

## Indiana University School of Health & Rehabilitation Sciences (IUPUI) Accreditation History

First accredited: September 2012

Next review: March 2027

Maximum class size: 44

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### September 2020

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.

### June 2020

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

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

### March 2020

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in curricular planning and program assessment),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process) and
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program). No further information requested.

### June 2019

Program Change: Change in graduation requirements (111 to 109 credits), effective 2019. The commission **did not approve the proposed change**. The commission identified four areas of noncompliance with the *Standards*, 4<sup>th</sup> edition.

Report due October 10, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in curricular planning and program assessment),
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process) and
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program).

### March 2018

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard C2.01c** (provided evidence of a self-study report that documents faculty evaluation of the program). No further information requested.

### September 2017

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A1.02** (provided evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),

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- **Standard A2.12** (provided evidence the medical director is an active participant in the program),
- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] and methods that determine each student meets program expectations and acquires competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (provided evidence of clearly defined expectations and methods to determine students, after SCPEs 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 acquired the competencies needed for entry into clinical PA practice),
- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

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

- Updated website with PANCE pass rate data. No further information requested.

January 2017 (following Final Provisional review)

Accreditation-Continued. Next Comprehensive Evaluation: March 2027. Maximum class size: 44.

Report due March 24, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] and methods that determine each student meets program expectations and acquires competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence of clearly defined expectations and methods to determine students, after SCPEs 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 acquired the competencies needed for entry into clinical PA practice),
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes) and
- Update website with PANCE pass rate data

Due July 15, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C2.01c** (lacked evidence of a self-study report that documents faculty evaluation of the program).

July 2016

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standards B3.07c-e** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in c) general surgery, d) pediatrics and e) ob/gyn). No further information requested.

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March 2016

The commission **accepted the reports** addressing 4<sup>th</sup> edition

- **Standard B1.09** (provided evidence of published discipline-specific instructional objectives for each clinical course),
- **Standard C4.01** (provided evidence the program has documented processes for the initial and ongoing evaluation of all clinical sites and preceptors used for supervised clinical practice experiences) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience). No further information requested.

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

- Updated SCPE tab in the Portal.

September 2015 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2017 (Final Provisional). The program is approved for 44 students in the third class.

Report due October 23, 2015

- Update SCPE tab in the portal.

Due November 6, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C4.01** (lacked evidence the program has documented processes for the initial and ongoing evaluation of all clinical sites and preceptors used for supervised clinical practice experiences) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due December 28, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B1.09** (lacked evidence of published discipline-specific instructional objectives for each clinical course).

Due June 1, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standards B3.07c-e** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in c) general surgery, d) pediatrics and e) ob/gyn).

September 2013

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standards A2.02a and b** (provided evidence the program has faculty that includes the medical director and at least three FTE principal faculty positions and instructional faculty) and

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

- Portal data, report on supervised clinical practice experiences and faculty turnover. No further information due.

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March 2013

The program did not provide start-up data as required.

Report due June 3, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standards A2.02a and b** (lacked evidence the program has faculty that includes the medical director and at least three FTE principal faculty positions and instructional faculty),
- Portal data, report on supervised clinical practice experiences and faculty turnover

September 2012

Accreditation-Provisional; Next Comprehensive Evaluation: September 2015 (Provisional Monitoring).

The program is approved for up to 44 students in the first year, 44 in the second year and 44 in the third year.

**No report due** (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14f** (lacked evidence at the time of the site visit that estimates of all costs related to the program were published on the website; corrected subsequent to the visit).

Report due March 30, 2013

- Complete and submit start-up data in Program Management Portal.