Point Loma Nazarene University
Accreditation History

First accredited: March 2021
Next review: July 2036
Maximum class size: 34

July 2026 (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 8 areas of noncompliance with the *Standards* and 2 new observations by the commission. The program received a warning letter regarding the program's failure to accurately and succinctly implement and document its self-assessment process.
Next Comprehensive Evaluation: July 2036. Maximum class size: 34.
Report due September 20, 2026(*Standards*, 5th edition-program will respond in 6th):

- ***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 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)

Report due September 7, 2027 (*Standards*, 5th edition-program 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 C1.02c.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)

Commission observation response due September 20, 2026 (*Standards*, 6th edition):

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for supporting the program faculty in effective program self-assessment)
- ***Standard A2.09d*** (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis

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

- SCPE expectations for procedural/technical skills

No additional information requested.

The commission **accepted** the report addressing the observations for 6th edition

- ***Standard B1.01d*** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B1.03f*** (provided 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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B3.05d*** (provided evidence supervised clinical practice experiences support the achievement of learning outcomes for technical skills)

and noted 0 areas of noncompliance with the *Standards*.

April 2026 (following Final Provisional review)
The commission deferred its decision regarding the program's accreditation status pending review of required reports.

September 2025
The commission **reviewed and more information requested** of the report providing evidence of

- Estimates all cost are consistent on the program website and portal, supporting evidence that documents the completed described vetting process for physician preceptors, SCPE expectations for the procedural skills (technical skills) for the FM, IM, EM, Surgery, Pediatric, and Women's Health SCPEs, and all required supporting documentation for any faculty departures, replacements, or additions.

Additional information (SCPE expectations for procedural/technical skills) due April 30, 2026.
Commission observation response due April 30, 2026 (*Standards*, 6th edition):

- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B1.03f*** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B3.05d*** (lacked evidence supervised clinical practice experiences support the achievement of learning outcomes for technical skills)

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

- ***Standard A3.12f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified 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 E1.04c*** (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy)

Additional information (Evidence that estimates of all cost are consistent on the program website and portal, supporting evidence that documents the completed described vetting process for physician preceptors, SCPE expectations for the procedural skills (technical skills) for the FM, IM, EM, Surgery, Pediatric, and Women's Health SCPEs, and all required supporting documentation for any faculty departures, replacements, or additions) due April 23, 2025.

No additional information required for 5th edition:

- ***Standard A2.09g*** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A3.17a*** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)
- ***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)

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.

<u>September 2024</u>
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal.

No further information requested.

<u>March 2024 (following Provisional Monitoring review)</u>
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: March 2026 (Final Provisional). Maximum class size: 34.
Report due May 1, 2024:

- Update NCCPA PANCE Pass Rate Summary Report on website
- Update student enrollment data in Program Management Portal

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

- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

- ***Standard A3.12f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- ***Standard A3.17a*** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified 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)
- ***Standard E1.04c*** (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy)

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

- ***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)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

<u>March 2022</u>

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

- Succinct narrative on how the program aligns student assessment with expected supervised clinical education components and learning outcomes for specific rotations.

No further information requested.

<u>September 2021</u>

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

- ***Standard A2.04*** (provided evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- ***Standards A3.12b, f*** (provided evidence the program publishes and makes readily available to prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),

- ***Standard A3.14*** (provided evidence the program will make admission decisions in accordance with published practices) and
- ***Standard B4.01a*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected and taught).

Additional information (succinct narrative on how the program aligns student assessment with expected supervised clinical education components and learning outcomes for specific rotations) due November 1, 2021.

March 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 32 in the second class and 34 in the third class.

Report due June 30, 2021 (*Standards*, 5th edition) -

- ***Standard A2.04*** (lacked evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- ***Standards A3.12b, f*** (lacked evidence the program publishes and makes readily available to prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standard A3.14*** (lacked evidence the program will make admission decisions in accordance with published practices) and
- ***Standard B4.01a*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected and taught).