Baldwin Wallace University
Accreditation History

First accredited: March 2013
Next review: July 2028
Maximum class size: 40

July 2026

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sufficient and effective institutional support for program leadership, compliance with the standards, and program self-assessment
- Program director knowledge and leadership, including continuous program review and analysis, completion of ARC-PA documents, and adherence to the Standards
- Preceptor vetting to meet all program requirements for the discipline, including license and certification information
- Didactic and clinical syllabi that contain accurate and complete descriptions of the: learning outcomes, instructional objectives, and topic lists
- Clinical preceptors who enable students to meet the programs learning outcomes in women's health
- Initial and ongoing evaluation of clinical sites and preceptors to ensure student access to appropriate patient populations
- Alignment of instruction to the learning outcomes and their assessments across the clinical curricula such that learning deficiencies may be identified and addressed in a timely manner
- A summative evaluation that ensures all students met the program's defined clinical and technical skills competency prior to graduation
- A defined self-assessment process that is designed to document program effectiveness and foster program improvement.
- Implementation of ongoing critical analysis of data to identify program strengths, areas in need of improvement, and action plans to foster programmatic improvement.
- A self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.
- Submission of ARC-PA reports and documents completely and correctly

The commission noted twenty-six (26) areas of noncompliance with the *Standards* by the commission. A focused probation visit will occur in advance of the July 2028 commission meeting. The program's maximum class size remains 40. The program requested reconsideration of the commission's action. The action was upheld.

Report due December 1, 2026 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course design, course selection, and program assessment)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard C2.01b*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised

clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)

Report due February 15, 2026 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B4.01a*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard B4.03a*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

Report due September 6, 2027 (*Standards*, 5th edition-program will respond in 6th) modified self-study report:

- ***Standard C1.01b*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- ***Standard C1.01c*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- ***Standard C1.01d*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)

- ***Standard C1.01f*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***Standard C1.02c.i.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.02c.ii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- ***Standard C1.02c.iii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- ***Standard C1.03*** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

No report due (no longer required in 6th edition):

- ***Standard B2.07e*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including patient management including acute and chronic care plans)
- ***Standard B2.07f*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including patient education and referral)
- ***Standard C1.01a*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01g*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)

<u>March 2024</u>
Program Change: Increase maximum entering class size to 40 students effective May 5, 2025. The commission **approved the program's proposed change.** No additional information requested.

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19. No further information requested.

<u>September 2018</u>
Accreditation-Continued; Next Comprehensive Evaluation: June 2026. The program is approved for up to 35 students. The commission noted zero areas of noncompliance with the *Standards*.

<u>March 2017</u>

The commission **accepted the report** providing evidence of

- Revised immunization policy, narrative describing how meeting program expectations ensures students have acquired competencies and rationale for benchmarks. No further information requested.

January 2017

The commission **accepted the reports** addressing 4th edition

- ***Standard A3.07*** (provided evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- ***Standards A3.14b, f and h*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals, f) estimates of all costs [tuition, fees, etc.] related to the program and h) policies about student employment while enrolled in the program),
- ***Standard B3.02*** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standard B3.03b*** (provided evidence SCPEs provide sufficient patient exposure with patients seeking women's health to allow each student to meet program expectations),
- ***Standard* C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- ***Standard C2.01b-c*** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

Additional information (revised immunization policy, narrative describing how meeting program expectations ensures students have acquired competencies and rationale for benchmarks) due January 30, 2017.

July 2016

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the September 2018 commission meeting. The program's maximum entering class size remains 35**.**
Reports due August 26, 2016 (*Standards*, 4th edition) -

- ***Standard A3.07*** (lacked evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals) and
- ***Standards A3.14b, f and h*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals, f) estimates of all costs [tuition, fees, etc.] related to the program and h) policies about student employment while enrolled in the program)

Due October 31, 2016 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),

- ***Standard B3.03b*** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking women's health to allow each student to meet program expectations),
- ***Standard* C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- ***Standard C2.01b-c*** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

Due May 1, 2018 (*Standards*, 4th edition) -

- ***Standard C2.01b-c***, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with PAs teamed with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in ob/gyn)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

<u>September 2015</u>

The commission **accepted the report** providing evidence of

- The process for determining students have met the program-defined requirements. No further information requested.

The commission **accepted the report** addressing 4th edition

- ***Standard A3.03b-c*** (provided evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

Additional information (clarify process of determining student has met program-defined requirements) due July 17, 2015.

The commission **accepted the report** addressing 4th edition

- ***Standard A3.17f*** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration). No further information requested.

The commission **did not accept the report** addressing 4th edition

- ***Standard A3.03b-c*** (lacked evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

Additional information (resubmit response) due June 24, 2015.

The commission **acknowledged the report** providing evidence of

- Updated portal. No further information requested.

March 2015 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Final Provisional). The program's maximum class size remains 35 for the third class.
Report due April 3, 2015

- Update information in the Program Management Portal.

Due June 1, 2015 (*Standards*, 4th edition) -

- ***Standard A3.17f*** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration), and
- ***Standard A3.03b-c*** (lacked evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard C2.01b*** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing program self-assessment and results of critical analysis from the ongoing self-assessment)
- ***Standard C2.01c*** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing program self-assessment and faculty evaluation of the curricular and administrative aspects of the program)

September 2014
Program Change: The commission **acknowledged the proposed changed** in graduation requirements (credits awarded increased from 101 to 103). No further information requested.

March 2014
The commission **accepted the report** addressing 4th edition

- ***Standard B3.02*** (provided evidence of defined program expectations for students in SCPEs with preventive, emergent, acute and chronic patient encounters) and
- ***Standards B3.03a-d*** (provided evidence of program defined requirements with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes). No further information requested.

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September 2013

The commission **accepted the report** addressing 4th edition

- ***Standard A3.21*** (provided evidence that student health records are confidential) and
- ***Standard B2.13*** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management). No further information requested.

March 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2015 (Provisional Monitoring). The program is approved for up to 20 students in the first class, 30 in the second class and 35 in the third class.

Report due July 1, 2013 (*Standards*, 4th edition) -

- ***Standard A3.21*** (lacked evidence that student health records are confidential) and
- ***Standard B2.13*** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management).

Report due no later than three months before students begin their supervised clinical practice experiences (SCPEs) clinical rotations

- ***Standard B3.02*** (lacked evidence of defined program expectations for students in SCPEs with preventive, emergent, acute and chronic patient encounters) and
- ***Standards B3.03a-d*** (lacked evidence of program defined requirements with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes).