

Western Michigan University Accreditation History

First accredited: September 1972

Next review: March 2024

Maximum class size: 40

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June 2023

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2023

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

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard 2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

September 2022

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

- Analysis of PANCE Exam Performance First-Time Takers due to pass rate percentage of 85% or less for the class of 2021.

Acceptable response due March 31, 2023

March 2022

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the March 2024 commission meeting. The program's maximum class size remains 40. Report due December 1, 2022 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **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 2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

Report due August 11, 2023 modified self-study report (*Standards*, 5th edition):

- **Standard C1.01f** (lacked evidence program defined its ongoing self-assessment process to include sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.01g** (lacked evidence program defined its ongoing self-assessment process to include success in meeting the program's goals)

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- **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 C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **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)

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

- **Standard A3.12b** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)

June 2020

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

- The proposed plan in response to COVID-19.

Follow-up for the class of 2020 if graduation for some members is delayed until December 2020; provide confirmation each student met all program and supervised clinical practice experience (SCPE) learning outcomes and completed summative testing. Update on the class of 2021 if SCPEs and/or proposed graduation is delayed.

March 2020

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2022 commission meeting. Maximum class size: 40. The program did not appeal the commission's decision.

Report due September 13, 2021 (*Standards*, 4th edition)

- **Standards C2.01b-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).

No report due (will be addressed at probation visit)

- **Standard C1.02** (lacked evidence program applied results of ongoing program self-assessment to the curriculum and other dimensions of the program)

March 2018

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered),
- **Standards A3.14b and g** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and g) policies and procedures for refunds of tuition and fees) and
- **Standard B2.08** (provided evidence the program curriculum includes instruction in response to illness, injury and stress).
- **Standard E1.03** (provided evidence the program submits reports or documents as required by ARC-PA [submitted PANCE performance analysis report]).
- Updated website with current accreditation status. No further information requested.

September 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class size: 40.

Report due October 25, 2017 (*Standards*, 4th edition) -

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by ARC-PA [PANCE performance analysis report has not been submitted]).
- Update website with current accreditation status.

Due November 20, 2017 (*Standards*, 4th edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered),
- **Standards A3.14b and g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and g) policies and procedures for refunds of tuition and fees) and
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in response to illness, injury and stress).

Due November 1, 2019 (*Standards*, 4th edition) -

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **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 and areas in need of improvement).

March 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

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- **Standards C1.01f/C1.01** (provided evidence the program collects and analyzes f) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2010

Accreditation-Continued; Next Comprehensive Evaluation: September 2017. Maximum Student Capacity: 80.

Report due December 31, 2010 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards C1.01f/C1.01** (lacked evidence the program collects and analyzes f) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2009

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

- Adequate clinical experiences in geriatrics. No further information requested.

September 2008

The commission **accepted the report** addressing 3rd edition

- **Standard A1.07b** (provided evidence the sponsoring institution assures the program has the human resources needed to operate the program),
- **Standards A2.11b-c** (provided evidence the program director is knowledgeable about and has primary responsibility for the program's b) administration and fiscal management),
- **Standard A2.23** (provided evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard B7.03d** (provided evidence supervised clinical practice experiences [SCPEs] are provided in long-term care settings),
- **Standard B7.04e** (provided evidence the program documents every student has a SCPE in geriatrics),
- **Standards C1.01a and c** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (provided evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations) and
- **Standard F1.08** (provided evidence the appointment of the interim program director did not exceed 12 months).

Additional information (clarification regarding adequate clinical experiences in geriatrics) requested by January 9, 2009.

March 2008

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

- Hiring personnel. No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 80.

Report due January 11, 2008

- Status of hiring permanent program director and support personnel.

Due July 11, 2008 (*Standards*, 3rd edition) -

- **Standard A1.07b** (lacked evidence the sponsoring institution assures the program has the human resources needed to operate the program),
- **Standards A2.11b-c** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's b) administration and fiscal management),
- **Standard A2.23** (lacked evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard B7.03d** (lacked evidence supervised clinical practice experiences [SCPEs] are provided in long-term care settings),
- **Standard B7.04e** (lacked evidence the program documents every student has a SCPE in geriatrics),
- **Standards C1.01a and c** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (lacked evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations) and
- **Standard F1.08** (lacked evidence the appointment of the interim program director did not exceed 12 months).

March 2004

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

- Faculty and surgery sites. No further information requested.

September 2003

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

- The remediation policy,
- Data from self-study report and
- Copies of student evaluation form and graduate surveys

Additional information (names of faculty when hired and list of surgery sites) requested by January 15, 2004.

March 2003

The commission **accepted the report** addressing 2nd edition

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- **Standard B6.2h** (provided evidence the program documents that every student has clinical experiences in geriatrics),
- **Standards C2.2a, c-e, g** (provided evidence the self-study report incorporates critical analysis of
 - a) student attrition, deceleration and remediation,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses clinical experiences and faculty,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness and
 - g) evaluation of the most recent five year aggregate student performance on the National Certifying Examination) and
- **Standard D1.2** (provided evidence student health records are confidential documents and not be kept in program files).

Additional information (remediation policy, data from self-study report and copies of student evaluation form and graduate surveys) due July 15, 2003.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 72.

Report due January 15, 2003 (*Standards*, 2nd edition) -

- **Standard B6.2h** (lacked evidence the program documents that every student has clinical experiences in geriatrics),
- **Standards C2.2a, c-e, g** (lacked evidence the self-study report incorporates critical analysis of
 - a) student attrition, deceleration and remediation,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses clinical experiences and faculty,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness and
 - g) evaluation of the most recent five year aggregate student performance on the National Certifying Examination) and
- **Standard D1.2** (lacked evidence student health records are confidential documents and not be kept in program files).

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.