

Christian Brothers University Accreditation History

First accredited: September 2017

Next review: N/A

Maximum class size: 40

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March 2023

Adverse Action-Accreditation-Withdrawn; The program will remain on probation as it teaches out students in the classes of 2023-2025. The program requested reconsideration of the commission's action. The action was upheld.

Reports due quarterly (*Standards*, 5th edition)

- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.01** (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09b** (lacked evidence program director is knowledgeable about and responsible for program administration)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A3.10** (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)
- **Standard A3.12d** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard A3.14** (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard A3.20b** (lacked evidence faculty records, including program director, medical director and principal faculty includes current curriculum vitae)
- **Standard B1.01b** (lacked evidence curriculum is consistent with program competencies)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in patient response to

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illness or injury and the application to clinical practice)

- **Standard B2.11f** (lacked evidence the curriculum includes instruction in substance use disorders and the application to clinical practice)
- **Standard B2.12a** (lacked evidence curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans)
- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard B4.03e** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.03** (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)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)
- **Standard E1.09e** (lacked evidence the program received approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in program length, greater than one month)

September 2022

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

- **Standards B3.03b, d** (provided evidence the SCPEs for b) medical care across the life span and d) care for conditions requiring surgical management have clearly defined learning outcomes),
- **Standard B3.07e** (provided evidence the supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) and
- **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).

No report due. The program is expected to demonstrate compliance with its submission of its application for its upcoming site visit.

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

- Updates to the NCCPA PANCE Pass Rate Summary Report on the program's website and updates to the PANCE pass rate data in the program portal. No further information requested.

March 2022

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

- **Standard A2.14** (provided evidence of sufficient didactic instructional faculty)
- **Standard B2.04** (provided evidence the curriculum includes instruction in interpersonal and communication skills)
- **Standard B3.01** (provided evidence the program has sufficient clinical sites and preceptors to allow students to meet learning outcomes for supervised clinical practice experiences [SCPEs])
- **Standards B3.03b, d** (lacked evidence the SCPEs for b) medical care across the life span and d) care for conditions requiring surgical management have clearly defined learning outcomes),
- **Standard B3.07e** (lacked evidence the supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) and
- **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).

Additional information (learning outcomes for patients seeking medical care across the life span and surgical management, how program ensures SCPEs occur with preceptors who enable students to meet program defined learning outcomes and address the fundamental principles of pediatrics, how program aligns student assessments with the expected SCPE learning outcomes, how program utilizes the preceptor evaluations, clinical year passport, and written assignments of student performance to promptly identify deficiencies in the clinical year learning outcomes/instructional objectives assessed) due June 1, 2022.

Report due April 15, 2022

- Update NCCPA PANCE Pass Rate Summary Report on website

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

September 2021

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

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

Additional information (documentation that demonstrates the institution is providing a mechanism for the program director to become knowledgeable about and responsible for continuous programmatic review and analysis) due December 15, 2021.

June 2021

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

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

March 2021 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the March 2023 commission meeting. The program's maximum class size remains 40.

Report due April 15, 2021 (*Standards*, 5th edition) -

- **Standard E1.05** (lacked evidence the program demonstrates active recruitment to fill vacated faculty positions).

Report due June 15, 2021 (*Standards*, 5th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis).

Report due December 15, 2021 (*Standards*, 5th edition) -

- **Standard A2.14** (lacked evidence of sufficient didactic instructional faculty),
- **Standard B2.04** (lacked evidence the curriculum includes instruction in interpersonal and communication skills),
- **Standard B3.01** (lacked evidence the program has sufficient clinical sites and preceptors to allow students to meet learning outcomes for supervised clinical practice experiences [SCPEs]),
- **Standards B3.03b, d** (lacked evidence the SCPEs for b) medical care across the life span and d) care for conditions requiring surgical management have clearly defined learning outcomes),
- **Standard B3.07e** (lacked evidence the supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) and
- **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).

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

- Updated plan 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 2019

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

- How the preceptor determines students are competent in areas listed on evaluation form and have met program-defined expectations. No further information requested.

June 2018

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),

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- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03a-d** (provided evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice 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 C3.01** (provided evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).

Additional information (clarification of how preceptor determines students are competent in areas listed on evaluation form and have met program-defined expectations) due July 30, 2018.

September 2017

Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Provisional Monitoring).

The program is approved for up to 24 students in the first class of students, 32 in the second class and 40 in the third class.

Report due March 1, 2018 (*Standards*, 4th edition) -

- **Standard B1.09** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03a-d** (lacked evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice 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 C3.01** (lacked evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).

The program was accredited from September 2011 through May 2017.

Quarterly Teach-out Reports

The commission **accepted the final report** due April 15, 2017. No further information requested. The program closed, effective May 31, 2017.

The commission **accepted the report** due January 15, 2017. No further information requested.

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The commission **accepted the report** due October 15, 2016. No further information requested.

The commission **accepted the report** due July 15, 2016. No further information requested.

The commission **accepted the report** due April 15, 2016. No further information requested.

The commission **accepted the report** due January 15, 2016. No further information requested.

The commission **accepted the report** due October 15, 2015. No further information requested.

The commission **accepted the report** due July 15, 2015. No further information requested.

The commission **accepted the report** due May 15, 2015. No further information requested.

April 2015

Accreditation-Probation until completion of teach-out of current students (May 2017). The program withdrew its request for reconsideration of the commission's decision and voluntarily withdrew from the accreditation process. Quarterly teach-out Reports due May 15, July 15 and October 15, 2015, January 15, April 15, July 15 and October 15, 2016 and January 15 and April 15, 2017.

March 2015

Adverse Action-Accreditation-Withdrawn. Action based on noncompliance with *Standards*, 4th edition

- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.05a** (lacked evidence principal faculty and the program director actively participate in the processes of developing, reviewing and revising as necessary the mission statement for the program),
- **Standard A3.08** (lacked evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standards A3.15a and b** (lacked evidence the program defines, publishes and makes readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups and b) admission requirements regarding prior education or work experience),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standards A3.19d and f** (lacked evidence that student files include documentation d) of remediation efforts and outcomes and f) that the student has met requirements for program completion),

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- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-b and d** (lacked evidence SCPEs enable all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- **Standards B3.06a-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),
- **Standards B3.07c-e** (lacked evidence of SCPEs with preceptors practicing in c) general surgery, 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 applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01a-e** (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),
- **Standard C3.02** (lacked evidence the program documents student demonstration of defined professional behaviors),
- **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),
- **Standard C3.04** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice),
- **Standard C4.01** (lacked evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

The program requested an appeal of the commission's decision.

September 2012

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

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Maximum class size: 40

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- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.01** (provided evidence all faculty possess the educational and experiential qualifications to perform their assigned duties),
- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- **Standard A2.14** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession) and
- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies). No further information requested.

September 2011

Accreditation-Provisional; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 120.

Report due July 1, 2012 (*Standards*, 4th edition) -

- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.01** (lacked evidence all faculty possess the educational and experiential qualifications to perform their assigned duties),
- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession) and
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies).