

Lenoir-Rhyne University Accreditation History

First accredited: September 2015

Next review: N/A

Maximum class size: 48

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March 2021

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

- Update regarding 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.

March 2020 (following Final Provisional review)

Adverse Action-Accreditation Withdrawn. The program did not appeal the decision and voluntarily withdrew from accreditation, effective May 10, 2021. Program remains on Accreditation-Probation until teach-out of students completed.

Action based on noncompliance with *Standards*, 4th edition

- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and the clinical affiliates used for supervised clinical practice experiences [SCPEs]),
- **Standards A1.03a, c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation Standards and policies),
- **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 A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management of the program),
- **Standard A2.14** (lacked evidence instructional faculty are sufficient in number to provide students the program required SCPEs),
- **Standard A2.16** (lacked evidence all instructional faculty serving as SCPE preceptors hold a valid license),
- **Standards A3.14b, f** (lacked evidence the program makes readily available to enrolled and prospective students b) factually accurate evidence of its effectiveness in meeting its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.15a** (lacked evidence the program makes readily available to prospective students admission related information to include admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (lacked evidence the program makes admission decisions in accordance with clearly defined and published practices of the institution and program).
- **Standards A3.22a, b** (lacked evidence principal faculty records include a) current job descriptions that include duties and responsibilities specific to the faculty member and b) current curriculum vitae),
- **Standard B1.05** (lacked evidence the curriculum includes instruction on appropriate academic

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conduct),

- **Standard B1.09** (lacked evidence of published instructional objectives for each clinical course),
- **Standard B2.09** (lacked evidence the program curriculum includes instruction in basic counseling and patient education skills),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in SCPEs with emergent, acute and chronic patient encounters),
- **Standards B3.03b, c** (lacked evidence of clearly defined learning outcomes for students in SCPEs with patients seeking b) women's health and c) surgical management),
- **Standards B3.06a, b** (lacked evidence SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians specialty board certified in their area of instruction),
- **Standards B3.07d, e** (lacked evidence of SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program consistently applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01a-f** (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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 e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement),
- **Standard C3.01** (lacked evidence that student evaluations related to supervised clinical education components assess the program's required learning outcomes),
- **Standard C4.01** (lacked evidence the program maintains and documents effective processes for the initial evaluation of all sites and preceptors used for SCPEs)
- **Standard E1.03** (lacked evidence the program submits reports and documents as required by the ARC-PA) and
- **Standard E1.05** (lacked evidence the program demonstrates active recruitment to fill vacated faculty positions).

September 2019

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

- Interprofessional activities. No further information requested.

March 2019

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

- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),

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- **Standard B3.02** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (provided evidence of SCPEs enabling all students to meet the program's learning outcomes 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 C3.03** (provided evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

Additional report (further details of interprofessional activities) due May 20, 2019.

June 2018 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Final Provisional). The program's maximum class size remains 48 for the third class.

Report due December 21, 2018 (*Standards*, 4th edition) -

- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence of SCPEs enabling all students to meet the program's learning outcomes 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 C3.03** (lacked evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

September 2015

Accreditation-Provisional; Next Comprehensive Evaluation: June 2018 (Provisional Monitoring). The program is approved for up to 48 students in the first class of students, 48 in the second class and 48 in the third class.

No report due (*Standards*, 4th edition) -

- **Standard B3.03b** (lacked evidence at the time of the site visit of sufficient patient exposure with patients seeking women's health; corrected subsequent to the visit) and
- **Standard D1.07** (lacked evidence at the time of the site visit of signed agreements from facilities participating in the supervised clinical practice experiences; corrected subsequent to the visit).