

Eastern Michigan University Accreditation History

First accredited: September 2013

Next review: April 2028

Maximum class size: 40

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September 2025

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and more information requested of the report**. Additional information (revised and resubmitted PANCE report) due December 12, 2025.

June 2022

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

- Modified Self-Study Report - effectiveness of the didactic curriculum, preparation of graduates to achieve program defined competencies and sufficiency and effectiveness of principal and instructional faculty and staff, 5th edition.

No further information requested.

March 2021

Program Change: Change in graduation requirements (matriculation month move from May to September), effective September 2020. The commission **acknowledged the proposed change**. No further information requested.

September 2020

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

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

June 2020

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

- How the program determines each student has met the program's expected learning outcomes for patients seeking care across the life span. No further information requested.

March 2020

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

- **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) and
- **Standard 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).

Additional information (modified Self-Study Report - effectiveness of the didactic curriculum, preparation of graduates to achieve program defined competencies and sufficiency and effectiveness of principal and instructional faculty and staff, 5th edition) due March 1, 2022.

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

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- **Standard B2.09** (provided evidence the program curriculum includes instruction in helping patients cope with illness, injury and stress),
- **Standard B3.03a** (provided evidence of program defined expectations/requirements and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have attained the expected learning outcomes),
- **Standards B3.06a-b** (provided 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) and
- **Standard B3.07f** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health).

Additional information (description of how the program determines each student has met the program's expected learning outcomes for patients seeking care across the life span) due February 3, 2020.

September 2019

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

- **Standard E1.06** (provided evidence the interim program director meets the qualifications of the program director). No further information requested.

March 2019

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

- The change in program faculty (program director).

Report due June 14, 2019 (**Standard E1.06** [lacked evidence the interim program director meets the qualifications of the program director]).

March 2018 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: March 2028. Maximum class size: 40.

Report due July 1, 2019 (*Standards*, 4th edition) -

- **Standard B2.09** (lacked evidence the program curriculum includes instruction in helping patients cope with illness, injury and stress),
- **Standard B3.03a** (lacked evidence of program defined expectations/requirements and methods to determine students, after supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span, have attained the expected learning outcomes),
- **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) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

Due October 15, 2019 (*Standards*, 4th edition) -

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),

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- **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
- **Standard 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).

September 2016

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

- Updated SCPEs in the Portal. No further information requested.

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

- **Standard A1.02** (provided evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- **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) and
- **Standard C3.04** (provided evidence the program is prepared to conduct and document 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).

Additional information (update supervised clinical practice experiences [SCPEs] in Program Management Portal) due August 31, 2016.

March 2016 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2018 (Final Provisional). The program's maximum class size remains 40 for the third class.

Report due May 1, 2016 (*Standards*, 4th edition) -

- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- **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) and
- **Standard C3.04** (lacked evidence the program is prepared to conduct and document 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).

September 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2016 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 30 in the second class and 40 in the third class. The commission noted zero areas of noncompliance with the *Standards*.

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