

## University of Saint Francis Accreditation History

First accredited: April 1997

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Maximum class size: 25

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### January 2026

The number of students in the Program Management Portal 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 2025

The commission **accepted the report** addressing 5<sup>th</sup> edition

- **Standard A3.17a** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B4.01a** (provided evidence that 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 that 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)

No further information requested.

### September 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

### March 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2034. Maximum class size: 25.

Report due October 1, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)

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- **Standard B4.01a** (lacked evidence that 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 that 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)

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

- **Standard C1.03** (lacked evidence the 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)

### September 2021

Accreditation-Continued; Next Comprehensive Evaluation: March 2024. Maximum Class Size: 25. No report due.

### June 2021

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. No further information requested.

### March 2021

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

- **Standard A1.04** (provided evidence the sponsoring institution provides opportunities for PA program faculty to participate in continuing professional development),
- **Standard A3.14b** (provided evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement). No further information requested.

### September 2020

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

- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.01** (provided evidence all faculty members possess the educational and experiential qualifications to perform their assigned duties),

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- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard A2.05h** (provided evidence principal faculty actively participate in the processes of evaluating the program).

### 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 **received the report** addressing 4<sup>th</sup> edition

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of program assessment) and
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

The commission **received the report** of the virtual focused site visit.

Report due June 15, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.01** (lacked evidence all faculty members possess the educational and experiential qualifications to perform their assigned duties),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard A2.05h** (lacked evidence principal faculty actively participate in the processes of evaluating the program).

Report due December 15, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.04** (lacked evidence the sponsoring institution provides opportunities for PA program faculty to participate in continuing professional development),
- **Standard A3.14b** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

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

- Updated PANCE pass rate data in the Portal and on the website. Updated website with success of program in achieving its goals. No further information requested.

### September 2019

Adverse Action-Accreditation-Probation; A virtual focused site visit to occur in advance of the March 2020 commission meeting and a focused probation site visit will need to occur in advance of the

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September 2021 commission meeting. The program's maximum class size is 25 students per class. The program did not appeal the commission's decision.

Report due December 6, 2019

- Update PANCE pass rate data in the Program Management Portal and on the website. Update the program website with the program's success in achieving its goals.

Report due December 18, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of program assessment) and
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

Report due March 19, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standards C2.01b-e**, modified Self-Study Report (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, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths).

### June 2018

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

- Updated SCPEs. No further information requested.

### March 2018

The program received an alert through the Program Management Portal that there were insufficient clinical rotation sites to support the number of students enrolled in the clinical phase. The program was to update the supervised clinical practice experiences (SCPE) tab in the Portal and report to the commission. The commission **did not accept the report**. Report due April 30, 2018 (update SCPEs in the Portal).

### 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

Report Due: Quarterly report on recruitment activities to fill vacant faculty positions. The commission **accepted the report**.

The commission **did not accept the reports** addressing

- **Standards C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment) and
- Modified self-study report (mSSR).

Report due June 1, 2019 (acceptable mSSR).

### September 2015

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Report Due: Quarterly report on recruitment activities to fill vacant faculty positions. The commission **accepted the report.**

March 2015

Report Due: Quarterly report on recruitment activities to fill vacant faculty positions. The commission **accepted the report.**

September 2014

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

- Correction of SCPEs in the Portal. No further information requested.

March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 25.

Report due May 1, 2014

- Correct supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Due October 2, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standards C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment) and
- Modified self-study report.

March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 78. The commission noted zero areas of noncompliance with the *Standards*.

September 2008

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

- The process used to notify students and applicants of the probationary status.

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard B1.02** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standards B7.05e-g** (provided evidence supervised clinical practice experiences should occur with residency-trained physicians or other licensed health care professionals experienced in e) general pediatrics, f) psychiatry and g) obstetrics and gynecology),
- **Standards C1.01a-g** (provided 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, f) preceptor evaluations of student performance and suggestions for curriculum improvement and g) graduate performance on the PANCE),
- **Standards C2.01b1-b7** (provided evidence the self-study report documents b1) outcome data and critical analysis of - student attrition, deceleration and remediation, b2) faculty attrition, b3)

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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 and b7) the most recent five-year first time and aggregate graduate performance on the PANCE),

- **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 C4.03** (provided 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) and
- **Standard D1.01** (provided evidence student health records are confidential). No further information requested. Next Comprehensive Evaluation: March 2010.

### March 2008

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 75. The program did not appeal the commission's decision.

Report due April 18, 2008

- Detailed description of the process used to notify students and applicants of the probationary status.

Due July 11, 2008 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard B1.02** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standards B7.05e-g** (lacked evidence supervised clinical practice experiences should occur with residency-trained physicians or other licensed health care professionals experienced in e) general pediatrics, f) psychiatry and g) obstetrics and gynecology),
- **Standards C1.01a-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, f) preceptor evaluations of student performance and suggestions for curriculum improvement and g) graduate performance on the PANCE),
- **Standards C2.01b1-b7** (lacked evidence the self-study report documents b1) outcome data and critical analysis of - 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

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curriculum improvement and b7) the most recent five-year first time and aggregate graduate performance on the PANCE),

- **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) and
- **Standard D1.01** (lacked evidence student health records are confidential).

### September 2006

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

- **Standard A1.3** (provided evidence of a clearly identified sponsoring institution),
- **Standard A2.1** (provided evidence of effective leadership and management of the program),
- **Standard A2.10** (provided evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard B1.4** (provided evidence each didactic course has a clearly written syllabus with measurable instructional objectives),
- **Standards B3.1b and f** (provided evidence of instruction in b) child development and f) responses to death and dying),
- **Standard B4.1c** (provided evidence of instruction on reimbursement, including documentation, coding, and billing),
- **Standard B5.1b** (provided evidence of instruction in assessment, including performing a physical examination across the life span),
- **Standards B6.2c-d and g** (provided evidence of clinical experiences in c) pediatrics, d) prenatal and gynecology and g) psychiatry/behavioral medicine),
- **Standard C2.2e** (provided evidence self-study reports include critical analysis of timely surveys of graduates evaluating curriculum and program effectiveness),
- **Standard C3.1** (provided evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- **Standards C4.1b and e-f** (provided evidence self-study reports document b) outcome data analysis, e) plans for addressing weaknesses and areas needing improvement and f) response to the last accreditation citations). No further information requested.

### March 2006

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 23. Report due July 14, 2006 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A1.3** (lacked evidence of a clearly identified sponsoring institution),
- **Standard A2.1** (lacked evidence of effective leadership and management of the program),

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- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard B1.4** (lacked evidence each didactic course has a clearly written syllabus with measurable instructional objectives),
- **Standards B3.1b and f** (lacked evidence of instruction in b) child development and f) responses to death and dying),
- **Standard B4.1c** (lacked evidence of instruction on reimbursement, including documentation, coding, and billing),
- **Standard B5.1b** (lacked evidence of instruction in assessment, including performing a physical examination across the life span),
- **Standards B6.2c-d and g** (lacked evidence of clinical experiences in c) pediatrics, d) prenatal and gynecology and g) psychiatry/behavioral medicine),
- **Standard C2.2e** (lacked evidence self-study reports include critical analysis of timely surveys of graduates evaluating curriculum and program effectiveness),
- **Standard C3.1** (lacked evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- **Standards C4.1b and e-f** (lacked evidence self-study reports document b) outcome data analysis, e) plans for addressing weaknesses and areas needing improvement and f) response to the last accreditation citations).

### September 2004

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

- The confidentiality of student health records. No further information requested.

### March 2004

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

- The licensure status of the medical director, learning objectives and access to student health records.

Additional information (plan to keep student health records confidential) by July 15, 2004.

### September 2003

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

- **Standard A2.3** (provided evidence the medical director is a member of the program faculty),
- **Standard A2.13** (provided evidence the medical director supports the program director in assuring that competent medical guidance is provided),
- **Standard A2.15** (provided evidence the program assures continuing professional growth of the core faculty by supporting their teaching, scholarly and management responsibilities),
- **Standard B1.4** (provided evidence of syllabi for each didactic and clinical course),
- **Standard B6.2d** (provided evidence the program documents every student has clinical experiences in prenatal care),

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- **Standard B6.3** (provided evidence clinical experiences occur in long-term care settings) and
- **Standard D1.2** (provided evidence student health records are confidential).

Additional information (learning objectives and access to student health records) by January 15, 2004.

Personnel Change: Medical Director appointed, effective June 1, 2003. Clarification of licensure status requested.

### March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 23. Report due July 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.3** (lacked evidence the medical director is a member of the program faculty),
- **Standard A2.13** (lacked evidence the medical director supports the program director in assuring that competent medical guidance is provided),
- **Standard A2.15** (lacked evidence the program assures continuing professional growth of the core faculty by supporting their teaching, scholarly and management responsibilities),
- **Standard B1.4** (lacked evidence of syllabi for each didactic and clinical course),
- **Standard B6.2d** (lacked evidence the program documents every student has clinical experiences in prenatal care),
- **Standard B6.3** (lacked evidence clinical experiences occur in long-term care settings) and
- **Standard D1.2** (lacked evidence student health records are confidential).

### September 2002

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

- The neuroanatomy course. No further information requested.

### March 2002

Program Change: Baccalaureate to a master of science degree in PA studies, 27 months long, curriculum change to problem-based learning, effective May 2002. The commission **acknowledged the change** and requested further information (neuroanatomy course).

### December 2001

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

- Learning objectives. No further information requested.

### March 2001

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

- Learning objectives. Additional information (learning objectives) due August 1, 2001.

### September 2000

The commission **accepted the report** addressing 1<sup>st</sup> edition

- **Standard I E 1 a** (provided evidence in the self-study of analysis of student attrition),

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- **Standard I E 1 b** (provided evidence in the self-study of data regarding student failure rates in individual courses or rotations),
- **Standard I E 1 e** (provided evidence in the self-study of analysis of student evaluations of overall course effectiveness) and
- **Standard I E 3** (provided evidence in the self-study of the description of self-analysis).

Additional information (learning objectives) due January 15, 2001.

### March 2000

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

Report due August 1, 2000 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I E 1 a** (lacked evidence in the self-study of analysis of student attrition),
- **Standard I E 1 b** (lacked evidence in the self-study of data regarding student failure rates in individual courses or rotations),
- **Standard I E 1 e** (lacked evidence in the self-study of analysis of student evaluations of overall course effectiveness) and
- **Standard I E 3** (lacked evidence in the self-study of the description of self-analysis).

### March 1998 (Lutheran College of Health Professions)

Transfer of Sponsorship: The commission **approved the transfer of sponsorship** (May 1998 Lutheran College of Health Professions was acquired by the University of Saint Francis).

NOTE: Commission action information available begins in March 1998. Information from initial accreditation in 1997 by CAAHEP is not available.