

AdventHealth University (formerly Adventist University of Health Sciences)
Accreditation History

First accredited: March 2015
Next review: June 2029
Maximum class size: 30
Page 1 of 5

September 2021

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

- Updated program website and Program Management Portal. No further information requested.

June 2021

Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum Class Size: 30.

Report due December 1, 2021 (*Standards*, 5th edition) -

- **Standard B4.01b** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected of students).

Report due March 15, 2023 (*Standards*, 5th edition) -

- **Standard C1.03** modified Self-Study Report (mSSR) (lacked evidence the self-study report accurately and succinctly documents the application and results of ongoing program self-assessment).

The commission **did not accept** the report addressing 5th edition

- **Standard B4.01a** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Additional information (acceptable response; see above) due December 1, 2021.

March 2021

The commission **deferred its decision** on the report addressing 5th edition

- **Standard B4.01a** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes). Will consider in June 2021 with report of focused probation site visit.

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

- Changes in response to COVID-19. No further information requested.

September 2020

The commission **reviewed the report and requested more information**

- **Standard A3.14b** (provided evidence of publishing factually accurate success of the program achieving its goals),
- **Standard B1.05** (provided evidence the curriculum includes instruction in intellectual honesty and appropriate academic conduct),
- **Standard C3.01** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes) 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 information (evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes, standard B4.01a [5th edition]) due December 1, 2020.

AdventHealth University (formerly Adventist University of Health Sciences)
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Page 2 of 5

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

- COVID-19 update for the classes of 2020 and 2021. No further information requested.

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

- PANCE information updated in the Program Management Portal and on the program's website. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (update for the classes of 2020 and 2021 on return to clinic and graduation dates and a copy of the remote learning clinical academic curriculum) due June 20, 2020.

March 2020

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

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (provided some evidence of publishing the program's success in achieving its goals),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B1.05** (provided some evidence the curriculum includes instruction in intellectual honesty and appropriate academic conduct),
- **Standard B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences (SCPEs), that all students are able to meet the program's learning outcomes for chronic patient encounters),
- **Standards B3.03b-d** (provided evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes).

Report due April 15, 2020

- Update PANCE pass rate data in the Program Management Portal.
- Update program website with the latest NCCPA PANCE Pass Rate Summary Report.

Report due May 15, 2020 (*Standards*, 4th edition) -

- **Standard A3.14b** (lacked evidence of publishing factually accurate success of the program achieving its goals),
- **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic conduct),
- **Standard C3.01** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes) and
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each

AdventHealth University (formerly Adventist University of Health Sciences) Accreditation History

First accredited: March 2015
Next review: June 2029
Maximum class size: 30
Page 3 of 5

student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

December 2019

Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 18, 2019. Administrative-Probation removed post receipt of annual report.

June 2019 (following Final Provisional and Probation review)

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the June 2021 commission meeting. The program's maximum class size remains 30.

Report due December 20, 2019 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (lacked evidence of publication of the program's success in achieving its goals),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic conduct),
- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences (SCPEs), that all students are able to meet the program's learning outcomes for chronic patient encounters),
- **Standards B3.03b-d** (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes).

Report due January 4, 2021 (*Standards*, 5th edition) -

- **Standards C2.01b-e**, complete 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 and areas in need of improvement).

September 2018

Program changed name to AdventHealth University.

The program's PANCE pass rate was 84% for its 2017 cohort. As the pass rate was 85% or less, the program submitted required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

June 2018

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

- **Standards A2.09d and g** (provided evidence the program director is knowledgeable about

AdventHealth University (formerly Adventist University of Health Sciences)
Accreditation History

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Page 4 of 5

and responsible for program d) continuous review and analysis and g) participation in the accreditation process).

- Update on current faculty and staff and progress in hiring additional faculty. No further information requested.

March 2018

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

- **Standards A1.03a-b** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and b) hiring faculty and staff),
- **Standard A1.08** (provided evidence that 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** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.12** (provided evidence the medical director is an active participant in the program),
- **Standard A3.17f** (provided evidence that policies and procedures for deceleration are readily available to students upon admission) and
- **Standard B1.09** (provided evidence the program defines and publishes instructional objectives for the international mission clinical course that guide student acquisition of competencies).

Additional information (update on current faculty and staff and progress in hiring additional faculty) requested by March 15, 2018.

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

- **Standards A2.09d and g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process).

Acceptable response due May 1, 2018.

July 2017 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the June 2019 commission meeting (with the Final Provisional review). The program's maximum class size remains 30. The program did not appeal the commission's decision.

Report due December 1, 2017 (*Standards*, 4th edition) -

- **Standards A1.03a-b** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and b) hiring faculty and staff),
- **Standard A1.08** (lacked evidence that 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),

AdventHealth University (formerly Adventist University of Health Sciences)
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Page 5 of 5

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.09d and g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process),
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program),
- **Standard A3.17f** (lacked evidence that policies and procedures for deceleration are readily available to students upon admission) and
- **Standard B1.09** (lacked evidence the program defines and publishes instructional objectives for the international mission clinical course that guide student acquisition of competencies).

September 2015

The commission accepted the report addressing 4th edition

- **Standard A3.15a** (provided evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **Standard D1.03** (provided evidence the program publishes the appropriate accreditation status on the website) and
- **Standard E1.03** (provided evidence the program submits reports and documents as required by the ARC-PA). No further information requested.

March 2015

Accreditation-Provisional; Next Comprehensive Evaluation: September 2017 (Provisional Monitoring). The program is approved for up to 25 students in the first class of students, 25 in the second class and 30 in the third class.

Report due April 15, 2015 (*Standards*, 4th edition) -

- **Standard A3.15a** (lacked evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **Standard D1.03** (lacked evidence the program publishes the appropriate accreditation status on the website) and
- **Standard E1.03** (lacked evidence the program submits reports and documents as required by the ARC-PA).