Louisiana State University Health Sciences Center Shreveport
Accreditation History

First accredited: April 1996
Next review: October 2036
Maximum class size: 40

October 2026
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. The commission noted one (1) area of noncompliance with the *Standards*.
Next Comprehensive Evaluation: October 2036. Maximum class size: 40.
No report due (program demonstrated compliance with 6th edition *Standards*):

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

June 2024
Program Change: Change in credits awarded. The commission **approved the program's proposed change.** No further information requested.

June 2023
The commission **accepted the report** providing evidence of

- Clarification of the fiscal year dates used for the program budget, tabular display of the actual FY 2021-22 expenditures or description of areas reduced in the FY 2022-23 budget, impact of any decreased operational budget areas on the program and the process by which future needs are addressed.

No further information requested.

March 2023
Program Change: Change in program fiscal support. The commission **reviewed and requested more information for the program's proposed change.** Additional information (Clarification of the fiscal year dates used for the program budget, tabular display of the actual FY 2021-22 expenditures or description of areas reduced in the FY 2022-23 budget, impact of any decreased operational budget areas on the program and the process by which future needs are addressed) due March 31, 2023.

September 2020
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. No further information requested.

March 2019
The commission **acknowledged the report** addressing 4th edition

- ***Standard A3.14a*** (provided evidence of the program publishing and making readily available to enrolled and prospective students the program's ARC-PA accreditation status). No further information requested.

September 2018

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 40. Report due October 31, 2018 (*Standards*, 4th edition) -

- ***Standard A3.14a*** (lacked evidence of the program publishing and making readily available to enrolled and prospective students the program's ARC-PA accreditation status).

<u>September 2017</u>
The commission **accepted the report** providing evidence of

- The course objectives for clinical courses. No further information requested.

<u>March 2017</u>
The commission **accepted the reports** addressing 4th edition

- ***Standard A1.03a*** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- ***Standard A3.13*** (provided evidence the program announcements and advertising accurately reflect the program offered),
- ***Standards A3.14a, d-f*** (provided evidence of the program defining, publishing and making readily available to enrolled and prospective students a) the program's ARC-PA accreditation status, d) all required curricular components, e) academic credit offered by the program and f) estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standards A3.15a-e*** (provided evidence the program defines, publishes and makes readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups), b) admission requirements regarding prior education or work experience, c) policies and procedures concerning awarding or granting advanced placement, d) any required academic standards for enrollment and e) any required technical standards for enrollment) and
- ***Standard A3.16*** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- ***Standard B1.09*** (provided evidence for each clinical course of instructional objectives that guide student acquisition of required competencies), and
- ***Standard E1.05*** (provided evidence the program is demonstrating active recruitment to fill a vacated faculty position).

Additional information (course objectives for clinical courses) due August 1, 2017.

<u>September/December 2016</u>
Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the September 2018 commission meeting. Maximum class size: 40. The program appealed the commission's decision. The commission's decision was upheld.
Report due December 16, 2016 (*Standards*, 4th edition) -

- ***Standard A1.03a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- ***Standard A3.13*** (lacked evidence the program announcements and advertising accurately reflect the program offered),

- ***Standards A3.14a, d-f*** (lacked evidence of the program defining, publishing and making readily available to enrolled and prospective students a) the program's ARC-PA accreditation status, d) all required curricular components, e) academic credit offered by the program and f) estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standards A3.15a-e*** (lacked evidence the program defines, publishes and makes readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups), b) admission requirements regarding prior education or work experience, c) policies and procedures concerning awarding or granting advanced placement, d) any required academic standards for enrollment and e) any required technical standards for enrollment) and
- ***Standard A3.16*** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program).

Due February 1, 2017 (*Standards*, 4th edition) -

- ***Standard B1.09*** (lacked evidence for each clinical course of instructional objectives that guide student acquisition of required competencies), and
- ***Standard E1.05*** (lacked evidence the program is demonstrating active recruitment to fill a vacated faculty position).

Due May 15, 2018 (*Standards*, 4th edition) (for the focused probation visit) -

- ***Standard C1.01*** (lacked evidence of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standards C2.01b-d*** modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment).

<u>March 2012</u>

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards B1.06/B1.09*** (provided evidence for each didactic course of syllabi that define expectations and guide student acquisition of expected competencies),
- ***Standards C1.01c, f/C1.01*** (provided evidence the program regularly collects and analyzes data related to c) student failure rates in individual courses and rotations and f) preceptor evaluations of student performance and suggestions for program improvement) and
- ***Standards C2.01b1, b6/C2.01b*** (provided evidence of a self-study report that documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2011
Program Change: Change in requirements for graduation (decrease in credits awarded, 102 to 99), effective August 2013. The commission **acknowledged the proposed change**. No further information requested.

March 2011
Accreditation-Continued; Next Comprehensive Evaluation: March 2015. The program is approved for up to 120 students.
Report due December 31, 2011 (*Standards*, 3rd/4th edition) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards B1.06/B1.09*** (lacked evidence for each didactic course of syllabi that define expectations and guide student acquisition of expected competencies),
- ***Standards C1.01c, f/C1.01*** (lacked evidence the program regularly collects and analyzes data related to c) student failure rates in individual courses and rotations and f) preceptor evaluations of student performance and suggestions for program improvement) and
- ***Standards C2.01b1, b6/C2.01b*** (lacked evidence of a self-study report that documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

September 2009
Program change: Change in credential awarded (baccalaureate to master of physician assistant sciences), effective May 2010. The commission **acknowledged the proposed change**. No further information requested.

September 2006
The commission acknowledged the report addressing 2nd edition

- ***Standard B1.2*** (provided evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice) and
- ***Standard B6.3*** (provided evidence every student has a clinical experience in a long-term care setting). No further information requested.

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 108.
Report due July 14, 2006 (*Standards*, 2nd edition) -

- ***Standard B1.2*** (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice) and
- ***Standard B6.3*** (lacked evidence every student has a clinical experience in a long-term care setting).

March 2005

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

- Descriptions of self-study process and program modifications that have resulted from the process, information regarding the changes in the admissions process and progress in securing clinical sites self-study process. No further information requested.

Program Change: Class size (28 to 36), effective June 2005. The commission **acknowledged the proposed change**. No further information requested.

September 2004

The commission **acknowledged the report** addressing 2nd edition

- ***Standard B1.4*** (provided evidence the program provides a clearly written syllabus for each didactic course that includes measurable instructional objectives),
- ***Standard B1.5*** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard B2.1c*** (provided evidence of instruction in pathophysiology),
- ***Standard B6.3*** (provided evidence of clinical experiences in long-term care settings),
- ***Standards C4.1a-b, d*** (provided evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),
- ***Standard C6.1*** (provided evidence the program routinely evaluates sites for the students' clinical practice experiences) and
- ***Standard C6.3*** (provided evidence that the program documents each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

Additional information (descriptions of self-study process and program modifications that have resulted from the process, information regarding the changes in the admissions process and progress in securing clinical sites) due January 14, 2005.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 56. Report due July 15, 2004 (*Standards*, 2nd edition) -

- ***Standard B1.4*** (lacked evidence the program provides a clearly written syllabus for each didactic course that includes measurable instructional objectives),
- ***Standard B1.5*** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard B2.1c*** (lacked evidence of instruction in pathophysiology),
- ***Standard B6.3*** (lacked evidence of clinical experiences in long-term care settings),

- ***Standards C4.1a-b, d*** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),
- ***Standard C6.1*** (lacked evidence the program routinely evaluates sites for the students' clinical practice experiences) and
- ***Standard C6.3*** (lacked evidence the program documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

March 2003
The commission **accepted the report** providing evidence of

- Clinical Medicine syllabi and course sequencing plan for the clinical medicine courses. No further information requested.

September 2002
Personnel Change: Permanent program director appointed, effective April 1, 2002.

March 2002
The commission **accepted the report** addressing 1st edition/2nd edition
NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I B 3 b/(A4.8)*** (provided evidence that teaching equipment and related resources are adequate),
- ***Standards II B 1 c/(B5.10)*** (provided evidence the curriculum provides adequate opportunity for students to develop necessary skills to read the medical literature critically),
- ***Standards II B 2/(B1.2)*** (provided evidence of appropriate learning experiences and curriculum sequence for didactic education in the written curriculum materials),
- ***Standards II B 2 b/(B1.4)*** (provided evidence of clearly written course syllabi and learning objectives for all courses), and
- ***Standards II B 2 d/(B1.5)*** (provided evidence that the PA faculty has oriented all basic science faculty to their role in the PA education process).

Additional information (Clinical Medicine syllabi and course sequencing plan for the clinical medicine courses) due January 2003.

March 2001
Accreditation-Continued; Next Comprehensive Evaluation: March 2004.
Report due February 1, 2002 (*Standards*, 1st/[2nd edition]) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I B 3 b/(A4.8)*** (lacked evidence that teaching equipment and related resources are adequate),
- ***Standards II B 1 c/(B5.10)*** (lacked evidence the curriculum provides adequate opportunity for students to develop necessary skills to read the medical literature critically),
- ***Standards II B 2/(B1.2)*** (lacked evidence of appropriate learning experiences and curriculum sequence for didactic education in the written curriculum materials),
- ***Standards II B 2 b/(B1.4)*** (lacked evidence of clearly written course syllabi and learning objectives for all courses), and
- ***Standards II B 2 d/(B1.5)*** (lacked evidence that the PA faculty has oriented all basic science faculty to their role in the PA education process).

<u>March 2000</u>
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2001. The program did not appeal the commission's decision.
Standards, 1st edition identified

- ***Standard I B 1 a (1)*** (lacked evidence the program director has developed a formal process for the continuous review of the program and provides appropriate direction, supervision, and guidance for the program faculty),
- ***Standard I B 1 d*** (lacked evidence of sufficient clerical support),
- ***Standard I C 1*** (lacked evidence the program defines, publishes and makes available to prospective students the medical terminology testing requirement in the admission process and the policy for advanced placement and experiential learning),
- ***Standard I C 2*** (lacked evidence of a written policy for determination of advancement, remedial work, withdrawal, or successful completion of the clinical rotations),
- ***Standard I D 1 f*** (lacked evidence that students do not substitute for faculty in some courses),
- ***Standard I D 2 a*** (lacked evidence that student files consistently contain information related to the program),
- ***Standard I E*** (lacked evidence of a formal, analytical self-study process),
- ***Standard I E 1*** (lacked evidence of the collection of quantitative and formal qualitative data from program graduates),
- ***Standard I E 1 a*** (lacked evidence of the analysis of student attrition rates),
- ***Standard I E 1 b*** (lacked evidence of the analysis of student failures),
- ***Standard I E 1 c*** (lacked evidence of the conduct of surveys with graduates or employers),
- ***Standard I E 1 e*** (lacked evidence that didactic course evaluations by students provide data useful in determining overall course and program effectiveness),
- ***Standard I E 3*** (lacked evidence of sufficient data in the self-study to understand the program's plan for improvement),
- ***Standard II B 1 c*** (lacked evidence of the adequacy of instruction in interpreting the medical literature) and
- ***Standard II B 2 c*** (lacked evidence that all students in supervised clinical rotations obtain equivalent clinical skills and knowledge during the clinical year).

September 1999
The commission **did not accept the report** addressing 1st edition

- ***Standard I B 1 a (1)*** (lacked evidence the program director meets the defined responsibilities of the position),
- ***Standard I B 1 c (3)*** (lacked evidence of sufficient faculty to provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry to the profession
- ***Standard I C 1*** (lacked evidence of published technical standards),
- ***Standard I D 2 a*** (lacked evidence student files contain evaluations of didactic performance, remedial instructions, academic counseling, referrals for guidance counseling, or documentation of actions for discipline, withdrawal, or dismissal),
- ***Standard I E*** (lacked evidence of a formal, documented process for continuous evaluation of the program),
- ***Standard I E 1 e*** (lacked evidence of documentation of use of data collected on course and program effectiveness),
- ***Standard I E 3*** (lacked evidence the self-study documents how data have been analyzed and how subsequent changes have occurred),
- ***Standard II B 1 c*** (lacked evidence of documentation of instruction in interpretation of the medical literature),
- ***Standard II B 2 b*** (lacked evidence learning objectives provide guidance to students due to lack of specificity and detail), and
- ***Standard III A 2 d (6)*** (lacked evidence the program notified the ARC-PA in advance of expansion to another education site) and
- Status of faculty. No further information requested (review during next on-site evaluation).

March 1999
Accreditation-Continued; Next Comprehensive Evaluation: March 2000.
Report due August 1, 1999 (*Standards*, 1st edition) -

- ***Standard I B 1 a (1)*** (lacked evidence the program director meets the defined responsibilities of the position),
- ***Standard I B 1 c (3)*** (lacked evidence of sufficient faculty to provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry to the profession
- ***Standard I C 1*** (lacked evidence of published technical standards),
- ***Standard I D 2 a*** (lacked evidence student files contain evaluations of didactic performance, remedial instructions, academic counseling, referrals for guidance counseling, or documentation of actions for discipline, withdrawal, or dismissal),
- ***Standard I E*** (lacked evidence of a formal, documented process for continuous evaluation of the program),
- ***Standard I E 1 e*** (lacked evidence of documentation of use of data collected on course and program effectiveness),

- ***Standard I E 3*** (lacked evidence the self-study documents how data have been analyzed and how subsequent changes have occurred),
- ***Standard II B 1 c*** (lacked evidence of documentation of instruction in interpretation of the medical literature),
- ***Standard II B 2 b*** (lacked evidence learning objectives provide guidance to students due to lack of specificity and detail), and
- ***Standard III A 2 d (6)*** (lacked evidence the program notified the ARC-PA in advance of expansion to another education site) and
- Status of faculty.

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1996 by CAAHEP is not available.