

---

# PEER REVIEW TEAM HANDBOOK

---

Rev. 2024

2020 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 a Canadian entry-to-practice physiotherapy education program.

The handbook is intended for use by Peer Review Team members. It may also be a reference for Canadian 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.

In 2024, this handbook was revised in collaboration with Ada L. Sinacore PhD to embed inclusive processes, including the addition of sections about fostering belonging, valuing uniqueness, conflict resolution, managing interviewee expectations, and attending to challenging situations during the site visit. The 2024 revision process was supported by funding from the Heritage Canada Community Support, Multiculturalism, and Anti-Racism Initiatives Program.

# 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
INTERESTED AND AFFECTED PARTIES 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
STATEMENT OF COMMITMENT .....	8
GUIDELINES FOR GOOD PRACTICE.....	8
CONFLICT OF INTEREST .....	8
KEYS TO SUCCESS.....	9
GOVERNANCE .....	10
<b>OVERVIEW OF THE ACCREDITATION PROCESS</b> .....	<b>11</b>
PROCESS FOR INITIAL DECISION-MAKING .....	11
PROCESS FOLLOWING INITIAL DECISION-MAKING .....	12
PEAC ACCREDITATION CYCLE .....	13
<b>ROLE AND RESPONSIBILITIES OF THE PEER REVIEW TEAM</b> .....	<b>14</b>
COMPOSITION OF THE PEER REVIEW TEAM .....	14
ELIGIBILITY FOR APPOINTMENT TO A POOL OF REVIEWERS.....	14
SELECTION AND APPOINTMENT OF PRT MEMBERS .....	15
<i>Regulatory reviewers</i> .....	15
<i>Educator and external reviewers</i> .....	15
CONFLICT OF INTEREST .....	15
CONFIDENTIALITY AND ELECTRONIC STORAGE OF CONFIDENTIAL DATA .....	16
DOCUMENT DESTRUCTION.....	17
PHYSIOTHERAPY PROGRAM ACCREDITATION: QUALITY ASSURANCE.....	17
<i>Orientation and training</i> .....	17
<i>Performance assessment</i> .....	17
GENERAL EXPECTATIONS AND GUIDELINES FOR PRT MEMBERS .....	18
<i>Expectations</i> .....	18
<i>Responsibilities</i> .....	18
<i>Guidelines</i> .....	19
INCLUSIVE GROUP PROCESSES .....	19
<i>Community Guidelines</i> .....	20
<i>Fostering Belonging (e.g. Randel et al., 2018)</i> .....	20
<i>Valuing Uniqueness</i> .....	21
<i>Conflict Resolution</i> .....	21
ROLES.....	22
SPECIFIC RESPONSIBILITIES OF THE PRT MEMBERS.....	22
SPECIFIC RESPONSIBILITIES OF THE PRT CHAIR .....	24

<b>SITE REVIEW IN DETAIL .....</b>	<b>28</b>
TEAM MEETING PRIOR TO THE REVIEW .....	28
SITE REVIEW CONDUCTED IN PERSON .....	28
<i>Day 1 and Day 2</i> .....	29
<i>Day 3</i> .....	30
SITE REVIEW CONDUCTED VIRTUALLY .....	30
<i>Day 1</i> .....	32
<i>Days 1-4</i> .....	33
<i>Day 5</i> .....	33
<i>After Day 5</i> .....	33
CLOSING MEETING.....	33
SAMPLE SITE REVIEW SCHEDULE: IN PERSON.....	36
SAMPLE SITE REVIEW SCHEDULE: VIRTUAL.....	39
<b>REPORT WRITING.....</b>	<b>43</b>
PURPOSE OF THE FINAL PRT REPORT .....	43
FINAL PRT REPORT TEMPLATE .....	43
WRITING THE REPORT.....	44
<b>GATHERING EVIDENCE AND INTERVIEWING – TIPS FOR PRT MEMBERS .....</b>	<b>46</b>
STARTING TO GATHER EVIDENCE.....	46
GENERAL COMMENTS ABOUT EVIDENCE .....	46
TYPES OF EVIDENCE .....	47
<i>Outcome-Oriented Evidence</i> .....	47
<i>Process-Oriented Evidence</i> .....	47
THE IMPACT OF TEAM MEMBERS’ BELIEFS AND VALUES ON GATHERING EVIDENCE .....	47
PRACTICING CULTURAL HUMILITY .....	48
INTERVIEWING.....	48
<i>Types of interview questions</i> .....	48
<i>Effective interview questions</i> .....	49
<i>When conducting an interview</i> .....	51
<i>Suggestions for interviewers</i> .....	53
NOTE-TAKING .....	53
<i>General Comments about Note-Taking</i> .....	53
<i>Suggestions for Taking Notes During Interviews</i> .....	53
<b>SAMPLE INTERVIEW QUESTIONS.....</b>	<b>55</b>
QUESTIONS FOR UNIVERSITY ADMINISTRATORS, FACULTY, STAFF AND STUDENTS.....	55
<b>OVERVIEW OF TIMELINES AND RESPONSIBILITIES .....</b>	<b>62</b>
<b>APPENDIX A: PEAC COMMUNITY GUIDELINES.....</b>	<b>64</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

### *Interested and Affected Parties 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 interested and affected parties.

- 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

---

<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

## ***Statement of Commitment***

PEAC commits to transformative systems change. We commit to building our own competency in using anti-oppressive/anti-racism frames within the systems of PEAC, the accreditation work we do, and our processes and policies.

PEAC is committed to taking an anti-oppression/anti-racism\* approach in our work, including its processes and policies. To do this, transformative change at the personal, interpersonal and systemic levels is required. Transformative change is one that recognizes that our society and institutions (including PEAC) are structured by intersecting systems of inequity, in Canada in particular, by colonialism and racism. By committing to transformational change, we are committing to understanding and interrupting these systems of inequity, and to working towards a more just world.

\*we used anti-oppression/anti-racism purposefully to foreground the centrality of anti-racist action in all anti-oppression work.

## ***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-01 Conflict of Interest*.

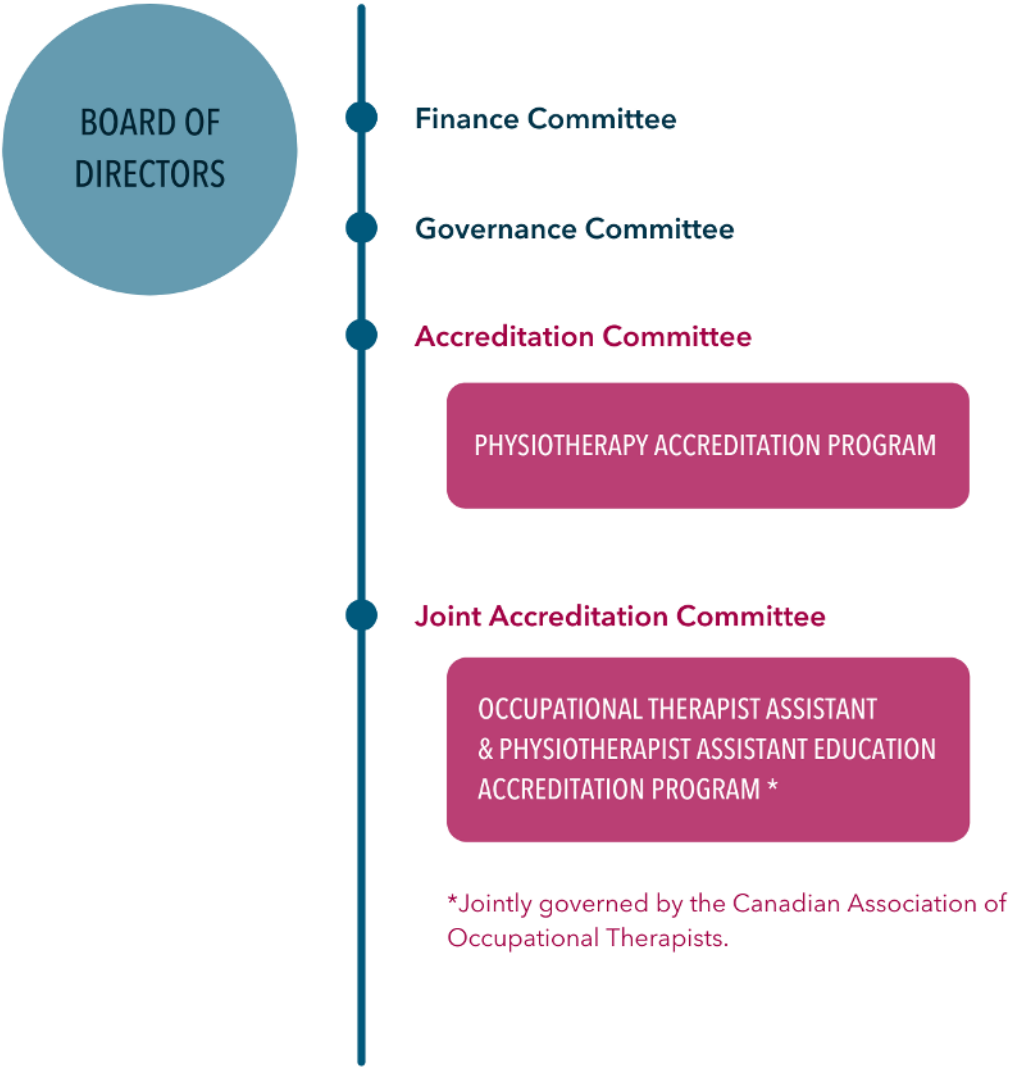
## **Keys to Success**

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 interested and affected parties, 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**

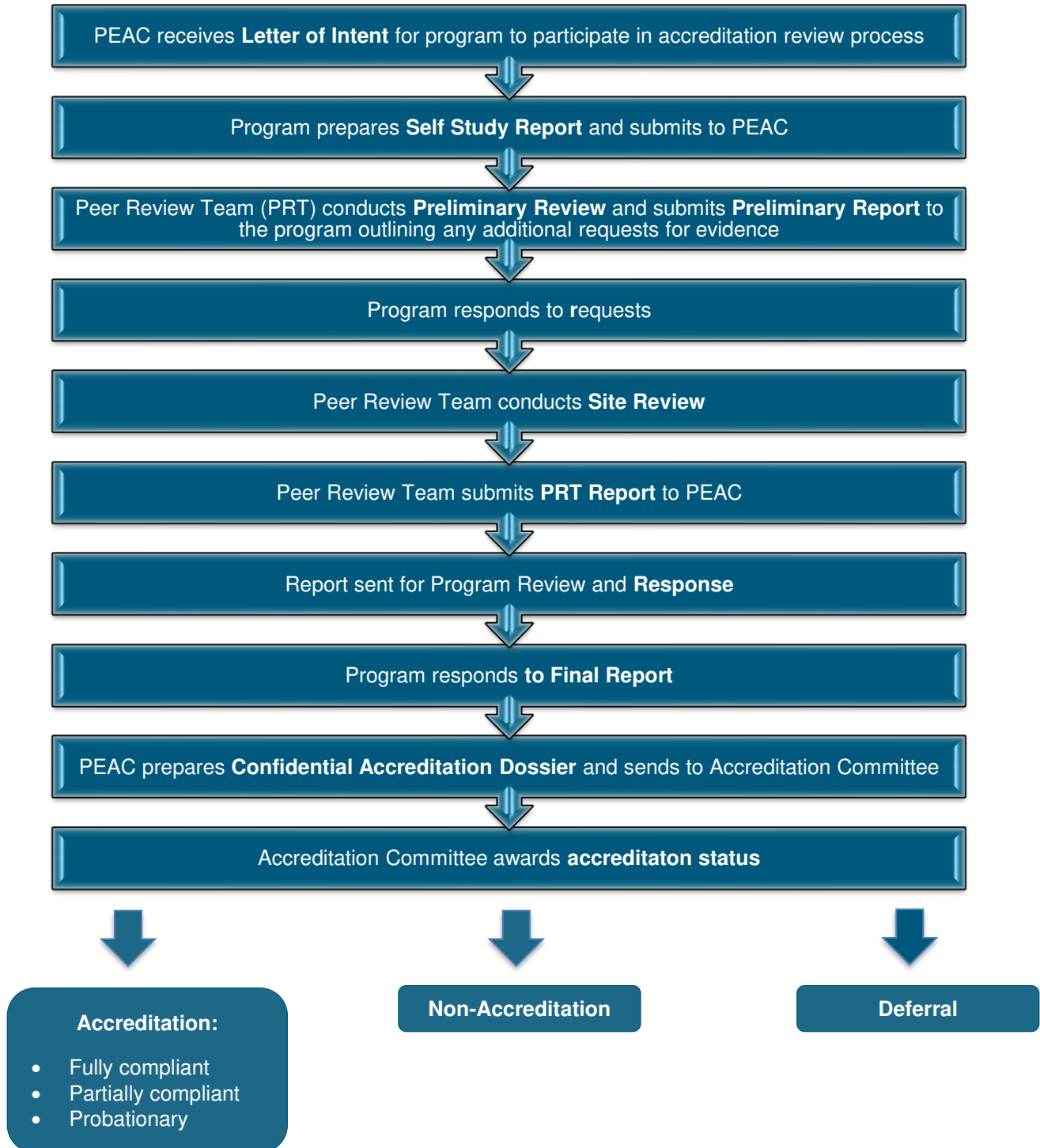
The governance of PEAC is outlined in its Bylaws. An Executive Director is appointed by the Board. The organizational structure and governance relationships for PEAC are depicted in Figure 1 below.



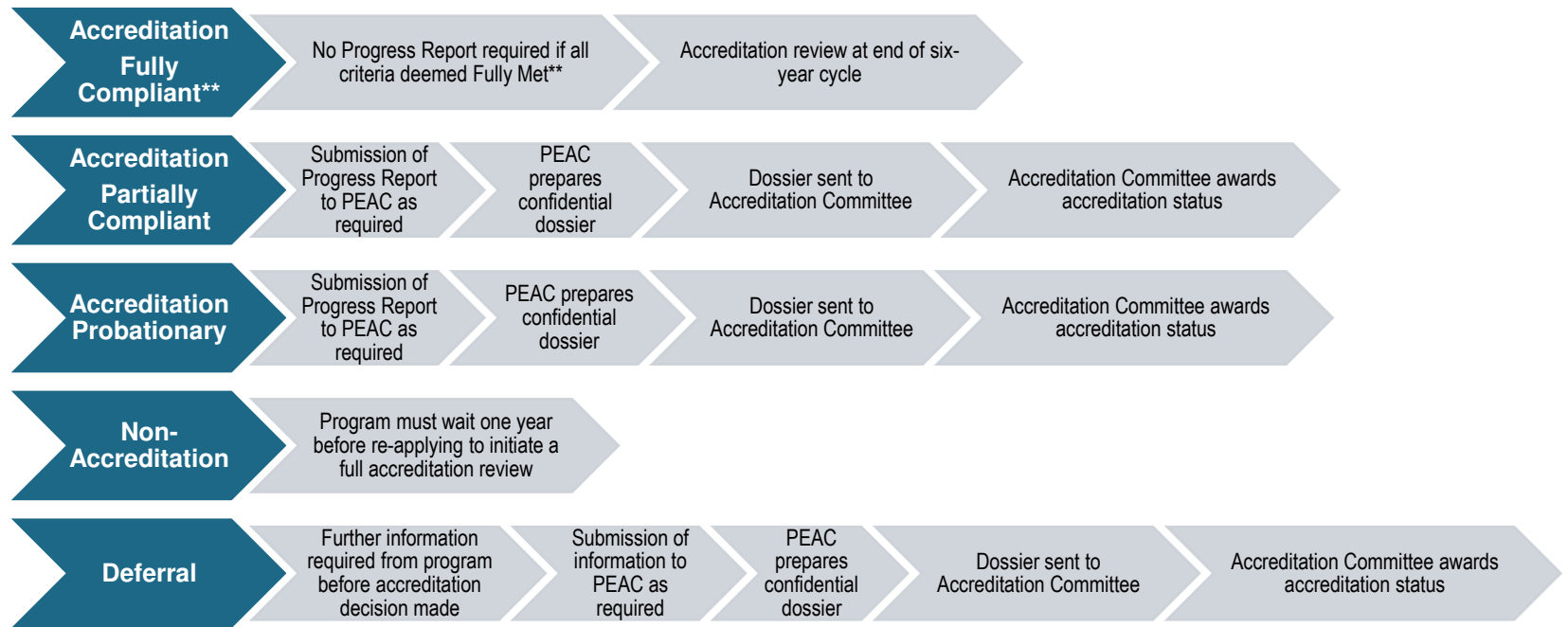
*Fig. 1 PEAC Governance Structure and Programs*

# OVERVIEW OF THE ACCREDITATION PROCESS

## Process for Initial Decision-Making



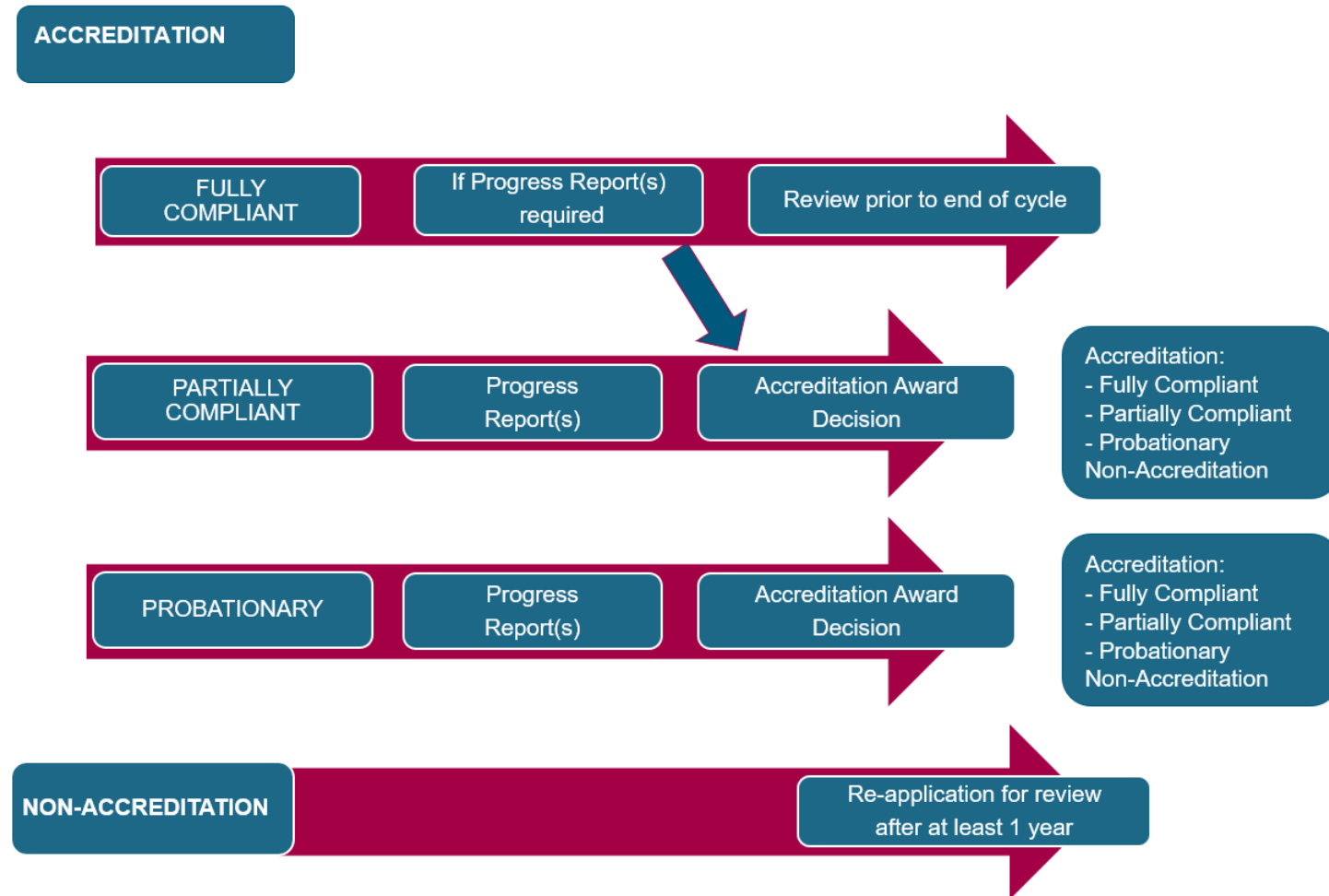
## Process Following Initial Decision-Making



*\*\*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 as a faculty member or instructor within a Canadian entry-to-practice physiotherapy education program (for definitions of faculty member and instructor, see *2020 Accreditation Standards*, p. 23).

### 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 education 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.

#### ***Educator and external reviewers***

From the pools of educator and external 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 education 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 professional relationships with individuals in the education program being accredited (for example, collaboration(s) in research, grants, student supervision or patent holding)
- has or has had close personal 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 and Electronic Storage of Confidential Data***

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 and the education program has been notified of its accreditation status, 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 training 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 review team members) 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 review team member.

PEAC prepares summaries of all evaluations completed. Peer review team members 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 peer review team member and a letter may be sent, under the signature of the Accreditation Committee Chair, outlining the concerns about the reviewer's performance. In addition, PEAC may request that the peer review team member take one of the following actions:

- repeat the entire orientation and training program
- 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 education program is in compliance with the accreditation criteria
- schedule time to ensure uninterrupted participation in all PRT activities
- avoid participation in social activities with education program faculty and staff when visiting the program
- use inclusive group processes both in work within the PRT as well as in interactions with the education program during the site visit (see Inclusive Group Processes on pages 18-22)

### ***Responsibilities***

The responsibilities of the PRT are to:

- conduct a preliminary review of the education 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 (via interviews) evidence provided by the education program in the SSR and in response to the preliminary review report
- assess the education 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 an education 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 an education program, positively or negatively, with anyone other than PEAC Staff and the other members of the Peer Review Team.
- 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 review team member for that education program.
- Make every effort to avoid a situation which could be construed as or could 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 education 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 education program should be.

### **Inclusive Group Processes**

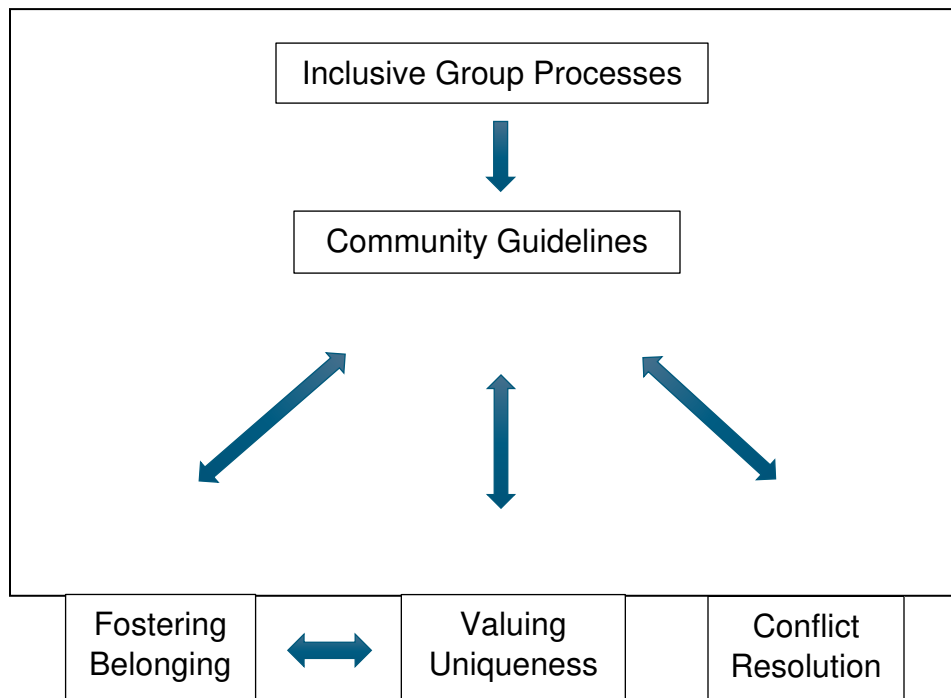
This section about inclusive group processes is the intellectual property of Ada L. Sinacore PhD<sup>23</sup> and is used with permission within PEAC training materials, including the subsections about community guidelines, fostering belonging, valuing uniqueness, and conflict resolution.

---

<sup>2</sup>Sinacore, A. L. (2024, May). *Reviewer Workshop Series, Workshop 1 – The Peer Review Team. Physiotherapy Education Accreditation Canada training workshop for accreditation reviewers (virtual).*

<sup>3</sup>Sinacore, A. L. (2021). *Critical diversity and social justice: An organizational and systemic analysis.* In A. Kassan & R. Moodley (Eds), *Diversity and Social Justice in Counseling, Psychology and Psychotherapy: A Case Study Approach.* California: Cognella Academic Publishing.

Figure 1. Inclusive Group Processes



### **Community Guidelines**

The purpose of community guidelines is to support inclusive group processes consistent with organizational values. In 2024, PEAC developed the PEAC Community Guidelines (see Appendix A) as a foundation document for use during PEAC group activities, including those of Peer Review Teams. These guidelines are used during group activities to continually create a brave, judgement-free and accountable space marked by respect; a space where a diversity of ideas, curiosity, and open mindedness are valued and viewed as an important part of group processes.

### **Fostering Belonging** (e.g. Randel et al., 2018)<sup>4</sup>

Belonging is an integral component of inclusion. Fostering belonging within the Peer Review Team involves:

- Creating environments that meet team member needs.
- Expressing support for team members.
- Developing routines of inclusion, such as checking in at meetings, verbalizing what is appreciated, and having a conflict resolution plan.

---

<sup>4</sup>Randel, A. E., Galvin, B. M., Shore, L. M., Ehrhart, K. H., Chung, B. G., Dean, M. A., & Kedharnath, U. (2018). Inclusive leadership: Realizing positive outcomes through belongingness and being valued for uniqueness. *Human Resource Management Review*, 28(2), 190-203. <https://doi.org/10.1016/j.hrmr.2017.07.002>

- Putting in place systems of checks and balances to ensure equity in activities. For example, planning to check in with team members once or twice a day during the site visit to ensure fairness in distribution of workload activities.
- Putting in place systems of checks and balances to ensure inclusion. For example, sharing power in decision-making and ensuring opportunities for input from each team member.

### **Valuing Uniqueness**

The valuing of uniqueness is also an integral component of inclusion. Valuing uniqueness within the Peer Review Team involves the following.

- Encouraging diverse contributions to group processes such as discussions and decision making. This includes:
  - Soliciting different points of view.
  - Supporting perspectives that are not the “norm”.
  - Acknowledging, welcoming and accepting different approaches.
  - Forming positive individual relationships.
- Supporting members to fully contribute to group processes. This includes attending to accessibility (for example, scheduling meetings at a time that all members are available).

### **Conflict Resolution**

If you have experience with specific models of conflict resolution, please feel free to use them.

Resolving conflict or having difficult dialogues can be challenging. PEAC supports the application of the “6 C’s” (Sinacore, 2016)<sup>5</sup> – Calm, Clear, Concise, Cognitive, Caring, and Consistent. PEAC also encourages attending to relationship building through the process.

- Calm – try to remain calm
- Clear – ensure your communications are clear
- Concise – stick to the point to focus on the core issue
- Cognitive – stick to the facts and avoid emotional responses
- Caring – try to be caring toward the other group members
- Consistent – ensure consistency in communications and avoid mixed messages

There are many models of conflict resolution which may utilize different terminology or structure of steps. In the event of disagreement or conflict within the team, consider the following steps:

1. Recognize that all team members are part of the dialogue, regardless of position on the issue or discussion point.

---

<sup>5</sup>Sinacore, A. L. (2016, December). *Communicating in stressful situations*. Selwyn House School, Montreal, QC.

2. Identify a mediator from within the team. This may or may not be the Chair.
3. Identify the scope and boundaries of the conversation.
4. Clarify the real issue.
5. Ensure the perspective of each team member is heard and valued.
6. Consider reasonable compromise when possible.
7. If needed, Agree to Disagree and revisit the conversation later while moving on to other work in the meantime.

In the event of conflict within the team, the following actions are to be avoided:

- Attempting to resolve the conflict via email.
- Attempting to resolve the conflict through another person.
- Attempting to resolve the conflict through a text message.

In the event of conflict within the group that cannot be resolved by applying the above recommendations, team members should communicate with PEAC Staff.

## ***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, watch two workshop recordings, and review the PEAC Community Guidelines (see Appendix A).

### *During the orientation meeting*

- Review the PEAC Community Guidelines and discuss how they will be applied to the work of the Peer Review Team. Discuss processes to foster belonging within the team and to ensure uniqueness is valued. Refer to pages 20-21.

- Review the Conflict Resolution processes and discuss how the team will address conflicts or disagreement within the team (for example, disagreement regarding interpretation of an accreditation criterion). Refer to pages 21-22.

#### *Prior to the preliminary review*

- Review any background information about the accreditation process.
- Review the PEAC PRT Handbook and the roles and responsibilities of the PRT members.
- Thoroughly read and assess the SSR and associated evidence submitted by the education program.
- Focus on those standards assigned during the orientation meeting and determine whether any additional information will be required from the education 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 education program, and whether a request will be made for this evidence to be submitted prior to the site review or during 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 final 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](#)).
- Review the Inclusive Group Processes section (pages 19-22) and discuss how they will be applied during the site visit.
- Review strategies to manage expectations and attend to challenging situations (i.e. tensions, competing points of view) during the site visit (see pages 51-52).

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

- Book travel following receipt of the travel authorization letter.

#### *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 final 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 final PRT report in collaboration with the PRT Chair and other team members and submit to PEAC.
- Submit an expense claim within two weeks of the site review for reimbursement.
- Complete the honorarium form within two weeks of the site review for payment.
- Complete and submit the post-review survey.
- Participate in a follow-up meeting, if required, regarding the accreditation review.

#### *Following the accreditation award decision*

- When informed of the education 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 orientation meeting*

- Review *GUIDE-14 PRT Chair–Tips and Responsibilities*.
- Upon confirmation of PRT members, contact the team members 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 orientation meeting.
- Review the PEAC Community Guidelines and prepare to lead a discussion about how the team will use inclusive group processes to work together through the course of the accreditation review. The inclusive group processes should include processes to foster belonging, value uniqueness, and resolve disagreement or conflict within the group. Refer to pages 18-21.

Please Note: Every Chair will have their own unique style and approach in fostering team building and group processes. The Community Guidelines are a supportive tool that team members may refer back to in the event of deviation from intended processes. They are not meant to be prescriptive or cumbersome in their application. They should be reviewed and agreed upon during the first team meeting (the orientation meeting), but thereafter can simply be referred to briefly and only in more detail as the need arises.

#### *During the orientation meeting*

- Lead a discussion about how the team will use inclusive group processes to work together through the course of the accreditation review. The inclusive group processes should include processes to foster belonging, value uniqueness, and resolve disagreement or conflict within the group.
- Assign responsibilities to each PRT member for completion of the preliminary review and report, and the site review and preparation of the final 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 education 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.

#### *Prior to the preliminary review*

- Communicate with and answer questions from the other PRT members as they prepare for the preliminary review.
- Consult with 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 education program.

#### *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 PEAC staff and PRT members to schedule any 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 final 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.
- Review the Inclusive Group Processes section (pages 19-22) and prepare to lead a discussion about how the team use inclusive group processes during the site visit interview meetings. The inclusive group processes should include strategies to foster belonging, value uniqueness, manage expectations and attend to challenging situations (see pages 51-52).

#### 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 a discussion about how the team will use inclusive group processes during the site visit interview meetings to foster belonging, value uniqueness, manage expectation and attend to challenging situations (see pages 20-21 and 51-52).
- 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 site 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 education 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 final 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 final PRT report and submit the final PRT report electronically to PEAC by the agreed-upon date. The final PRT report should include any new/additional evidence provided by the program during the site review.
- Participate in the next Accreditation Committee meeting 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, values, and statement of commitment
- review the accountability, roles, responsibilities, and specific assignments for each of the PRT members
- review the inclusive group processes the team will continue to use in work together (see pages 19-22)
- review the inclusive group processes the team will use to interact with the education program and interviewees during the site review (see pages 19-22 and 51-52)
- 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 education 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 education program faculty and staff.

Discussion about the education program's SSR and submitted materials will include matters that require clarification and issues of concern. Subsequently, some minor changes to 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 final 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 in-person site review, 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 to the education program regarding any dietary preferences or restrictions.
- The education 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 education 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 during the site review.

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, the objectives for the review, and the inclusive group processes that will be utilised throughout the site visit. 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 during the site review.

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 education 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 final 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 final 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 final 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 final 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 final PRT report.

In the case of education programs with one or more distributed site(s), the length of the site review may be extended by one or more days to allow PRT members to travel to the distributed sites. The length of the site review of a program with one or more distributed sites is determined on a case-by-case basis.

### ***Site Review Conducted Virtually***

Conducting a virtual site review requires a virtual meeting platform. In the same way that the education program under review prepares and organizes meeting space for an in-person site review, the preferred option for a virtual review is for the education program to invite participants and the peer review team members 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 education 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 education 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 education program is given login privileges to access PEAC's meeting platform (Zoom) and provides technology support throughout the review. Education 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 review team members wait in the breakout room and join the main room with participants present at the time of the scheduled meeting.
3. The peer review team members are given login privileges to access PEAC's meeting platform (Zoom) and PEAC staff are available by cellphone at all times to troubleshoot if necessary. In this situation, the peer review team members 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 review team members 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 review team members 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 education 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 education 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 review team members 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), PEAC staff will work with the education program to organize testing times as required. If the education program is providing the platform, they will ensure there is an opportunity for peer review team members to test their access and troubleshoot issues ahead of the review.
- Peer review team members 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 education 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.
- The meeting schedule should include a 5 to 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.
- Technology support will be available throughout the scheduled interview times. If PEAC is providing the meeting platform (options 3 or 4 above), PEAC staff will be available to play this role.
- PEAC will provide a secure upload link for documents to be submitted to the peer review team members should they be requested during interviews.

A virtual review takes place over five days of shorter length taking into consideration the different times zones of the review team and the education program.

### **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, the objectives for the review, and the inclusive group processes that will be utilised throughout the site visit. 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 final 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.

In the case of education programs with one or more distributed site(s), the length of the site review may be extended by one or more days to allow PRT members to meet with persons located at the distributed sites. The length of the site review of a program with one or more distributed sites is determined on a case-by-case basis.

### **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 final PRT report.

### **Closing Meeting**

At the end of the site review, whether in-person or virtual, 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 education program and three concerns, as a brief summary of the visit (the education program will receive a copy of the PRT final 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 education program to provide last-minute evidence or rebuttal of the PRT's summary
- for the PRT to make any recommendations or decisions about the education program's overall accreditation status or individual accreditation criterion compliance rating

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 education program identifying strengths and concerns which may be of interest to PEAC.*

*The Peer Review Team does not make any recommendations about the education program's overall accreditation status. An accreditation decision will be made by the PEAC Accreditation Committee at its next meeting. The Accreditation Review and Status Report from PEAC is the only official position of PEAC about the education 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 education program and university to treat the team's findings as confidential, pending receipt of the accreditation decision.*

*The education program will receive a copy of the final 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 final PRT report by the education 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 review date to be added. This creates a process fair and consistent for all education programs which undergo an accreditation review.*

*The Accreditation Committee will review the education program's Self Study Report, the preliminary review report, the evidence submitted in*

*response to requests in the preliminary review report, the final Peer Review Team report and the program's response to the Peer Review Team report at their next meeting. The education 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

<b>Time</b>	<b>Activity</b>	<b>Other information</b>
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. The review schedule will be built based on the information provided by PEAC regarding the location of the peer review team members appointed to the review. Remember:

- Allow 60 minutes between longer interviews and at least 15 minutes between shorter ones to allow for peer review team member 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 review team members and the program.
- Some education programs and PRTs may prefer a schedule that is longer or shorter than five days.

#### Day 1

Timing	Activity	Other information
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 final report collaboratively throughout the review and finalizes it within two weeks of the site review for submission to PEAC.

### *Purpose of the Final PRT Report*

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

The final PRT report represents the findings of the team based upon its study of institutional documents and other materials provided by the education program, along with information garnered during confidential interviews with program faculty, staff, and interested and affected parties. 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 final report is an assessment of the education program's level of compliance with each of the accreditation criteria. In the final 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 education program's overall accreditation status.

### *Final PRT Report Template*

A final 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 final 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 education 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

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 final 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 final report must be supported with commentary and rationale.

The final PRT report does not include any recommendation about the education 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 coming from the team as a whole and not just one member or point of view?
Comprehensiveness	Does the report address all of the requirements for compliance with each of the criteria?
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>6</sup>**

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

Before beginning to assess the documentation provided by the education program, review the accreditation standards. Consider how each criterion might be understood in the context of a physiotherapy education program. Also review the guidance document for Criteria 5.4 and 5.5.

Set up a systematic note-taking format.

Re-read the education 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, relationships with community partners, 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 areas where more information may be needed to assess level of compliance with a criterion,

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 as needed – careful notation of evidence facilitates final report-writing.

It is strongly recommended to enter information about evidence, or lack of evidence, directly into a template of the final PRT report.

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

Any claims made through the accreditation process (both by the PRT and by the education 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).

---

<sup>6</sup> Adapted from the College of Teachers of Ontario (2011).

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

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

## ***Types of Evidence***

A distinction may be made between “outcome-oriented” evidence and “process-oriented” evidence. In large part, the evidence requirements for the 2020 Standards are outcome-oriented.

### ***Outcome-Oriented Evidence***

Outcome-oriented evidence is the result of a process that has been completed. Outcome-oriented evidence often answers the question ‘what?’. Outcome-oriented evidence includes, for example, a policy, an evaluation plan, survey results, a curricular learning activity, or an administrative support resource.

### ***Process-Oriented Evidence***

Process-oriented evidence is the process itself, no matter the outcome of the process. Process-oriented evidence often answers the question ‘how?’. Process-oriented evidence includes, for example, the steps involved in implementing a program evaluation plan, including the process of re-evaluation after making a change.

Criteria 5.4 and 5.5 require process-oriented evidence. For these two criteria, refer to the wording of the criteria, as well as the *Guidance Document for the 2020 Standards* for a fulsome presentation of the types of processes required to demonstrate compliance.

Remember that process-oriented evidence demonstrates the process itself, regardless of the outcomes. Systems should also be in place to evaluate the effectiveness of the processes provided as evidence.

## ***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 one's personal views (explicit and implicit) about physiotherapy practice, physiotherapy education, and 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 collecting evidence demonstrating compliance with the standards

### **Practicing Cultural Humility**

Cultural humility is a process of self-reflection, where one considers how one’s background influences how one understands others and how the background of others influences interpersonal interactions such as teaching, learning, research, creative activity, engagement, and leadership. This process of self-reflection includes an open curiosity to understand another person’s culture, values, and points of view, critically considering one’s own biases, and examining and redressing power imbalance (see for example Hook et al., 2013)<sup>7</sup>.

For example, many expressions use ableist language, such as “falling on deaf ears”, “I’m blind to....”, etc. Cultural humility requires an awareness of these types of expressions and how they may negatively affect some people and privilege others. Cultural humility requires taking action on awareness and making choices, for example here in choice of language.

### **Interviewing**

The purpose of the interviews is to probe for information which confirms or which is in addition to that provided in the education 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	“Please give us a sense of what it is like to be a student in this program.”
Inventory	“In what ways did the program...” “To what extent does the program...” “Please give us some examples of...”

---

<sup>7</sup>Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. <https://doi.org/10.1037/a0032595>

TYPES OF QUESTIONS	EXAMPLES
Process clarification questions	"Help us understand how this works..." "Under what circumstances would this have occurred?" "If I were a new faculty member, help me understand how'..." "To help me understand this, please provide an illustration of how..."
Probes for clarification	"We heard you mention something about an annual retreat that the faculty attends. Please tell us more about that."  "I heard you mention the term 'x'. Please explain what is meant by that term."
Probes for absences	"We see that faculty members are evaluated in accordance with the collective agreement. How is the performance of instructors who are not faculty members evaluated?"
Probes for negative instances	"In the evidence provided about program budget, we see that the budget is at the level of the School of Rehabilitation and includes financial information for not only the PT program but also the OT program. Can you explain how the program ensures their budgetary needs are met if there are competing priorities?"

***Effective interview questions***

PRT members should develop interview questions in a way that reflects the following qualities:

- Relevant      →      help build evidence required for making accreditation decisions  
do not focus on irrelevant details
- Open-ended    →      do not produce dichotomous or yes/no answers
- Singular        →      help focus interviewee's thoughts
- Clear            →      provide enough explanation so that the interviewee understands why the question is being asked and why it is pertinent

*For example:* "We've read the sections of the student handbook outlining the role of the ACCE. Can you help us understand how, in your experience, the ACCE serves as a resource to a student during their clinical placement?"

- Not leading    →      avoid phrasing that leads towards the "expected" answer

*For example:*

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?”

Inclusive



avoid beginning questions with "you", instead reformulate to begin with "I" or "we"

*For example:* “I/we understand...”, “I/we read..., please give us an example...”

### **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.

As part of the ongoing development of physical therapy education accreditation, PEAC aims to use inclusive group processes during the site visit. PEAC values integrity, respect, collaboration, transparency, accountability, professionalism, equity, diversity and inclusion. Our role here is to support group processes consistent with these values. We welcome a diversity of ideas and points of views and hope to hear from all of you. We aim to foster a brave and accountable space for all of you to engage in respectfully and candidly to help us to learn about your program and processes. We are interested in your thoughts about areas of strength and those where you’d like to consider making changes and progress.

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. In the report, we will aim to highlight the diversity of perspectives shared. The report will not specifically identify any individuals by name nor will it attribute comments to any one person.

We would also like to clarify that we are “the eyes and the ears” of the PEAC Accreditation Committee. Our role is to collect information related to compliance with the accreditation standards. Our role is not to be adjudicator or to collect student, faculty, or staff grievances.

We look forward to our conversations with all of you.

## ***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 the PRT members and provide an overview of inclusive group processes – use the standard introduction provided below.

### *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

### *Managing expectations during interview meetings*

Different interview groups will come to interviews with varying expectations. It is important for the PRT to be clear about its role, which is to be “the eyes and ears” of the PEAC Accreditation Committee. The PRT members are not adjudicators nor is it their role to collect student, faculty, or staff grievances. As such, it is essential at the beginning of each interview to be clear about the purpose of the interview and place clear parameters on the type of information that is being collected. If information is aired that is not within the established parameters, the PRT members must simply indicate that while they understand the concerns, it is beyond the scope of the interview. Apply a positive strength-based approach.

### *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
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

Remember to	And avoid
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
Apply a strength-based approach	Being confrontational

*Attending to challenging situations during interview meetings*

Attending to challenging situations or difficult dialogues during site visit interview meetings requires similar strategies as conflict resolutions (see page 21). The person leading the interview/discussion will serve as the mediator to resolve or mitigate the situation. Remember the 6 C’s of Conflict Resolution also apply here.

In the event of disagreement or tensions within the group or during an interview meeting, consider the following:

- Clarify your understanding of the concerns raised by reflecting on what you have heard.
- Clarify your role and define the scope and boundaries of the situation. For example, if information is aired that is not within the established parameters, the PRT members must simply indicate that while they understand the concerns, it is beyond the scope of the interview.
- Listen for different perspectives and validate that you have heard the different points of view.
- Be sure not to let the conversation dominate the meeting; avoid being drawn into polarization.
- Once you have checked in about the concern you can then indicate you need to move on to next question or new idea.

*Attending to confidentiality during interview meetings*

Information gathered from specific individuals during interviews meetings is confidential. This means it can be reported only as an aggregate and not in any way which would allow it to be connected back to the individual.

This applies in report writing, but also during interview meetings. Sometimes information obtained from one interview group can be brought up in an interview meeting with another group for the purpose of triangulation. The Peer Review Team members must discuss such circumstances as a group ahead of time and carefully determine if it is possible to bring forward the information obtained from the other interview group without it being possible to trace it to a specific individual. If it is not possible to do so, the Peer Review Team must not bring up this information.

The Peer Review Team must never share a specific lived experience obtained from an interview meeting in any way to another interview group or individual – to do so would be a breach in confidentiality.

### *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 (as appropriate)
- maintain a polite and respectful manner at all times
- be aware of their own posture and body language
- ask clear, concise, one-part questions
- ask one question at a time
- rephrase questions 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 focus on the 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 reports). These are generic questions related to various interviewees and groups. These questions MUST be adapted to the education 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 education 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*

- I would like to understand where you see the program with respect to the mission of the university.
- 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?

#### *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?

- Please 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?
- What resources – physical, human and monetary – available to sustain the program? Do you believe these are sufficient? Why or why not?
- Please give us an idea of the scope of research projects that faculty members in the physiotherapy program are pursuing.

#### Program Director

- What system is used to formulate the lecture lab ratios in relation to credit value? How is this monitored?
- What are the processes for conducting faculty evaluation/performance? How often? What types of feedback are provided to faculty?
- What processes are employed in allocating or making decisions about teaching/research/service responsibilities such that they are equitable?
- What if any are the gaps in content in the program? What steps are being taken to fill them?
- Please describe the conceptual framework for the curriculum.
- Help us to understand how the conceptual framework is infused throughout the program.
- Please describe the program's commitment to relational accountability to Indigenous Peoples and their communities.
- Please describe the program's commitment to educational and healthcare environments that are justice-driven and anti-oppressive. How is it applied in the program?

#### *For programs offering one or more distributed site(s)*

- How does the program ensure that faculty expertise includes knowledge of content delivery in a distributed education learning environment?
- How does the program receive feedback from students at the distributed education site?
- How do you assess the quality and effectiveness of the distributed education site, from instructor, student and administrative perspectives?

#### All faculty

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

### *Regulatory focus*

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

### *Academic Coordinator of Clinical Education*

- Have there been any changes in the availability of clinical placements? If yes, how have these been managed?
- Please describe the process you use to evaluate new clinical sites.
- How does the first clinical placement complement the program?
- What mechanisms are in place to ensure students are prepared for their first clinical placement?
- Please describe the communication lines between the clinical sites and the program: orientation, information, ongoing evaluation, concerns and complaints.
- Please describe the program's commitment to relational accountability to Indigenous Peoples and their communities. How is it applied in clinical education?
- Please describe the program's commitment to educational and healthcare environments that are justice-driven and anti-oppressive. How is it applied in the program?

### *Regulatory focus*

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

### *Curriculum Chair/Committee*

- Please 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 evidence is it based?
- What is/are the theoretical model(s) that underpin and inform the curriculum plan?
- In what ways does the program build on higher levels of knowledge and skills?
- Please describe the process of curriculum review and renewal.
- Please describe the program's commitment to relational accountability to Indigenous Peoples and their communities. How is it applied in the curriculum?
- Please describe the program's commitment to educational and healthcare environments that are justice-driven and anti-oppressive. How is it applied in the curriculum?
- How does the program ensure that there is alignment of the curriculum with the needs of the communities it serves?

### *Regulatory focus*

- Please describe the program's approach to readiness for clinical placements.
- Describe the program's approach to readiness for professional practice.

### *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.
- Please describe how faculty are supported to manage their multiple responsibilities? What if any are the additional supports needed?
- 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 program?
- Please describe the program's commitment to relational accountability to Indigenous Peoples and their communities.
- Please describe the program's commitment to educational and healthcare environments that are justice-driven and anti-oppressive.
- Do you see alignment of the curriculum with the needs of the communities that the program serves?

### *Part-time faculty/instructors*

- Please describe your roles in the program.
- How are you prepared for your roles?
- How are you supported in your roles?
- How 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*

- Please 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?

#### *For faculty of programs offering one or more distributed site(s)*

- Do you have access to appropriate and adequate resources for instructional design and delivery of distributed education learning?
- Do you have professional development activities that promote effective teaching and course development in a distributed education learning environment?

#### *Students in first/earlier years*

- Please describe the admissions process. From your point of view, what is the value of the interview (or other admissions requirements)?
- Please describe the workload. How do you find the transition from the undergraduate level to the professional program?
- What were some of your expectations of the program and in what ways, if any, have they been met?
- What do you believe are strengths of the program?
- Where might the program improve?
- Please describe how you manage your workload and your work-life balance.
- Do you find that you have sufficient support—faculty support, advisor support, accommodations?
- Outside the program what kind of additional supports are available to you on campus?

#### *Regulatory focus*

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

#### *For programs with one or more distributed site(s)*

- Do students at distributed sites have access to equivalent services to those attending the primary site (counselling, library, academic advising, disability services, technical support, and financial aid)?

### *Students in their final year*

- Do you feel that the first clinical placement was a valuable learning opportunity? Please describe that placement and what you did.
- Please describe the workload. How do you find the transition from the undergraduate level to the professional program?
- What were some of your expectations of the program and in what ways, if any, have they been met?
- What do you believe are strengths of the program?
- Where might the program improve?
- Please describe how you manage your workload and your work-life balance.
- 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*

- Please describe how well you feel you are prepared for practice upon graduation.
- Please describe your awareness of the processes and consequences should a student, preceptor or faculty member demonstrate a breach in ethics or professionalism.

### *For programs with one or more distributed site(s)*

- Do students at distributed sites have access to equivalent services to those attending the primary site (counselling, library, academic advising, disability services, technical support, and financial aid)?

### *Admissions Chair and Admissions Secretary*

- Please help us understand the admissions process.
- Is there a standard rubric to evaluate applications?
- What are the criteria for admissions? How are these criteria weighted or valued?
- What is the structure for the interview process?

### *Preceptors*

- Please describe your relationship with the program. How is communication maintained and supported?
- How have you found the support provided by the ACCE in resolving issues during placements?
- How well-prepared do you feel for the role of preceptor?
- Please describe how well you feel the academic program prepares the students for the clinical experience.
- What are your suggestions for improving the clinical education program?

### Recent graduates

- Given your experience since graduation, are there things that have arisen for which the program could have better prepared you? What are they?
- Were there areas of redundancy in the program or areas where there could have been more content in the curriculum?
- Were you prepared in the program to be a self-directed lifelong learner? Can you give us some specific examples?
- What if any role(s) did you have a role in the governance of the program? Please describe how the role(s) was/were valued.
- Please describe the processes of communications with faculty members. Did the faculty adequately address concerns surrounding communication issues if they were identified?

### Regulatory focus

- How well do you think the program prepared you for clinical practice? Are there areas or gaps in the training provided? If so, please describe.

### Lab assistants

- Please describe your roles in the program.
- How are you prepared for your roles?
- How are you supported in your roles?
- How is your performance evaluated?
- How involved are you in the governance of the program?

### Program support/administrative staff

- Please describe your roles in the program.
- How are you prepared for your roles?
- How are you supported in your roles?
- How is your performance evaluated?
- Are staff involved in the designation of responsibilities?
- Do you have job descriptions?

## 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	4 months
Set up a Sync account for PRT file sharing	4 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	2-3 months
Complete the preliminary review report	2 months
PRT Chair works with PEAC and education Program Director to develop schedule for site review	1-3 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 per the visit schedule	
Participate in PRT meetings to discuss findings and reach consensus on final PRT report	
Collaborate to draft the final PRT report	

Responsibility / Activity	Completion
<p><u>During the site review (virtual)</u></p> <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 per 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 final PRT report and submit to PEAC</p> <p>Submit expense report and honorarium form</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 notification of PEAC accreditation decision</p>

## **APPENDIX A: PEAC COMMUNITY GUIDELINES**

### ***PEAC Community Guidelines***

#### ***Purpose***

PEAC values integrity, respect, collaboration, transparency, accountability, professionalism, equity, diversity and inclusion.

The purpose of the PEAC Community Guidelines is to support inclusive group processes consistent with these values. These guidelines are revisited at the beginning of each meeting, and revised as needed, to continually create a brave, judgement free and accountable space marked by respect; a space where a diversity of ideas, curiosity, and open mindedness are valued and viewed as important parts of group processes. Group members are co-creators of the inclusive process as well as of knowledge and learning.

#### ***Leader Responsibilities***

The leader of the meeting ensures all voices are heard by inviting to speak those who have not spoken. The leader will intervene if it appears that some members are not having the opportunity to speak. The leader is responsible for ensuring the guidelines are reviewed at the start of each meeting, followed throughout the meeting, and revised as needed. The leader is also responsible for ensuring the discussion remains within its intended scope.

#### ***Member Responsibilities***

Group members are also responsible for ensuring the guidelines are followed throughout the meeting.

Discussions are meant to be respectful and free of judgement, to support a brave and accountable space that fosters trust.

Group members come from a place of learning, listen from a place of compassion, and practice cultural humility. Cultural humility is awareness of one's own cultural perspective and how it may influence one's experience of what another person says, which can result in misunderstanding.

Group members are accountable to their own perspective, using "I" statements.

Group members are cognizant of how often and how long they speak, to ensure there is space for others to speak as well.

Disagreements are expected and are to be managed respectfully. Group members can check-in with the group as needed throughout the meeting.

Private conversations (via Zoom chat or texting) about group process during the meeting can undermine group process and are best avoided. An exception may occur to communicate to the leader a request for a pause in the meeting.

### ***Managing Conflict or Challenging Situations***

Conflicts or challenging situations may happen at the individual or group levels; in both cases they impact the entire group.

Any members of the group can recognize the need for a pause in the meeting to reflect before coming back to a discussion point. A pause allows members to process if needed. A conflict is acknowledged in the moment, and then a decision is made as to whether to pause the meeting and come back to it or address it right away. At the end of meeting, the group identifies any conflicts that will be addressed at the next meeting (or otherwise).

If something potentially negative is witnessed during the meeting, anyone can step in to ask for clarification (“I heard [x], can you explain further?”), enabling dialogue. The event can be addressed as soon as it occurs. Bystanders have a responsibility to take action.

The individual perceived to be on the receiving end of a negative experience has the autonomy to clarify their experience.

### ***Relationship Building***

At the start of each meeting, there is time allocated for group members to connect with each other and develop and sustain relationships. The leader is responsible for ensuring this occurs. It may include a formal warm-up activity.