Charles R. Drew University of Medicine and Science
Accreditation History

First accredited: March 2016
Next review: March 2031
Maximum class size: 26

September 2021

The commission **reviewed and more information requested** of the report addressing 5th edition

- ***Standard A3.14*** (provided evidence the program makes admission decisions in accordance with clearly defined and published practices),
- ***Standards B4.01a-b*** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely) and
- ***Standard B4.03a-e*** (provided evidence the program conducts and documents the summative evaluation of each student within the final four months of the program to verify that each student meets program competencies including a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge and e) professional behaviors).

Additional information (clinical skills sheets that make up the clinical year portfolio for all of the rotations) due October 11, 2021.

June 2021

Program Change: Change in class size (one-time temporary increase from 26 to 27 students for year-one cohort), effective May 22, 2021. The commission **approved the proposed change**. No further information requested.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

March 2021 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: March 2031. Maximum class size: 26.
Report due June 16, 2021 (*Standards*, 5th edition) -

- ***Standard A3.14*** (lacked evidence the program makes admission decisions in accordance with clearly defined and published practices),
- ***Standards B4.01a-b*** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely) and
- ***Standard B4.03a-e*** (lacked evidence the program conducts and documents the summative evaluation of each student within the final four months of the program to verify that each student meets program competencies including a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge and e) professional behaviors).

Report due December 15, 2022 (*Standards*, 5th edition) -

- ***Standard C1.03*** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

Charles R. Drew University of Medicine and Science
Accreditation History

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 met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 20, 2021.

March 2020
The commission **accepted the report** providing evidence of

- Learning outcomes for each SCPE and
- Determination of students meeting learning outcomes and verification of attainment. No further information requested.

The commission **did not accept the report** addressing 4th edition

- ***Standards B3.07b and d*** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in internal medicine and pediatrics). No further information requested.

Data on board-certified and non-board-certified preceptors no longer required. Data will be included in Final Provisional application.

September 2019
The commission **accepted the report** addressing 4th edition

- ***Standard B3.02*** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- ***Standards B3.03b-d*** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions), and
- ***Standards B3.06a and b*** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

Additional information (learning outcomes for each SCPE, determination of students meeting learning expectations and verification of attainment) due November 18, 2019.

Additional information (data on board-certified and non-board-certified preceptors) due May 15, 2020.

March 2019 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Final Provisional). Maximum class size: 26.
Report due June 21, 2019 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),

- ***Standards B3.03b-d*** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions), and
- ***Standards B3.06a and b*** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

June 2018
Program Change: Change in graduation requirements (from 93 to 101 credits), effective August 29, 2018. The commission **acknowledged the proposed change**. No further information requested.

March 2016
Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Provisional Monitoring). The program is approved for up to 26 students in the first class of students, 26 in the second class and 26 in the third class.
No report due (*Standards*, 4th edition) -

- ***Standard A1.01*** (lacked evidence at the time of the site visit of an agreement between the sponsoring institution/program and the institution providing the cadaver lab; corrected subsequent to the visit),
- ***Standard A3.07*** (lacked evidence at the time of the site visit of the policy on immunization of students is in compliance with CDC recommendations for health professionals; corrected subsequent to the visit),
- ***Standard B1.05*** (lacked evidence at the time of the site visit of the curriculum including instruction in intellectual honesty and appropriate academic and professional conduct; corrected subsequent to the visit),
- ***Standard B2.06*** (lacked evidence at the time of the site visit of the curriculum including instruction in rehabilitative or palliative care; corrected subsequent to the visit),
- ***Standard B2.07*** (lacked evidence at the time of the site visit of the curriculum including instruction in technical skills and procedures based on current professional practice; corrected subsequent to the visit),
- ***Standard B2.11*** (lacked evidence at the time of the site visit of the curriculum including instruction in health care delivery systems and health policy; corrected subsequent to the visit), and
- ***Standards B3.06a and b*** (lacked evidence at the time of the site visit of a) SCPEs with physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction; corrected subsequent to the visit).

The program was accredited from September 1972 through March 2010.

March 2010
Adverse Action-Accreditation Withdrawn. Action based on noncompliance with *Standards*, 3rd edition

- ***Standard A1.07a*** (lacked evidence the sponsoring institution assures that the program has sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***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, d-f*** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's a) organization, d) continous review and analysis, e) planning and f) development),
- ***Standard A2.18a*** (lacked evidence instructional faculty are qualified through academic preparation and experience to teach assigned subjects),
- ***Standard A3.03*** (lacked evidence announcements and advertising accurately reflect the program offered),
- ***Standard A3.05*** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- ***Standards A3.07e-g, l*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students e) all required curricular components, f) academic credit offered by the program, g) estimates of all costs related to the program and l) policies that limit or prevent students from working during the program),
- ***Standard A3.09b*** (lacked evidence the program defines, publishes and makes readily available to faculty policies and procedures for processing faculty grievances),
- ***Standards A3.13a-c, e*** (lacked evidence student files include documentation of a) that the student has met published admission criteria, b) of the evaluation of student performance while enrolled and c) of the evaluation of student performance while enrolled and e) that the student has met institution and program health screening and immunization requirements),
- ***Standard B1.04*** (lacked evidence the program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving),
- ***Standard B1.05*** (lacked evidence the program provides students with published expectations of student outcomes and behaviors required for successful completion of the program),
- ***Standards B3.04a, d-e*** (lacked evidence the program provides instruction in the important aspects of patient care including a) preventive, d) rehabilitative and e) end-of-life),
- ***Standard B4.02a*** (lacked evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients),
- ***Standard B7.01*** (lacked evidence the program provides medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA 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 B7.03c*** (lacked evidence the program documents that every student has supervised clinical practice experiences with patients seeking care for conditions requiring inpatient surgical management, including pre operative, intra-operative, and post operative care),
- ***Standards B7.04c-e*** (lacked evidence supervised clinical practice experiences are provided in c) inpatient, d) operating room and e) long-term care settings),
- ***Standards B7.05a-b, d-g*** (lacked evidence supervised clinical practice experiences occur with residency-trained physicians or other licensed health care professionals experienced in a) emergency medicine, b) family medicine, d) general surgery, e) general pediatrics, f) psychiatry and g) obstetrics and gynecology),
- ***Standards C1.01a-e, g*** (lacked evidence the program regularly 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,
  e) graduate evaluations of curriculum and program effectiveness and
  g) graduate performance on the PANCE),
- ***Standards C2.01a, C2.01b1-7, C2.01c, d*** (lacked evidence the program's 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,
  b6) preceptor evaluations of student performance and suggestions for curriculum improvement,
  b7) the most recent five-year first time and aggregate graduate performance on the PANCE,
  c) self-identified program strengths and areas in need of improvement and
  d) modifications that occurred as a result of self-assessment),
- ***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),
- ***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),
- ***Standard D1.01*** (lacked evidence student health records are confidential and are not accessible to or reviewed by program faculty and staff except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the student) and

- ***Standard F1.08*** (lacked evidence the appointment of an interim program director does not exceed 12 months).

The program did not appeal the decision and voluntarily withdrew from accreditation, effective March 18, 2010.

September 2007

The commission **accepted the report** addressing 3rd edition

- ***Standard A2.10*** (provided evidence the program director is knowledgeable about and responsible for the accreditation process),
- ***Standards A3.07g and i*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students g) estimates of all costs related to the program and i) first time PANCE pass rates for the five most recent graduating classes),
- ***Standards C1.01a and e*** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation and e) graduate evaluations of curriculum and program effectiveness)
- ***Standards C2.01b1 and b5*** (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation and b5) graduate evaluations of curriculum and program effectiveness),
- ***Standard D1.01*** (provided evidence student health records are confidential and must not be accessible to or reviewed by program faculty and staff) and
- ***Standard F1.05*** (provided evidence the program informed the ARC-PA in writing of changes in the program director, medical director, or other core program faculty within 30 days of the date of the effective change). No further information requested.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2010. Maximum Student Capacity: 110.

Report due July 13, 2007 (*Standards*, 3rd edition) -

- ***Standard A2.10*** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- ***Standards A3.07g and i*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students g) estimates of all costs related to the program and i) first time PANCE pass rates for the five most recent graduating classes),
- ***Standards C1.01a and e*** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation and e) graduate evaluations of curriculum and program effectiveness)
- ***Standards C2.01b1 and b5*** (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation and b5) graduate evaluations of curriculum and program effectiveness),
- ***Standard D1.01*** (lacked evidence student health records are confidential and must not be accessible to or reviewed by program faculty and staff) and

- ***Standard F1.05*** (lacked evidence the program informed the ARC-PA in writing of changes in the program director, medical director, or other core program faculty within 30 days of the date of the effective change).

<u>September 2005</u>
The commission **did not accept the report** addressing 2nd edition

- ***Standards B2.1a-b*** (lacked evidence instruction in the basic medical sciences includes a) human anatomy and b) physiology),
- ***Standard B2.2*** (lacked evidence basic sciences prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- ***Standard B6.3*** (lacked evidence clinical experience is provided in long-term care settings) and
- ***Standards C4.1b-c*** (lacked evidence the self-study report documents b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement). No further information requested; will be reviewed during next comprehensive evaluation.

<u>September 2004</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 100.
Report due August 15, 2005 (*Standards*, 2nd edition) -

- ***Standard A5.1*** (lacked evidence program announcements and advertising accurately reflect the program offered),
- ***Standard A5.3b*** (lacked evidence academic credit and costs to the student are defined, published, and readily available to prospective and enrolled students),
- ***Standard B1.2*** (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice),
- ***Standard B1.4*** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- ***Standards B2.1a-b*** (lacked evidence instruction in the basic medical sciences includes a) human anatomy and b) physiology),
- ***Standard B2.2*** (lacked evidence basic sciences prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- ***Standard B6.3*** (lacked evidence clinical experience is provided in long-term care settings),
- ***Standards C2.2a, c, e-g*** (lacked evidence the self-study report includes critical analysis of
  a) student attrition, deceleration, and remediation,
  c) student failure rates in individual courses and rotations,
  e) timely surveys of graduates evaluating curriculum and program effectiveness,
  f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

- ***Standards C4.1b-c*** (lacked evidence the self-study report documents b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement) and
- ***Standard D1.2*** (lacked evidence the student health records are confidential documents and not kept in program files.

March 2003
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.23*** (provided evidence of sufficient administrative staff),
- ***Standard A5.12b*** (provided evidence current student files contain documentation reflecting the evaluation of student performance while enrolled),
- ***Standard B1.4*** (provided evidence objectives are measurable and specific enough to guide student learning) and
- ***Standards C4.1a-b, d-e*** (provided evidence the self-study report documents a) the result of the continuous evaluation of the admissions process, b) analysis of the data gathered, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement). No further information requested.

September 2002
Accreditation-Continued; Next Comprehensive Evaluation: September 2004. Maximum Student Capacity: 100.
Report due January 15, 2003 (*Standards*, 2nd edition) -

- ***Standard A2.23*** (lacked evidence of sufficient administrative staff),
- ***Standard A5.12b*** (lacked evidence current student files contain documentation reflecting the evaluation of student performance while enrolled),
- ***Standard B1.4*** (lacked evidence objectives are measurable and specific enough to guide student learning) and
- ***Standards C4.1a-b, d-e*** (lacked evidence the self-study report documents a) the result of the continuous evaluation of the admissions process, b) analysis of the data gathered, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement).

Personnel Change: New clinical coordinator appointed, effective April 30, 2002.

March 2002
Personnel Change: Interim program director appointed, effective August 20, 2001.

December 2001
The commission **accepted the report** addressing 1st/2nd edition
NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I C 1/A5.17*** (provided evidence admission requirements are clearly defined and published),

- ***Standards I C 3 a/D1.1 and 4*** (provided evidence the program documents that students have completed health screening),
- ***Standards I D 1 a/A5.1*** (provided evidence announcements and advertising accurately reflect the program offered),
- ***Standards I D 1 d/A5.4 and A5.5*** (provided evidence policies and procedures for processing student/faculty grievances are addressed consistently),
- ***Standards I D 1 f/A5.8*** (provided evidence policies by which students may work within the program or institution while enrolled in the program are made available to all students),
- ***Standards I E/C1.1*** (provided evidence the process for self-evaluation is complete),
- ***Standards I E 2/C3.1*** (provided evidence ongoing evaluation is appropriately reflected in the curriculum and other dimensions of the program),
- ***Standards I E 3/C4.1, d, g*** (provided evidence the self-study report and program modifications adequately document the program's compliance with the *Standards*),
- ***Standards II B 1 b/B3.2*** (provided evidence the program provides adequate instruction in the basic counseling skills necessary to help patients cope with illness and injury, follow prescribed treatment regimens, and modify their attitudes and behaviors to more healthful patterns) and
- ***Standards II B 2 a/B1.3, 4*** (provided evidence learning objectives in the course syllabi adequately describe the scope of the courses). No further information requested.

<u>March 2001</u>
Accreditation-Probation continued; Next Comprehensive Evaluation: September 2002.
Report due August 1, 2001 (*Standards*, 1st/2nd edition) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I C 1/A5.17*** (lacked evidence admission requirements are clearly defined and published),
- ***Standards I C 3 a/D1.1 and 4*** (lacked evidence the program documents that students have completed health screening),
- ***Standards I D 1 a/A5.1*** (lacked evidence announcements and advertising accurately reflect the program offered),
- ***Standards I D 1 d/A5.4 and A5.5*** (lacked evidence policies and procedures for processing student/faculty grievances are addressed consistently),
- ***Standards I D 1 f/A5.8*** (lacked evidence policies by which students may work within the program or institution while enrolled in the program are made available to all students),
- ***Standards I E/C1.1*** (lacked evidence the process for self-evaluation is complete),
- ***Standards I E 2/C3.1*** (lacked evidence ongoing evaluation is appropriately reflected in the curriculum and other dimensions of the program),
- ***Standards I E 3/C4.1, d, g*** (lacked evidence the self-study report and program modifications adequately document the program's compliance with the *Standards*),

- ***Standards II B 1 b/B3.2*** (lacked evidence the program provides adequate instruction in the basic counseling skills necessary to help patients cope with illness and injury, follow prescribed treatment regimens, and modify their attitudes and behaviors to more healthful patterns) and
- ***Standards II B 2 a/B1.3, 4*** (lacked evidence learning objectives in the course syllabi adequately describe the scope of the courses).

March 2000

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2001. The program appealed the commission's decision. The Reconsideration Review Committee upheld the commission's decision.

Report due (*Standards*, 1st edition) -

- ***Standard I A 3*** (lacked evidence the sponsoring institution has assumed responsibility for assuring adherence to admission policies),
- ***Standard I B 1 a*** (1) (lacked evidence the program director has adequately directed the organization, administration, continuous review, planning, development, and general effectiveness of the program),
- ***Standard I C 1*** (lacked evidence that technical standards have been developed or published),
- ***Standard I C 2*** (lacked evidence evaluation methods for the clinical rotations provide timely indications of students' knowledge base),
- ***Standard I C 3 a*** (lacked evidence the program defines, publishes and enforces policies and processes to determine that applicants' health enables them to undertake the defined technical standards of the program),
- ***Standard I E*** (lacked evidence the program has an adequate continuous system for formal self-evaluation),
- ***Standard I E 1*** (lacked evidence the program has a plan to routinely secure sufficient qualitative and quantitative information regarding graduate outcomes),
- ***Standard I E 1 c*** (lacked evidence surveys of graduate employment are conducted on a timely basis),
- ***Standard I E 1 d*** (lacked evidence evaluation of graduate performance on the national certifying examination is adequate),
- ***Standard I E 1 e*** (lacked evidence ongoing students' evaluation of overall course and program effectiveness are adequately included in the program self-evaluation),
- ***Standard I E 2*** (lacked evidence ongoing evaluation is appropriately reflected in the curriculum and other dimensions of the program),
- ***Standard I E 3*** (lacked evidence the self-study report adequately documents the program's compliance with the *Standards*) and
- ***Standard II B 2 c*** (lacked evidence objective evaluation of students during the clinical year is frequent enough to adequately assess their clinical competency).

Standards identified in complaint verified and included in report due.

Charles R. Drew University of Medicine and Science
Accreditation History

September 1999
Complaint received and determined to identify noncompliance of standards. Will be investigated during next comprehensive evaluation.

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.