Franciscan Missionaries of Our Lady University  
(formerly Our Lady of the Lake College)  
Accreditation History

First accredited: September 2010  
Next review: September 2023  
Maximum class size: 30  
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June 2020
The commission **acknowledged the report** providing evidence of
  
  - The proposed plan in response to COVID-19. No further information requested.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

September 2018
The commission **accepted the report** providing evidence of
  
  - Additional information related to the modified SSR. No further information requested.

March 2017
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

October 2016
Program Change: Commission notified of name change (Our Lady of the Lake College to Franciscan Missionaries of Our Lady University). No further information requested.

May 2016
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program’s next validation review changed from September 2020 to September 2023 due to this change.

March 2016
The commission **accepted the modified SSR** (mSSR, requested September 2013). Additional information (mSSR, related to student evaluations of courses/rotations and preceptor feedback of student preparedness for SCPEs) due May 18, 2018.

September 2015
The program’s PANCE pass rate percentage was 81% for its 2013 cohort. As pass rate was less than 82%, the program submitted the required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

The commission **accepted the report** providing evidence of
  
  - SCPEs updated in the portal. No further information requested.
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March 2015
The commission accepted the report addressing 4th edition
  • *Standard B3.03b* (provided evidence supervised clinical practice experiences [SCPEs] allow each student to meet program-defined requirements with patients seeking women’s health).

Additional information (update SCPEs in Program Management Portal) due July 1, 2015.

March 2014
The commission accepted the report addressing 4th edition
  • *Standard B2.06* (provided evidence the program curriculum includes instruction in the provision of clinical medical care across the life span, to include rehabilitative care) and
  • *Standard B2.08* (provided evidence the program curriculum includes instruction in principles of violence identification and prevention).

The commission did not accept the report addressing 4th edition
  • *Standard B3.03b* (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking women’s health to allow each student to meet program-defined requirements).

Additional information (evidence that the women’s health supervised clinical practice experiences [SCPEs] allow students to meet program-defined requirements) due December 31, 2014.

September 2013
Report due November 1, 2013
  • Update program hyperlink in the Program Management Portal
Due December 31, 2013 (*Standards, 4th edition*) -
  • *Standard B2.06* (lacked evidence the program curriculum includes instruction in the provision of clinical medical care across the life span, to include rehabilitative care),
  • *Standard B2.08* (lacked evidence the program curriculum includes instruction in principles of violence identification and prevention),
  • *Standard B3.03b* (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking women’s health to allow each student to meet program-defined requirements).
Due October 1, 2015
  • Modified self-study report (mSSR).

September 2011
The commission accepted the report providing evidence of
  • Supervised clinical practice experiences and personnel forms. No further information requested.
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**September 2010**
Accreditation-Provisional; Next Comprehensive Review: September 2013. Maximum Student Capacity: 90.  
Report due July 1, 2011
- Supervised clinical practice experiences and personnel forms.

The program was accredited from September 2005 through September 2009.

**March-September 2009**
Adverse Action-Accreditation- Withdrawn.  
The program was found to be in noncompliance with *(Standards, 3rd edition)* -

- **Standards A1.07a-c** (lacked evidence the sponsoring institution assures the program has a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students, b) the human resources needed to operate the program and c) the human resources needed to process admission applications),
- **Standard A1.08a** (lacked evidence the sponsoring institution assures the program has classroom and laboratory environments conducive to student learning),
- **Standard A2.01** (lacked evidence core program faculty possess the qualifications by education and experience to perform their assigned duties),
- **Standard A2.02** (lacked evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.03** (lacked evidence core program faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.05e, g-h** (lacked evidence core program faculty have responsibility for e) academic counseling of PA students, g) designing, implementing, coordinating and evaluating curriculum and h) administering and evaluating the program),
- **Standard A2.09** (lacked evidence the program director provides effective leadership and management),
- **Standard A2.10** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standards A2.11a-f** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's a) organization, b) administration, c) fiscal management, d) continuous review and analysis, e) planning and f) development),
• **Standard A2.17** (lacked evidence there is sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession),

• **Standards A2.18a-b** (lacked evidence instructional faculty are a) qualified through academic preparation and experience to teach assigned subjects and b) qualified through academic preparation and experience to teach assigned subjects),

• **Standard A2.23** (lacked evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),

• **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),

• **Standard A3.07e** (lacked evidence all required curricular components are defined, published and readily available to prospective and enrolled students),

• **Standards A3.13a-b** (lacked evidence student files kept by the program include documentation a) that the student has met published admission criteria and b) of the evaluation of student performance while enrolled),

• **Standard B1.03** (lacked evidence the curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),

• **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),

• **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings),

• **Standards C1.01a-d, f** (lacked evidence the program collects and analyzes
  • a) student attrition, deceleration, and remediation,
  • b) faculty attrition,
  • c) student failure rates in individual courses and rotations,
  • d) student evaluations of individual didactic courses, clinical experiences, and faculty and
  • f) preceptor evaluations of student performance and suggestions for curriculum improvement),

• **Standards C2.01a, C2.01b1-b6, C2.01d** (lacked evidence the self-study report documents
  • a) the program’s process of ongoing self-assessment,
  • b1) student attrition, deceleration and remediation,
  • b2) faculty attrition,
  • b3) student failure rates in individual courses and rotations,
  • b4) student evaluations of individual didactic courses, clinical experiences and faculty,
  • b5) graduate evaluations of curriculum and program effectiveness,
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• b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
• d) modifications that occurred as a result of self-assessment),
• **Standard C3.01** (lacked evidence the program uses objective evaluation methods that are administered equitably to all students in the program),
• **Standard C3.02** (lacked evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components),
• **Standard C3.04** (lacked evidence the program assesses and documents student demonstration of professional behaviors),
• **Standard C3.05** (lacked evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established),
• **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice),
• **Standard C4.01** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students’ clinical practice experiences) and
• **Standard C4.03** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program’s expectations of the clinical experience).

The program appealed the commission’s decision. The Reconsideration Review Panel upheld the commission’s decision. The program requested a formal appeal hearing before the ARC-PA. The commission’s decision to Withdraw Provisional Accreditation was affirmed. The program voluntarily withdrew from the accreditation process.

**September 2006**
The commission **acknowledged the report** addressing 2nd edition
• **Standard F1.13** (provided evidence qualified faculty in sufficient number to provide instruction for the first 12 months of the program have been identified).

The commission **acknowledged the report** providing evidence of
• Clarification of immunization policy and
• Verification college has been approved to grant master’s degree.

No further information required.

**September 2005**
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Report due July 14, 2006 (Standards, 2\textsuperscript{nd} edition) –

- \textit{Standard F1.13} (lacked evidence qualified faculty in sufficient number to provide instruction for the first 12 months of the program have been identified).
- Clarification of immunization policy and
- Verification college has been approved to grant master’s degree.