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# PEER REVIEW TEAM HANDBOOK

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Rev. 2021

2012 Accreditation Standards

## PREFACE

The purpose of this handbook is to provide information about the roles and responsibilities of the Peer Review Team members involved in the accreditation review of an entry-to-practice physiotherapy education program.

The handbook is intended use by Peer Review Team members. It may also be a reference for entry-to-practice physiotherapy education program faculty and staff who are preparing for accreditation review, and others who have an interest in the quality of physiotherapy education in Canada.

# TABLE OF CONTENTS

<b>PREFACE</b> .....	<b>2</b>
<b>TABLE OF CONTENTS</b> .....	<b>3</b>
<b>INTRODUCTION</b> .....	<b>5</b>
THE PURPOSE OF ACCREDITATION.....	5
THE CONTINUUM OF PROFESSIONAL EDUCATION STANDARDS AND QUALITY .....	5
STAKEHOLDERS IN THE ACCREDITATION PROCESS .....	5
THE HISTORY OF ACCREDITATION FOR PHYSIOTHERAPY EDUCATION IN CANADA.....	6
<b>PHYSIOTHERAPY EDUCATION ACCREDITATION CANADA</b> .....	<b>8</b>
VISION .....	8
MISSION .....	8
VALUES .....	8
GUIDELINES FOR GOOD PRACTICE.....	8
CONFLICT OF INTEREST .....	8
KEYS TO SUCCESS.....	8
GOVERNANCE .....	9
OVERVIEW OF THE ACCREDITATION PROCESS.....	10
PROCESS FOR INITIAL DECISION-MAKING .....	10
PROCESS FOLLOWING INITIAL DECISION-MAKING .....	11
PEAC ACCREDITATION CYCLE .....	12
<b>ROLE AND RESPONSIBILITIES OF THE PEER REVIEW TEAM</b> .....	<b>13</b>
COMPOSITION OF THE PEER REVIEW TEAM .....	13
ELIGIBILITY FOR APPOINTMENT TO A POOL OF REVIEWERS.....	13
SELECTION AND APPOINTMENT OF PRT MEMBERS .....	14
<i>Regulatory reviewers</i> .....	14
<i>PEAC reviewers</i> .....	14
CONFLICT OF INTEREST .....	14
CONFIDENTIALITY .....	15
DOCUMENT DESTRUCTION.....	16
PHYSIOTHERAPY PROGRAM ACCREDITATION: QUALITY ASSURANCE.....	16
<i>Orientation and training</i> .....	16
<i>Performance assessment</i> .....	16
GENERAL EXPECTATIONS AND GUIDELINES FOR PRT MEMBERS .....	17
<i>Expectations</i> .....	17
<i>Responsibilities</i> .....	17
<i>Guidelines</i> .....	17
ROLES.....	18
SPECIFIC RESPONSIBILITIES OF THE PRT MEMBERS.....	18
SPECIFIC RESPONSIBILITIES OF THE PRT CHAIR .....	20
<b>SITE REVIEW IN DETAIL</b> .....	<b>23</b>
TEAM MEETING PRIOR TO THE REVIEW .....	23
SITE REVIEW CONDUCTED IN PERSON .....	23
<i>Day 1 and Day 2</i> .....	24
<i>Day 3</i> .....	25
SITE REVIEW CONDUCTED VIRTUALLY .....	25

Day 1 .....	27
Days 1-4 .....	27
Day 5 .....	27
After Day 5.....	28
CLOSING MEETING .....	28
SAMPLE SITE REVIEW SCHEDULE: IN PERSON.....	30
SAMPLE SITE REVIEW SCHEDULE: VIRTUAL.....	33
<b>REPORT WRITING.....</b>	<b>37</b>
PURPOSE OF THE PRT REPORT.....	37
PRT REPORT TEMPLATE.....	37
WRITING THE REPORT.....	38
<b>GATHERING EVIDENCE AND INTERVIEWING – TIPS FOR PRT MEMBERS .....</b>	<b>40</b>
STARTING TO GATHER EVIDENCE.....	40
GENERAL COMMENTS ABOUT EVIDENCE .....	40
THE IMPACT OF TEAM MEMBERS’ BELIEFS AND VALUES ON GATHERING EVIDENCE .....	41
INTERVIEWING.....	41
<i>Types of interview questions</i> .....	41
<i>Effective interview questions</i> .....	42
<i>When conducting an interview</i> .....	43
<i>Suggestions for interviewers</i> .....	44
NOTE-TAKING .....	45
<i>General Comments about Note-Taking</i> .....	45
<i>Suggestions for Taking Notes During Interviews</i> .....	45
<b>SAMPLE INTERVIEW QUESTIONS.....</b>	<b>46</b>
QUESTIONS FOR UNIVERSITY ADMINISTRATORS, FACULTY, STAFF AND STUDENTS.....	46
QUESTIONS ABOUT ACCREDITATION REVIEW IN GENERAL.....	51
<b>OVERVIEW OF TIMELINES AND RESPONSIBILITIES .....</b>	<b>55</b>

## INTRODUCTION

### *The Purpose of Accreditation*

Accreditation is both a process and a condition related to assuring the quality of education programs. The process involves an integrated system of continuous assessment, evaluation, and improvement to comply with specified standards. The condition or state of being accredited provides a credential for the educational institution, students, regulators, and the public, affirming that a program has accepted and is fulfilling its commitment to educational quality.

### *The Continuum of Professional Education Standards and Quality*

Accreditation of Canadian physiotherapy education programs is supported by three major physiotherapy professional groups: 1) academic programs, through the Council of Canadian Physiotherapy University Programs (*CCPUP*); 2) regulators, represented by The Canadian Alliance of Physiotherapy Regulators (*CAPR*); and 3) members of the profession, represented by the Canadian Physiotherapy Association (*CPA*). A continuum of guidelines and standards is developed and maintained by these three groups and PEAC to ensure the competency of entry-to-practice physiotherapists. The continuum extends from physiotherapy education programs and academic requirements through to professional practice. Guiding documents and processes along the continuum may include:

- national entry-to-practice physiotherapy curriculum guidelines
- interprofessional health education accreditation standards
- essential competencies for entry-to-practice physiotherapists in Canada
- physiotherapy competency exam blueprint
- national and jurisdictional regulatory practice standards

### *Stakeholders in the Accreditation Process*

PEAC, like many accreditation organizations, recognizes that accreditation must be a relevant and responsive process. PEAC's systems and processes are continually evolving to incorporate changes in the education, practice, regulatory and healthcare contexts. This is a process that requires input and is of value to a variety of stakeholders.

- For *educators*, accreditation provides validation of the education program, an opportunity for the professional development of faculty members, and a framework for quality improvement in education.

- For the *profession*, accreditation provides an opportunity to influence the education process and work towards consensus around evaluation standards and consistency of learning outcomes.<sup>1</sup>
- For *students*, accreditation provides a measure of educational quality.
- For *regulators*, it provides assurance that education programs are evaluated against national standards.

### ***The History of Accreditation for Physiotherapy Education in Canada***

Accreditation of physiotherapy education programs in Canada has been conducted since the 1950s. The following are some highlights in the development of accreditation for physiotherapy education:

- The document *Basis of Approval of Schools of Physical and/or Occupational Therapy in Canada* was developed by the Committee on Rehabilitation of the Canadian Medical Association (CMA) in cooperation with the Canadian Physiotherapy Association (CPA) and the Canadian Association of Occupational Therapists. These standards served as a guide for the development of new programs and for approval of graduates for membership in the CPA and provincial licensure.
- In 1972, the CPA Board of Directors and the CMA Council on Medical Education approved a new document *Accreditation Standards of Physical Therapy Education Programs in Canada*. A pilot test of an accreditation process using these standards was conducted in 1974. Following a final report of the pilot in 1976, the CPA established an Accreditation Committee: Physiotherapy Education to oversee the accreditation program.
- The program was revised in 1980 and, as of September 1982, graduation from a university physiotherapy program that met the CPA accreditation standards became a condition for CPA membership for new Canadian graduates. The accreditation standards were revised again in 1988, and all physiotherapy education programs were accredited by these standards in 1994.
- In 1995, the Accreditation Council of Canadian Physiotherapy Academic Programs (ACCPAP) was created to implement and oversee a new accreditation process. This process was conducted in collaboration with the Commission on Accreditation in Physical Therapy Education (CAPTE) in the United States and involved two steps: 1) ACCPAP performed a pre-screening to ensure specific Canadian eligibility requirements were met; and 2) CAPTE evaluated the programs according to its standards, policies and procedures. Both ACCPAP and CAPTE granted accreditation status upon satisfactory compliance with a set of rigorous evaluative

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<sup>1</sup>Task Force on Accreditation of Health Professions Education (1999). *Strategies for change and improvement: The Report of the Task Force on Accreditation of Health Professions Education*. Center for the Health Professions, University of California, San Francisco.

[https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/10.%201999-06\\_Strategies\\_for\\_Change\\_and\\_Improvement\\_The\\_Report\\_of\\_the\\_Task\\_Force\\_on\\_Accreditation\\_of\\_Health\\_Professions\\_Education.pdf](https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/10.%201999-06_Strategies_for_Change_and_Improvement_The_Report_of_the_Task_Force_on_Accreditation_of_Health_Professions_Education.pdf)

criteria. As of May 1999, all 13 of the Canadian physiotherapy education programs had completed this process.

- After December 31, 2001, CAPTE accredited only Master's entry-to-practice physiotherapy education programs. As graduation from an accredited or approved university program is a licensure requirement for most Canadian graduates, a credible and valid accreditation process was required. As a result, in 1999, ACCPAP began development of a Canadian accreditation program that would act as a catalyst for change by stimulating new ideas and practices in physiotherapy education while remaining responsive to evolving education, practice and regulatory environments.
- In 1999, ACCPAP hired an Executive Director and in March 2000, ACCPAP became an independently incorporated body with the purpose of accrediting physiotherapy education programs in Canada.
- By the end of 2006, all physiotherapy education programs in Canada had participated in the ACCPAP accreditation program and held accreditation status with ACCPAP.
- In 2010, ACCPAP celebrated its tenth anniversary and rebranded under a new name, Physiotherapy Education Accreditation Canada (PEAC). Partnerships with the Academic Council ([CCPUP](#)), the Alliance ([CAPR](#)), and the Canadian Physiotherapy Association ([CPA](#)) continue to be important as PEAC evolves and incorporates change into its accreditation processes.

# PHYSIOTHERAPY EDUCATION ACCREDITATION CANADA

Physiotherapy Education Accreditation Canada (PEAC) is a federally incorporated not-for-profit organization.

## ***Vision***

PEAC is recognized for excellence in the accreditation of health professional education programs.

## ***Mission***

Ensuring quality health professional education through accreditation.

## ***Values***

Integrity  
Respect  
Collaboration

Transparency  
Accountability  
Professionalism

Equity  
Diversity  
Inclusion

## ***Guidelines for Good Practice***

As a member of the Association of Accrediting Agencies of Canada (AAAC), PEAC is committed to ensuring that the accreditation program is consistent with the Guidelines for Good Practice in the Accreditation of Professional Programs. The Guidelines are found on the homepage of the AAAC website (<http://aaac.ca>).

## ***Conflict of Interest***

PEAC expects individuals who conduct business on its behalf to avoid real, potential or perceived conflict of interest in all aspects of the work completed. Details about the steps taken to ensure avoidance of conflict of interest are available in policy ACC-02 *Conflict of Interest*.

## ***Keys to Success***

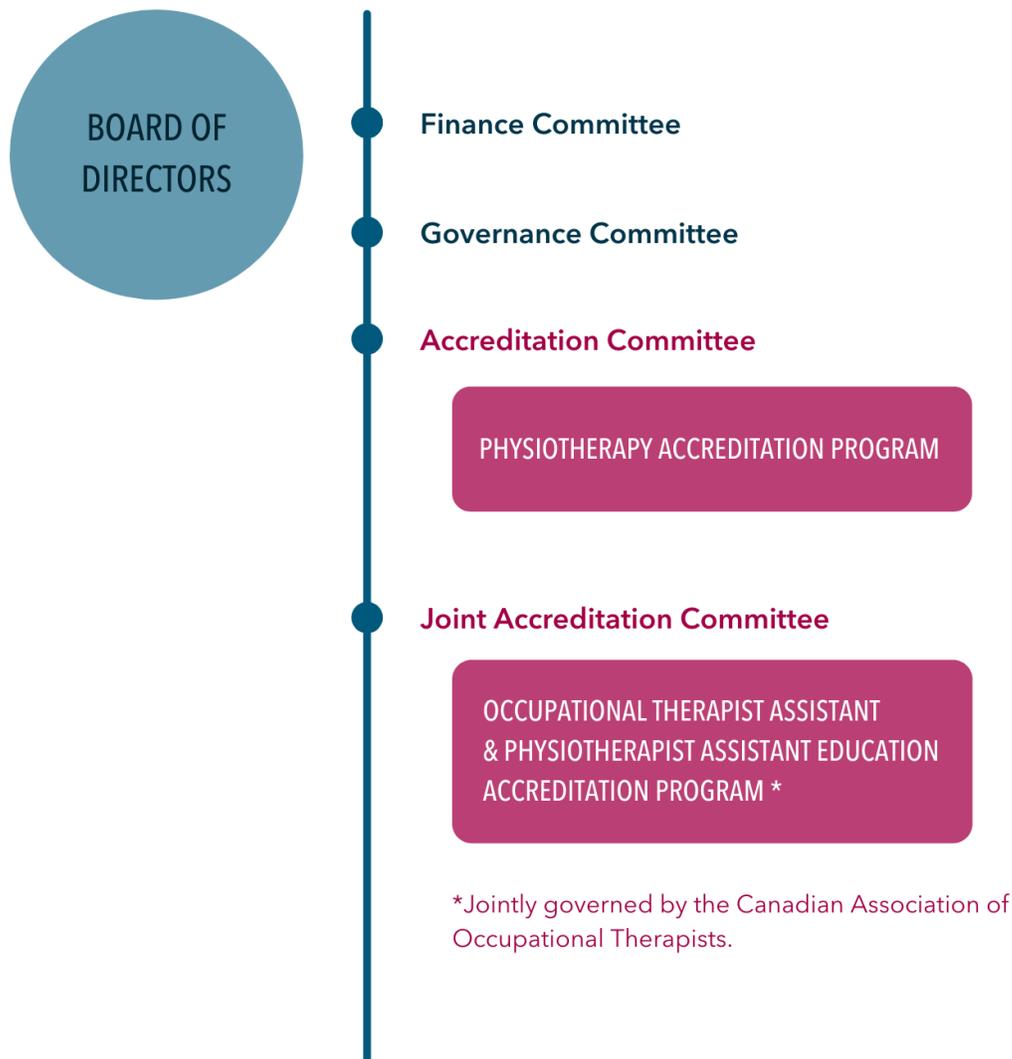
The development and ongoing operation of the accreditation program is based on the following keys to success. The program will:

- be flexible enough to evolve in response to changes in the education, health and regulatory environments
- involve all stakeholders, i.e. physiotherapy educators, students, regulators, practitioners and the public, in the development, implementation and ongoing evaluation of the accreditation program and evaluative standards
- facilitate and recognize innovation in teaching and learning while focussing on continuous self-improvement
- reflect and serve the needs of the health and education systems within the Canadian context

- provide services in both official languages
- ensure that policies, procedures and standards are relevant and integrated in the educational context
- develop evaluative standards and criteria that are grounded in principles of quality, equity, consistency and objectivity

## Governance

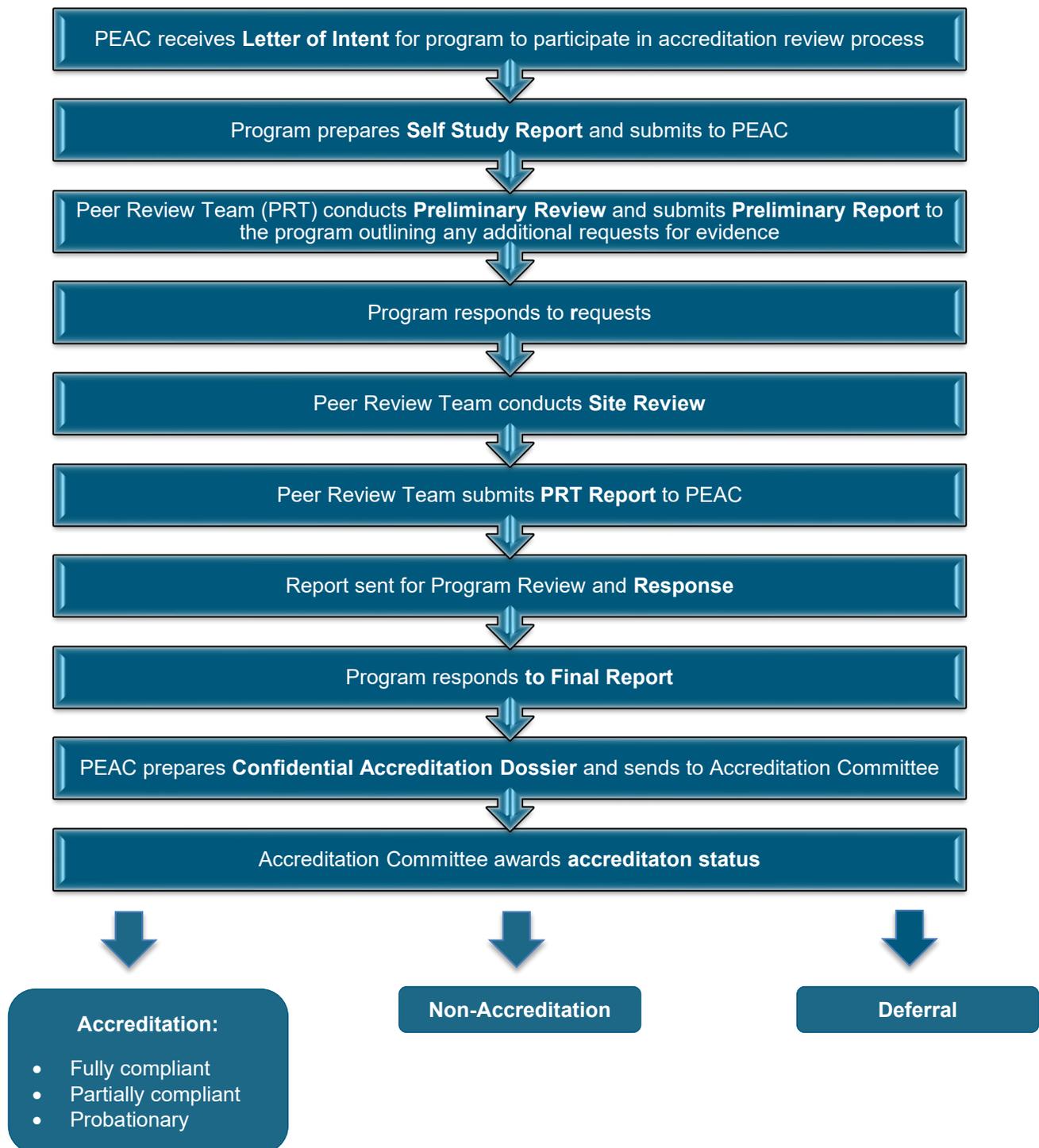
The governance of PEAC is outlined in its Bylaws. An Executive Director is appointed by the Board. The organizational structure and governance relationships for PEAC are depicted in Figure 1 below.



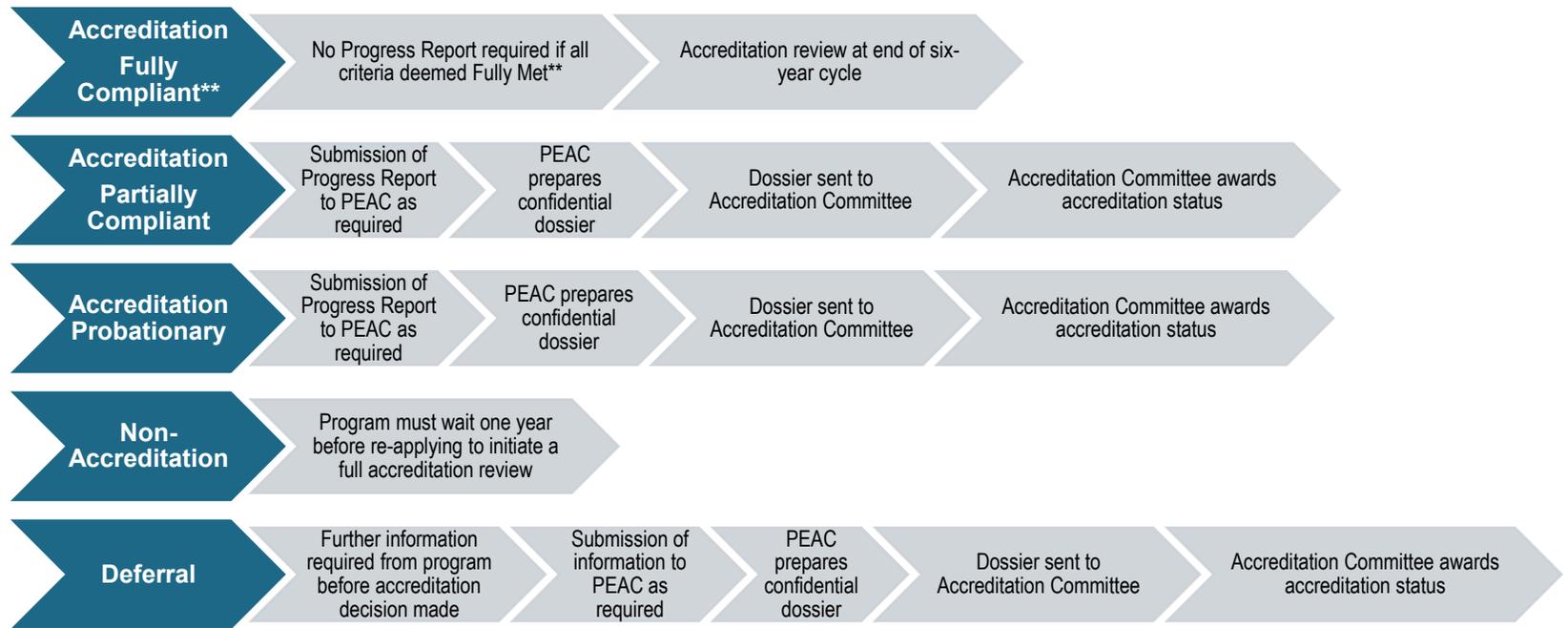
*Fig. 1 PEAC Governance Structure and Programs*

## OVERVIEW OF THE ACCREDITATION PROCESS

### Process for Initial Decision-Making



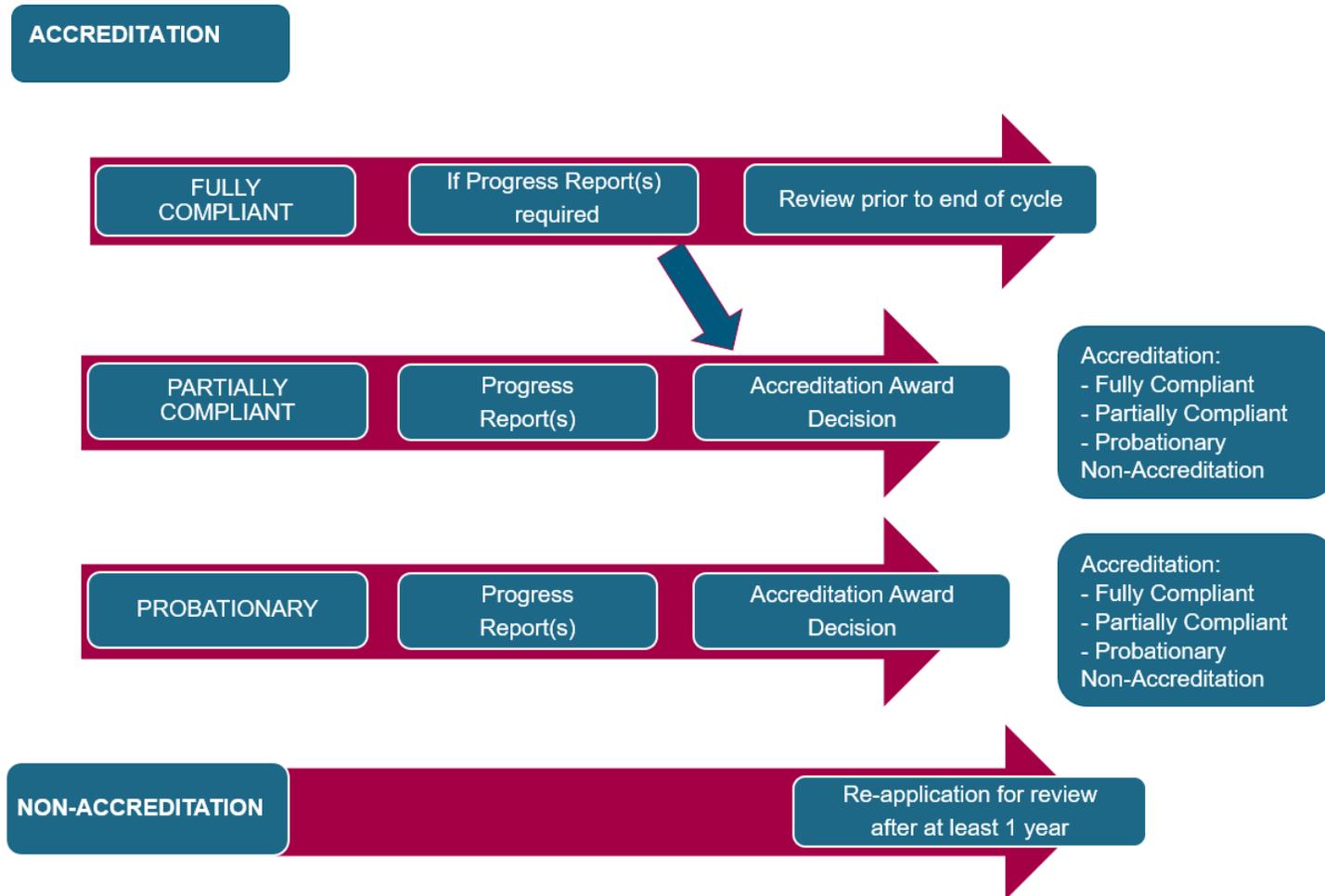
## Process Following Initial Decision-Making



*\*\*If any individual criterion is identified as Partially Met, the process mirrors that for Accreditation – Partially Compliant.*

## PEAC Accreditation Cycle

The normal length of the accreditation cycle for a program is six years.



# ROLE AND RESPONSIBILITIES OF THE PEER REVIEW TEAM

## *Composition of the Peer Review Team*

PEAC maintains a list of qualified reviewers who can be appointed as members of a Peer Review Team (PRT). Each team comprises four members; two members are physiotherapists with experience in education and accreditation, one member has experience in physiotherapy regulation, and one member has experience in accreditation in a profession other than physiotherapy.

PRT members are selected at least ten months in advance of the site review from one of two pools of trained reviewers (one pool of PEAC reviewers, one pool of regulatory reviewers) considering any specific needs of the education program and other factors such as geography, experience, language preference, and conflict of interest. The PRT is an ad-hoc committee of PEAC; members of the team are therefore directly accountable to PEAC.

## *Eligibility for Appointment to a Pool of Reviewers*

The following general criteria are used to select individuals who can be appointed to a pool of reviewers.

### Physiotherapy educator

- A minimum of two years' experience working in an academic or clinical educational setting

### External member

- A minimum of two years' accreditation experience in a profession other than physiotherapy

### **Above members:**

- Completion of *FORM-04 Reviewer Application Form*
- Submission of a curriculum vitae
- Submission of two letters of reference that address the candidate's competencies and attributes, including:
  - i. communication skills generally and specifically related to conducting interviews
  - ii. ability to critically analyze, verbalize and record pertinent objective data
  - iii. ability to work as a team and participate in reaching consensus
  - iv. a personal and professional history that would not reflect negatively on the accreditation program
  - v. an awareness of personal biases but open to new ideas and receptive to change

### Regulatory member

- Membership in the Regulatory Reviewer Pool – see *GUIDE-11 Regulatory PRT Members*

## **All members:**

- Willingness to accept the responsibilities related to conducting the accreditation review including:
  - i. commitment to the PEAC policies of confidentiality
  - ii. review of the program's Self Study Report (SSR) and all related materials
  - iii. ability to objectively collect, analyze, and communicate all pertinent data related to the review
  - iv. acceptance of the responsibility for own behaviour and actions
  - v. acknowledgement of any conflict of interest
- Completion of the training modules for reviewers.

## ***Selection and Appointment of PRT Members***

### ***Regulatory reviewers***

From the pool of regulatory reviewers, the Executive Director chooses a potential regulatory PRT member for approval by the registrar of the province in which the accreditation review will take place. The registrar is responsible for confirming that the member is an appropriate regulatory representative to the PRT for the identified review.

### ***PEAC reviewers***

From the pool of accreditation reviewers, the Executive Director chooses the remaining three potential PRT members and selects a Chair. The following specific criteria are used as guidelines for appointment of the Chair:

- proficiency in the language of instruction of the program, including both oral and written communication
- participation as a PRT member for at least one previous accreditation review
- positive performance review(s) as completed by education Program Director(s) and other PRT members during previous review(s)

The four PRT members are presented to the Accreditation Committee for approval. An alternate Chair may be selected in the case that the appointed Chair is unable to fulfill their duties.

## ***Conflict of Interest***

Individuals, including PRT members who conduct business on behalf of PEAC, must be committed to the values of the organization, one of which is the belief in transparent, consistent, and fair practices. In support of this value and good practices, PEAC strives to avoid actual, potential, and perceived conflict of interest in all of its activities.

A conflict of interest exists when conditions or circumstances could preclude or interfere with an individual's capacity to conduct themselves or to make decisions impartially, or be seen to have precluded or interfered with that individual's capacity to make decisions

impartially. Such conditions or circumstances may include but are not limited to situations when an individual:

- is or has recently been (within five years) an employee of the education program being accredited
- has recently (within five years) graduated from the education program being accredited
- is serving or has recently served in the capacity of consultant or honorary faculty member of the education program being accredited
- has a monetary or personal interest in the outcome of an accreditation decision for the education program being accredited
- has or has had close personal or professional relationships with individuals in the education program being accredited
- has a member of their immediate family that is involved with the education program being accredited as a student, staff, or faculty member

Individuals who participate in any aspect of PEAC activities (including PRT members) are expected to recognize relationships in which they have an actual, potential, or perceived conflict of interest and to disclose such conflicts to PEAC.

Prior to appointment to the PRT, all PRT members are asked to review policy *COUN-01 Conflict of Interest* and to carefully consider whether they are eligible to serve on the PRT. PRT members complete *FORM-07 Conflict of Interest Declaration*.

## **Confidentiality**

Participation in the accreditation review and all related processes and materials are considered to be of a highly confidential nature. Therefore, PRT members are not authorized to discuss the process and related documents, or the findings of the accreditation review, except with other members of the PRT, PEAC staff, and other PEAC representatives as appropriate. Documentation relating to an accreditation review must be protected through use of locked filing cabinets, password protection on computers/ laptops, secure USB keys, password protection of confidential documents transmitted via email, and exclusive use of PEAC-approved third-party servers (these exclude data service providers such as Google Drive, DropBox, Gmail, Mobile Outlook, among others).

Any information or materials acquired through accreditation processes must not be used for purposes other than accreditation matters, unless permission is granted from the education program or institution and PEAC.

Prior to being provided access to confidential materials, PRT members must return a signed *FORM-06 Confidentiality Agreement* confirming they have read and will adhere to the related policies, *COUN-02 Confidentiality* and *COUN-04 Electronic Storage of Confidential Data*.

## **Document Destruction**

Peer Review Team members are advised to maintain all documents related to the accreditation review and preparation of the PRT report until advised by PEAC, as the Accreditation Committee may require additional information or clarification from the PRT. Once a decision is made regarding the accreditation status of an education program, PRT members are advised of the decision and are asked to dispose of all materials related to the accreditation review by shredding hard-copy documents and/or deleting all electronic documents. PRT members will be required to provide a signature confirming they have complied with this policy and return *FORM-01 Confirmation of Document Disposal* to PEAC.

## **Physiotherapy Program Accreditation: Quality Assurance**

### **Orientation and training**

Orientation and training for PRT members is provided by PEAC and includes the following components:

- completion of an online education program developed by the Association of Accrediting Agencies in Canada (AAAC) for accreditation reviewers (the fees to access the program are paid by PEAC)
- completion of online training developed by PEAC and specific to the PT program review process
- review of PRT Handbook
- meeting prior to the preliminary review for the purpose of team building, planning for the review, and delegation of PRT member responsibilities
- ongoing access to resources, i.e., access to online training programs for two years, PRT handbook on PEAC website

### **Performance assessment**

PEAC ensures continued effectiveness and reliability of the accreditation program for physiotherapy education programs through an iterative quality assurance process. All participants (education program faculty, staff, and students, and all peer reviewers) complete evaluation surveys related to their participation in the accreditation process. The surveys offer the opportunity to provide input and suggestions for improvement regarding the accreditation process and standards, and feedback about the performance and preparedness of each peer reviewer.

PEAC prepares summaries of all evaluations completed. Peer reviewers receive summaries of feedback provided by the faculty, staff and students of the education program, as well as by their fellow team members. The Accreditation Committee and staff use the results of the evaluations to monitor and improve the quality of accreditation processes, services, and standards.

The Chair of the Accreditation Committee may choose to send letters periodically to PRT members who have conducted themselves in a manner worthy of special

recognition. If negative issues are raised about the performance of a PRT member as a result of the assessment process, the information will be discussed with the reviewer and a letter may be sent, under the signature of the Chair, outlining the concerns about the reviewer's performance. In addition, PEAC may request that the reviewer take one of the following actions:

- repeat the entire orientation and training program, at the expense of the reviewer
- review a portion of the orientation and training program
- conduct the next accreditation review under the supervision of an appointed mentor

For repeated instances of poor performance, the reviewer may be removed from the pool of reviewers.

## ***General Expectations and Guidelines for PRT Members***

### ***Expectations***

PRT members represent PEAC while conducting the accreditation review and PEAC expects members to:

- represent PEAC in a positive manner and be thoroughly familiar with the PEAC accreditation standards, criteria, and processes
- conduct an objective and impartial assessment of the degree to which the program is in compliance with the accreditation criteria
- schedule time to ensure uninterrupted participation in all PRT activities
- avoid participation in social activities with program faculty and staff when visiting the program

### ***Responsibilities***

The responsibilities of the PRT are to:

- conduct a preliminary review of the program's Self Study Report (SSR) and identify any gaps in evidence
- prepare a preliminary review report requesting additional evidence if necessary
- conduct the site review of an education program
- verify and supplement evidence provided by the education program in the SSR and in response to the preliminary review report
- assess the program within the context of its environment
- prepare and submit a report describing the program's level of compliance with each of the accreditation criteria

### ***Guidelines***

PEAC provides a set of general guidelines for PRT members to follow while working towards completion of these responsibilities. PRT members are privy to a great deal of highly confidential written and oral information. When participating in the accreditation process PRT members must:

- Consider all information and data associated with accreditation of a program to be confidential. Use or disclosure of information obtained as a result of participating in the accreditation process is not authorized and is considered a breach of confidentiality.
- Refrain from discussing any aspect of a program, positively or negatively, with anyone other than persons directly involved in the accreditation process.
- Strive to document information objectively and impartially. If this is not possible, a PRT member should declare a conflict of interest and should not accept the position of peer reviewer.
- Make every effort to avoid a situation which could be construed as/lead to a conflict of interest.
- Avoid engaging in recruitment or job application activities during the accreditation review or suggest availability as consultant or guest lecturer.
- When participating in accreditation activities, PRT members must not use the opportunity to discuss or promote their own personal theories or philosophies that are not related to the accreditation standards.
- PRT members should not use the review or the PRT report to discuss issues that can be resolved by the program's attention to minor details. The role of the PRT is to seek verification and triangulation of the evidence provided in the SSR, and to seek any additional evidence required to demonstrate compliance with the accreditation criteria. This role requires some skill in recognizing how global vs. how detailed the exploration of the program should be.

## **Roles**

Each PRT member brings valuable experience, expertise and perspective to the team. The two educators are peers of those being accredited – they have experience in the academic environment and in physiotherapy curriculum. They also have accreditation experience as members of education programs which have been participants in an accreditation process. The external accreditor has experience in accreditation of a different profession, and so is able to provide a unique perspective as an outsider to the profession of physiotherapy. The role of the regulatory member on the team is to ensure that the competency of graduates is being assessed and that the public is protected in part as a result of the accreditation process. While the regulatory member on the team may not be as familiar with the academic environment as the other members, they are able to speak to the regulatory environment and can especially take responsibility for the aspects of the accreditation process that target competency.

## **Specific Responsibilities of the PRT Members**

The following are activities for which all PRT members are responsible.

### *Prior to the orientation meeting*

- Sign conflict of interest declaration, confirmation of participation form, and confidentiality agreement, and submit to PEAC.

- Complete two online training programs.

#### *Prior to the preliminary review*

- Review any background information about the accreditation process.
- Review the PRT Handbook and the roles and responsibilities of the PRT members.
- Thoroughly read and assess the SSR and associated evidence submitted by the program.
- Focus on standards assigned during the orientation meeting, and determine whether any additional information will be required from the program prior to the site review.
- Prepare to discuss this information during the preliminary review.
- Begin drafting of the preliminary review report, for completion during and after the preliminary review meeting.

#### *During the preliminary review*

- Determine in consultation with the PRT Chair and other PRT members what, if any, additional evidence is required from the program, and whether a request will be made for this evidence prior to the site review.

#### *Following the preliminary review and prior to the site review*

- Collaboratively complete the preliminary review report and submit to PEAC.
- Begin entering information into the draft of the PRT report based on information discussed in the preliminary review meeting.
- Review any additional evidence provided by the education program in response to the requests in the preliminary review report.
- Prepare interview questions to verify evidence and to address gaps in the evidence, focussing on assigned areas of responsibility (sample interview questions are provided [here](#)).

#### *If conducting the site review in person*

- Book travel following receipt of the travel authorization memo.

#### *If conducting the site review virtually*

- Participate in technology practice sessions and learn how to troubleshoot difficulties.
- Prepare to safeguard privacy and maintain confidentiality during the site review by choosing an environment where you will not be interrupted and eavesdropping cannot occur (headsets or earbuds are recommended).

#### *During the site review*

- Participate in/lead interviews as scheduled during the site review.
- Participate in PRT meetings in the evenings as scheduled by the PRT Chair.
- Collaboratively write the PRT report, taking responsibility for the standards assigned.

- Keep a record of all persons interviewed, including name and title, and take notes during interviews.

*If conducting the site review in person*

- Participate in the preparatory PRT meeting at the hotel the day before the site review is scheduled to begin.

*If conducting the site review virtually*

- Participate in the preparatory PRT meeting virtually at an agreed-upon time before the site review is scheduled to begin.

Following the site review

- Finalize the PRT report in collaboration with the PRT Chair and other team members and submit to PEAC.
- Submit an expense claim as soon as possible for reimbursement.
- Complete and submit the post-accreditation survey.
- Participate in a follow-up meeting, if required, regarding the accreditation review.

Following the accreditation award decision

- When informed of the program’s accreditation award by PEAC, destroy/delete/shred all materials related to the review and submit a signed *FORM-01 Confirmation of Document Disposal* to PEAC.

**Specific Responsibilities of the PRT Chair**

The PRT Chair is responsible for maintaining appropriate communication with PEAC throughout their tenure as the PRT Chair. The PRT Chair is responsible for all activities outlined above for PRT members and additional activities as described below.

Prior to the preliminary review

- Review *GUIDE-14 PRT Chair–Tips and Responsibilities*.
- Upon confirmation of PRT members, contact the reviewers by email as an introduction and to welcome them to the team.
- Review the specific responsibilities required of the PRT Chair and ask any questions or request clarification from PEAC prior to the preliminary review.
- Communicate with and answer questions from the other PRT members as they prepare for the review.
- Consult with the Program Director and PEAC to establish the schedule for the site review. Sample schedules (one sample for an in-person review, one for a virtual review) are provided *below*. The sample schedule will be adapted according to the needs and governance structure of the program.

### During the orientation meeting

- Assign responsibilities to each PRT member for completion of the preliminary review and report, and the site review and preparation of the PRT report. The assignments should be made in consideration of the expertise of each PRT member. Although PRT members are responsible for reviewing the entire SSR and all evidence submitted by the program, the assignments will ensure that a focussed review will be conducted of each of the components of the documentation.
- Decide how each report will be written, assigning responsibilities for sections of the report to each PRT member as appropriate.
- Determine how best to prepare for the preliminary review and establish a plan and due dates for the work of the reviewer pairs in preparation for the preliminary review.

### During the preliminary review

- Lead the preliminary review with the PRT members.
- Lead the team in collaborating to complete the preliminary review report.
- Establish responsibilities, plan, due dates and next steps for the site review.
- Work with staff and team members to schedule any required meetings required prior to the site review (including sessions to become familiar with the technology and how to troubleshoot difficulties if the review is being conducted virtually).

### Following the preliminary review

- Submit the preliminary review report electronically to PEAC.
- Prepare for and attend any meetings scheduled with the team.
- Follow up with team members to ensure timelines and due dates are adhered to.

### Prior to the site review

- Communicate with and answer questions from the other PRT members as they prepare for the site review, draft the PRT report, and generate interview questions.
- Review any additional evidence provided by the education program in response to the requests in the preliminary review report.
- Plan the agenda for the PRT meeting to be held at the hotel the day/evening before the site review OR virtually prior to the site review and review any relevant materials.
- Develop basic questions for each interview in collaboration with PRT members and designate an interviewer for each session.

### During the site review

- Lead the PRT meeting at the hotel the day/evening before the site review (when visiting in person) or at the virtual meeting (when conducting the visit virtually). The purpose of this meeting is outlined *below*.
- Lead an initial meeting with the faculty and staff on Day 1 to provide information about the purpose of accreditation and the site review, the philosophy and structure

of PEAC, and planned activities during the review (an informational PowerPoint presentation is available from PEAC for this meeting).

- Maintain the established schedule as much as possible.
- Lead or delegate leadership of the interview process for each interview session.
- Request any additional clarifying evidence as required from the program.
- Schedule evening PRT meetings as required to review the day's activities and the goals for the following day.
- Assign responsibility for preparation of specific components of the PRT report.
- Prepare for and lead the closing meeting with the Program Director and any others invited at the discretion of the Program Director.

#### Following the site review

- Facilitate completion of the PRT report and submit the final PRT report electronically to PEAC by the agreed-upon date. The PRT report should include any new/additional evidence provided by the program during the site review.
- Participate in the next Accreditation Committee meeting in person or virtually to clarify information in the PRT report and to answer questions from committee members as necessary.

## SITE REVIEW IN DETAIL

### *Team Meeting Prior to the Review*

The PRT Chair will organize a meeting of the PRT prior to the site review. This meeting will be held either virtually or at the hotel (for those reviews conducted in person) on the Sunday prior to the site review. The purpose of this meeting will be to:

- ensure that PRT members have an understanding of PEAC, including the vision, mission, and values
- review the accountability, roles, responsibilities, and specific assignments for each of the PRT members
- discuss important points identified during review of the SSR and the materials submitted in response to the requests in the preliminary review report
- identify existing gaps in evidence and plan to ensure the program is given the opportunity to provide additional evidence if it exists
- discuss how to verify and triangulate the evidence that was received in the SSR and in response to requests in the preliminary review report
- develop/review interview questions, plan for the first day of interviews, and designate responsibility for facilitation and notes during each interview session
- agree on the focus of the first meeting with the Program Director
- review the schedule for the site review and make any required adjustments. Any adjustments considered should not cause unnecessary burden on the program faculty and staff.

Discussion about the program's SSR and submitted materials will include matters that require clarification and issues of concern. Subsequently, some minor changes in the schedule may need to be made.

**NOTE:** In preparation for the team meeting, PRT members should have populated as much as possible in the PRT report for their assigned standards and developed draft interview questions for the areas within their assigned standards for the various interview sessions.

### *Site Review Conducted in Person*

The following is information that facilitates the success of an onsite visit, and will help PRT members better understand what to expect:

- PEAC staff will arrange for confidential meeting space for the team at the hotel. This is most often in the form of a suite for the PRT Chair, with a table large enough to accommodate four team members with laptops in the living/kitchen area of the suite.

- Many teams enjoy collaborating on the report by connecting an HDMI cable to the TV in the hotel suite so as to project a laptop screen and edit as a group. PEAC can provide an HDMI cable if a team member does not have one available to them.
- It is the responsibility of the education program to arrange transportation for the PRT between the hotel and the university for each day of the visit. This can be by taxi, personal vehicle, or walking (by mutual consent). These arrangements will be facilitated by PEAC staff.
- It is the responsibility of the education program to provide snacks and lunch for the PRT during the time the members are on campus. PEAC staff will provide information regarding any dietary preferences or restrictions.
- The program will ensure that at least two rooms are available at the university for the PRT throughout the onsite visit:
  - i. a secure room where computers and other personal items can be left, where food will be served, and where any documentation provided as evidence of compliance with accreditation criteria can be reviewed. Internet/wifi should be available to the team.
  - ii. a second room to be used for scheduled interviews.
- The program is asked to appoint a faculty or staff person to be the time-keeper, responsible for giving the team a five-minute warning at the end of an interview, and to gather the next interviewees for a quick transition into the interview room.

### ***Day 1 and Day 2***

The entire team will meet with the Program Director for introductions and a review of the overall schedule including the location for each interview. PRT members should be directed to the room in which they will be able to meet together and review evidence provided onsite.

Following the meeting with the Program Director, the PRT will be introduced to the faculty and staff. During this meeting, the PRT Chair will provide an overview of the accreditation program, the value of accreditation and the objectives for the review. A standard PowerPoint presentation including this information will be provided and may be used by the PRT Chair. Immediately following the meeting with the faculty and staff, the PRT members will proceed to the interviews as scheduled.

The time scheduled for breaks and for the PRT to have lunch during Day 1 and Day 2 will provide an opportunity for PRT members to review the observations made during the morning meetings and also to review any evidence provided onsite.

During the evenings, PRT members will meet through dinner and immediately following. This meeting may last the evening; it is an important opportunity for the members to review with each other their observations and findings. The strengths of the program should be discussed as well as any areas identified for improvement, in preparation for the *closing meeting*. This is an opportunity to review the schedule and determine if any

changes will need to be made or if PRT members will require any further evidence to review. Each evening, the team should add to the PRT report.

### **Day 3**

During the morning of Day 3, PRT members will conduct any remaining meetings that may be required. Subsequently, PRT members will meet to develop consensus about the findings that should be included in the PRT report and that should be presented at the closing meeting (see details regarding the closing meeting [here](#)). It is important to remind the Program Director at the closing meeting that the content of the PRT report is related to observations and evidence gathered by PRT members and that the recommendation about overall accreditation status is made only by PEAC.

During the afternoon and evening of Day 3, a preliminary draft of the PRT report can then be completed collaboratively at the hotel. This time will allow the team to come to agreement about the level of compliance (Fully Met, Partially Met, Not Met) of each criterion and the observations and rationale that should be included in the PRT report.

### **Site Review Conducted Virtually**

Conducting a virtual site review requires a meeting platform. In the same way that the program under review prepares and organizes meeting space for an in-person review, the preferred option for a virtual review is for the program to invite participants and the peer reviewers through their own virtual meeting platform and to ensure adequate program-based technology support throughout the review.

PEAC recognizes that this is not always possible, feasible, or practical for a number of reasons and therefore offers these four options below in order of preference. The virtual review platform selected for each program's review will be determined on a case-by-case basis in consultation with the program, the peer reviewers and PEAC.

1. (preferred) The program uses its own meeting platform and provides technology support throughout the visit. Program staff or technology support are responsible to cross-reference participant lists prior to admitting participants from the waiting room. Peer reviewers wait in the breakout room and join the main room with participants present at the time of the scheduled meeting.
2. The program is given login privileges to access PEAC's meeting platform (Zoom) and provides technology support throughout the visit. Program staff or technology support are responsible to cross-reference participant lists prior to admitting participants from the waiting room and to welcome participants to the meeting. Peer reviewers wait in the breakout room and join the main room with participants present at the time of the scheduled meeting.
3. The peer reviewers are given login privileges to access PEAC's meeting platform (Zoom) and PEAC staff are available by cell at all times to troubleshoot if necessary. In this situation, the peer reviewers will be required to play several roles, including

moderating, cross-referencing participant lists prior to admitting participants from the waiting room, and navigating breakout rooms between meetings.

4. PEAC staff attend each meeting, cross-reference participant lists prior to admitting participants from the waiting room, welcome participants to the meeting, and cue peer reviewers when it is time for them to join the main room from the breakout room at the time of the scheduled meeting. PEAC staff remain in the room as technology support throughout every meeting.

The following is information that facilitates the success of a virtual site review, and will help PRT members better understand what to expect:

- The platform chosen to host the virtual review (see above) will allow more than one host to be assigned (in case of internet or power interruptions) and be such that if the host unexpectedly leaves the meeting, the remaining host(s)/co-host(s) can remain and the meeting can continue.
- The platform will include breakout rooms. These will be used to allow the peer reviewers a private space to debrief from one meeting and prepare for the next, while participants gather in the main room.
- The platform will allow for controlled access (such as a waiting room) to each meeting such that only those scheduled to participate are permitted entry to the meeting room.
- As the program confirms interview dates, times, passwords and other details with the participants, they will ensure that all participants have the required internet connection strength and hardware to allow for use of webcam throughout all interviews.
- When inviting participants and providing login information, the program will request that once a participant has accessed the platform and is in the waiting room, they edit their display name to indicate the first and last names as listed in the virtual review schedule.
- Participants and peer reviewers will be advised to safeguard privacy and maintain confidentiality by choosing environments where they will not be interrupted and eavesdropping cannot occur (headsets or earbuds are recommended).
- **Interviews conducted virtually should never be recorded.**
- An opportunity/time to test the technology and for PRT members to practice using the technology and troubleshoot difficulties will be arranged. This time will include demonstration and practice in showing materials using a shared screen in case that is required. If PEAC is providing the meeting platform (options 3 or 4 above), staff will work with the program to organize testing times as required. If the program is providing the platform, they will ensure there is an opportunity for peer reviewers to test their access and troubleshoot issues ahead of the review.
- Peer reviewers should have alternative devices available in case technological issues arise, and the ability to connect by telephone should the devices fail or in the event of an internet or power interruption.

- The program will ensure that an appropriate faculty/staff person is accessible to the peer reviewers and/or PEAC at all times to troubleshoot. There may be situations where scheduled participants do not arrive, or schedules need to be adjusted unexpectedly, or it is unclear whether a participant in the waiting room should be permitted access. Other unforeseen events may also arise.
- Technology support will be available throughout the scheduled interview times. If PEAC is providing the meeting platform (options 3 or 4 above), staff will be available to play this role.
- PEAC will provide a secure upload link for documents to be submitted to the peer reviewers should they be requested during interviews.

### **Day 1**

The entire team will meet with the Program Director for introductions and a review of the overall schedule.

Following the meeting with the Program Director, the PRT will be introduced to the faculty and staff. During this meeting, the PRT Chair will provide an overview of the accreditation program, the value of accreditation and the objectives for the review. A standard PowerPoint presentation including this information will be provided and may be used by the PRT Chair. Immediately following the meeting with the faculty and staff, the PRT members will proceed to the interviews as scheduled.

### **Days 1-4**

Breaks for the PRT to stretch, debrief and step away from the virtual environment will be included in the schedule. Debrief sessions will be held virtually in a different meeting room than those where program interviews are conducted. Debrief sessions will provide an opportunity for PRT members to review the observations made during the interviews and also to review any additional evidence provided.

The PRT members will collaboratively determine (prior to finalizing the site review schedule) when they will meet to review their overall observations and findings and to collaboratively write the report. Some of these meetings will take place as part of the five-day site review schedule and others will occur following the review. These meetings are important to:

- review the schedule and determine if any changes will need to be made
- discuss whether any further evidence is required for review
- prepare for future interviews, including finalizing questions to be asked and by whom
- discuss the strengths of the program, as well as any areas identified for improvement, in preparation for the closing meeting
- add to the PRT final report on a regular basis as conclusions are drawn

### **Day 5**

PRT members will conduct any remaining meetings that may be required. They will then meet to reach consensus about the findings that should be presented at the closing

meeting (see details regarding the closing meeting [here](#)). It is important to remind the Program Director at the closing meeting that the content of the PRT report is related to observations and evidence gathered by PRT members and that the recommendation about overall accreditation status is made only by PEAC.

### **After Day 5**

Following conclusion of the interviews, the PRT members will meet virtually over the next few days or weeks (the arrangements will vary between teams according to each team's preferences and commitments). This time will allow the team to come to agreement about the level of compliance (Fully Met, Partially Met, Not Met) of each criterion and the observations and rationale that should be included in the PRT report.

### **Closing Meeting**

At the end of the site review, the PRT members meet with the Program Director and others, as determined by the Program Director, for a brief closing meeting.

The purpose of the closing meeting is to:

- thank those who participated in activities related to the review
- provide examples of three strengths of the program and three concerns, as a brief summary of the visit (the program will receive a copy of the PRT report once it is completed)
- provide information about the next steps that are involved in the accreditation review process

The purpose of the closing meeting is NOT:

- for the program to provide last-minute evidence or rebuttal of the PRT's summary
- for the PRT to make any recommendations or decisions about the program's overall accreditation status

The following is an outline of information that can be presented by the PRT Chair:

*The role of the Peer Review Team is to gather information on behalf of PEAC about the physiotherapy education program, and to provide a report on the qualitative and quantitative aspects of the program identifying issues which may be of interest to PEAC.*

*The Peer Review Team does not make any recommendations about the program's overall accreditation status. An accreditation decision will be made by the Accreditation Committee at its next meeting. The Accreditation Review and Status Report from PEAC is the only official position of PEAC about the program's accreditation status. Accordingly, any remarks by members of the Peer Review Team must not be construed as indicating accreditation status or the position of PEAC. PEAC treats the findings of the Peer Review Team confidentially. PEAC urges the program*

*and university to treat the team's findings as confidential, pending receipt of the accreditation decision.*

*The program will receive a copy of the PRT report for review once available, and has the opportunity to provide a response to the report, due within two weeks of receipt. The review of the PRT report by the program is intended for correction of factual errors. It is not intended to provide an opportunity for a detailed "rebuttal" document, or for new, updated, or more detailed information available since the visit date to be added. This creates a process fair and consistent for all programs which undergo an accreditation review.*

*The Accreditation Committee will review the program's Self Study Report, the preliminary review report, the evidence submitted in response to requests in the preliminary review report, the Peer Review Team report and the program's response to the PRT report at their next meeting in (Fall/Spring). The program will be notified of PEAC's decision regarding accreditation status within four weeks of the meeting.*

## Sample Site Review Schedule: In Person

### Day 1

Time	Activity	Other information
8:00-8:30	Team meeting with entry-to-practice Program Director	Introductions, opportunity for PRT to gather information about the broad context of the program, discuss any questions that the Program Director may have.
8:30-9:00	Tour of the program/equipment/labs	
9:00-9:30	Introductory meeting with the physiotherapy faculty and instructors (all in one group). PRT Chair introduces team, provides overview of accreditation program, purpose and value of accreditation, and objectives for the site review	
9:30-10:30	Meeting with program Admissions Committee	
10:30-11:30	Meeting with Academic Coordinator of Clinical Education	
11:30-1:00	Lunch; PRT to debrief, review documents and make any necessary revisions in schedule	
1:00-2:30	Meeting with program faculty and instructors	Program faculty meeting should not include the Program Director or any individual to whom program faculty report.
2:30-3:30	Meeting with Curriculum Committee	
3:30-4:00	Break: PRT to review results of interviews and prepare for upcoming interviews	
4:00-5:00	Meeting with preceptors (i.e., those who supervise student clinical placements)	Scheduling this meeting at the end of the day facilitates preceptors' attendance.
5:00	Optional meeting with Program Director	Opportunity to modify tomorrow's schedule if necessary based on today's interviews.

Day 2

Time	Activity	Other information
8:00-8:30	PRT meeting with Program Director, if required	
8:30-9:30	Meeting with Dean of Faculty within which the program is located	
9:30-10:15	Meeting with University Administrative officials, for example, Provost, Vice-President Academic	
10:15-10:30	Break	
10:30-11:30	Meetings with university faculty appointed to other departments, but who are involved in teaching physiotherapy students	This group may include faculty from nursing/anatomy etc. who teach entry-to-practice PT students.
11:30-12:30	Meetings with other groups/faculty as required (may be held concurrently)	
12:30-1:30	Lunch; PRT debrief and document review	
1:30-2:30	Quebec programs only: Meeting with U1-U3 students in the program (concurrent with another meeting)	
1:30-2:30	Meetings with Year 1 students in the program (M1 in Quebec) and the student executive group	See Program Accreditation Handbook and GUIDE-07 for minimum required number of students from each year and selection process.
2:30-3:30	Meetings with Year 2 students in the program (M2 in Quebec) and the student executive group	
3:30-4:00	Break	
4:00-5:00	Meetings with recent graduates of the program (concurrently)	Scheduling these meetings at the end of the day facilitates attendance.
	Meetings with employees of graduates in catchment area (concurrently)	
5:00-6:00	Meeting with Program Director if required; document review	

Day 3

Time	Activity	Other information
8:30-9:00	Meeting with Program Director if required	
9:00-10:00	Meetings with program admin support staff and tutorial/laboratory assistants (concurrently)	Administrative staff meeting should not include any individual to whom program faculty report.
10:00-11:00	Meeting with administrative lead(s)	
11:00-12:00	Meeting with financial team – those able to contribute to questions related to budget and program sustainability	
12:00-1:00	Opportunity to conduct additional interviews as required; PRT meeting to draft PRT report	
1:00-2:00	Lunch and team debrief	
2:00-3:00	Closing meeting with Program Director	Closing meeting is to thank the program, and as a brief summary of the review, to provide examples of three strengths of the program and three concerns. The PRT can also provide information re. next steps and timelines. No information regarding overall compliance or overall accreditation status is provided by the PRT.
3:00-evening	PRT meeting to complete draft PRT report	

### **Sample Site Review Schedule: Virtual**

Note that actual times are intentionally left blank to accommodate time zone differences. Please build the review schedule based on the information provided by PEAC regarding the location of the peer reviewers appointed to the review.

Remember:

- Allow 60 minutes between longer interviews and at least 15 minutes between shorter ones to allow for peer reviewer bio breaks, snacks and stretches.
- Include a 5-10 minute connection window at the beginning of each meeting to allow time for participants to join the meeting link, be provided access, and troubleshoot any audio, video, or connection issues.
- Build the schedule with consideration given to the various time zones of the peer reviewers and the program.
- Some programs and PRTs may prefer a schedule that is longer or shorter than five days.

#### Day 1

<b>Timing</b>	<b>Activity</b>	<b>Other information</b>
30 minutes	Team meeting with entry-to-practice Program Director	Introductions, opportunity for PRT to gather information about the broad context of the program, discuss any questions that the Program Director may have
30 minutes	Introductory meeting with the physiotherapy faculty and instructors (all in one group). PRT Chair introduces team, provides overview of accreditation program, purpose and value of accreditation, and objectives for the site review	
90 minutes	Meeting with program Admissions Committee	
60 minutes	Meeting with Academic Coordinator of Clinical Education	
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
<b>Total = 3½ hours + breaks</b>		

### Day 2

Timing	Activity	Other information
90 minutes	Meeting with program faculty and instructors	Program faculty meeting should not include the Program Director or any individual to whom program faculty report
30 minutes	Meeting with Curriculum Committee	
30 minutes	Meeting with preceptors (i.e., those who supervise student clinical placements)	Scheduling this meeting at the end of the day facilitates preceptors' attendance
60 minutes	Meeting with Dean of Faculty within which the program is located	
60 minutes	Meeting with financial team – those able to contribute to questions related to budget and program sustainability	
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
<b>Total = 4½ hours + breaks</b>		

### Day 3

Time	Activity	Other information
45 minutes	Meeting with University Administrative officials, for example, Provost, Vice-President Academic	
60 minutes	Meetings with university faculty appointed to other departments, but who are involved in teaching physiotherapy students	This group may include faculty from nursing/anatomy etc. who teach entry-to-practice PT students
60 minutes	Meetings with other groups/faculty as required (may be held concurrently) in separate virtual rooms	
60 minutes	Meeting with employees of graduates in catchment area	
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
<b>Total 3¾ hours + breaks</b>		

#### Day 4

Time	Activity	Other information
60 minutes	Quebec programs only: Meeting with U1-U3 students in the program (concurrent with another meeting)	
60 minutes	Meetings with Year 1 students in the program (M1 in Quebec) and the student executive group	See Program Accreditation Handbook and <i>GUIDE-07</i> for minimum required number of students from each year and selection process
60 minutes	Meetings with Year 2 students in the program (M2 in Quebec) and the student executive group	
60 minutes	Meeting with recent graduates of the program	Scheduling this meeting at the end of the day facilitates attendance
15 minutes	Touch base with Program Director (optional)	Opportunity to modify tomorrow's schedule if necessary based on today's interviews
<b>Total 3 or 4 hours + breaks</b>		

#### Day 5

Time	Activity	Other information
60 minutes	Meetings with program admin support staff	Administrative staff meeting should not include any individual to whom program faculty report.
60 minutes	Meetings with tutorial/laboratory assistants	
60 minutes	Meeting with administrative lead(s)	
60 minutes	Closing meeting with Program Director	Closing meeting is to thank the program, and as a brief summary of the review, to provide examples of three strengths of the program and three concerns. The PRT can also provide information re. next steps and timelines. No information regarding overall compliance or overall accreditation status is provided by the PRT.

Time	Activity	Other information
<b>Total 4 hours + breaks</b>		

## REPORT WRITING

The PRT writes a report collaboratively throughout the review and finalizes it within two weeks of the site review for submission to PEAC.

### *Purpose of the PRT Report*

The PRT report is used as one of the sources of information for the Accreditation Committee during decision-making about the program's accreditation status. Therefore, the contents of the report must provide some indication of the quality of the program and not just whether evidence of compliance with the criteria is present or absent. The PRT report will assist the reader's understanding of the program as a whole and within the context of the environment in which the program operates.

The PRT report represents the findings of the team based upon its study of institutional documents and other materials provided by the program, along with information garnered during confidential interviews with program faculty, staff, and stakeholders. All statements, findings, and recommendations included in the report are made in good faith with a view towards enhancing the quality of the education program. The report reflects only that information obtained as part of the evaluation process conducted in accordance with PEAC procedures.

The team's report is an assessment of the program's level of compliance with each of the accreditation criteria. In the PRT report, PRT members are expected to describe the reasons why a particular level of compliance was assigned. The team does not formulate a recommendation about the program's overall accreditation status.

### *PRT Report Template*

A PRT report template is provided by PEAC to assist in writing the report. For each criterion, there are several sections to complete.

**Sources of Evidence** – sources include information in the SSR (which can be entered into the PRT report prior to the site review to save time), from additional documentation provided after the preliminary review or during the site review, as well as verbal information gathered from interviews. Add these sources at the time they are gathered to avoid having to spend time finding them later.

**Peer Review Team Description and Rationale** – this section should include a summary of the team's observations with respect to level of compliance with the criterion, including evidence gathered through interviews. The summary should provide a rationale for the level of compliance (see below) assigned the criterion by the team.

**Check boxes** – the team should check the appropriate box (Fully Met, Partially Met, Not Met) based on its recommendation for the program's level of compliance with the criterion. In the report template, PRT members can select one of:

Criterion Fully Met	Criterion Partially Met	Criterion Not Met
No Comment OR Comment/Recommendation OR Commendation No Progress Report required.	The program must provide evidence of improvement in a Progress Report.	The program must provide evidence of compliance in a Progress Report.

The report expands on the SSR by describing verification and triangulation of evidence listed in the SSR, and by describing evidence gathered in documents submitted following the preliminary review and during interviews. All comments in the PRT report must directly relate to the criterion being described and be substantiated by evidence provided by the program.

The team must provide rationale within the criterion for the level of compliance assigned. The Accreditation Committee will rely on the report, the PRT’s recommendation for level of compliance, and the rationale, to assist in awarding accreditation status. The committee will review the report in detail and will look to confirm that the evidence provided matches the level of compliance recommended. Each statement made by the PRT in the report must be supported with commentary and rationale.

The PRT report does not include any recommendation about the program’s overall accreditation status. The submitted PRT report is included as one document within the confidential accreditation dossier provided to the Accreditation Committee for decision-making. An accreditation status decision is made based on levels of compliance allocated to each criterion and the number/percentage of criteria considered “Not Met” in each accreditation standard.

### ***Writing the Report***

When developing the PRT report, reviewers should avoid:

- naming individuals; comment, if necessary, on the office, not the officeholder
- criticizing, as this is not the purpose of an accreditation review
- making gratuitous or trivial recommendations
- offering specific suggestions to remedy a perceived problem; instead, a brief diagnostic statement of the perceived problem, linked to the appropriate accreditation condition is usually sufficient, leaving the specific solution to be worked out by the program/institution
- advocating personal interests of team members and individually favoured educational theories

- including satirical and accusatory statements

When writing the PRT report, reviewers should consider the following:

Internal Consistency	Is the report coherent and free of mixed or conflicting messages?
Clarity	Does the report say exactly what is intended, thus avoiding misinterpretation of information contained within the report?
Perspective	Does the report clearly represent the findings and recommendations coming from the team as a whole and not just one member or point of view?
Comprehensiveness	Does the report identify whether the program satisfies all the conditions for compliance?
Tone	Does the report use diplomatic language, while being direct and clear as to its meaning?
Limits	Does the report include comments on advocacy matters that go beyond the requirements for accreditation?
Documentation	Do the findings clearly state the context or identify the evidence on which the statements are based?

## **GATHERING EVIDENCE AND INTERVIEWING – TIPS FOR PRT MEMBERS<sup>2</sup>**

### ***Starting to Gather Evidence***

Before beginning to assess the documentation provided by the program, review the accreditation standards. Consider how each criterion might be understood in the context of a physiotherapy education program.

Set up a systematic note-taking format.

Re-read the program documents thoroughly.

Look for evidence to support compliance with the criteria. Some aspects of the documentation may provide evidence for more than one criterion.

Look for evidence that establishes level of compliance with each criterion. Such evidence may be found in policies, staffing, facilities, funding, frequency of meetings, reviews of programs, etc.

Make note of lack of evidence preventing compliance with a criterion (e.g. absence of documents, lack of funding, no mention, no will to implement).

Make note of where evidence is found. Other PRT members may have missed the evidence, or may have other interpretations. Ensure that the location of that evidence can be found again upon request – careful notation of evidence facilitates final report-writing.

### ***General Comments About Evidence***

Any claims made through the accreditation process (both by the PRT and by the program) must be supported by evidence.

Evidence needs to be widespread and representative before a claim can be made.

One way to strengthen an evidence-based claim is to seek the evidence through a range of methods (observation, document review, interviews).

A second way to strengthen claims is to seek similar evidence from a few different people/groups of people involved in the program.

A third way to strengthen claims is to actively seek negative instances and information that would disconfirm the team's interpretations.

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<sup>2</sup> Adapted from the College of Teachers of Ontario (2011).

## ***The Impact of Team Members' Beliefs and Values on Gathering Evidence***

Team members bring differing strengths and perspectives to the accreditation process. The collective knowledge and experience of the team members provide a range of lenses through which evidence can be analyzed, thus enhancing the strength of claims that are made.

Personal and professional beliefs, values, and biases shape how evidence is both seen and interpreted. What individuals note as valuable information can depend on life experience, knowledge base, biases, and values. Therefore, when considering evidence, PRT members should:

- become attuned to both personal views (explicit and implicit) about physiotherapy practice and physiotherapy education and about the nature of universities.
- be committed to monitoring the effects of their beliefs and values. Strategies for monitoring include:
  - actively noticing emotional and judgmental reactions at all phases of the evidence-gathering and report-writing process
  - being open with other PRT members about strong beliefs and biases
  - actively seeking evidence that might disconfirm pre-existing biases
  - monitoring the tendency of personal beliefs to take them in directions that do not result in documenting evidence for standards

## ***Interviewing***

The purpose of the interview is to probe for information which confirms or which is in addition to that provided in the program's SSR or in additional documentation provided.

### ***Types of interview questions***

<b>TYPES OF QUESTIONS</b>	<b>EXAMPLES</b>
Confirmation questions	"Have all of the students of the program been able to obtain clinical placements in each of the practice contexts?"
Overview	"Can you give me a sense of what it is like to be a student in this faculty?"
Inventory	"In what ways did you..." "To what extent do you..." "Can you give me some examples of..."



Leading question

“Do you think that students get enough regular evaluation and feedback about how they are doing throughout the school year?”

Better question

“What is the process for providing students with evaluation and feedback? What are your thoughts about this?”

### ***When conducting an interview***

#### **Opening the interview**

Thank the participants for attending, outline the purpose of the interview, reiterate the confidential nature of the proceedings, and introduce members of the PRT – use the standard introduction provided below.

#### **Standard introduction for interviews**

Thank you for agreeing to participate in this interview for the accreditation review of the *[PT Program]*. The purpose of the interview is to confirm evidence about the program’s level of compliance with the accreditation standards and to ask for additional information where necessary.

In keeping with the transparency of the accreditation processes, notes of the comments will be made and some may be included in the Peer Review Team report. The report will not specifically identify any individuals by name nor will it attribute comments to any one person.

#### **Tips for opening the interview**

- be aware of the anxiety that interviewees may have and try to make them feel comfortable
- keep the tone fairly formal, but if necessary, use small talk and tension-reducing language to put everyone at ease
- start with simple questions

#### **During the interview**

<b>Remember to</b>	<b>And avoid</b>
Treat the interviewee as a colleague	Reacting (positively or negatively) to information provided by the interviewees
Use active listening skills	Offering any opinions, even when asked

Remember to	And avoid
Focus on the questions and on the interviewees' answers	Using judgmental language (e.g. <i>"this is a great program"</i> or <i>"I'm really impressed with this work"</i> ). When the PRT reconvenes later, the other evidence may not support such comments
Use silence to give room for others to speak	Pursuing interesting but irrelevant answers
Demonstrate patience	Talking about one's own experience
Use language that is polite but neutral ("we appreciate your efforts" or "thank you for your openness and candour")	Quoting other earlier interviewees who might have made statements contradicting the current interviewee
	Being confrontational

Concluding the interview

Ask if there are things the interviewees want to add; conclude by thanking everyone for their participation.

**Suggestions for interviewers**

The designated interviewer should:

- maintain eye contact with the speaker
- maintain a polite and respectful manner at all times
- be aware of his/her posture and body language
- ask clear, concise, one-part questions
- ask one question at a time
- use rephrasing of question where necessary
- probe but do not prompt the interviewee
- ask for clarification where necessary
- be able to explain what information is being sought
- separate the interesting answers from the useful ones, and move from interesting to useful
- provide silence to give room for others to speak
- organize the interview to allow all interviewees a voice
- observe the interviewee's non-verbal behaviour
- listen to all the interviewee says before responding or asking another question
- paraphrase what is heard from the speaker; clarify understandings

- summarize what was heard
- ask whether the interviewee has anything to add

## **Note-Taking**

### **General Comments about Note-Taking**

- Detailed note-taking supports the process of triangulation, showing that the evidence is drawn from a variety of sources and through a variety of methods.
- Evidence-based claims require details of evidence used. Note-taking from interviews and documents must be systematic and thorough.
- Detailed note-taking should include the location of the evidence, so that evidence can be traced back to particular interviews or particular documents.
- To assist in thorough note-taking, it is helpful for each PRT member to develop some method of short-hand note-taking, and a format that results in retrievable information to facilitate connection of evidence with the accreditation standards.

### **Suggestions for Taking Notes During Interviews**

Details	Even if you don't fully understand what is being said, write it down. Later, the information can be discussed and clarified with other PRT members during debriefing and report-writing meetings.
Identification	Kept track of who said what by using initials and listing full names at outset of interview.
Verbatim phrases	Where record is verbatim, put quotes around it for possible use in report-writing. Remember not to name the source in the final report.
Judgments	Be aware of effects of personal belief systems and biases entering into note-taking.
Format	Set up notebook pages to leave space for connecting to standards and for writing comments about information to verify or additional questions to be asked.
Revisit	As soon after the interview as is possible, re-read your notes and add any information to add to the clarity of what you have recorded. Interviews will be organized to provide PRT members with time for this between interviews.

## SAMPLE INTERVIEW QUESTIONS

PEAC provides sample interview question templates for modification by PRT members as required – they are available in the PRT’s Sync folder (under Resources) and sample questions are also listed here. These are generic questions related to various interviewees and groups. These questions **MUST** be adapted to the program under the review. Adapted questions are preferred for various reasons:

- the person or group being interviewed is provided with a context which may help them think on their feet
- it indicates that the PRT has read carefully the documentation the program has spent months preparing
- it helps in report writing as the exact reference is quoted
- it helps make the question specific, relevant and related to a particular criterion or piece of evidence.

### ***Questions for University Administrators, Faculty, Staff and Students***

#### *Vice-Provost Academic*

- Where do you see the physiotherapy program in five years?
- In its current form, how sustainable is this program?
- We’ve heard about the expansion plans for the program for a few years from now. In the interim, what are the plans to accommodate change, expansion, Master’s program?
- Tell us about the supply and demand studies regarding physiotherapists that have been conducted to inform the admissions criteria for the program.
- How will the university support the physiotherapy program in developing Masters and doctoral programs, which are essential to the future of the physiotherapy profession?

#### *Regulatory focus*

- How does the program ensure that there is alignment of the curriculum with societal needs?

#### *Dean*

- Help us understand how the vision statement of the university fits with that of the physiotherapy program.
- Where do you see the physiotherapy program in five years?
- The stability of the program is apparent. If you were looking for a new faculty member for the program, what kinds of qualifications, research interests or service activities would you want that person to have to take the program to the next level?
- Tell us about the supply and demand studies regarding physiotherapists that have been conducted to inform the admissions criteria for the program.

- The funding for the program appears to be a 60/40 split between the university and the provincial government. Do you see this as a long-term formula for sustaining the program?

#### Dean of Research

- Help us understand the position of research in the physiotherapy program.
- How does the research component of the physiotherapy program fit into the overall research direction of the faculty?
- Can you comment on the balance between teaching and research in the physiotherapy program: how does one complement the other?
- Is the physiotherapy program's or the university's technological infrastructure sufficient for the kinds of research to be conducted in the physiotherapy program?
- Are there resources – physical, human and monetary - available?
- Can you give us an idea of the scope of research projects that faculty members in the physiotherapy program are pursuing?

#### Program Director

- How are the lecture lab ratios formulated in relation to credit value? Is this monitored?
- How is faculty evaluation/performance review conducted? How often?
- How are teaching/research/service responsibilities delegated or decisions made fairly and equitably?
- Do you see gaps in content in the program?
- Help us to understand the conceptual framework for the curriculum.
- Help us to understand how the conceptual framework is infused throughout the program.
- Do you think the curricular content and the way it's taught will be responsive to the future practice of physiotherapy? Is it up to the challenge of meeting future directions in the profession?

#### All faculty

- Since the last accreditation review, what are the most significant changes to the physiotherapy program?
- Help us understand the balance between teaching and research.

#### *Regulatory focus*

- Describe the program's approach to demonstrating evidence of effective practice following graduation.
- How does the program ensure effective management of professionalism or ethics breaches in students, preceptors or faculty members?

### Academic Coordinator of Clinical Education

- Have there been any reductions in the clinical placements available? If yes, how have you managed the reduction in placements?
- How do you evaluate new clinical sites? Describe the process.
- How does the first clinical placement complement the program, and how are students prepared for it?
- Describe the communication lines between the clinical sites and the program: complaints, evaluation, information, orientation.

#### *Regulatory focus*

- Describe the program's approach to management of professionalism or ethics breaches by students, preceptors or faculty members.

### Curriculum Chair/Committee

- Describe the process for curricular development: through the subcommittees to the senate — timelines.
- What is the conceptual framework for the curriculum?
- What is the rationale for curricular choices? Upon what research is it based?
- What is/are the theoretical model(s) that underpin the curriculum plan?
- How does the program build on higher levels of knowledge and skills?
- How would we trace the process of curriculum review and renewal?

#### *Regulatory focus*

- Describe the program's approach to readiness for clinical placements.
- Describe the program's approach to readiness for practice.
- How does the program ensure that there is alignment of the curriculum to societal needs?

### Individual faculty

- In a small faculty as this one is, how do you manage all of the responsibilities for full time faculty that are outlined in the Self Study Report—teaching, committees, research, service, etc.
- What sources of assessment are used to determine student success in the program?
- As a faculty member, how do you remain current?
- What recent professional development opportunities have you had or taken advantage of?
- How is the faculty involved in the governance of the school?
- As you know, there is an equity committee in the school. What is your understanding of equity and how it is applied in this program?

### Part-time faculty/instructors

- Clarify your roles for us.
- How are you prepared for your roles?
- Is your performance evaluated?
- How are you oriented to the physiotherapy program? What does the program offer to prepare you for the teaching role?
- How involved are you in the governance of the program?
- How are you informed or involved in updates in curriculum? Changes to the program?

### Associate faculty

- those who teach entry-to-practice program students but whose primary appointment is in a different role
- What is your knowledge of the physiotherapy program and how does your expertise lend itself to the program?
- By what mechanism do you maintain the relevance of your content area to the physiotherapy program?
- How do you become associated with the physiotherapy program? What are the advantages and disadvantages of this role?

### *Regulatory focus*

- Describe your understanding of the program's approach to ensuring the students' readiness for clinical placements and for practice.
- How do you see the program addressing professionalism or ethics breaches in the students, preceptors, or faculty members should they occur?
- Do you see alignment of the curriculum to societal needs?

### Students in first/earlier years

- Describe the admissions process. From your point of view, what is the value of the interview (or other admissions requirements)?
- How is the workload? How do you find the transition from the undergraduate level to the professional program? Does it meet your expectations?
- Do you find that you have sufficient support—faculty support, advisor support, accommodations?

### *Regulatory focus*

- How well do you feel you are prepared for clinical placements?
- How effectively does the program assess your knowledge and skills?
- Describe your awareness of the consequences should a student, preceptor or faculty member demonstrate a breach in ethics or professionalism

### Students in their final year

- Do you feel that the first clinical placement was a valuable learning opportunity? Can you describe that placement and what you did?
- How is the workload? How do you find the transition from the undergraduate level to the professional program? Does it meet your expectations?
- Do you find that you have sufficient support—faculty support, advisor support, accommodations?
- What would you tell us that would improve the course work in the academic program?

### *Regulatory focus*

- How well do you feel you are prepared for practice upon graduation?
- Describe your awareness of the consequences should a student, preceptor or faculty member demonstrate a breach in ethics or professionalism.
- How do you feel the curriculum aligns with current societal needs?

### *Admissions Chair and Admissions Secretary*

- Help us understand the admissions process.
- Is there a standard rubric to evaluate the interview?
- Which is valued more—the GPA or the interview? What is the structure for the interview process?

### *Regulatory focus*

- Describe the approach used to align selection of students to societal needs and diversity of Canadians and the populations that physiotherapists serve.

### Preceptors

- How do you maintain communication with the program?
- How have you found the support provided by the ACCE in resolving issues during placements?
- Do you feel well prepared for the role of preceptor?
- Do you feel that the academic program adequately prepares the students for the clinical experience?
- What are your suggestions for improving the clinical education program?

### Recent graduates

- What would you like to have learned more about?
- Were there areas of overlap in the program or insufficient content in the curriculum?
- Were you prepared in the program to be a self-directed lifelong learner? Can you give us some specific examples?
- Did you have a role in the governance of the program? Examples?

- What was the nature of the communication with faculty members? Did the faculty adequately address concerns surrounding communication issues if they were identified?

### *Regulatory focus*

- Did the program adequately prepare you for the realities of clinical practice?
- As a now practising clinician, how well do you see the curriculum aligning with societal needs and diversity of Canadians and the populations served by physiotherapists?

### Lab assistants

- How are you prepared for your roles?
- Are you evaluated?
- How are you oriented to the program?
- How involved are you in the governance of the program?

### Program support/administrative staff

- Are staff involved in the designation of responsibilities?
- Do you have job descriptions?

## **Questions About Accreditation Review in General**

### Conceptual framework, program mission

- What does teaching and learning mean in this program?
- What evidence is there that the conceptual framework or mission statement is continuously evaluated?
- How is the conceptual framework applied throughout the program?
- Can students, clinicians, and faculty members articulate the purpose or mission of the program?
- Are students, preceptors, and other stakeholders aware of the conceptual framework and how it informs the curriculum?
- Do part-time faculty and instructors assist with the development of the conceptual framework?
- What is it that first year students should know and be able to do?
- What is the university's vision for the physiotherapy program?
- If money were not an issue, what changes/additions to the program would you like to see?

### Technology

- What evidence is there of the faculty's level of comfort with technology?
- How do faculty use or incorporate technology in their teaching?
- How is technology integrated into governance and program delivery? Curriculum? Assessment?

- How is technology used to monitor and assess student performance?
- Is technological support evaluated? How? By whom? How often?
- Are there technology skill requirements for students?
- Does the university have a technology renewal program in place? If so, explain its effect on the physiotherapy program.

#### Clinical practice

- How does the faculty stay abreast of what issues are affecting physiotherapists in practice? Their priorities? Their politics?
- In the assessment of students, whose assessment carries the most weight: the preceptor's or the faculty member's?

#### Library

- Is the budget adequate to meet the needs of the physiotherapy program?
- How often and regularly do physiotherapy students access the materials?
- How easily can students access the library?
- Describe the availability of materials to students.

#### Library resources

- Do the library and its resources reflect the numbers of students enrolled in the program, and the proportion spending on other faculties at the university?
- Explain how technology is included in the library budget.

#### Computer lab/ technical support

- Does the university have a technology renewal program in place? If so, what is its effect on the physiotherapy program?
- Is the technological infrastructure sufficient to operate programs, communication and research?
- Describe the level of technical support to programs and the physiotherapy program in particular—computer and audio-visual.
- Is technological support evaluated? By whom? How? How often?

#### Students in general

- What does the faculty do to mentor/encourage/advise students?
- What formal advisement policies or procedures are in place?
- How are students who are having difficulty with clinical placements or programs in general identified? Counseled? Advised?
- What are the multiple sources of data that a student's assessment is based on? Observations, demonstrated competence, portfolios, research papers, examinations, clinical reports, etc.?
- Are there follow-up studies on graduates?
- What proportion of students is counseled out of the program?

- How is the success of the program measured?
- What strategies are used to attract, recruit and support under-represented groups in the program?
- In what areas do students have the greatest struggles?
- What is the profile of a student that the program is trying to attract?
- How does the admissions process facilitate the selection of this type of student?

### Faculty in general

- How is the faculty involved in the governance of the program and the department?
- How do part-time faculty and instructors contribute to the development, maintenance, and evaluation of the mission statement and/or conceptual framework?
- Explain the rationale of the distribution of tenured faculty to part-time faculty or instructors in terms of interaction/exposure to students.
- When making faculty appointments, what are the criteria that the university seeks?
- How do faculty members stay current?
- What policies are in place to support professional development as it relates to student learning?
- How is the faculty committed to service to the community? What evidence is there? What role modelling for students is evident?
- How does the faculty continue to support the refinement and implementation of ongoing professional learning? What governance policies are in place to support it? What resources are available?
- How are faculty involved in service to the local community?
- How do instructors in the program remain current in theory, practice, content, and methodology?
- What proportion of the faculty's budget is allocated to faculty/instructor professional development?
- What examples are there of the faculty's engagement in professional development learning experiences in the past year?
- Give examples of the kinds of professional development activities that faculty have provided for clinicians.
- In making faculty appointments, what kinds of experiences and interests or backgrounds do you look for?

### Faculty governance

- Are the necessary resources available, for example: money, instructional and office space, technology resources, library resources?
- How many dollars per student does the faculty receive compared to the rest of the university?
- Does the university have a technology renewal program in place? If so, explain its effect on the program.

- Does the faculty anticipate any partnerships with business, industry, other universities, etc., that will bring additional resources to the program?

## OVERVIEW OF TIMELINES AND RESPONSIBILITIES

Information about the responsibilities of the PRT during the accreditation process, and related timelines for completion of activities are provided in Table 1.

Table 1: Peer Review Team Responsibilities

Responsibility / Activity	Completion
<u>Before the site review</u>	
Complete the online training modules	<u>Time before review</u>
	4 months
PRT Chair works with PEAC and education Program Director to develop schedule for site review	1-3 months
Receive and conduct general review of the SSR	4 months
Participate in PRT orientation meeting	4 months
Conduct the preliminary review with the PRT	3 months
Complete the preliminary review report	3 months
Prepare interview questions and begin completion of the PRT report	0-3 months
If site review is conducted virtually, participate in PRT meetings prior to the review to test connectivity and become familiar with the meeting platform	2 weeks
<u>During the site review (in person)</u>	
PRT Chair consults throughout with education Program Director about visit schedule and any special arrangements	
Participate in PRT meeting at the hotel, day prior to onsite visit	
Conduct interviews as required on the visit schedule	
Participate in PRT meetings to discuss findings and reach consensus on PRT report	
Collaborate to complete the PRT report	
<u>During the site review (virtual)</u>	

Responsibility / Activity	Completion
<p>PRT Chair consults throughout with education Program Director (and PEAC staff if necessary) about schedule and any adjustments</p> <p>Conduct interviews as required on the site review schedule</p> <p>Participate in PRT meetings to discuss findings and reach consensus on PRT report</p> <p>Collaborate to draft the PRT report</p>	
<p><u>Following the site review</u></p> <p>Collaborate to complete PRT report and submit to PEAC</p> <p>Submit expense report</p> <p>Complete the post-review evaluation survey (link provided by PEAC)</p> <p>Destroy/delete copies of confidential material as instructed by PEAC</p>	<p><u>Time after review</u></p> <p>2 weeks</p> <p>2 weeks</p> <p>3 weeks</p> <p>Following PEAC accreditation decision</p>