Des Moines University
Accreditation History

First accredited: April 1983
Next review: October 2035
Maximum class size: 65

October 2026

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 B4.01b*** (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 (SCPE learning outcomes for each required and elective rotation and corresponding SCPE preceptor evaluations to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by omitting complex content, ensuring specific expectations, and allowing for timely identification of student deficiencies) due September 17, 2026.

No additional information required for 5th edition:

- ***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 B3.03d*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- ***Standard B4.01a*** (provided 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)

September 2025

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*.
Next Comprehensive Evaluation: October 2035. Maximum class size: 65.
Report due February 11, 2026 (*Standards*, 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 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 B3.03d*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative 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)

No report due (program is in compliance with respective 6th edition standard A2.16b):

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

<u>September 2022</u>
Program Change: Increase in maximum entering class size to 65, change from 134 credits to 112 credits, change in length of preclinical phase from 12 to 14 months, all effective June 2023. Change in length of the SCPE phase from 13 months to 12 months, effective August 2024. The commission **approved the program's proposed changes.** No further information requested.

<u>March 2022</u>
The commission **accepted the report** providing evidence of

- Modified self-study report of critical analysis of faculty evaluation of the curricular and administrative aspects of the program. No further information requested.

<u>March 2021</u>
The commission **accepted the report** providing evidence of

- Follow-up for the class of 2020 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

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.

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

- Updated changes in response to COVID-19. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due July 20, 2020.

March 2020

Program Change: Change in graduation requirements (133 to 133.5 credits awarded), effective June 1, 2018. The commission **acknowledged the proposed change**. No further information requested.

September 2018

The commission **did not accept the report** addressing 4th edition

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

Additional information (modified self-study report of critical analysis of faculty evaluation of the curricular and administrative aspects of the program) due November 1, 2021.

September 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. The program is approved for up to 50 students**.**

Report due July 1, 2018 (*Standards*, 4th edition) -

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

September 2016

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

- ***Standard A1.03g*** (provided evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- ***Standard B3.02*** (provided evidence of guidance to students on what supervised clinical practice experiences [SCPEs] are expected or how specific competencies are measured),
- ***Standards B3.06a-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),
- ***Standard C4.01*** (provided evidence the program defines, maintains and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures). No further information requested.

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

- Correction of SCPEs in the Portal.
- Update of website with success in achieving goals.

March 2016

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

- ***Standard B1.09*** (provided evidence for each didactic and clinical course of instructional objectives that guide student acquisition of competencies),
- ***Standards B3.03b-c*** (provided evidence that SCPEs enable all students to meet the program defined requirements for patients seeking b) women's health and c) surgical management),
- ***Standards B3.07c-e*** (provided evidence of SCPEs with preceptors practicing in general surgery, pediatrics and ob/gyn) and
- ***Standard C2.01c*** (provided evidence of a self-study report that documents faculty evaluation of the clinical year curriculum).

The commission **did not accept the reports** addressing 4th edition

- ***Standards A1.03c and g*** (lacked evidence the sponsoring institution is responsible for c) complying with ARC-PA accreditation *Standards* and policies and g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- ***Standard B3.02*** (lacked evidence of guidance to students on what supervised clinical practice experiences [SCPEs] are expected or how specific competencies are measured),
- ***Standards B3.06a-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),
- ***Standard C4.01*** (lacked evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

Additional information due May 1, 2016

- Correct SCPEs in Portal and
- Update website with success of the program in achieving its goals.

Due July 1, 2016 (*Standards*, 4th edition) -

- ***Standard A1.03g*** (lacked evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- ***Standard B3.02*** (lacked evidence of guidance to students on what supervised clinical practice experiences [SCPEs] are expected or how specific competencies are measured),
- ***Standards B3.06a-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),
- ***Standard C4.01*** (lacked evidence the program defines, maintains and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

No report due for standard A1.03c (will be assessed during the Probation site visit to be conducted in advance of September 2017 commission meeting).

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

- Update/correction of SCPEs in the Portal.

<u>September 2015</u>
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2025**.** The program's maximum class size remains 50. The program did not appeal the commission's decision.
Report due October 15, 2015

- Update/correct supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Due January 7, 2016 (*Standards*, 4th edition) -

- ***Standards A1.03c and g*** (lacked evidence the sponsoring institution is responsible for c) complying with ARC-PA accreditation *Standards* and policies and g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- ***Standard B1.09*** (lacked evidence for each didactic and clinical course of instructional objectives that guide student acquisition of competencies),
- ***Standard B3.02*** (lacked evidence of guidance to students on what supervised clinical practice experiences [SCPEs] are expected or how specific competencies are measured),
- ***Standards B3.03b-c*** (lacked evidence that SCPEs enable all students to meet the program defined requirements for patients seeking b) women's health and c) surgical management),
- ***Standards B3.06a-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),
- ***Standard C2.01c*** (lacked evidence of a self-study report that documents faculty evaluation of the clinical year curriculum) and
- ***Standard C4.01*** (lacked evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

Due February 1, 2016 (*Standards*, 4th edition) -

- ***Standard B3.07c-e*** (lacked evidence of SCPEs with preceptors practicing in general surgery, pediatrics and ob/gyn).

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

- ***Standard A2.02*** (lacked evidence the program has program faculty that includes the program director, medical director and at least three FTE principal faculty positions and instructional faculty and that the program director is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)

- ***Standard A3.13*** (lacked evidence the program announcements and advertising accurately reflect the program offered)

March 2010
The commission **accepted the report** providing evidence of

- A self-study report that documents the program's process of ongoing self-assessment. No further information requested.

September 2009
Accreditation-Continued; Next Comprehensive Evaluation: September 2015. The program is approved for up to 150 students**.**
Report due June 30, 2010 (*Standards*, 3rd edition).

- ***Standard C2.01a*** (lacked evidence of a self-study report that documents the program's process of ongoing self-assessment).

September 2007
The commission **accepted the report** providing evidence of

- Student health services provided after hours, weekends and holidays. No further information requested.

March 2007
The commission **accepted the report** addressing 2nd edition

- ***Standard A5.15*** (provided evidence the program has current CVs for each course director),
- ***Standard B1.4*** (provided evidence each didactic and clinical course has a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),

- ***Standard B3.1e*** (provided evidence the program curriculum includes instruction in sexuality),
- ***Standard B6.3*** (provided evidence clinical experiences occur in long-term care settings),
- ***Standard C4.1e*** (provided evidence self-study reports document plans for addressing weaknesses and areas needing improvement),
- ***Standard C5.5a*** (provided evidence the summative evaluation of each student documents that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice prior to program completion),
- ***Standard C6.1*** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- ***Standard D1.1*** (provided evidence in program files verifying that each student has completed health screening and meets program health requirements) and
- ***Standard D1.6*** (provided evidence core program faculty do not participate as the primary health care providers for students in the program).

Additional clarifying information (student health services provided when PA faculty is on call) due July 13, 2007.

<u>September 2006</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2009.
Report due January 12, 2007 (*Standards*, 2nd edition) -

- ***Standard A5.15*** (lacked evidence the program has current CVs for each course director),
- ***Standard B1.4*** (lacked evidence each didactic and clinical course has a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- ***Standard B3.1e*** (lacked evidence the program curriculum includes instruction in sexuality),
- ***Standard B6.3*** (lacked evidence clinical experiences occur in long-term care settings),
- ***Standard C4.1e*** (lacked evidence self-study reports document plans for addressing weaknesses and areas needing improvement),
- ***Standard C5.5a*** (lacked evidence the summative evaluation of each student documents that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice prior to program completion),
- ***Standard C6.1*** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- ***Standard D1.1*** (lacked evidence in program files verifying that each student has completed health screening and meets program health requirements) and
- ***Standard D1.6*** (lacked evidence core program faculty do not participate as the primary health care providers for students in the program).

<u>March 2004</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A5.5*** (provided evidence policies and procedures for processing faculty grievances are defined, published, and readily available to faculty),
- ***Standards C2.2a, c-g*** (provided evidence self-study reports include critical analysis of a) student failure rates in individual courses and rotations, d) student evaluation of individual didactic courses, clinical experiences and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) timely surveys of graduates evaluating curriculum and program

effectiveness and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and

- ***Standards C4.1a-b, d*** (provided evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation) and
- Provided evidence of the process and timeline for hiring a permanent program director. No further information requested.

<u>September 2003</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2006. The program is approved for up to 74 students**.**
Report due January 15, 2004 (*Standards*, 2nd edition) -

- ***Standard A5.5*** (lacked evidence policies and procedures for processing faculty grievances are defined, published, and readily available to faculty),
- ***Standards C2.2a, c-g*** (lacked evidence self-study reports include critical analysis of a) student failure rates in individual courses and rotations, d) student evaluation of individual didactic courses, clinical experiences and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) timely surveys of graduates evaluating curriculum and program effectiveness and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standards C4.1a-b, d*** (lacked evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation) and
- Process and timeline for hiring a permanent program director.

<u>March 2002</u>
The commission **accepted the report** providing evidence of

- Schedule of planning and development of student project with faculty assistance No further information requested.

<u>December 2001</u>
Program Change: Change in academic degree. The commission **acknowledged the proposed change** from a baccalaureate to a master's degree, effective August 2002. Additional information (timing of planning and development of student project with faculty assistance) due February 1, 2002.

<u>March 2000</u>
Name Change: Des Moines University, effective September 19, 1999 (formerly the University of Osteopathic Medicine and Health Sciences).

NOTE: The ARC-PA commission action information available begins in March 2000. Information from initial accreditation in 1993 by CAHEA and subsequent accrediting organizations is not available.