Chatham University
Accreditation History

First accredited: April 1997
Next review: March 2024
Maximum class size: 80

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 2021 to March 2024 due to this change.

March 2014
Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 80.
No report due (*Standards*, 4th edition) -

- ***Standard A2.12*** (lacked evidence at the time of the site visit that the medical director was an active participant in the program; corrected subsequent to the visit).

September 2012
The commission **accepted the report** addressing 4th edition

- ***Standards A1.03a, c and g*** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of curriculum design, course selection and program assessment, c) complying with ARC-PA accreditation *Standards* and policies and g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- ***Standard A1.06*** (provided evidence the sponsoring institution provides PA students and faculty at geographically distant campus locations comparable access to services and resources that help students reach their academic and career goals similar to those available to students and faculty on the main campus),
- ***Standard A1.10*** (provided evidence the sponsoring institution provides the program with the academic resources needed by the program, staff and students to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standards A2.09a, d-g*** (provided evidence the program director is knowledgeable about and responsible for program a) organization, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- ***Standard*** *A3.13* (provided evidence the program announcements and advertising accurately reflect the program offered),
- ***Standards A3.14b, c and f*** (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, c) first time PANCE rates for the five most recent graduating classes and f) estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standard A3.15a*** (provided evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.16*** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),

- ***Standard A3.19a*** (provided evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded),
- ***Standards B1.11a and b*** (provided evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is a) conducted at geographically separate locations and b) provided by different pedagogical and instructional methods or techniques for some students),
- ***Standard B3.03a*** (provided evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking medical care across the life span),
- ***Standard C1.01*** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b, c and f*** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and f) plans for addressing areas needing improvement),
- ***Standard C3.04*** (provided 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 is prepared to enter clinical practice) and
- ***Standards C3.05a and b*** (provided evidence the program documents equivalency of student evaluation methods and outcomes when instruction is a) conducted at geographically separate locations and b) provided by different pedagogical and instructional methods or techniques for some students).

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

- Updated SCPEs in the Portal update and the link to PANCE on the website.

<u>March-May 2012</u>
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 160. The program appealed the commission's decision. The Reconsideration Review Panel upheld the accreditation status of Accreditation-Probation.
Reports due April 20, 2012

- Update supervised clinical practice experiences [SCPEs] in Program Management Portal and update website link to PANCE Pass Rate Summary Report.

Due July 1, 2012 (*Standards*, 4th edition) -

- ***Standards A1.03a, c and g*** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of curriculum design, course selection and program assessment, c) complying with ARC-PA accreditation *Standards* and policies and g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),

- ***Standard A1.06*** (lacked evidence the sponsoring institution provides PA students and faculty at geographically distant campus locations comparable access to services and resources that help students reach their academic and career goals similar to those available to students and faculty on the main campus),
- ***Standard A1.10*** (lacked evidence the sponsoring institution provides the program with the academic resources needed by the program, staff and students to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standards A2.09a, d-g*** (lacked evidence the program director is knowledgeable about and responsible for program a) organization, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process),
- ***Standard*** *A3.13* (lacked evidence the program announcements and advertising accurately reflect the program offered),
- ***Standards A3.14b, c and f*** (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, c) first time PANCE rates for the five most recent graduating classes and f) estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standard A3.15a*** (lacked evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.16*** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- ***Standard A3.19a*** (lacked evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded),
- ***Standards B1.11a and b*** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is a) conducted at geographically separate locations and b) provided by different pedagogical and instructional methods or techniques for some students),
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking medical care across the life span),
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b, c and f*** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and f) plans for addressing areas needing improvement),
- ***Standard C3.04*** (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 is prepared to enter clinical practice) and

- ***Standards C3.05a and b*** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is a) conducted at geographically separate locations and b) provided by different pedagogical and instructional methods or techniques for some students).

Program notified the commission the distant campus in Puerto Rico closed, effective April 30, 2012.

March 2011
Program Change: Change in maximum student capacity (120 to 160), effective August 2011. The commission **acknowledged the proposed change**. No further information requested.

September 2010
Program Change: Change in maximum student capacity (120 to 180), effective February 2011. The commission found the report lacked specificity to understand the rationale for the proposed change and **did not approve the increase**.

September 2009
Program Change: Expansion to a distant site (San Juan, PR), effective August 2010. Based on review of the additional reports, the commission **approved the proposed change**. Report due (executed affiliation agreements and faculty update).

March 2009
The commission **did not accept the report** providing evidence of

- Detailed plan for the program expansion.

Reports due June 1 (intentions to open distant site in Puerto Rico) and July 1, 2009 (list of clinical sites in Puerto Rico, budget, draft affiliation agreements and promotional materials).

September 2008
The commission **acknowledged the proposed changes** to the program (expansion to a distant site and changes in core faculty and maximum student capacity). Additional information (detailed plan) due January 9, 2009. The next comprehensive accreditation review moved to March 2010.

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

- The letter of institutional support. No further information requested.

March 2008
Program Change: Change in maximum student capacity (87 to 120), effective August 2008. The commission **acknowledged the proposed change**. Additional information (letter of institutional support) due July 11, 2008 and (student schedule and data assessing effects of change in student capacity) due July 10, 2009.

Chatham University
Accreditation History

March 2005
Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 87. The commission noted zero areas of noncompliance with the *Standards*.

March 2003
Program Change: Change in curriculum (curriculum). The commission **acknowledged the proposed change**. No further information requested.

September 2000
The commission **accepted the report** addressing 1st edition

- ***Standard I E 1 c*** (provided evidence of the conduct of timely surveys of graduates and employers). No further information requested.

March 2000
Accreditation-Continued; Next Comprehensive Evaluation: March 2005. Maximum class size: 40. Report due August 1, 2000 (*Standards,* 1st edition) -

- ***Standard I E 1 c*** (lacked evidence of the conduct of timely surveys of graduates and employers).

March 1999
Program Change: Change in class size (32 to 40). The commission **approved the proposed change**. No further information requested.

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1997 by CAAHEP is not available.