First accredited: October 1996 Next review: March 2024 Maximum class size: 70

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#### June 2021

Program Change: Change in class size (one-time temporary increase from 70 to 73 students for year-two cohort), effective July 6, 2021. The commission **approved the proposed change**. No further information requested.

## March 2021

The commission **approved the request** for a one-time temporary increase in class size (70 to 72), effective July 6, 2021, to accommodate students from another program. No further information requested.

## June 2020

The commission acknowledged the report providing evidence of

The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students successfully completed both the learning outcomes and the program) due September 20, 2020.

## March 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.

## September 2018

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.

# March 2018

Program Change: Change in graduation requirements (quarter to semester-based calendar), effective July 15, 2019. The commission **acknowledged the proposed change**. 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 2016

The commission accepted the modified Self-Study Report

 Self-study and assessment process provided evidence of critical analysis of data intended to measure outcomes or results. No further information requested.

# March 2015

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

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- Standard B3.02 (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- **Standards B3.03a-d** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard B3.07f** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health); No further information requested.

### March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021.

Maximum class size: 70.

Report due December 1, 2014 (Standards, 4th edition) -

- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- **Standards B3.03a-d** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health); and

Due December 1, 2015 -

• Modified Self-Study Report (mSSR) (lacked evidence of a self-study and assessment process that included critical analysis of data intended to measure outcomes or results).

# March 2013

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

- Standard A1.04 (provided evidence of the sponsoring institution providing clinical experience),
- **Standard A1.11** (provided evidence of the sponsoring institution supporting the program in securing sufficient clinical sites),
- **Standard A2.14** (provided evidence of sufficient instructional faculty),
- **Standard B3.02** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- **Standard B3.03b** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- **Standards B3.04b-c** (provided evidence of SCPEs in the emergency department and inpatient settings) and
- **Standards B3.07c, e** (provided evidence of SCPEs with preceptors practicing in general surgery and ob/gyn). No further information requested.

### May 2012

The program requested reconsideration of the commission's action to withdraw accreditation. The reconsideration panel voted to modify the initial decision of the commission and to place the PA program on

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Accreditation-Probation until its next comprehensive review in March 2014.

Report due December 31, 2012 (Standards, 4th edition) -

- Standard A1.04 (lacked evidence of the sponsoring institution providing clinical experience),
- **Standard A1.11** (lacked evidence of the sponsoring institution supporting the program in securing sufficient clinical sites),
- Standard A2.14 (lacked evidence of sufficient instructional faculty),
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- **Standard B3.03b** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- **Standards B3.04b-c** (lacked evidence of SCPEs in the emergency department and inpatient settings) and
- **Standards B3.07c, e** (lacked evidence of SCPEs with preceptors practicing in general surgery and ob/gyn).

## March 2012

Adverse Action-Withdraw Accreditation.

The commission **did not accept** the report addressing 3<sup>rd</sup>/4<sup>th</sup> edition

- Standard A1.04 (lacked evidence of the sponsoring institution providing clinical instruction),
- **Standards A2.17/A2.14** (lacked evidence of sufficiency of faculty and instructors for clinical experiences),
- **Standards B1.04/B1.07** (lacked evidence of the program assisting students in becoming critical thinkers),
- Standards B7.01/B3.02 (lacked evidence of the program providing clinical practice experiences
  that enable students to meet program expectations and acquire the competencies needed for
  clinical PA practice),
- Standards B7.03b-e/B3.03b-d, B3.02 & B3.04 (lacked evidence that every student has supervised clinical practice experiences with patients seeking b) prenatal care and women's health care, c) care for conditions requiring inpatient surgical management, d) care for conditions requiring emergency management, e) care for psychiatric/behavioral conditions),
- **Standards B7.04b-e/B3.04b-d** (lacked evidence that supervised clinical practice experiences are provided in b) emergency room/department, c) inpatient, d) operating room, e) long-term care),
- Standards B7.05a, d, f, g/B3.07c, e, f (lacked evidence that supervised clinical practice
  experiences occur with residency trained physicians or other licensed health care professionals
  experienced in a) emergency medicine, d) general surgery, f) psychiatry and g) obstetrics and
  gynecology),
- **Standard C1.02** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program), and
- **Standard A1.11** (4<sup>th</sup> edition) (lacked evidence of the sponsoring institution supporting the program in securing sufficient numbers of clinical sites and preceptors).

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### September 2011

The commission reviewed the report of the focused visit. Program reminded of December 2011 report.

### March 2011

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. The program's maximum aggregate student enrollment remains 186. Program will undergo a focused visit. Report due December 31, 2011 (*Standards*, 3<sup>rd</sup>/4<sup>th</sup> edition) -

- Standard A1.04 (lacked evidence of the sponsoring institution providing clinical instruction),
- **Standards A2.17/A2.14** (lacked evidence of sufficiency of faculty and instructors for clinical experiences),
- **Standards B1.04/B1.07** (lacked evidence of the program assisting students in becoming critical thinkers),
- Standards B7.01/B3.02 (lacked evidence of the program providing clinical practice experiences
  that enable students to meet program expectations and acquire the competencies needed for
  clinical PA practice),
- Standards B7.03b-e/B3.03b-d, B3.02 & B3.04 (lacked evidence that every student has
  supervised clinical practice experiences with patients seeking b) prenatal care and women's
  health care, c) care for conditions requiring inpatient surgical management, d) care for
  conditions requiring emergency management, e) care for psychiatric/behavioral conditions),
- Standards B7.04b-e/B3.04b-d (lacked evidence that supervised clinical practice experiences are
  provided in b) emergency room/department, c) inpatient, d) operating room, e) long-term care),
- Standards B7.05a, d, f, g/B3.07c, e, f (lacked evidence that supervised clinical practice
  experiences occur with residency trained physicians or other licensed health care professionals
  experienced in a) emergency medicine, d) general surgery, f) psychiatry and g) obstetrics and
  gynecology),
- **Standard C1.02** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program), and
- **Standard A1.11** (4<sup>th</sup> edition) (lacked evidence of the sponsoring institution supporting the program in securing sufficient numbers of clinical sites and preceptors).

# September 2008

The commission accepted the report providing evidence of

• Clinical sites and preceptors. No further information requested.

## September 2007

The commission accepted the report addressing 2<sup>nd</sup> edition

• **Standard C5.3** (provided evidence of student evaluation during clinical experiences). No further information requested.

Program Change: Change in length of program (24 to 26 months), effective June 2006. The commission **acknowledged the proposed change**. Additional information (clinical sites and preceptors) due July 11, 2008.

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### March 2007

The commission accepted the report addressing 2<sup>nd</sup> edition

- **Standard B6.2e** (provided evidence that every student had a clinical experience in general surgery) and
- **Standard B6.3** (provided evidence that every student had clinical experiences in inpatient and long-term care settings). No further information requested.

#### September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. The program's maximum aggregate student enrollment remains 186.

Reports due January 12, 2007 (Standards, 2<sup>nd</sup> edition) -

- **Standard B6.2e** (lacked evidence that every student had a clinical experience in general surgery) and
- **Standard B6.3** (lacked evidence that every student had clinical experiences in inpatient and long-term care settings) and

Due July 13, 2007 -

• Standard C5.3 (lacked evidence of student evaluation during clinical experiences).

## March 2006

Program Change: Change in maximum student enrollment (134 to 186), effective June 2006. The commission **acknowledged the proposed change**. No further information requested.

#### September 2005

Program Change: Change in maximum student enrollment (120 to 134), effective August 2005. The commission **acknowledged the proposed change**. No further information requested.

# March 2005

The commission acknowledged the report providing evidence of

Addressing differences in student performance. No further information requested.

## September 2004

The commission acknowledged the report providing evidence of

• Student performance.

Additional information (plan for addressing differences in student performance) due January 14, 2005.

## March 2004

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard C4.1b** (provided evidence of analysis of outcome data, including PANCE results, comparison of student performance/attrition/course failure rates/deceleration/remediation in the three separate tracks, course failure rates in the self-study report),
- **Standard E1.1** (provided evidence of equivalency of course content, student experience, and access to didactic and laboratory materials at geographically separate campuses),

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- Standard E1.2 (provided evidence of sites used during supervised clinical practice meeting the
  program's prescribed clinical course learning objectives and performance evaluation measures),
- Standard E2.1 (provided evidence of the equivalency of policies among the three tracks) and
- **Standard E2.2** (provided evidence of the equivalency of services and resources for students and faculty at geographically separate campuses).

Additional information (student performance) due July 15, 2004.

### September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. The program is approved for up to 120 students.

Report due January 15, 2004 (Standards, 2<sup>nd</sup> edition) -

- **Standard C4.1b** (lacked evidence of analysis of outcome data, including PANCE results, comparison of student performance/attrition/course failure rates/deceleration/remediation in the three separate tracks, course failure rates in the self-study report),
- **Standard E1.1** (lacked evidence of equivalency of course content, student experience, and access to didactic and laboratory materials at geographically separate campuses),
- **Standard E1.2** (lacked evidence of sites used during supervised clinical practice meeting the program's prescribed clinical course learning objectives and performance evaluation measures),
- Standard E2.1 (lacked evidence of the equivalency of policies among the three tracks) and
- **Standard E2.2** (lacked evidence of the equivalency of services and resources for students and faculty at geographically separate campuses).

Personnel Change: The program notified the commission of the new program director and the new medical director.

## March 2003

Informational Item: The program director notified the commission that the Arizona School of Health Sciences will continue to sponsor the PA program under A.T. Still University of Health Sciences (formerly Kirksville College of Osteopathic Medicine).

Personnel Change: The program notified the commission of an interim medical director.

## September 2002

The commission accepted the report providing evidence of

• Educational equivalency, student performance, detailed budget, relationship of directors of preclinical and clinical education to the program director(s).

Additional information to be included in next application for continuing accreditation.

Program Change: The commission **acknowledged the program's plans** to incorporate an extended track (Extended Physician Assistant Program [EPAP]) in addition to the full-time program, effective September 2002. The program will be expected at its next site visit to provide additional information.

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#### March 2002

The commission accepted the report providing evidence of

• Clinical rotations.

Additional information (educational equivalency, student performance, detailed budget, relationship of directors of pre-clinical and clinical education to the program director[s]), due July 2002.

# March 2001

The commission accepted the report addressing 1st edition

- Standard I B 1 d (provided evidence of sufficient clerical and support staff),
- Standard I E 1 c (provided evidence of employer surveys being conducted) and
- **Standard I E 3** (provided evidence of the self-study process documenting the process of self-evaluation).

Additional information (clinical rotations) due February 1, 2002.

## September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2003. Report due January 15, 2001 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I B 1 d** (lacked evidence of sufficient clerical and support staff),
- Standard I E 1 c (lacked evidence of employer surveys being conducted) and
- **Standard I E 3** (lacked evidence of the self-study process documenting the process of self-evaluation).

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1996 by CAHEA and subsequent accrediting organizations is not available.