

Mercy College of Ohio Accreditation History

First accredited: September 2020

Next review: October 2035

Maximum class size: 30

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January 2026

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

- Updated attrition data in the Program Management Portal. No further information requested.

September 2025 (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. The commission noted 4 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: October 2035. Maximum class size: 30.

Report due November 14, 2025:

- Update attrition data in the Program Management Portal.

Report due November 1, 2027 (*Standards*, 5th edition) modified self-study report:

- **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 C1.03** (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 (The program demonstrated compliance with Standard A2.16 in the 6th Edition of the ARC-PA *Standards*):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

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

- SCPE expected learning outcomes for preventive, emergent, acute, and chronic patient encounters; for patients seeking medical care across the life span to include infants, children, adolescents, adults, and the elderly; for patients seeking women's health to include prenatal and gynecologic care; and for intra-operative care, as well as the document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives for those SCPEs; how the program aligns student assessment with what the program expects of a student for SCPEs; expectations for each required rotation; document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected in a timely manner.

No further information requested.

March 2025

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

- **Standard A1.13a** (provided evidence the program defines, publishes, consistently applies, and makes readily available to prospective students, policies, and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])

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- **Standard A3.14b** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B4.01b** (lacked evidence that the 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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (SCPE expected learning outcomes for preventive, emergent, acute, and chronic patient encounters; for patients seeking medical care across the life span to include infants, children, adolescents, adults, and the elderly; for patients seeking women's health to include prenatal and gynecologic care; and for intra-operative care, as well as the document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives for those SCPEs; how the program aligns student assessment with what the program expects of a student for SCPEs; expectations for each required rotation; document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected in a timely manner) due May 23, 2025.

June 2024 (following Provisional Monitoring and Focused Visit review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: September 2025 (Final Provisional). Maximum class size: 30.

Report due October 1, 2024 (*Standards*, 5th edition):

- **Standard A1.13a** (lacked evidence the program defines, publishes, consistently applies, and makes readily available to prospective students, policies, and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard A3.14b** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B4.01b** (lacked evidence that the 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 that allow the program to identify and address any student deficiencies in a timely manner)

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

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.10** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)

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- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.01a** (lacked evidence that the 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 that align with what is expected and taught)
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and 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 physical facilities)
- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and 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 patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and 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)

September 2023 (Provisional Monitoring review)

The commission deferred its decision regarding the program's accreditation status until after a focused visit in advance of the June 2024 commission meeting.

No further information requested.

June 2023

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 2021

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

- **Standard A1.02g** (provided evidence the sponsoring institution takes responsibility for addressing appropriate security and personal safety measures for PA students at supervised clinical practice experience sites),
- **Standard A3.10** (provided evidence the program defines and publishes written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.13a** (provided evidence the program publishes admission and enrollment practices that favor specified individuals or groups),

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- **Standard B2.05** (provided evidence the curriculum includes instruction related to the development of problem solving and medical decision-making skills) and
- **Standards B2.12a and b** (provided evidence the curriculum includes instruction in basic counseling and patient education skills related to patient adherence to prescribed treatment plans and development of modification behaviors to more healthful patterns).

September 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 25 in the second class and 30 in the third class.

Report due November 30, 2020 (*Standards*, 5th edition) -

- **Standard A1.02g** (lacked evidence the sponsoring institution takes responsibility for addressing appropriate security and personal safety measures for PA students at supervised clinical practice experience sites),
- **Standard A3.10** (lacked evidence the program defines and publishes written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.13a** (lacked evidence the program publishes admission and enrollment practices that favor specified individuals or groups),
- **Standard B2.05** (lacked evidence the curriculum includes instruction related to the development of problem solving and medical decision-making skills) and
- **Standards B2.12a and b** (lacked evidence the curriculum includes instruction in basic counseling and patient education skills related to patient adherence to prescribed treatment plans and development of modification behaviors to more healthful patterns).

Report due December 18, 2020 (*Standards*, 5th edition) -

- **Standards B4.01a and b** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel all the program's required learning outcomes).