

Faulkner University Accreditation History

First accredited: June 2020
Next review: January 2035
Maximum class size: 50
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September 2025

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

- Description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitor the progress of each student to promptly identify and address documented deficiencies in a timely manner for items marked "Not Observed."

No further information requested.

March 2025 (following Final Provisional and Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 0 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: March 2035. Maximum class size: 50.

Program Change: Change in graduation requirements. The commission **approved the program's proposed change** in credit hours, from 107 to 116 credit hours, effective October 1, 2024. No further information requested.

The commission **reviewed and more information requested** of the report providing evidence of

- Description of how the rotation-specific preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner, SCPE learning outcomes that are assessed by the preceptor for each required rotation and assessment document(s) used by the preceptor to verify the program has means to determine each student has met those programs expected rotation-specific learning outcomes in a timely manner

Additional information (Description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitor the progress of each student to promptly identify and address documented deficiencies in a timely manner for items marked "Not Observed") due May 1, 2025.

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

- Published attrition table on the program's website.

No further information requested.

September 2024

Program Change: Change in graduation requirements and change in curriculum resulting in an increase in tuition. The commission **approved the program's proposed change** in credit hours, from 107 to 116 credit hours, effective September 1, 2024.

No further information requested.

June 2024

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

- board certification status of an Emergency Medicine preceptor

No further information requested.

Program Change: Change in graduation requirements and change in curriculum resulting in an increase in tuition. The commission **reviewed and more information requested** of the proposed changes.

Additional information (description of the planned change for staff support and physical resources to

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accommodate course changes, addition of small groups, and overlapping of cohorts in the pre-clinical phase) due August 1, 2024.

Report due August 1, 2024:

- Publish attrition table on program website

March 2024

The commission accepted the findings of the focused site visit. No further information requested.

The commission **reviewed and more information requested** of 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 A1.07** (provided 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 A2.03** (provided 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 A2.09a** (provided evidence program director is knowledgeable about and responsible for program organization)
- **Standard A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A2.18b** (provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B1.03e** (provided 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 B4.01a** (provided 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 B4.03a** (provided evidence 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 clinical and technical skills)

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- **Standard C1.01a** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing preparation of graduates to achieve program defined competencies)
- **Standard C1.01e** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing PANCE performance)
- **Standard C1.01f** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty)
- **Standard C1.01g** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing success in meeting the program's goals)

Additional information (description of how the rotation-specific preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner, SCPE learning outcomes that are assessed by the preceptor for each required rotation and assessment document(s) used by the preceptor to verify the program has means to determine each student has met those programs expected rotation-specific learning outcomes in a timely manner) due August 15, 2024.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2023

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

- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.01** (provided evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)
- **Standard A2.12** (provided evidence medical director is an active participant in the program)

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and supports the development of the program competencies to meet current practice standards as they relate to the PA role)

- **Standard A3.08b** (provided evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk, including addressing procedures for care and treatment after exposure)
- **Standard A3.12i** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard A3.17b** (provided evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- **Standard A3.20a** (provided evidence faculty records, including program director, medical director and principal faculty includes current job descriptions that include duties and responsibilities specific to each faculty member)
- **Standard B2.07e** (provided evidence the curriculum includes instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including patient management including acute and chronic care plans)
- **Standard B2.08a** (provided evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)
- **Standard B2.08b** (provided evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounter)
- **Standard B2.17e** (provided evidence the curriculum includes instruction about the PA profession to include the PA relationship with the physician and other health care providers)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard C2.01a** (provided evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)

Additional information (clarify board certification status of an Emergency Medicine preceptor) due December 15, 2023.

March 2023 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution's responsibility for program assessment, effective leadership, and compliance with ARC-PA accreditation *Standards* and policies.
- The sponsoring institution providing the program with sufficient principal faculty and administrative staff to operate the educational program, comply with *Standards*, and fulfill obligations to matriculating and enrolled students.
- The sponsoring institution demonstrating its commitment to supporting the program in defining its goal(s) for diversity and inclusion for students, faculty, and staff, including recruitment and retention strategies.

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- Faculty records, including current job descriptions, provide neither updated qualifications for principal faculty nor duties and responsibilities specific to each faculty member.
- Student academic records kept by the program including documentation that the student had met institution and program health screening and immunization requirements, student performance while enrolled, and summaries of any formal academic/behavioral disciplinary action taken against a student.
- Maintaining confidentiality of student health records.
- Clinical courses (including required and elective rotations) with defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.
- A curriculum with evidence of instruction that addresses patient management including acute and chronic care plans, provision of medical care for adults, rehabilitative patient encounters, and the PA relationship with the physician and other health care providers.
- Supervised clinical practice experiences (SCPEs) that occurred with physicians who are specialty board certified or specialty board certified in their area of instruction.
- The program's methods of assessment in the clinical curriculum align with what is expected and taught in the supervised clinical education learning outcomes for program required clinical/technical skills and procedures.
- The program's methods of assessment in supervised clinical practice experiences monitored and documented the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes related to clinical/technical skills and procedures in a timely manner.
- The program's summative evaluation verified each student met the program's competencies required to enter clinical practice, including clinical and technical skills.
- Documented initial evaluation of clinical sites to ensure students were able to fulfill program learning outcomes with access to physical facilities and initial and ongoing evaluation of clinical sites to ensure students were able to fulfill program learning outcomes with access to supervision.
- A fully defined, ongoing self-assessment process that documented program effectiveness and fostered program improvement that addressed administrative aspects of the program and institutional resources, effectiveness of the didactic and clinical curriculum, preparation of graduates to achieve program defined competencies, PANCE performance, sufficiency and effectiveness of principal and instructional faculty and staff, and success in meeting the program's goals.
- A self-assessment process that provided evidence of data collection to address all aspects of the program, performance of critical analysis of data, and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Submission of the provisional monitoring application and associated documents as required.

A focused probation site visit will need to occur in advance of the March 2025 commission meeting. The program's maximum class size remains 50. The program requested reconsideration of the commission's action. The action was upheld.

Report due May 15, 2023 (*Standards*, 5th edition):

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to

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student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)

- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.01** (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)
- **Standard A2.12** (lacked evidence medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A3.08b** (lacked evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk, including addressing procedures for care and treatment after exposure)
- **Standard A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard A3.17b** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)
- **Standard A3.20a** (lacked evidence faculty records, including program director, medical director and principal faculty includes current job descriptions that include duties and responsibilities specific to each faculty member)
- **Standard B2.07e** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including patient management including acute and chronic care plans)
- **Standard B2.08a** (lacked evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)
- **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounter)
- **Standard B2.17e** (lacked evidence the curriculum includes instruction about the PA profession to include the PA relationship with the physician and other health care providers)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard C2.01a** (lacked evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to physical facilities)

Report due June 22, 2023 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the

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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 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 A2.03** (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 A2.09a** (lacked evidence program director is knowledgeable about and responsible for program organization)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **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 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 B4.03a** (lacked evidence 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 clinical and technical skills)
- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing

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preparation of graduates to achieve program defined competencies

- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty)
- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing success in meeting the program's goals)

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; *Standards*, 5th edition):

- **Standard A3.17c** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of student performance while enrolled)
- **Standard A3.17e** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of summaries of any formal academic/behavioral disciplinary action taken against a student)
- **Standard A3.19** (lacked evidence student health records are confidential and not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student)
- **Standard A3.20b** (lacked evidence faculty records, including program director, medical director and principal faculty includes current curriculum vitae)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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 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 C2.01c** (lacked evidence program defines and maintains effective processes and

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documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure students are able to fulfill program learning outcomes with access to supervision)

- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

March 2022

Program Change: Change in graduation requirements (105 to 107 credits), effective April 2022. The commission **approved the change**. No further information requested.

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

- (how the program aligns student assessment with the expected SCPE learning outcomes for each required rotation)

The commission acknowledged the report providing evidence of

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

June 2021

The commission **reviewed and more information requested** for the report providing evidence of

- How the program aligns student assessment with the expected supervised clinical practice experience (SCPE) learning outcomes for each required rotation.

Additional information (narrative describing how the program aligns student assessment with the expected SCPE learning outcomes for each required rotation) due August 10, 2021.

March 2021

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

- **Standard B2.12c** (provided evidence the curriculum includes instruction related to helping patients develop coping mechanisms),
- **Standards B2.19a-b** (provided evidence the curriculum includes instruction in a] intellectual honesty and b] academic integrity),
- **Standards B3.03c and e** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with patients seeking c] women's health care and e] care for behavioral and mental health conditions) and
- **Standard B4.01a-b** (lacked some evidence student evaluations were related to course learning outcomes for didactic and supervised clinical education components of the curriculum).

Additional information (narrative describing how the program aligns student assessment with the expected SCPE learning outcomes for each required rotation) due March 29, 2021.

June 2020

Accreditation-Provisional; Next Comprehensive Evaluation: March 2023 (Provisional Monitoring).

The program is approved for up to 35 students in the first class of students, 50 in the second class and 50 in the third class.

Report due December 15, 2020 (*Standards*, 5th edition) -

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- **Standard B2.12c** (lacked evidence the curriculum includes instruction related to helping patients develop coping mechanisms),
- **Standards B2.19a-b** (lacked evidence the curriculum includes instruction in a] intellectual honesty and b] academic integrity),
- **Standards B3.03c and e** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with patients seeking c] women's health care and e] care for behavioral and mental health conditions) and
- **Standard B4.01** (lacked evidence student evaluations were related to course learning outcomes for didactic and supervised clinical education components of the curriculum).