

## Mount St. Joseph University Accreditation History

First accredited: March 2017

Next review: March 2032

Maximum class size: 32

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### March 2023

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

- **Standard B3.01** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B4.01a** (provided evidence 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 to align with what is expected and taught)

No further information requested.

### September 2022

The commission **Reviewed and More Information Requested** the report addressing 5<sup>th</sup> edition

- **Standard B1.03** (provided evidence of defining and publishing learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of required competencies, for each didactic and clinical course (including required and elective rotations)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 B4.01a** (lacked evidence 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 to align with what is expected and taught)
- **Standard B4.01b** (provided evidence 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 to allow the program to identify and address any student deficiencies in a timely manner)

Additional information for standard B3.01 and B4.01a due September 9, 2022.

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

- Updates to SCPE tab of the Program Management Portal. No further information requested.

### March 2022 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: March 2032. The program is approved for a maximum class size of 32.

Report due May 4, 2022:

- Update SCPE tab data in the Program Management Portal.
- **Standard B1.03** (lacked evidence of defining and publishing learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of

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required competencies, for each didactic and clinical course (including required and elective rotations)

- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 B4.01a** (lacked evidence 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 to align with what is expected and taught)
- **Standard B4.01b** (lacked evidence 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 to allow the program to identify and address any student deficiencies in a timely manner)

Report due March 25, 2024 (*Standards*, 5<sup>th</sup> edition):

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

No report due for the following citation(s) (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 2021

The commission accepted the report providing evidence of

- Analysis of PANCE for low first-time taker pass rate. No further information requested.

### June 2021

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

- **Standard A3.16** (provided evidence student admission decisions are made in accordance with published practices)
- **Standard B3.03a** (provided evidence of defined learning outcomes and plans to measure and document that all students meet them for supervised clinical practice experiences for patients seeking medical care across the life span including adults).

### March 2021

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard A3.16** (lacked evidence student admission decisions are made in accordance with published practices),
- **Standard B2.12** (provided evidence the curriculum includes instruction in the public health concepts of disease surveillance, reporting and intervention) and

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- **Standard B3.03a** (lacked evidence of defined learning outcomes and plans to measure and document that all students meet them for supervised clinical practice experiences for patients seeking medical care across the life span including adults).

Additional information (narrative describing how admission decisions are made in accordance with published practices and narrative describing how the program determines students have met expected learning outcomes for medical care across the life span, including adults) due February 17, 2021.

### June 2020 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (Final Provisional). The program's maximum class size remains 32 for the third class.

Report due September 1, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.16** (lacked evidence student admission decisions are made in accordance with published practices),
- **Standard B2.12** (lacked evidence the curriculum includes instruction in the public health concepts of disease surveillance, reporting and intervention) and
- **Standard B3.03a** (lacked evidence of defined learning outcomes and plans to measure and document that all students meet them for supervised clinical practice experiences for patients seeking medical care across the life span including adults).

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

- **Standard A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with PAs teamed with physicians who are specialty board certified in their area of instruction)

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

- The proposed plan in response to COVID-19. No further information requested.

### March 2018

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

- Job descriptions for the program director, medical director, academic and clinical director and principal faculty positions and documentation of personnel responsibilities. No further information requested.

### July 2017

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

- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member) and
- **Standard D1.05** (provided evidence the program provides detailed information for each course offered in the program).

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Additional information (job descriptions for the program director, medical director, academic and clinical director and principal faculty positions and documentation of personnel responsibilities) due July 7, 2017.

March 2017

Accreditation-Provisional; Next Comprehensive Evaluation: June 2020 (Provisional Monitoring). The program is approved for up to 32 students in the first class of students, 32 in the second class and 32 in the third class.

Report due May 15, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member) and
- **Standard D1.05** (lacked evidence the program provides detailed information for each course offered in the program).