

Marquette University Accreditation History

First accredited: April 1997

Next review: July 2033

Maximum class size: 75

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April 2026

The commission **accepted** the report addressing the observation for 5th edition

- **Standard B3.07g** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

and noted 0 areas of noncompliance with the *Standards*.

September 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 0 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: July 2033. Maximum class size: 75.

Commission observation response due December 1, 2025 (Standards, 5th edition):

- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

June 2025

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

- Updated budget tab and SCPE tab in the Program Management Portal and updated NCCPA PANCE Exam Performance Summary Report Last 5 years on program website

March 2025

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

- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

No additional information requested at this time. Will be addressed at the next site visit in April 2025.

No additional information required for 5th edition:

- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)

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- **Standard B3.07f** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)

September 2024

The commission **accepted the report** addressing 5th edition

- **Standard A2.09b** (provided evidence the program director is knowledgeable about and responsible for program administration)
- **Standard B1.01b** (provided evidence the curriculum is consistent with program competencies)
- **Standard B1.03b** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes course description)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B4.01a** (provided evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)
- **Standard B4.01b** (provided evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Report due November 1, 2024:

- Update budget tab and SCPE tab in the Program Management Portal
- Update NCCPA PANCE Exam Performance Summary Report Last 5 years on program website

September 2023

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

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- Lack of documentation that the clinical curriculum was consistent with the program competencies.
- Lack of documentation that each course offered in the clinical curriculum consistently included a course description and learning outcomes and instructional objectives for clinical procedures and skills, care across the lifespan including children and adults, women's health to include prenatal and gynecologic care.
- Lack of documentation of sufficient supervised clinical placement experiences (SCPEs) for all required rotations for the maximum cohort of 75.
- Lack of documentation that SCPEs enabled each student to meet the program learning outcomes; ensuring methods of student assessment were aligned with the curriculum and allowed the program to identify and address student deficiencies in a timely manner.

A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 75. The program did not appeal the commission's decision.

Report due May 15, 2024 (*Standards*, 5th edition):

- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B1.03b** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes course description)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student

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deficiencies in a timely manner)

Report due October 1, 2024 (*Standards*, 5th edition):

- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

Report due February 6, 2025 (*Standards*, 5th edition):

- **Standard C1.03** modified Self-Study Report (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

September 2020

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

- Updated changes in response to COVID-19. 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.

June 2019

Program Change: Change in program length (33 to 28 months) and in credits awarded (129 to 108), both effective May 29, 2022. The commission **acknowledged the proposed change**. No further information requested.

March 2019

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Program Change: Change in program length (33 to 28 months), effective May 29, 2022. The commission could not acknowledge the proposed change. Additional information (clarification regarding curriculum and tuition) due March 15, 2019.

July 2017

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.

Program Change: Increase in class size (55 to 75), effective August 27, 2018. The commission **approved the proposed change**. No further information requested.

January 2017

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 2014

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

- **Standard B1.09** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies). No further information requested.

March 2014

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- **Standard A2.05** (provided evidence principal faculty and the program director actively participate in the processes of assuring the availability of remedial instruction). No further information requested.

September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 55.

Report due December 31, 2013 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- **Standard A2.05** (lacked evidence principal faculty and the program director actively participate in the processes of assuring the availability of remedial instruction).

Due July 1, 2014 (*Standards*, 4th edition) -

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- **Standard B1.09** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies).

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A3.23** (lacked evidence the program has current curriculum vitae for each course director)

September 2010

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

- **Standard A2.06a** (provided evidence the program director is a PA or physician,
- **Standard B7.02** (provided 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),
- **Standards B7.05f-g** (provided evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in f) psychiatry and g) obstetrics and gynecology),
- **Standard C4.01** (provided 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 C4.02** (provided evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location),
- **Standard B7.02** (provided 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) and
- **Standard F1.07** (provided evidence the interim program director meets the qualifications of the program director). No further information requested.

September 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 150.

Report due June 30, 2010 *Standards*, 3rd edition) -

- **Standard A2.06a** (lacked evidence the program director is a PA or physician,
- **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),
- **Standards B7.05f-g** (lacked evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in f) psychiatry and g) obstetrics and gynecology),
- **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),

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- **Standard C4.02** (lacked evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location),
- **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) and
- **Standard F1.07** (lacked evidence the interim program director meets the qualifications of the program director).

September 2008

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

- **Standard A2.11(d)** (provided evidence the program director is knowledgeable about and has primary responsibility for the program's continuous review and analysis),
- **Standard A3.05** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B7.04h** (provided evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavioral medicine),
- **Standards C1.01c-f** (provided evidence the program collects and analyzes
 - 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
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b4-b7** (provided evidence the self-study documents
 - 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 and
 - b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and
- **Standard D1.01** (provided evidence student health records are confidential). No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 150.

Report due July 11, 2008 (*Standards*, 3rd edition) -

- **Standard A2.11(d)** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's continuous review and analysis),

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- **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B7.04h** (lacked evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavioral medicine),
- **Standards C1.01c-f** (lacked evidence the program collects and analyzes
 - 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
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b4-b7** (lacked evidence the self-study documents
 - 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 and
 - b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and
- **Standard D1.01** (lacked evidence student health records are confidential).

March 2004

Program Change: Change in maximum student capacity (99 to 150). The commission **acknowledged the proposed change**. No further information requested.

September 2004

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

- Data analysis and results of student experiences in psychiatry and behavioral medicine. No further information requested.

September 2003

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

- **Standards B6.2e and g** (provided evidence of documentation of clinical experiences for every student in e) general surgery and g) psychiatry and behavioral medicine) and
- **Standard C2.2e** (provided evidence the self-study report includes critical analysis of surveys of graduates evaluating curriculum and program effectiveness).

Additional information (data analysis and results of student experiences in psychiatry and behavioral medicine) due July 15, 2004.

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September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 99.

Report due July 15, 2003 (*Standards*, 2nd edition) -

- **Standards B6.2e and g** (lacked evidence of documentation of clinical experiences for every student in e) general surgery and g) psychiatry and behavioral medicine) and
- **Standard C2.2e** (lacked evidence the self-study report includes critical analysis of surveys of graduates evaluating curriculum and program effectiveness).

March 2001

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

- Clinical experiences. No further information requested.

September 2000

The commission **acknowledged the report** addressing 1st edition

- **Standard I B 1 d** (provided evidence of sufficient clerical staff) and
- **Standard II B 1 e** (provided evidence the program provides sufficient clinical experiences in gynecology in the clinical year).

Additional information (clarification of clinical experiences) due January 15, 2001.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2002.

Report due August 1, 2000 (*Standards*, 1st edition) -

- **Standard I B 1 d** (lacked evidence of sufficient clerical staff) and
- **Standard II B 1 e** (lacked evidence the program provides sufficient clinical experiences in gynecology in the clinical year).

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