

## Lipscomb University Accreditation History

First accredited: June 2018

Next review: April 2033

Maximum class size: 50

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### January 2026

The commission **did not accept** the report addressing

- Resubmitted student attrition report for the class of 2023 and the student attrition report for the class of 2024.

Additional information (Resubmitted newly created, stand-alone Student Attrition Report for the class of 2023, including a comprehensive, independent analysis of the class) due April 8, 2026.

### March 2025

The program's attrition rate was 15.9% or higher for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **did not accept the report**. Additional information (resubmitted report) due July 23, 2025.

### June 2024

Program Change: Change in credits from 124 to 131. The commission **approved the program's proposed change**. No further information requested.

### September 2023

The commission **Accepted** the report addressing 5<sup>th</sup> 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 B3.07c** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)

No further information requested.

### March 2023 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation:

March 2033. The program is approved for a maximum class size of 50.

Report due May 15, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.11a** (lacked 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 B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)

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

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)

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The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### March 2022

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

- description of how program documents student met published admissions criteria, learning outcomes in SCPEs for a) emergent, acute and chronic patient encounters, b) care across the life span, c) women's health and d) surgical management and description of how program determines student met learning outcomes)

Additional information (SCPE program expected learning outcomes for patients seeking emergent, acute, and chronic care; care across the life span including infants, children, adolescents, adults, and the elderly; prenatal and gynecological care and for behavioral and mental health conditions; narrative describing how the program will determine each student has met those outcomes; and document(s) necessary to verify the program has a means to determine each student has met the outcomes) due December 15, 2022.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### September 2021

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

- Updated PANCE pass rate data in the Program Management Portal. No further information requested.

### June 2021

The commission **reviewed and more information requested** from the report addressing

- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09d, h** (provided evidence the program director is knowledgeable about and responsible for d) continuous programmatic review and analysis and h) adherence to the *Standards* and ARC-PA policies),
- **Standard A3.11** (provided evidence the program's announcements and advertising accurately reflect the program offered),
- **Standard A3.17a** (lacked evidence student academic records document that the student met published admission criteria),
- **Standards B2.11d-e, g** (provided evidence the program curriculum includes instruction in d) response to illness and injury, e) response to stress and g) violence identification and prevention),

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- **Standards B3.03a-d** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span, c) women's health and d) surgical management) 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 (description of how program documents student met published admissions criteria, learning outcomes in SCPEs for a) emergent, acute and chronic patient encounters, b) care across the life span, c) women's health and d) surgical management and description of how program determines student met learning outcomes) due October 15, 2021.

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. 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 50. The program requested reconsideration of the commission's action. The action was upheld.

Report due April 1, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A3.12c** (lacked evidence the most current annual NCCPA PANCE Exam Performance Summary Report is published on the program website).

Report due May 3, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09d, h** (lacked evidence the program director is knowledgeable about and responsible for d) continuous programmatic review and analysis and h) adherence to the *Standards* and ARC-PA policies),
- **Standard A3.11** (lacked evidence the program's announcements and advertising accurately reflect the program offered),
- **Standard A3.17a** (lacked evidence student academic records document that the student met published admission criteria),
- **Standards B2.11d-e, g** (lacked evidence the program curriculum includes instruction in d) response to illness and injury, e) response to stress and g) violence identification and prevention),
- **Standards B3.03a-d** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span, c) women's health and d) surgical management) 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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

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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)
- **Standard C2.01b** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents results of critical analysis from the ongoing self-assessment)
- **Standard C2.01c** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents faculty evaluation of the curricular and administrative aspects of the program)
- **Standard C2.01d** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents modifications that occurred as a result of self-assessment)
- **Standard C2.01e** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents self-identified program strengths and areas in need of improvement)
- **Standard C2.01f** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents plans for addressing areas in need of improvement)

### June 2020

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

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

### June 2019

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

- Narrative describing how current and prospective students will be accurately informed about tuition and fees. No further information requested.

### March 2019

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered),
- **Standard A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B1.09** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and

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- **Standard D1.05** (provided evidence the program informs, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and conveys the implications of non-accreditation to applicants).

Additional report (narrative describing how current and prospective students will be accurately informed about tuition and fees) due January 18, 2019.

### June 2018

Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Provisional Monitoring). The program is approved for up to 35 students in the first class of students, 43 in the second class and 50 in the third class.

Report due October 8, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered),
- **Standard A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B1.09** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and
- **Standard D1.05** (lacked evidence the program informs, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and conveys the implications of non-accreditation to applicants).

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

- **Standard D1.03** (lacked evidence the developing program informs, in writing, everyone who requests information, applies or plans to enroll that the program is not yet accredited and conveys the implications of non-accreditation to applicants)