St. Catherine University
Accreditation History

First accredited: March 2012
Next review: October 2027
Maximum class size: 32

July 2026

The commission reviewed the report addressing the observations for 6th edition and noted three (3) areas of noncompliance with the *Standards*. Report due September 29, 2026.

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- ***Standard A1.07a*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty)*
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

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

- ***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 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)

Additional information (description of how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due November 23, 2026.

No additional information required for 5th edition:

- ***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 B3.03a*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.07e*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (provided 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 B4.03a*** (provided 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)

<u>September 2025</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Evidence of sponsoring institutional support for sufficient faculty.
- Evidence of measurable learning outcomes and instructional objectives for all courses.
- Evidence of learning outcomes for emergent encounters, adult and elderly patients, gynecologic care, and technical skills within the supervised clinical practice experiences (SCPEs)
- Evidence of SCPE physician preceptors who were board-certified in their area of instruction.
- Evidence that all pediatric SCPE preceptors enabled students to meet the course learning outcomes.
- Evidence that all women's health SCPE preceptors enabled students to meet the course learning outcomes.
- Evidence of clearly aligned learning outcomes, instruction, and assessments in the SCPE courses.
- Evidence that the assessments in the SCPE courses allow the program to identify learning outcome achievement deficiencies in a timely manner.
- Evidence of technical skills competencies and aligned summative evaluation assessments conducted in the final four (4) months of the curriculum.
- Evidence of an ongoing self-assessment process that applied the results of critical analysis to conclusions that identified program strengths, areas in need of improvement, and action plans.
- Evidence of documentation of a self-study report that consistently provided critical data analysis that led to conclusions, identification of strengths and areas needing improvement, and action plans.

The commission noted 15 areas of noncompliance with the *Standards* and 8 new observations by the commission. A focused probation visit will occur in advance of the October 2027 commission meeting. The program's maximum class size remains 32.
Report due March 27, 2026 (*Standards*, 5th edition):

- ***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 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 B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 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)

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

- ***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 March 27, 2026 (*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 A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- ***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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard B1.03d*** (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale)
- ***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 C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)

<u>March 2021</u>

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

- Changes in response to COVID-19. No further information requested.

<u>March 2020</u>

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>March 2018</u>

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>March 2016</u>

The commission **accepted the reports** addressing 4th edition

- ***Standard A3.14b*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),

- ***Standards B3.06a and b*** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) and
- ***Standard C2.01c*** (provided evidence of a self-study report that documents faculty evaluation of the program). No further information requested.

<u>September 2015</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 32.
Report due December 15, 2015 (*Standards*, 4th edition) -

- ***Standard A3.14b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals) and
- ***Standards B3.06a and b*** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

Due February 8, 2016 (*Standards*, 4th edition) -

- ***Standard C2.01c*** (lacked evidence of a self-study report that documents faculty evaluation of the program).

<u>September 2012</u>
The commission **accepted the report** addressing 4th edition

- ***Standard A3.09*** (provided evidence the medical director does not participate as a health care provider for students in the program, except in an emergency situation). No further information requested.

<u>March 2012</u>
Accreditation-Provisional; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 96.
Report due July 1, 2012 (*Standards*, 4th edition) -

- ***Standard A3.09*** (lacked evidence the medical director does not participate as a health care provider for students in the program, except in an emergency situation).