address:
Phone Number: Ext. Fax: Email Address:

Chief Clinical Officer for program: _____
(Name) (Signature)

Title:

Full Mailing Address:
Phone Number: Ext. Fax: Email Address:

Sponsoring Organization President/CEO: _____
(Name) (Signature or that of designee*)

Title:

Full Mailing Address:
Phone Number: Ext. Fax: Email Address:

*If signed by designee, provide the full name of that individual in addition to the name of the person for whom he/she signed

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Self-Study for Postgraduate NP, PA, or Joint NP/PA Training Program Accreditation

- **The Accreditation Standards are printed below in italic font, followed by specific questions or requested information that are bolded throughout the text. Form fields (gray boxes) are provided as the place for your response to each question. It is your program's responsibility to ensure that the self-study addresses all accreditation-salient issues. Please be sure to read all introductory information and instructions before proceeding.**

- **As noted in these instructions, the following template is REQUIRED. It is not necessary to delete any text from the submitted document. Ensure that all checkboxes and form fields (gray boxes) have been completed.**

Program Type

NP, PA, and Joint NP/PA Postgraduate Training Programs may be called Residency or Fellowship programs. Both are programs of postgraduate clinical and didactic education and training, designed to significantly advance preparation as a provider of health care services in a specialty (including primary care) or subspecialty area. Based on the goals and focus of the program, and factors such as the emphasis on teaching and research as well as clinical education and training, the program leaders are responsible for choosing the designation of Residency or Fellowship for their program(s).

Complete the following:

☐ **a. The label that best describes your postgraduate NP, PA, or Joint NP/PA training program is (Check One):**

☐ Residency

☐ Fellowship

☐ **b. Provide a brief description of rationale for this designation.**

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Standard 1: Mission, Goals and Objectives

The mission of the postgraduate NP, PA, and joint NP/PA training program must be clear, concise, and communicate to program staff, postgraduate trainees, and stakeholders the essential components of a mission. These components include the core purpose of the program, the reason for investment of resources and energy in creating the program. The mission statement should be reflected in the core documents of the program that guide internal decision-making. It is prominently featured in external communication vehicles for the benefit of potential applicants, stakeholders, and other interested parties.

The mission statement gives rise to the goals of the program, which should be clearly articulated. The goals of the postgraduate NP, PA, or joint NP/PA postgraduate training program will provide the direction and key outcomes to which they aspire. These endpoints can be either broad or specific.

The goals give rise to the objectives of the program, which specify the efforts, actions, content, and work that the program intends to accomplish, and within specific time frames.

While the mission statement usually remains constant, it is likely and advisable that the objectives and goals will change over time as a program matures, expands, or broadens its scope. The mission, goals and objectives serve as cornerstones of a program's operation and provide the context for program evaluation.

1. *Program mission*

☐ **a. Insert the program mission statement here.**

2. *Program mission in core document*

☐ **a. Where can the mission statement be found in the core documents of the program? [Example: website, recruitment materials, curriculum, and evaluation tools]**

3. *Program goals*

☐ **a. What are the main goals or outcomes of the program? [Example: To recruit and retain highly qualified advanced practice providers in the rural pacific northwest.]**

4. *Program objectives*

☐ **a. Complete Appendix B. [Example: To create a postgraduate training program that is centrally located with satellite clinics in medically underserved areas of the state.]**

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☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any <u>Standard 1</u> issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other <u>Standard 1</u> issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 1

Include as appendices scanned versions of (or electronic links for) all public materials on your training program publicity and other program related material (brochures, letters, program manuals, handbooks, formal institutional policy and procedure memoranda, etc.).

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Standard 2: Curriculum

Program Curriculum and Structure

The Program curriculum must include the following core elements:

1. *Clinically based practice and patient care experience (examples - precepted sessions, mentored clinics, specialty clinical rotations)*
    a) *Clinical experiences must be sufficient in depth, breadth, variety, and volume including medical conditions/diagnoses and patient demographics, to prepare the postgraduate trainee for clinical practice in the specialty of the program*
    b) *Program must provide structured experience in progressive responsibilities for patient management*
    c) *For each clinical experience and/or rotation the Program will provide learning objectives to guide the postgraduate trainee achievement of competencies*
    d) *The Program shall establish specific targets for the numbers of patients and procedures deemed necessary to achieve the overall goals of the postgraduate NP, PA, or Joint NP/PA Training Program based on the practice setting*

☐ **a. Complete Appendix C.**

☐ **b. How does your program provide structured experiences to allow postgraduate trainees to gain more progressive responsibilities for patient management? [Example: For the first three months of the program, the postgraduate trainees manage well child visits and minor illnesses. For the following six months, the postgraduate trainees are move towards high acuity patient care in the urgent care and emergency department.]**

☐ **c. Provide a list of clinical experiences, and associated learning objectives. [Example: Postgraduate trainees will see patients in the intake clinic for acute psychiatric emergencies. Example learning objective within the first three months for a Psychiatric APP Postgraduate Training Program: Assess patient, develop a provisional diagnosis for the presenting problem, present the case succinctly and clearly to the preceptor, and work with the preceptor to establish a plan of care.]**

☐ **d. Provide specific targets for the numbers of patients by relevant factors (age, gender, major health challenges) and procedures deemed necessary to achieve the overall goals of the postgraduate NP, PA, and joint NP/PA training program based on the practice setting**

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2. *Regularly scheduled didactic sessions*
    a) *For each didactic session the Program will provide learning objectives to guide the postgraduate trainee in the mastery of didactic knowledge and its subsequent application to practice*

☐ **a. Complete Appendix C.**

☐ **b. Describe the regularly scheduled didactic sessions in your program's curriculum. [Example: Expectations for speakers and objectives to evaluate the didactic.]**

☐ **c. Provide examples that demonstrate for each didactic session the Program will provide learning objectives to guide the postgraduate trainee in the mastery of didactic knowledge and its subsequent application to practice.**

3. *System-based learning and quality improvement:*
    a) *Postgraduate trainee learning and involvement in organization or system based improvements designed to improve front-line care.*

☐ **a. Complete Appendix C.**

☐ **b. Describe the postgraduate trainee learning and involvement in system-based learning and quality improvement tools that underlie effective front-line improvement in care in your program's curriculum.**

4. *Population-based health focus:*
    a) *Assessment of community, environmental, and socioeconomic influences on health of patients and data-driven assessment of the population of focus*

☐ ***a. Complete Appendix C.***

☐ ***b. Describe the population-based health focus in your program's curriculum.***

5. Technology:
    a) Demonstrate the ability to use technology that spans clinical practice, informatics, and quality, if appropriate and applicable to the program or specialty. Examples may include electronic health records, use of technology for quality improvement efforts, and business intelligence

☐ **a. Complete Appendix C.**

☐ **b. Describe how the postgraduate trainees' learning experience includes learning development and skills in technology. [Examples within clinical practice, informatics, or quality endeavors.]**

6. Respect for Patient Values, Preferences, and Needs:
    a) Postgraduate trainee should listen to and honor the patient's perspectives and choices, incorporating their values and preferences into the treatment plan

☐ **a. Complete Appendix C.**

☐ **b. Describe how the postgraduate trainees' learning experience within the curriculum focuses on addressing the challenges of unequal healthcare access and fairness**

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7. *Leadership and professional development:*
    a) *Particularly in interdisciplinary practice*

☐ **a. Complete Appendix C.**

☐ **b. Describe the leadership and professional development, especially the aspects related to interdisciplinary practice, in your program's curriculum.**

8. Health-Related Living Needs
    a) *Involvement of Family and Friends: Encouraging and supporting the involvement of family and friends in the patient' care, recognizing their role in providing social and emotional support*
    b) *Continuity and Transition: Ensuring a smooth transition between different healthcare settings and/or providers, maintaining continuity of care*
    c) *Patient Participation and Involvement: Encouraging and supporting patients in actively participating in their care and decision-making*

☐ **a. Complete Appendix C.**

☐ **b. Describe how the postgraduate trainees' learning experience within elements of the curriculum includes health-related living needs. [Examples within clinical practice, and/or quality endeavors.]**

9. *Certificate of Completion:*
    a) *Awarded to postgraduate trainee upon achieving the competencies and completing all program requirements*

☐ ***a. Complete Appendix C.***

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Postgraduate NP, PA, or Joint NP/PA Training Program Competency Domains

At completion of the Training Program, the postgraduate trainee must be able to:

1. *Patient Care-Provide patient-centered care that is compassionate, individualized, and respectful of all backgrounds, needs, preferences and values and is effective for the treatment of both common and uncommon health conditions as well as the promotion of health*
    a) *Perform and interpret all screening, diagnostic assessments, and procedures that are essential for area of clinical practice and patient population*
    b) *Demonstrate competency in use of virtual, telehealth, and evolving technologies appropriate to the specialty and the setting, if appropriate and applicable to the program or specialty, if appropriate and applicable to the program or specialty*
    c) *Gather essential and accurate patient information through the use of evidence based tools, review of records, history-taking, physical examination where appropriate, and assessment, and review of data derived from laboratory and imaging testing.*
    d) *Organize and prioritize responsibilities to provide care that is safe, effective and efficient Interpret laboratory data, imaging studies, other tests required for the area of practice*
    e) *Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, evidence based information and clinical judgment*
    f) *Develop and carry out accurate and safe evidence-based plan of care*
    g) *Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making*
    h) *Provide appropriate referral of patients including ensuring continuity of care throughout*
    i) *Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health*
    j) *Perform as a member and leader as appropriate of the inter-disciplinary team*

☐ **a. Describe the ways in which the competency Patient Care is integrated into the curriculum [Example: how this competency is included in aspects of the curriculum such as didactics, clinical rotations, precepted clinics, other special sessions or lectures]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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2. *Knowledge for Practice – Demonstrate knowledge of established and evolving bio-psycho-social, clinical, epidemiological, nursing, medical, or other health sciences, and other bodies of knowledge as appropriate for the provision of evidence-based patient care. Postgraduate trainees must:*
    a) *Demonstrate an investigatory and analytic approach to clinical situations*
    b) *Understanding and awareness of the host organizations use of AI and Predictive Analytics as applied to the clinical practice, if appropriate and applicable to the program or specialty*
    c) Demonstrate an understanding of how individual and community experiences can affect health outcomes, and recognize the importance of building a diverse team that mirrors the population being served
    d) *Integrate and synthesize established and emerging bio-psycho-social scientific principles fundamental to health care for patients and populations*
    e) *Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving and evidence-based health care…*
    f) *Apply principles of public health and epidemiological sciences to the identification of and response to known and emerging health problems including environmental changes, and risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations*
    g) *Apply principles of social-behavioral sciences in the provision of patient-centered care, including awareness of the impact of factors that affect health beyond strictly clinical factors*
    h) *Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices to improve patient care outcomes*

☐ **a. Describe the ways in which the competency Knowledge for Practice is integrated into the curriculum [Example: how this competency is included in aspects of the curriculum such as didactics, clinical rotations, precepted clinics, other special sessions or lectures].**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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3. *Practice-Based Learning and Improvement – Demonstrate the ability to evaluate one's own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation, and life-long learning. Postgraduate trainees must develop skills and habits to be able to meet the following goals:*
    a) *Identify knowledge gaps, deficiencies, and limits in one's level of knowledge, expertise, and attitudes.*
    b) *Set learning and improvement goals*
    c) *Systematically analyze practice using quality improvement methods, measures, and processes, and implement and assess impact of changes with the goal of practice improvement*
    d) *Identify, apply, and assimilate evidence from scientific studies related to patients' health problems*
    e) *Use technology to optimize learning*
    f) *Provide responsive health education to all patients and families, and may extend to educational activities for peers and other members of the healthcare team*
    g) *Obtain and utilize information about individual patients, populations and cohorts of patients and communities served by the practice*
    h) *Implement new expert recommendations and practice guidelines into clinical care*

☐ **a. Describe the ways in which the competency Practice-Based Learning and Improvement is integrated into the curriculum [Example: Competency self-assessment, personal and professional goal setting, reflective journals, and other evaluations.]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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4. *Interpersonal and Communication Skills – Demonstrate effective communication and collaboration with patients, their families, and interdisciplinary team. Postgraduate trainees must demonstrate competence to:*
    a) *Role model effective communication with an awareness of implicit bias with patients, families, and the public*
    b) *Demonstrate respectful communication and work effectively with colleagues within one's profession or specialty, other health professionals, other interdisciplinary team members, and health related agencies*
    c) *Act in a consultative role to other interdisciplinary team members*
    d) *Maintain comprehensive, timely, and compliant medical records*
    e) *Facilitate communication that is compassionate, honest, respectful of individuals' life experiences and backgrounds, appropriate for their developmental stage, and attentive to factors influencing their access to care and health outcomes*
    f) *Demonstrate ability to navigate a challenging patient/family situation and understand emotional impact on patients, families, and care providers*

☐ **a. Describe the ways in which the competency Interpersonal and Communication Skills is integrated into the curriculum [Example: Postgraduate trainees practice interactions in safe role playing situations before clinical experiences begin. When an issue arises, we enroll the postgraduate trainee in a Crucial Conversations course, and involve the Program leadership and mentors, as well as human resources as needed]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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5. *Professionalism – Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles. Postgraduate trainees must demonstrate:*
    a) *Compassion, integrity, and respect for others*
    b) *Respect for patient dignity, privacy, confidentiality, and autonomy*
    c) *Accountability to patients, society, and the profession.*
    d) *Sensitivity and responsiveness to all patient populations*
    e) *A moral commitment to the ethical principles pertaining to provision or with holding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations*
    f) *Consistently demonstrates adherence to institutional policies*
    g) Understanding that life experiences may impact healthcare access and outcomes

☐ **a. Describe the ways in which the competency Professionalism is integrated into the curriculum [Example: how this competency is included in aspects of the curriculum such as didactics, clinical rotations, precepted clinics, other special sessions or lectures]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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6. *Systems-Based Practice - Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to seek out appropriate services. Postgraduate trainees must demonstrate that they are able to:*
    a) *Use clinical and population health data to drive quality improvement in patient care and clinical outcomes*
    b) *Coordinate patient care within the health care system relevant to one's clinical specialty*
    c) *Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care*
    d) *Advocate for quality patient care and optimal patient care systems*
    e) *Demonstrates knowledge of the system's approach to risk management, error identification and problem resolution.*
    f) *Participate in non-direct care and practice management responsibilities commensurate with one's role, abilities, and qualifications*

☐ **a. Describe the ways in which the competency Systems-Based Practice is integrated into the curriculum [Example: how this competency is included in aspects of the curriculum such as didactics, clinical rotations, precepted clinics, other special sessions or lectures]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum. [Example: Description of the QI project or training provided for providers to improve their assessment of gender-based violence, a copy of the PowerPoint training, and redacted chart examples of postgraduate trainees using the intervention as appropriate.]**

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7. *Interdisciplinary Collaboration – Demonstrate the ability to practice within an Interdisciplinary team in a manner that optimizes safe, effective patient- and population-centered care. Postgraduate trainees must demonstrate that they are able to:*
    a) *Work with other interdisciplinary team members to establish and demonstrate a climate of mutual respect, dignity, and trust*
    b) *Use the knowledge of one's own role and roles of other interdisciplinary team members to appropriately assess and address the health care needs of the patients and populations served both virtually and in-person*
    c) *Communicate, delegate, and defer to expertise within the interdisciplinary team in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations*
    d) *Demonstrate understanding of the interdisciplinary roles and responsibilities unique to the system in which the training program is housed that are required to establish, develop, and continuously enhance Inter-disciplinary teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable*

☐ **a. Describe the ways in which the competency Interdisciplinary Collaboration is integrated into the curriculum [Example: The curriculum states that postgraduate trainees are required to lead at least one interdisciplinary case management team conference to develop a comprehensive plan of care for a patient with complex medical or social needs.]**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum. [Example: Postgraduate trainees are expected to file the comprehensive case plan that includes evidence that the postgraduate trainee actively sought expertise from other team members and delegated elements of the plan appropriately.]**

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8. *Personal and Professional Development – Demonstrate qualities required to sustain lifelong learning and professional development. Postgraduate trainees must demonstrate that they are able to:*
    a) *Use available resources and self-reflection to assess and enhance awareness of disparities in healthcare, implicit bias, and personal limitations*
    b) *Demonstrate openness to learning from others' life experiences, use effective strategies to manage stress, and welcome constructive feedback*
    c) *Manage conflict between personal and professional responsibilities*
    d) *Practice flexibility and maturity in adjusting to change*
    e) *Demonstrate trustworthiness when one is responsible for the care of patients*
    f) *Practicing leadership skills that enhance team functioning; the learning environment, and/or the health care delivery system, and giving and receiving feedback from peers.*
    g) *Demonstrate self-confidence that puts patients, families, and members of the healthcare team at ease*
    h) *Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty*
    i) *Identify and/or recognize the need for changes in organizational process or patient care to improve patient care outcomes. This could be demonstrated through dissemination of knowledge after successful leadership and implementation of a quality improvement or evidence-based project.*

☐ **a. Describe the ways in which the competency Personal and Professional Development is integrated into the curriculum.**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum. [Example: All postgraduate trainees are expected to provide a percentage of their care remotely. For the first few visits, a preceptor is present either in-person or virtually, and documentation of these visits are reviewed by coding and billing. For inpatient services, postgraduate trainees are expected to deliver consultation services in the virtual environment.]**

9. *Technology and Telehealth – Embrace and learn new technology, inclusive of new modalities, such as expanded telehealth, remote monitoring, and/or virtual care.*

☐ **a. Describe the ways in which the competency Technology and Telehealth is integrated into the curriculum.**

☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

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10. *Promoting Fairness and Respect in Healthcare – Demonstrate awareness of and integrate practices that promote fair access to care, respect for all individuals' backgrounds, and the removal of barriers that impact health outcomes*

- ☐ **a. Describe the ways in which the competency Promoting Fairness and Respect in Healthcare is integrated into the curriculum.**
- ☐ **b. Provide examples that demonstrate postgraduate trainees are developing competence in each of the areas above by participating in the program curriculum.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any <u>Standard 2</u> issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other <u>Standard 2</u> issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 2

Submit any other documentation relevant to the above questions, including schedules/descriptions for any didactic experiences. Provide clear references in the responses to the questions above on where the information referred to is located in the appended documentation.

Training calendars, examples of weekly trainee schedules, and rotation descriptions can be helpful in illustrating how the training program is organized. In addition, a PowerPoint presentation about the program would be helpful to include. (NOTE: this presentation could be used at the beginning of the site visit to orient the accrediting team to the program.)

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Standard 3: Evaluation

Postgraduate Trainee

1. *The Program must establish and use an objective, systematic and cumulative evaluation and assessment process that is designed based on the Program's core elements, competency, and curriculum components.*

☐ **a. Describe the evaluation tools, frequency, and assessment process for postgraduate trainee performance for every element of your program's curriculum. [Guidance: This is a comprehensive overview of the program's evaluation process including tools, frequency, accountability, purpose, and methods for improvement…]**

☐ **b. How does the program assure that the postgraduate trainee evaluation process is objective, meaningful, and cumulative? Provide examples as attachments in the appendices. [Example: As outlined below, there is a process for evaluating postgraduate trainee clinical performance, didactic content and delivery, faculty effectiveness, and satisfaction with clinical rotations on a quarterly basis. Each phase of the evaluation incorporates a <u>closed loop</u> communication system in which feedback is obtained, collated, and reviewed by the program director as part of the overall process to evaluate the ongoing progress and intended outcomes]**

2. *The Program must individually assess the performance and development of each postgraduate trainee through periodic and objective assessment focused on the eight core standards*

☐ **a. How does the program's postgraduate trainee evaluation process link to core competencies of the curriculum? [Example: At the beginning of the program, an inventory of skills and ability to manage complex medical decision-making process is completed by each postgraduate trainee, then repeated every other month, and compared with the program's overall program outcome expectations.]**

☐ **b. How are postgraduate trainee performance concerns and clinical deficiencies identified? Provide examples of identified concerns, if any examples exist.**

3. *The Program must have a clear method in accord with HR policies for promptly identifying and addressing postgraduate trainee performance concerns, as well as the development of an improvement plan with measurable goals and specific time frames to accomplish such goals.*

☐ **a. Describe the process for addressing and managing postgraduate trainee performance concerns in the program; including when and how human resources is involved.**

☐ **b. Describe how an improvement plan with measurable goals is developed. Provide an example of such a plan.**

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4. *Program evaluations should include at a minimum:*
    a) *Postgraduate trainee should complete a competency self-assessment at the beginning of the program and no less than again at the end of the program*
    b) *Postgraduate trainee evaluation of all core program and curricular components*
    c) *Preceptor and faculty assessment of the postgraduate trainee performance*
    d) *Program Director evaluation of core postgraduate training faculty and preceptors*
    e) *Program Director evaluation by a Postgraduate Trainee*
    f) *Reflective journals or other self-reflective tools (examples may include debriefing, focus group, Schwartz Rounds)*
    g) *Final programmatic evaluation*

☐ **a. Provide examples for each of the evaluations noted above. If examples are provided in the appendices as attachments, please reference the page numbers where they can be found here.**

5. *The postgraduate trainee must assemble a portfolio. Elements of a portfolio may include but are not limited to documentation of clinical activity (patient mix, procedures, and visits/encounters, specialty rotations), self-assessments, special projects, chart audits, poster presentations. Additional elements of the learning portfolio can be added by both the postgraduate trainee or the program and assist with preparation for postgraduate trainee evaluation and coaching sessions. Such a portfolio could be used by the postgraduate trainee as well as by Program Faculty and/or the Program Director in preparing for evaluation and coaching sessions. Learning goals established during evaluation and coaching sessions would be entered into the portfolio and reviewed at a subsequent evaluation and coaching sessions*

☐ **a. Describe how the program assists the postgraduate trainee in assembling the elements of the portfolio..**

☐ **b. Describe how often the elements of the portfolio are reviewed and by whom.**

☐ **c. Describe the postgraduate trainee's role in the process of reviewing the elements of the portfolio.**

☐ **d. If your program has a system for assembling the elements of the portfolio, describe this system.**

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Organizational Evaluation

6. *The Program Director must have a role in the development of the budget and ongoing monitoring and reporting as appropriate. The Program Director must be able to identify the cost and revenue centers where their program is reflected within the overall organizational budget.*

☐ **a. Describe how the program reviews and assesses the operational and financial impact of the program on the overall sponsoring organization and assesses for any improvements or efficiencies in business operations [Example: Regular meetings with the financial leader(s) of the sponsoring organization, decisions made related to such meetings]**

☐ **b. When was the most recent assessment of this type performed? Who was involved in the assessment?**

☐ **c. What was learned from the most recent assessment? What changes, if any, were made based on these learnings?**

☐ **d. Provide a summary of the most recent assessment. (Note: this can be a brief 1-2 page overview of the key areas discussed.)**

7. *The Program must have a documented process for the initial and ongoing evaluation of all sites used for postgraduate trainees' clinical practice experiences. The evaluation of each site should include:*
    a) *The site itself (e.g., the resources provided, staffing)*
    b) *The experience for the postgraduate trainees at the site*

☐ **a. Describe the process for the initial and ongoing evaluation of all sites used for postgraduate trainees' clinical practice experiences. Be sure to include both information about the site itself and the postgraduate trainee experience.**

☐ **b. When was the most recent evaluation of each site? Who was involved in the evaluation?**

☐ **c. What was learned from each of the most recent evaluations? What changes, if any, were made based on these learnings?**

☐ **d. Provide a summary of the most recent evaluation from each site.**

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8. *The Program must have a Residency/Fellowship Advisory Committee. The Residency/Fellowship Advisory Committee's role is to serve the program in providing input and guidance regarding individual components and direction of the program by reviewing programmatic curricula, evaluations, etc. and based on that review provide guidance on how to adjust and evolve the program. The Committee should meet at least semi-annually and maintain an agenda and meeting minutes.*

☐ **a. Please describe who serves on the Residency/Fellowship Advisory Committee, how often it meets, its functions, and the meeting minutes from the most recent two meetings.**

Clinical Faculty Evaluation

9. *The Program must have an established process to evaluate clinical faculty which include preceptors and didactic presenters. The evaluators may include but are not limited to postgraduate trainee and the Program Director.*

☐ **a. Describe the process to evaluate clinical faculty which include preceptors and didactic presenters.**

☐ **b. Who is involved in this evaluation process?**

☐ **c. What has been learned from these evaluations in the past year? What changes, if any, were made based on these findings?**

☐ **d. Provide examples of preceptor evaluations and didactic presenter evaluations in the appendices as attachments, and please reference the page numbers where they can be found here.**

10. *The Program must have a clear process for promptly identifying and addressing faculty performance concerns, as well as the development of an improvement plan with measurable goals. The evaluators may include but are not limited to the postgraduate trainee, Program Director, and faculty self-assessment.*

☐ **a. Describe the process for promptly identifying and addressing faculty performance concerns in the program.**

☐ **b. Describe how an improvement plan with measurable goals is developed. Provide an example of such a plan.**

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11. *The program must have a clear plan in place for faculty development, including a method for continual improvement of the system to improve faculty skills and knowledge for clinical teaching.*

☐ **a. *Describe the program's process for developing faculty. [Example: Daylong faculty development seminar is held at the beginning of each postgraduate trainee enrollment cycle. Topics include Adult Learning Theories, role-playing for clinical feedback, and methods for auditing clinical documentation.]***

☐ **b. *What is the process used for continual improvement of the faculty development program? [Example: Each day long faculty development seminar includes evaluations of the program by the faculty and suggestions for future topics.]***

Ongoing Program Self-Assessment

12. *The Program must have an established process of ongoing program self-assessment that should use the Accreditation standards as a method to identify the program's compliance. A documented self-assessment should be done no less than annually, with recorded results. The Program self- assessment should include:*
    - *a) Programmatic assessment and corresponding outcome measures:*
        - i. *Postgraduate trainee completion rates, including calculation of the program's three-year average completion rate and comparison to the Consortium's established Completion Rate Benchmark.*
        - ii. *Postgraduate trainee withdrawals or dismissals*
        - iii. *Postgraduate trainee evaluations of core program elements*
        - iv. *Preceptor evaluations of postgraduate trainee performance*
        - v. *Post-program completion employment/practice data, including calculation of the program's Job Placement Rate and comparison to the Consortium's established Job Placement Rate Benchmark.*
        - vi. *Alumni satisfaction at a minimum at program completion and 12-18 months later*
    - *b) Documentation of program's self-assessment results and corresponding action plan that includes:*
        - i. *Identified strengths, gaps and opportunities for improvement*
        - ii. *Structural or content program adjustments to address gaps and areas of improvement*
        - iii. *Evidence of improvement through implementation of the action plan as a result of the evaluation results*

☐ **a. Describe the process of ongoing program self-assessment that uses the Accreditation standards as a method to identify the program's compliance.**

☐ **b. Provide an example of the program self-assessment that demonstrates the frequency of the program's self-assessment and a summary of recent results.**

☐ **c. Provide an example of an action plan from the program self-assessment that demonstrates the program's efforts to improve.**

☐ **d. Complete the table below summarizing the program's postgraduate trainee completion and job placement outcomes for the three most recently**

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completed trainee cohorts. The current benchmark rates for trainee completion and job placement can be found at https://www.apppostgradtraining.com/accreditation/benefits/.

Cohort Year (e.g. 2024-2025)	**# of Incoming Trainees** (e.g. 3)	**# of Trainees Completed** (e.g. 3)	**Trainee Completion Rate** (e.g. 100%)	**Graduates Available for Employment** (e.g. 3)	**Graduates Employed within 180 Days** (e.g. 2)	**Job Placement Rate** (e.g. 66%)

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any Standard 3 issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other Standard 3 issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 3

Provide documentation of self-evaluative activities, including copies of program and supervisor evaluation forms or instruments, trainee performance evaluations, examinations or tests of trainee competency or knowledge, and any other methods of assessing attainment of trainee and program training goals and objectives (i.e. resource, process and outcome evaluation standards, methods and measurement instruments, and results.)

Complete Table 3 requesting information on trainees' first employment after completing your program, licensure, other credentialing and/or professional activities and accomplishments. If your program has not been able to track these results, please explain what efforts have been made and how the program intends to address in future the tracking of trainees after completing the program.

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Standard 4: Program Eligibility

Application for Accreditation for postgraduate NP, PA, or Joint NP/PA training programs should be completed by the primary sponsoring organization. Postgraduate NP, PA, or Joint NP/PA training programs must meet the following basic criteria in order to be eligible for consideration of accreditation.

1. *The sponsoring organization must operate postgraduate NP, PA, or joint NP/PA postgraduate training programs in settings that may include but are not limited to:*
    - *Federally qualified health centers (FQHCs) and FQHC look-alike organizations*
    - *Nurse managed health centers*
    - *Other safety net settings such as the Indian Health Service*
    - *Veterans Health Administration system*
    - *Private or public integrated health systems*
    - *Hospitals*
    - *Private clinic systems and practices*
    - *Academic health centers/medical centers, both public and private*
    - *Academic Institutions*
    - *Behavioral Health Organizations*

☐ **a. Specify the location of the sponsoring organization.**

☐ **b. Describe the sponsor institution's primary service delivery setting(s) (using the list above) in which your program's training and education activities take place and the service recipient population(s) (clients, patients) in those settings. If the training takes place in more than one setting, describe the multiple settings, their service recipient populations and the types of training experiences offered in each setting.**

2. *The sponsoring organization must hold and maintain a current accreditation and/or certification by an entity that recognizes quality and safety of care, or provide evidence that the organization demonstrates quality and safety of care.*
    - *A nationally recognized regional or specialized/professional accrediting agency that accredits the institution of higher education that offers the postgraduate training program*
    - *Accreditation Association for Ambulatory Health Care (AAAHC)*
    - *The Joint Commission, with specific accreditation under the Standard applicable to the practice site of the postgraduate training program.*

☐ **a. Provide information regarding the sponsoring organization's current accreditation and/or certification; or demonstrate evidence of quality and safety of care. Specifically include a) the name of the accrediting and/or certification agency, b) the date of accreditation and/or certification, and c) the level of accreditation and/or certification.**

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3. *Program postgraduate trainee must be:*
    - *A graduate of an accredited Nurse Practitioner program who has earned either a Master of Science in Nursing or Doctor of Nursing Practice. The educational program should be accredited by CCNE or ACEN or a recognized accrediting organization*
    - *PA must be a graduate of an accredited Physician Assistant/Physician Associate program*
    - *PA must hold certification with the National Commission on Certification of Physician Assistants (NCCPA)*
    - *The PA educational program should be accredited by professionally recognized organizations such as ARC-PA or a recognized accrediting organization*
    - *NP and PA must hold board certification and be licensed or license eligible as an advanced practice registered nurse or physician assistant in the state in which the program is located by a date determined by the Program in accordance with the planned program curriculum*

☐ **a. Complete Table 1.**

☐ **b. Complete Table 2.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any <u>Standard 4</u> issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other <u>Standard 4</u> issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 4

Provide any relevant information about the sponsoring organization related to its location, setting, certification, or accreditation.

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Standard 5: Administration

Organizational Sponsorship

1. *There is a clearly identified single sponsoring organization that is ultimately responsible for the Program.*

☐ **a. Specify the sponsoring organization that is responsible for the program.**

2. *The Program must have a defined mission statement that defines the specific mission of the Program and also reflects the mission and goals of the sponsoring organization.*

☐ **a. Briefly describe the mission of the sponsoring organization for your postgraduate NP, PA, or joint NP/PA training program.**

☐ **b. Explain how your program mission reflects the mission and goals of your sponsor organization. How is your program mission viewed/valued by your sponsor organization and its administration?**

☐ **c. Since your last site visit (if applicable) have there been any changes to the following below. If so, please describe them.**

- **The resources to support the postgraduate training program**
- **The training program's processes or practices**
- **Major leadership or faculty changes**
- **Any other significant changes not noted elsewhere**

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3. *The sponsoring organization must demonstrate that it provides sufficient resources to sustain the program and meet the required core elements of the postgraduate training program as outlined by the Consortium. This includes evidence of sufficient clinical rotations/experiences, depth of didactics, and a robust and ongoing programmatic evaluation. Programs must be able to demonstrate that the sponsoring organization, not the affiliated organizations, maintains the ownership and control over the educational content of the program. The program must also demonstrate appropriate leadership, oversight and management. The sponsoring organization must assure that postgraduate trainees will have sufficient opportunities for volume and diversity of clinical experiences to meet the objectives of the program. .*

☐ **a. Provide information about the number of postgraduate trainees in your program. If the number of postgraduate trainees has changed in the past two years, please indicate how it has changed and the reason(s) for the change.**

☐ **b. Provide information that demonstrates your sponsoring organization has sufficient resources, and is of size, scope, and depth through either direct or formal affiliation to provide each of the core elements of the program.**

☐ **c. If the program includes clinical experiences at affiliated sites or organization(s), how does the sponsoring organization maintain ownership and control over the educational content of the program and the overall management, leadership, and evaluation of the program? [Example: how the sponsoring organization works with the affiliated organization(s) to implement and evaluate the curriculum.]**

☐ **d. How does the sponsoring organization assure its postgraduate trainees that it can provide adequate number and range of patients to assure the depth, breadth, and volume of training to meet the educational and training goals of the program? [Example: total number of patients/patient visits per year, by age range; for FQHCs, may use most recent UDS report.]**

☐ **e. Does your program or its sponsoring organization have any plans that might substantially change the nature, function or mission of your postgraduate training program for the foreseeable future? Describe these plans and their potential consequences to your program's accreditation status.**

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4. *When didactics and clinical rotations/experiences occur outside of the sponsoring organization or its affiliate, roles and responsibilities of each party must be clearly defined and an agreement must be in place between the sponsoring and affiliated organization. At a minimum, the affiliate organization must demonstrate the ability to provide sufficient resources to meet the expectations of the postgraduate trainee educational experience.*

☐ **Not applicable – the program provides all education and training within the sponsoring organization.** ***(Please skip to question #5a below, of this standard.)***

☐ **a. Describe the education or training elements of the program provided outside the sponsoring organization.**

☐ **b. Describe the resources provided by each affiliated organization to meet the educational goals of the program.**

5. *The Program should consider having a formal academic partnership or affiliation. While this is not a requirement for accreditation, an academic partnership or affiliation supports the Program in their implementation and development of key program components including curriculum, clinically based practice opportunities, didactic sessions, faculty development, evaluation, and additional training. In addition, a connection to an academic partner can support the program's positive relations with an accredited NP or PA academic program and provide a source of future postgraduate trainee candidates interested in further postgraduate training. Where formal academic partnerships exists, formal agreements or MOU must be in place to recognize the responsibilities of all parties as stated in the Agreement.*

☐ **a. Describe any formal academic partnership or affiliation that exists with the program.**

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Organizational Responsibilities and Resources

6. *The Program's sponsoring organization has primary responsibility for providing the following programmatic components:*
    a) *Curriculum is developed, evaluated and appropriately revised as necessary on an ongoing basis*
    b) *Coordination and documentation of all clinical experiences, including precepted clinics, didactic education, and experiential learning*
    c) *Sufficient provision of administrative and clinical faculty time for training, administrative and teaching requirements. This includes the same training that all regular employees would receive during their orientation*
    d) *Conducting the Program recruitment process in a transparent manner including selection of candidates for interviews, identification of the review committee members and process for review including a standardized evaluation rubric, selection of final applications, and the process for notification of decisions to candidates and the process of offering positions to the candidates.*
    e) *Establishing a timeline for the recruitment, selection, and contracting process for postgraduate trainees*
    f) *Providing either a formal written agreement in the form of a contract or an offer letter to all postgraduate trainees that details the terms and conditions of participation in the Program including clear expectation of program completion within the established timeframe. The execution and maintenance of this agreement is developed, executed and reviewed in accordance with organizational policy.*
    g) *Providing all postgraduate trainees with the appropriate liability coverage for the duration of the program in accordance with other health care professionals at the sponsoring organization.*
    h) *Provides evidence of conducting regional compensation benchmarking in order to assure that the postgraduate trainee compensation is competitive with other programs, assuring that postgraduate trainees are provided with appropriate compensation, as determined by the sponsoring organization. Employee benefits should be clearly defined by the sponsoring organization and described in the organization's policies.*
    i) *Assuring that the environment in which the postgraduate trainees and staff are assigned meet the sponsoring organization's standards for safety and security*

☐ **a. Complete the information below related to the sponsoring organization's provision of programmatic components.**

Programmatic Component	Sponsoring Organization Provides	Comments
Planning and evaluation of Curriculum	☐ Yes ☐ No	
Coordination and documentation of clinical experiences	☐ Yes ☐ No	
Sufficient administrative and clinical faculty time	☐ Yes ☐ No	
Program recruitment conducted in a transparent manner	☐ Yes ☐ No	

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Establish a timeline for recruitment, selection and contracting	☐ Yes ☐ No	
Provides formal written agreement in the form of a contract or offer letter to all postgraduate trainees	☐ Yes ☐ No	
Provides postgraduate trainees with appropriate liability coverage	☐ Yes ☐ No	
Assures postgraduate trainees are provided appropriate salary	☐ Yes ☐ No	
Assures a safe and secure environment for postgraduate trainees	☐ Yes ☐ No	

7. *Organizational leadership must demonstrate allocation of human and facility resources and funding to support the program. Wherever possible, a specific line item budget to support the program should accompany the accreditation self-study guide.*

☐ **a. Describe how your program is funded and how it is represented in the sponsor organization's operating budget.**

☐ **b. Describe any issues encountered related to funding for the program.**

8. *The sponsoring organization must provide the Program with adequate resources (staff and operations) for enrolled postgraduate trainees. There should be adequate support for Human Resources, which could include recruitment, onboarding, orientation, and performance improvement. Postgraduate trainees must be provided with the appropriate number and variety of patient populations in their clinical rotations, as well as adequate provision of technology support. The resources may include, but are not limited to:*
    a) *Assigned clinical practice sites for postgraduate trainees for both precepted and specialty rotations*
    b) *Electronic technology that provides the postgraduate trainees with the opportunity to learn and practice in a technically sophisticated environment including EMR and videoconferencing*
    c) *Appropriate space within the clinical practice environment for postgraduate trainees to interact as part of a full clinical interdisciplinary and inter-professional team*

☐ **a. What support is provided by human resources for recruitment, onboarding and orientation for postgraduate trainees?**

☐ **b. How does the sponsoring organization provide assigned clinical practice sites for postgraduate trainees for both precepted and specialty rotations?**

☐ **c. How does the sponsoring organization provide the postgraduate trainees with opportunities to learn and practice in a technically sophisticated environment including EMR, telehealth, videoconferencing, and web and app-based training?**

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☐ **d. How does the sponsoring organization provide appropriate space within the clinical practice environment for postgraduate trainees to interact as part of a full clinical interdisciplinary and inter-professional team?**

9. *Available clinical support services must be sufficient in scope and number to support the clinical practice and learning of the postgraduate trainees. The sponsoring organization must provide access to appropriate clinical support services either through direct availability or through an established referral relationship. Clinical support services include, but are not limited to, staff such as medical assistants, nurses and technicians relevant to the specialty area.*

☐ **a. What support does the sponsoring organization provide to postgraduate trainees in the delivery of clinical care?**

☐ **b. How does the program determine that the clinical support services provided are sufficient in scope and number to support the clinical practice and learning of the postgraduate trainees? [Example: Based on time and efficiency studies, in order to add a fourth postgraduate trainee to a cohort, the program requested funding for an additional medical assistant, scheduler, and three more exam rooms on clinic days.]**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any Standard 5 issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other Standard 5 issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 5

In the appendices, include any public materials on your sponsoring organization that you feel are relevant to Standard 5. [Example: brochures, handbooks, formal institutional policy and procedure memoranda, etc.]

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Standard 6: Operations

1. *Once an applicant has accepted offer of a position within the postgraduate training program, the sponsoring organization will issue a formal employment agreement either via employment contract or formal offer letter, which will include:*
    a) *Postgraduate trainee requirements and responsibilities*
    b) *Length of agreement*
    c) *All program requirements*
    d) *Financial compensation and other included benefits*
    e) *Professional liability insurance coverage or FTCA (federal tort claim act) coverage*
    f) *Policies and procedures for postgraduate trainee withdrawal or dismissal*
    g) *Other policies and procedures in accordance with the sponsoring organization*

☐ **a. Provide an example of the contract or formal offer letter provided to the applicants who are successfully accepted to the program.**

2. *Postgraduate trainees must have a system to escalate concerns via an established supervisory chain of command at all times either in-person or virtually.*

☐ **a. How does the program ensure that postgraduate trainees have access to a system to escalate concerns via an established supervisory chain of command at all times either in-person or virtually?**

3. *Clinical precepted sessions or shifts require the time and support of a preceptor for the duration of the session. The preceptor must be fully available to the postgraduate trainees for consultation, teaching, and direct assessment of patients. In the outpatient setting, preceptors who are precepting more than one (1) postgraduate trainee should not be scheduled for any other direct patient care responsibility during the precepted session.*

☐ **a. Describe the program's policy for clinical precepting.**

☐ **b. How does the program determine the necessary conditions to ensure that preceptors have sufficient time and availability, to be fully available to the postgraduate trainees for consultation, teaching, and direct assessment of patients?**

4. *Postgraduate trainees are not required to perform clinical or non-clinical work for the*

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Program that is not for the purpose of educational training or to meet the Program's training goals, objectives and competencies.

☐ **a. Are the postgraduate trainees required to perform any non-clinical administrative work for the program?** ☐Yes ☐ No

☐ **b. If 'Yes', describe the nature of this work. If 'No', skip to question #5a.**

☐ **c. Provide information that demonstrates the non-clinical related administrative work for the program by the postgraduate trainees is for the purpose of educational training or to meet the Program's training goals, objectives and competencies.**

5. *Grievance and complaint resolution policies must be clearly articulated, defined, published, and readily available to postgraduate trainees and Program staff.*
    a) *Disciplinary actions should follow the organizational HR policy and procedures. This must include a clearly written plan for postgraduate trainee improvement and remediation, in collaboration with the program director and the postgraduate trainee.*
    b) *Processes for internally managing trainee complaints and grievances related to the work environment, the overall program, or program faculty. .*
    c) *Trainee processes for filing a complaint concerning the program by the trainee with the Consortium*

☐ **a. Describe how the grievance policies are defined, published, and readily available to postgraduate trainees and Program staff.**

☐ **b. Provide information that demonstrates the policy and procedures for disciplinary action follow the general guidelines of the sponsoring organization and detail procedures to deal with any clinical or administrative deficiencies identified, including plans for improvement and remediation.**

☐ **c. Provide information that demonstrates resolution of postgraduate trainee complaints and grievances related to the work environment or issues related to the program or program faculty.**

☐ **d. Provide information that demonstrates the right of the postgraduate trainees to file a complaint concerning the program with the Consortium.**

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6. *The HR department of the sponsoring organization will maintain records and documentation of the postgraduate trainee containing information in accordance with the organization's policies and procedures.*

☐ **a. Provide information that demonstrates the HR department of the sponsoring organization maintains records and documentation of the postgraduate trainee which contains information in accordance with the organization's policies and procedures.**

7. *The following postgraduate trainee documentation records are required to be kept by the program director and must include the following:*
    a) *The postgraduate trainee has met published eligibility criteria*
    b) *Evaluation of postgraduate trainee performance while enrolled which demonstrated successfully meeting the program competency requirements*
    c) *Any disciplinary action plan and postgraduate trainee successful remediation of action plan.*
    d) *Any grievances filed by the postgraduate trainee*

☐ **a. How does the program document that the postgraduate trainees have met eligibility criteria.**

☐ **b. How does the program document progressive improvement of postgraduate trainee performance against the program's established competency requirements?**

☐ **c. How does the program document postgraduate trainee disciplinary actions and their remediation?**

☐ **d. How does the program track internal complaints and grievances, and program responses that may have been filed by postgraduate trainees?**

8. *Records of all key program staff, including but not limited to the Program Director, Clinical Director and additional Program staff assigned to the Program will be maintained by the Program. This should include a current resume or curriculum vitae (CV) and job description that outlines the role and responsibilities as it relates to the Postgraduate Training Program.*

☐ **a. How does the program maintain records of employment and performance of key program staff? Record keeping should include job descriptions that reflect responsibilities for the program and current resume or CVs for relevant individuals.**

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☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any <u>Standard 6</u> issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other <u>Standard 6</u> issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 6

Provide relevant personnel policies, appropriate sections of procedure manuals or other documentation on conflict, problem or grievance resolution, due process, etc. If your program has existing documents (e.g., a detailed personnel handbook, procedure manual, etc.) append it and refer to the sections in which the requested information can be located.

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Standard 7: Staff

Program Leadership

1. *The Program must have the appropriate leadership and oversight from the administrative, programmatic and clinical perspective. Depending on the size of the program, these functions may be integrated into a single position or multiple positions. If the positions are combined, it must be held by an NP for NP only programs, a PA for PA only programs, or a NP or PA for joint NP/PA postgraduate training programs. If separate positions exist for the program director and clinical director, one of the positions must be an NP or PA. MD/DO roles may also be involved as part of the leadership team. The program must also have the organizational support staff sufficient in time and resources to fulfill all Program components.*

☐ **a. Complete Table 4.**

☐ **b. How does the program determine the sufficiency of staff time that is allocated to fulfill program requirements, and how is the time assigned to relevant roles?**

☐ **c. If the Program Director and Clinical Director positions are combined, how are the requirements for each position met?**

2. *Program Director is responsible for:*
    a) *The design, implementation, and oversight of all core program components*
    b) *Managing the recruitment and selection process of the postgraduate trainees*
    c) *Administering and collecting comprehensive performance evaluations of each postgraduate trainee*
    d) *Identifying and resolving unanticipated obstacles or problems that might impede successful achievement of objectives*
    e) *Promoting the understanding of the Program internally within the sponsoring organization*
    f) *Disseminating outcomes and findings from the Program to the larger health care community*
    g) *Administering and coordinating all clinical practice, didactics, academic partnership, Residency Advisory Council, any federal funding or funding from other sources, and other organizational activities of the Program*

☐ **Briefly describe how your Program Director accomplishes each of the following:**

☐ **a. Managing the implementation of all core program components**

☐ **b. Selecting potential applicants and choosing of final candidates**

☐ **c. Administering and collecting comprehensive performance evaluations of each postgraduate trainee**

☐ **d. Identifying and resolving unanticipated obstacles or problems that might impede successful achievement of objectives**

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☐ **e. Designing, implementing, and evaluating curriculum**

☐ **f. Promoting the understanding of the program internally within the sponsoring organization**

☐ **g. Advocating for postgraduate training programs nationally within the professional and health care communities**

☐ **h. Administering and coordinating all clinical practice, didactics, and other organizational activities of the program**

☐ **i. Developing and implementing strategic plan as well as assessment plan**

3. *The person designated as the clinical director must:*
    a) Hold all required current state licensure for practice
    b) *Assure that clinical practice experiences and other core program components meet and incorporate current practice standards and recognized best practices*
    c) *Promote understanding of and support for the Program internally within the sponsoring organization*
    d) *Be an advocate for postgraduate NP, PA, or joint NP/PA postgraduate training programs nationally within the NP and PA professions and broader health care communities*
        i. *Demonstrates knowledge and responsibility for the program in relation to the understanding and management of: Sponsoring organization*
        ii. *Day to day program operations*
        iii. *Fiscal management*
        iv. *Program self-analysis and evaluation*
        v. *Program development and improvement*
        vi. *Accreditation standards and process*
        vii. *Retention efforts with current postgraduate trainees after graduation as well as ongoing data related to tracking data regarding postgraduate trainee employment outside of sponsoring institution*
        viii. *Ongoing collaboration with internal and external stakeholders*

☐ **a. Provide information that demonstrates the Program Director meets all of the criteria specified in Standard 7.2.**

☐ **b. Provide information that demonstrates the Clinical Director meets all of the criteria specified in Standard 7.3.**

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Clinical Program Faculty

4. *There must be sufficient Clinical Program Faculty to provide postgraduate trainees with the dedicated support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies. Clinical Program Faculty may include preceptors, mentors, didactic lecturers, faculty with expertise in areas such as quality improvement or leadership, and any other clinical training staff*

☐ **a. Complete Table 4.**

☐ **b. Provide information that demonstrates there are sufficient Clinical Program Faculty to provide postgraduate trainees with the dedicated support during clinical practice experiences that enable the essential knowledge and skills to be acquired in order to meet Program goals and competencies.**

5. *Designated Clinical Program Faculty must be assigned to provide performance evaluations that assess the postgraduate trainee's progress in achieving expected competencies. Clinical Program Faculty also provide appropriate timely feedback through established program processes. Clinical program faculty must be provided appropriate initial training and on-going professional development by the sponsoring organization that support professional development and acquisition of teaching/clinical skills necessary to successfully carry out their responsibilities as a program faculty member.:*

☐ **a. Complete Table 4a and Table 4b.**

6. *The program demonstrates commitment to ongoing faculty development through ongoing educational opportunities throughout the year as well as initial orientation and training activities.*

☐ **a. Describe how the program demonstrates commitment to ongoing faculty development through ongoing educational opportunities throughout the year.**

7. *There must be an evaluation process to review the quality of the Clinical Program Faculty.*

☐ **a. Describe how the program ensures that Clinical Program Faculty assigned to train postgraduate trainees provide performance evaluations that assess the postgraduate trainee's progress in achieving expected competencies.**

☐ **b. Describe how the program ensures that Clinical Program Faculty assigned to train postgraduate trainees provide appropriate feedback through established means to the postgraduate trainee and appropriate Program staff.**

☐ **c. Describe how Clinical Program Faculty are provided appropriate initial training and on-going professional development by the sponsoring organization that supports the development of skills to successfully carry out their responsibilities as faculty.**

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Professional Development

8. *The sponsoring organization is encouraged to provide Program staff with the opportunity for continuing professional development to support the Staff in the development of their clinical, training, and administrative skills required for their role in the Program. Professional Development may include continuing education conferences, professional organizational meetings, and training opportunities.*

☐ **a. Describe any opportunities provided by the sponsoring organization to Program Staff for continuing professional development to support the Staff in the development of their clinical, training, and administrative skills required for program roles.**

Organizational Support Staff and Services

9. *There must be sufficient organizational support staff (administrative and technical) to support Program staff and postgraduate trainees in their day-to-day operations. The organizational support staff and services may include, but are not limited to:*
    a) *Information Technologies (IT)*
    b) *Business intelligence (reports and data analytics)*
    c) *Practice management (schedules, templates, case mix)*
    d) *Clinical support staff (medical assistants, RNs, and others to support the team care model)*
    e) *Quality improvement to support continuous QI activities within the practice*
    f) *Human Resources*

☐ **a. How does the sponsoring organization provide sufficient resources and support as listed in Standard 7.9? Provide examples as necessary.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any Standard 7 issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other Standard 7 issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 7

If this self-study is using the "multiple practice programs" format, complete separate tables on Staff and Trainee Qualifications and Characteristics for each program. Clearly label tables regarding the program to which they apply.

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Standard 8: Trainee Services

Postgraduate Trainee Benefits

1. *Postgraduate trainees should be afforded the same employee benefits as other licensed independent providers within the same discipline of the employing organization. Employers may take into account their role as a postgraduate trainee, such as continuing education benefit.*

☐ **a. Describe the employee benefits (health insurance, salary, paid time off, sick leave, etc.) for postgraduate trainees.**

☐ **b. How do the postgraduate trainee employee benefits compare to other full-time health professional trainees or employees?**

2. *Employing or sponsoring organizations must specifically state guidelines for professional development, continuing education, and reimbursement for professional fees.*

☐ **a. What are the postgraduate trainee benefits for professional memberships, license and certification fees, and continuing education activities?**

☐ **b. How do postgraduate trainee benefits compare to other full time providers of similar type and longevity?**

3. *NP or PA compensation should undergo the same type of market analysis that other employee positions receive, and this may include but is not limited to comparison to national standards for postgraduate NP, PA, and Joint NP/PA postgraduate training programs and the local/geographic area.*

☐ **a. Describe the approach used to calculate a postgraduate trainee's salary.**

☐ **b. How does your postgraduate trainee salary plan compare to similar programs within your organization, geographic, or specialty area?**

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Postgraduate Trainee Health

4. *Postgraduate trainees must adhere to health screening and immunizations in accordance with other health employees and those required by organizational policy.*

☐ **a. Describe the health screening and immunizations provided to postgraduate trainees.**

☐ **b. Demonstrate how these are based on current recommendations for health professionals.**

☐ **c. Demonstrate how these are consistent with organizational policy for other health professionals.**

5. *Postgraduate trainee health records and immunization information must be kept confidential and only released for purposes of the program operations with the permission of the postgraduate trainee.*

☐ **a. Describe the processes for maintaining postgraduate trainee health records and immunizations confidentially.**

☐ **b. Describe the process for releasing postgraduate trainee records.**

Postgraduate Trainee Work Environment

6. *Each postgraduate trainee must be provided the necessary workstation space and equipment, necessary to meet the objectives and consistent with other clinical staff members, including adjustment for the virtual environment as appropriate to the curriculum.*

☐ **a. Describe the workstation, space, and equipment provided to postgraduate trainees.**

☐ **b. Demonstrate how these resources are sufficient to meet the objective of the program.**

☐ **c. Compare these resources to those provided to other members of the clinical staff.**

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Wellness Promotion

7. *Promoting wellness for trainees and faculty is a critical tool for reducing compassion fatigue, promoting individual well-being, job satisfaction and retention, and delivering high-quality patient care.*
    - *Compassion fatigue is the physical and mental exhaustion and potential resultant emotional withdrawal that occurs when healthcare professionals care for critically ill or traumatized individuals over an extended period*
    - *Burnout is caused by an accumulation of everyday stresses, can lead to depersonalization, and reduced empathy*
    - *Both compassion fatigue and burnout can lead to risks in overall individual wellness and may impact patient care outcomes*
    - *Resilience is "the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands" (1). Resilience is built by individuals and is not an innate personality characteristic*

        a. *The Postgraduate Training Program must have access to organizational support services (i.e. HR, EAP), or provide wellness programs that encourage postgraduate trainee/faculty personal recognition of symptoms of stress and fatigue and provides ongoing training opportunities that foster necessary coping strategies in order to support successful completion of the training program*

        b. *The program assists trainees and faculty with both understanding and building the tools necessary to accept, and foster their unique roles in managing factors contributing to compassion fatigue and burnout. (I.e. time management during and after clinical assignments, performance issues, and recognition of impairment in a colleague or themselves.)*

        c. *The Program Director is accountable for monitoring the need for postgraduate trainee support when system-related issues or patient care activities are unusually challenging*

        d. *The Program must have a clear and confidential communication plan for trainees, program staff, and other sources to report compassion fatigue, burnout, or related performance concerns for trainees or faculty to the Program Director*

        e. *The Program must ensure that trainees and faculty are aware of and can successfully access resources for support during difficult situations. Wellness program resources might include and employ sponsored wellness program, small group support sessions, online training programs on related topics (e.g., compassion fatigue, time management, clinical documentation efficiency), reflective journaling, coaching, and individual support or counseling*

        f. *The Program Director assesses trainees' emotional well-being during formal and ongoing informal meetings, including reviewing reflective journaling completed by residents/fellows. The Program Director personally discusses known situations of concern with trainees*

        g. *The Program Director is responsible for investigating reports of concerns about potentially stressed or substance-impaired trainees/faculty. This*

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includes problems brought forth by trainees, faculty, staff, and other sources. The Program Director apprises the faculty of the postgraduate trainee situation to ensure the implementation of a comprehensive and thoughtful mitigation plan. This step may require the involvement of human resources staff

Evaluation of the effectiveness of the Program's wellness promotion efforts should be included as a component of the overall program evaluation. The Program may consider using evidence-based tools such as the Maslach Burnout Inventory, Young Impostor Syndrome Scale, Neff's Self-Compassion Scale, or the Moral Injury Symptom Scale for Healthcare Professionals. In addition, the program director and faculty should encourage ongoing real-time informal feedback from the trainees regarding the postgraduate trainee's perception of the wellness program. This will assist in identifying both strengths and weaknesses of the program as well as opportunities for improvement and further program development

Postgraduate training is an excellent opportunity for educational and professional growth. Trainees often underestimate the importance of balancing their professional responsibilities. The rigorous time commitments, demands, and patient care responsibilities can make the training experience time-consuming, stressful, and overwhelming. In addition, trainees may feel insecure about their performance or question their career choice.

Wellness programs build resilience and promote a psychologically safe environment for trainees and faculty where vulnerability is recognized, supported, and normalized. Such programs encourage trainees and faculty to use a variety of individualized teaching/learning modalities, goal setting, and practical individual strategies to balance competing demands characteristic of postgraduate training programs.

The Postgraduate NP, PA, and Joint NP/PA training program should develop wellness education and ongoing programmatic support for trainees and faculty in specific focus areas. These may include recognizing and managing compassion fatigue, teaching effective coping strategies to manage stress, and setting effective boundaries to balance competing personal and professional demands. Efforts to acknowledge postgraduate trainee and faculty wellness may improve the long-term sustainability of postgraduate NP, PA, and joint NP/PA training programs.

☐ ***a.*** **How does the postgraduate training program address the wellness promotion elements as described in Standard 8.7, a-g?**

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☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any <u>Standard 8</u> issues to specifically address *"in the next self-study"*? If so, provide your response here.**

☐ **(IF CURRENTLY ACCREDITED): In your program's last decision letter and/or other correspondence since the last review, did the Consortium's Accreditation Commission note any other <u>Standard 8</u> issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the Consortium's Accreditation Commission and whether the Consortium's Accreditation Commission determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.**

ADDITIONAL DOCUMENTATION REMINDER FOR STANDARD 8

Provide relevant personnel policies, appropriate sections of procedure manuals or other documentation on trainee services. If your program has existing documents (e.g., a detailed personnel handbook, procedure manual, benefits description, etc.) append it and refer to the sections in which the requested information can be located.

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Table 1

Postgraduate Trainee Statistics

Starting with the most recent cohort, report the number of postgraduate trainees for the current cohort and each of the four preceding trainee cohorts. Please enter the cohort year in the grey boxes.

Report the number of postgraduate trainees for each trainee cohort:					
Applied to program					
Offered admission					

Postgraduate Trainee Professional Activities

Starting with the most recent cohort, report the number of postgraduate trainees for the current cohort and each of the four preceding trainee cohorts. Please enter the cohort year in the grey boxes.

*Of the postgraduate trainees entering in each cohort, the number who are **currently***:					
Members of Professional/ Research Societies (include student affiliates)					
Authors/Co-Authors of Papers at Prof. Mtg.					
Authors/Co-Authors of Articles in Prof. and/or Scientific Journals					
Recipients of Federal Grants or Private Foundation Awards					
Recipients of State or Local Grants or Contracts					
Leadership roles/activities in state/provincial, regional or national professional organizations					

[4] Work published (or in press)/presented during or after graduate training. Books may be included.

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Table 2

Program Trainees: Pre-Program Experience/Education

Starting with the most recent postgraduate trainee cohort **ENTERING** your program (consistent with Table 2), provide the following information for each postgraduate trainee entering your program for the last five (5) training years. DO NOT IDENTIFY THE POSTGRADUATE TRAINEES BY NAME. Place the requested information in the following format and identify by year of entry [Example: 23.01, 23.02, 23.03, 22.01, 22.02, 22.03 etc.).

ID#	Name and location of professional degree program and year of completion	Degree program type (i.e., DNP, MSN, MMS, PA, MPH)	Area of training emphasis in doctoral program (if applicable)

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Table 3

Program Trainees - Post-Program Experience

Starting with the most recent postgraduate trainee cohort **COMPLETING** your program, provide the following information for each postgraduate trainee who completed your program for the last five (5) years. (DO NOT IDENTIFY THE POSTGRADUATE TRAINEES BY NAME.) Place the requested information in the following format and identify by year of admission [Example: 23.01, 23.02, 23.03, 22.01, 22.02, 22.03 etc.).

ID#	Year Degree Completed	INITIAL (first) Post-Program Employment Setting Code*	INITIAL Job Title*	CURRENT Employment Code*	CURRENT Job Title*	Medical Licensure (Y/N)?	Licensed in State(s)	Other Professional Achievements (e.g. faculty)

*See codes on next page.

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Post-Program Employment Setting Codes

1. Federally Qualified Health Center
2. Other Community Health Center
3. Private Practice
4. Hospital
5. Veterans Affairs Medical Center
6. Hospital/Health System
7. University
8. Government

Post-Program Job Title (Role) Codes

9. Academic Teaching Position
    - 9a. doctoral program
    - 9b. masters program
    - 9c. 4-year college
    - 9d. community/2 yr. College
    - 9e. adjunct professor
10. Practitioner/Clinician
11. Administrator
12. Consultant

33. Current student
99. Not currently employed

Table 4(a)

Current Program Faculty

(Summary Information)[8]

Program Faculty *(involved with planning/implementation of postgraduate training program; have direct contact with postgraduate trainees):*

Name	Role/Contribution(s) to this residency program (List All)	Highest Degree Earned	Professional Licensure (Y/N)	Good Standing in Sponsoring Organization (Y/N)	Qualified to Serve as Faculty (Y/N)	Clinical Practice Area (Specialty)	Page # for CV

[8] For **EACH** person identified in this table as having direct contact with postgraduate trainees, please prepare an abbreviated curriculum vitae according to the format provided.

Adjunct Staff/Faculty *(Faculty and staff who are not involved with planning/implementation of residency but who have direct contact with postgraduate trainees):*

Name	Role/Contribution(s) to this residency program (List All)	Highest Degree Earned	Professional Licensure (Y/N)	Good Standing in Sponsoring Organization (Y/N)	Qualified to Serve as Faculty (Y/N)	Clinical Practice Area (Specialty)	Page # for CV

Other Contributors to Program[9] *(e.g., didactic seminar presenters):*

Name	Role/Contribution(s) to this residency program (List All)	Highest Degree Earned

[9] Curriculum vitae not necessary for other contributors who have minimal contact with postgraduate trainees.

PLEASE NOTE:

☐ Remember to include an abbreviated CV (max. 2 single-sided pages or 1 double-sided page), using the required format in these instructions, for EACH person listed in this table in the “Program Faculty” and “Adjunct Faculty and Staff” categories. Submit only abbreviated CVs; full-length vitae should not be included. Please provide the self-study page number for the respective CV as indicated in the right-hand column.

☐ CVs should be organized in an appropriate manner (e.g., in the order the individuals appear in this table; alphabetically) so that reviewers can locate them easily. **CVs are provided in Appendix #:___**

Self-Study Abbreviated Curriculum Vitae

(Limit of 2 single-sided or 1 double-sided pages per faculty member)

Answer all items including names/types of sites (e.g., University of X; Y Hospital), and "yes" or "no" where indicated. Submit an abbreviated CV for each person listed on Table 4(a) as specified in the instructions for that table. Failure to include the necessary CVs may result in delayed or adverse accreditation decisions.

Name:

Primary Professional Appointment (name of institution/agency): **Year of appointment:**

Position Title: **Type of Setting (e.g., Hospital; Health Center):**

Highest Degree Earned: Ph.D. ☐ D.N.P. ☐ Ed.D. ☐ M.D. ☐ Other:

Date of Degree: **Institution/Program Name:** **Area of Degree (e.g., Clinical):**

Professional Licensure: No ☐ Yes ☐ **State(s)/Province(s):**

Board Certified: No ☐ Yes ☐ **Specialty:**

Currently listed in National Register and/or Canadian Register? No ☐ Yes ☐

Describe Clinical/Services Delivery Position or Responsibilities in current position with program under review:

Professional Honors & Recognition (*Member/Fellow of Professional or Scientific Society, etc.*):

Selected Presentations to Professional/Scientific Groups in Last 7 Years *(List chronologically using NIH format for bibliographic citations)*:

Selected Publications in Last 7 Years *(List chronologically using NIH format for bibliographic citations)*:

Selected Funded Research Grants or Training Contracts in Last 7 Years *(Include funding source, duration of funding, total direct costs)*:

Other Professional Activities in Last 7 Years (Include leadership activities/roles in state/provincial, regional or national professional organizations

Table 4(b)

Program Staff

(Summary Information – please list all staff who support the program; this list excludes faculty)

Name	Role/Contribution(s) to this postgraduate training program	Percent Effort in program

(ADD ROWS IF NEEDED)

Appendix A

Policy Item	Document(s) in which policy appears	Page #(s) of Self-Study
Postgraduate trainee selection		
Academic preparation requirements		
Administrative assistance *(this may be a statement in your materials regarding the clerical and technical support available to your postgraduate trainees)*		
Financial assistance *(this may be a statement in your materials regarding the postgraduate trainees' salary and benefits, travel money, etc.)*		
Postgraduate trainee performance evaluation, feedback, advisement, retention, minimal requirements		
Postgraduate trainee termination		
Due process		
Grievance procedures		
Statement of nondiscrimination		
Other relevant institutional/agency policies with which your program is required to comply (specify)		

Appendix B

Please complete this table for EACH of the program's goals.

Goal #X:
Objective(s) for Goal #X:
Curricular Element(s) linked to each Objective:
Goal #X:
Objective(s) for Goal #X:
Curricular Element(s) linked to each Objective:
Goal #X:
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Goal #X:
Objective(s) for Goal #X:
Curricular Element(s) linked to each Objective:
(ADD ROWS TO TABLE AS NEEDED)

Appendix C

Table of Curriculum Elements:

Curriculum element:	*(2.1) Clinically based practice and patient care experience [Example: precepted sessions, mentored clinics, specialty clinical rotations]*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	E.g., description of the flow of your precepted sessions and specialty rotations as well as a sample evaluation for those clinical based practice and patient care experiences.
Curriculum element:	*(2.2) Regularly scheduled didactic sessions. Attach didactic curriculum as appropriate*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	E.g., yearlong didactic schedule, curriculum, sample didactic evaluation
Curriculum element:	*(2.3) System-based learning and quality improvement tools that underlie effective front-line improvement in care*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	Example: The system is looking to improve their training for all providers to identify gender-based violence. [Description of the QI project or training provided for providers to improve their assessment of gender-based violence, a copy of the PowerPoint training, and redacted chart examples of postgraduate trainees using the intervention as appropriate.]

Curriculum element:	*(2.4) Population-based health focus – (assessment of community, environmental, and socioeconomic influences on health of patients and data-driven assessment of the population of focus)*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	[Example: See attached materials, pages 187-200]
Curriculum element:	*(2.5) Technology - demonstrate the ability to use technology that spans clinical practice informatics and quality*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	[Example: See attached materials, pages 200-205. Postgraduate trainees receive standard training in televisits, conduct telehealth encounters, and are expected to use medical technology monitoring systems where applicable.]
Curriculum element:	*(2.6) Respect for Patient Values, Preferences, and Needs- Postgraduate trainee should listen to and honor the patient's perspective and choices, incorporating their values and preferences into the treatment plan*
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	[Example: See attached materials, pages 205-220. Postgraduate trainees receive training alongside other providers at the organization who receive this training annually. Preceptors include elements of these values in clinical sessions.]
Curriculum element:	*(2.7) Leadership and professional development, particularly in inter-professional practice*
Required activities	

Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	*[Example: Within the APP Council, postgraduate trainees are invited to participate in committees and projects. Postgraduate trainees are leading rounds in a critical care unit, and learning how to include feedback from the entire multidisciplinary team. There is a postgraduate trainee representative at the system quality improvement monthly meeting. Postgraduate trainees are also invited to be a part of committees that look at drug protocols for disease management process.]*
Curriculum element:	(2.8) Health-Related Living Needs a. Involvement of Family and Friends: Encouraging and supporting the involvement of family and friends in the patient' care, recognizing their role in providing social and emotional support b. Continuity and Transition: Ensuring a smooth transition between different healthcare settings and/or providers, maintaining continuity of care c. Patient Participation and Involvement: Encouraging and supporting patients in actively participating in their care and decision-making
Required activities	
Competencies expected	
How outcomes are measured	
Appendix and page number for evaluation form used *(specify which items on evaluation form correspond)*	*[Example: Postgraduate trainees receive training in health-related living needs and learn about the community as part of their orientation phase of the postgraduate training program. To implement this learning, postgraduate trainees assess patients arriving at the emergency department and; postgraduate trainees participate in the identification and auditing of potential gaps in care.]*
Curriculum element:	(2.9) Certificate of Completion awarded to postgraduate trainee upon achieving the competencies and completing all program requirements
Appendix and page number	Please include examples of your certificate of completion for postgraduate trainees and include the page number where they can be found.