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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.

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 March 2020 to March 2023 due to this change.

March 2014
The commission acknowledged the report providing evidence of
- Updated website and updated Portal. No further information requested.

The commission accepted the report providing evidence of
- The progress made in hiring a Program Specialist. No further information requested.

September 2013
The commission accepted the reports addressing 4th edition
- Standard A1.02 (provided evidence written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences define the responsibilities of each party),
- Standard A1.03c (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- Standard A1.08 (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- Standard A1.11 (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- Standard A2.17 (provided evidence there is an instructional faculty member designated by the program to assess and supervise the student’s progress in achieving learning outcomes in each location to which a student is assigned for supervised clinical practice experiences),
- Standard A2.18 (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program) and
- Standard C4.01 (provided evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

Additional information requested by October 31, 2013 (update PANCE pass rate data on website and supervised clinical practice experiences [SCPEs] in the Program Management Portal) and by January 1, 2014 (progress made in plans to hire a Program Specialist).
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March 2013
Report due June 1, 2013 (Standards, 4th edition) -

- **Standard A1.02** (lacked evidence written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences define the responsibilities of each party),
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students)
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences) and
- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

Due July 1, 2013 (Standards, 4th edition) -

- **Standard A2.17** (lacked evidence there is an instructional faculty member designated by the program to assess and supervise the student’s progress in achieving learning outcomes in each location to which a student is assigned for supervised clinical practice experiences) and
- **Standard C4.01** (lacked evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

September 2008
The commission accepted the report providing evidence of

- Data and analysis that all students have received experiences in long-term care No further information requested.

March 2007
The commission accepted the report addressing 2nd edition

- **Standard A2.5** (provided evidence core program faculty are licensed and certified) and
- **Standard B6.3** (provided evidence clinical experience is provided in long-term care settings).

Additional information (data and analysis that all students have received experiences in long-term care) due July 11, 2008.

September 2006
Report due January 12, 2007 (Standards, 2nd edition) -

- **Standard A2.5** (lacked evidence core program faculty are licensed and certified) and
- **Standard B6.3** (lacked evidence clinical experience is provided in long-term care settings).
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March 2005
The commission acknowledged the report providing evidence of
- Impact on the program of the college’s reorganization and role of self-evaluation plan within strategic plan. No further information is requested.

September 2004
The commission acknowledged the report addressing 2nd edition
- *Standards A5.12b and c* (provided evidence student files include documentation b) reflecting the evaluation of student performance while enrolled and c) of remediation and/or disciplinary action),
- *Standard A5.14* (provided evidence records of core program faculty members include a current CV and current job description),
- *Standard B6.3* (provided evidence clinical experience is provided in ambulatory, emergency, inpatient and long-term care settings),
- *Standard C1.1* (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the Standards),
- *Standards C2.2a, c, d and f* (provided evidence critical analysis of outcome data includes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- *Standard C4.1f* (provided evidence the self-study report documents the response to the last accreditation citations), and
- *Standard D1.2* (provided evidence student health records are confidential documents and are not be kept in program files).

Additional information (impact on the program of the college’s reorganization and role of self-evaluation plan within strategic plan) due January 14, 2005.

September 2003
Report due July 15, 2004 (*Standards, 2nd edition*) -
- *Standards A5.12b and c* (lacked evidence student files include documentation b) reflecting the evaluation of student performance while enrolled and c) of remediation and/or disciplinary action),
- *Standard A5.14* (lacked evidence records of core program faculty members include a current CV and current job description),
- *Standard B6.3* (lacked evidence clinical experience is provided in ambulatory, emergency, inpatient and long-term care settings),
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- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the Standards),
- **Standards C2.2a, c, d and f** (lacked evidence critical analysis of outcome data includes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1f** (lacked evidence the self-study report documents the response to the last accreditation citations), and
- **Standard D1.2** (lacked evidence student health records are confidential documents and are not be kept in program files).

March 2003
Personnel Change: Program director and associate program director appointed, effective October 1, 2002.

September 2000
The commission accepted the report addressing 1st edition

- **Standard I D 1 f** (provided evidence the program publishes or documents policies and processes by which students may perform service work while enrolled in the program to insure that students are not substituted for regular staff),
- **Standard I D 2 a** (provided evidence of records that document admission, educational participation, or evaluations),
- **Standard I D 2 b** (provided evidence faculty records contain a CV or another method of documenting qualifications or teaching assignments) and
- **Standard II B 2 b** (provided evidence all course syllabi contain learning objectives or competencies to be achieved). No further information requested.

September 1999

- **Standard I D 1 f** (lacked evidence the program publishes or documents policies and processes by which students may perform service work while enrolled in the program to insure that students are not substituted for regular staff),
- **Standard I D 2 a** (lacked evidence of records that document admission, educational participation, or evaluations),
- **Standard I D 2 b** (lacked evidence faculty records contain a CV or another method of documenting qualifications or teaching assignments) and
- **Standard II B 2 b** (lacked evidence all course syllabi contain learning objectives or competencies to be achieved).
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NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1996 by CAAHEP is not available.