Kansas State University
Accreditation History

First accredited: September 2021
Next review: July 2028
Maximum class size: 44

July 2026 (following Final Provisional and Probation review)
Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*
The commission noted 27 areas of noncompliance with the *Standards* and three new observations by the commission. A focused probation visit will occur in advance of the July 2028 commission meeting. The program's maximum class size remains 44. The commission's decision of extended probation is not appealable.
Report due September 15, 2026:

- Update Graduation Rate Table on program website

Report due January 5, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03g*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)
- ***Standard B1.03h*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi**,** the plan for grading)
- ***Standard B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***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)

Report due April 12, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A2.13a*** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)

- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B4.01a*** (lacked evidence 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 and that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard B4.03a*** (lacked evidence the 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 B4.03b*** (lacked evidence the 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 reasoning and problem-solving abilities)
- ***Standard B4.03c*** (lacked evidence the 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 interpersonal skills)
- **Standard B4.03d** (lacked evidence the 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 medical knowledge)
- ***Standard B4.03e*** (lacked evidence the 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 professional behaviors)
- ***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)

Report due September 6, 2027 (*Standards*, 5th edition-programs will respond in 6th) modified self-study report:

- ***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 C1.03*** (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)

Commission observation response due January 5, 2027 (*Standards*, 6th edition):

- ***Standard A3.14b*** (lacked evidence the program *publishes*, consistently applies, and makes *readily available* to enrolled and *prospective students* requirements and deadlines for completion of the program)
- ***Standard B1.01d*** (lacked evidence the curriculum provides the necessary breadth and depth to prepare students for the clinical practice of medicine)
- ***Standard B3.06d*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for surgery, including pre-operative, intra-operative, and post-operative care)

The program's PANCE pass rate percentage was 85% or less for its 2025 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

The commission reviewed the report addressing the observation for 5th edition

- ***Standard B4.01b*** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)

and noted 1 area of noncompliance with the *Standards*. No report due.

<u>April 2026</u>

The commission deferred its decision regarding the program's response to commission observation for 5th edition standard B4.01b pending the program's Final Provisional and Probation review at the July 2026 commission meeting.

<u>January 2026</u>

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

<u>September 2025</u>

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

- Explanation of how the program will determine whether each program goal was achieved or not yet achieved based on the measures with their benchmarks provided in the goals document; updated programs website with all available data related to each measure for each of the six program goals; reason why the program is not using physician preceptors who are all board-certified in their area of instruction; revised table of active preceptors who are not physicians or PAs and evidence that the preceptor met each one of the program requirements for qualification; and learning outcomes for each SCPE course with document(s) necessary to verify the program has the means to determine whether each student has met the SCPE learning outcomes.

No further information requested.
Commission observation response due December 30, 2025 (Standards, 5th edition):

- ***Standard B4.01b*** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)

<u>March 2025</u>
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***Standard A3.12b*** (lacked evidence the 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*)*
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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)

Additional information (Explanation of how the program will determine whether each program goal was achieved or not yet achieved based on the measures with their benchmarks provided in the goals document; updated programs website with all available data related to each measure for each of the six program goals; reason why the program is not using physician preceptors who are all board-certified in their area of instruction; revised table of active preceptors who are not physicians or PAs and evidence that the preceptor met each one of the program requirements for qualification; and learning outcomes for each SCPE course with document(s) necessary to verify the program has the means to determine whether each student has met the SCPE learning outcomes) due May 20, 2025.

No additional information required for 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 A2.09d*** (provided evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (provided evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard B2.06a*** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- ***Standard B2.06d*** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- ***Standard B2.11d*** (provided evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- ***Standard B4.01b*** (provided 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)

<u>June 2024</u>
Adverse Action-Accreditation-Probation (after Provisional Monitoring review) 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 program director's knowledge of program self-assessment and compliance with ARC-PA policies.
- Defined and published evidence of its effectiveness in meeting its goals
- Didactic and 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 didactic curriculum that includes instruction on disability status or special health care needs, religion and spirituality, and patient response to illness and injury.
- Program-defined methods of assessment in the clinical curriculum that align with what is expected and taught in the supervised clinical education learning outcomes for the program-required clinical/technical skills and procedures.
- Program-defined methods of assessment in supervised clinical practice experiences that monitor and document each student's progress 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.
- A self-study report with consistent evidence that its identified strengths and areas in need of improvement resulted from performing critical analysis of the data in its ongoing self-

assessment process and that effectively documented critical analysis of data and with clear linkage from data analysis to conclusions and action plans.
- Submission of the provisional monitoring application and associated documents as required.

A focused probation visit will occur in conjunction with the final provisional visit in advance of the June 2026 commission meeting. The program's maximum class size remains 44. The program did not request reconsideration of the commission's action.

Report due October 1, 2024 (*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 A2.09d*** (lacked evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (lacked evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A3.12b*** (lacked evidence the 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*)*
- ***Standard B2.06a*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- ***Standard B2.06d*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- ***Standard B2.11d*** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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 B4.01b*** (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 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)

<u>September 2023</u>
Program Change: Change in credits from 108 to 112 effective 2024. The commission **approved the program's proposed change**. No further information requested.

<u>March 2022</u>
The commission **accepted** the report addressing 5th edition

- ***Standard B3.03c-d*** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for c) women's health and d) surgical management),
- ***Standard B4.01a*** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- ***Standard D1.04g*** (lacked evidence each course in the clinical curriculum includes methods of student assessment).

No further information requested.

<u>September 2021</u>
Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 36.
Report due December 6, 2021 (*Standards*, 5th edition) -

- ***Standard B3.03c-d*** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for c) women's health and d) surgical management),
- ***Standard B4.01a*** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- ***Standard D1.04g*** (lacked evidence each course in the clinical curriculum includes methods of student assessment).