Midwestern University – Downers Grove
Accreditation History

First accredited: May 1993
Next review: January 2033
Maximum class size: 86

July 2026
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.

April 2026
Program Change: Change in credits for clinical phase of program. The commission **approved the program's proposed change.** No further information requested.

March 2025
Program Change: Change in credits awarded from 142 to 141. The commission **approved the program's proposed change.** No further information requested.

June 2024
The commission **accepted the report** providing evidence of

- How the program will determine each student has met the program's expected learning outcomes for women's health to include prenatal and gynecologic and pediatrics for the infant, child, and adolescent age groups and monitors the progress of each student to promptly identify and document deficiencies in a timely manner and resubmission of the four modified SSR appendices with all relevant quantitative and qualitative data as appended documents.

No further information requested.

Program Change: Change in credits from 146 to 142 and curricular changes. The commission **approved the program's proposed change.** No further information is requested.

March 2024
The commission **did not accept** the report addressing 5th edition

- ***Standard A3.03*** (lacked evidence program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.13a*** (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups)
- ***Standard A3.12b*** (lacked evidence 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 A3.12c*** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Year provided by the NCCPA through its program portal, no later than April first each year)
- ***Standard A3.12i*** (lacked evidence program defines, publishes and makes readily available to

enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)

- ***Standard B2.08b*** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounter)
- ***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 B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- ***Standard C1.02c.i*** (lacked evidence program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.03*** modified Self-Study Report (lacked evidence 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)

Additional information (how the program will determine each student has met the program's expected learning outcomes for women's health to include prenatal and gynecologic and pediatrics for the infant, child, and adolescent age groups and monitors the progress of each student to promptly identify and document deficiencies in a timely manner and resubmission of the four modified SSR appendices with all relevant quantitative and qualitative data as appended documents) due February 1, 2024.
Report due January 30, 2024:

- Update PANCE report on program website

Program Change: Change in credits from 146 to 142 and curricular changes. The commission **reviewed and more information requested of the program's proposed change.** Additional information (changes to tuition charged, generated, and budgeted and letter of approval from dean or senior institutional official and/or regional accreditation approval) due by December 1, 2024.

<u>September 2023</u>
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal. No further information requested.

<u>March 2023</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 86.
Report due May 15, 2023:

- Update NCCPA PANCE Pass Rate in Program Management Portal.

Report due October 1, 2023 (*Standards*, 5th edition):

- ***Standard A3.03*** (lacked evidence program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.13a*** (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups)
- ***Standard A3.12b*** (lacked evidence 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 A3.12c*** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Year provided by the NCCPA through its program portal, no later than April first each year)
- ***Standard A3.12i*** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- ***Standard B2.08b*** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounter)
- ***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 B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- ***Standard C1.02c.i*** (lacked evidence program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.03*** modified Self-Study Report (lacked evidence 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)

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

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

March 2021
The commission **acknowledged the report** providing evidence of

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

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

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

September 2020
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.

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 October 15, 2020.

March 2020
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.

September 2017
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.

March 2017
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.

May 2016
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

September 2014
The commission **accepted the report** providing evidence of

- SCPE update in the portal. No further information requested.

March 2014
The commission accepted the report addressing 4th edition

- ***Standard A1.11*** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences),
- ***Standard A2.03*** (provided evidence of sufficiency of principal faculty specifically for student advising and remediation) and
- ***Standard B3.03b and c*** (provided evidence supervised clinical practice experiences provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking b) women's health and c) surgical management).

Additional information (update supervised clinical practice experiences [SCPEs] in the Program Management Portal) due May 1, 2014.

March 2013
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 86. Report due December 31, 2013 ((*Standards*, 4th edition) -

- ***Standard A1.11*** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences),
- ***Standard A2.03*** (lacked evidence of sufficiency of principal faculty specifically for student advising and remediation) and
- ***Standard B3.03b and c*** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking b) women's health and c) surgical management).

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 180. The commission noted zero areas of noncompliance with the *Standards*.

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

- Pharmacology objectives. No further information requested.

March 2003
The commission **accepted the report** addressing 2nd edition

- ***Standard B1.4*** (provided evidence syllabi for three courses include measurable instructional objectives),

- ***Standard B6.2d*** (provided evidence that every student has adequate clinical experiences in prenatal care and gynecology) and
- ***Standard C6.2*** (provided evidence of a consistent number of clinical rotation visits to students).

Additional information (pharmacology objectives) due July 15, 2003.

March 2002
Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 180.
Report due January 17, 2003 (*Standards*, 2nd edition) -

- ***Standard B1.4*** (lacked evidence syllabi for three courses include measurable instructional objectives),
- ***Standard B6.2d*** (lacked evidence that every student has adequate clinical experiences in prenatal care and gynecology) and
- ***Standard C6.2*** (lacked evidence of a consistent number of clinical rotation visits to students).

March 2000
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 c (3)*** (provided evidence there are a sufficient number of core faculty to provide students with adequate attention and instruction and supervised practice),
- ***Standard I C 2*** (provided evidence student evaluations in the supervised clinical education component are conducted in time to guide student learning),
- ***Standard I E 3*** (provided evidence of an analytical self-study report) and
- ***Standard I E 1 c*** (provided evidence of the timely conduct of employer surveys). No further information requested.

September 1999
The commission **accepted the report** providing evidence of

- The effects of separating the Illinois and Arizona campuses. No further information requested.

March 1999
Accreditation-Continued; Next Comprehensive Evaluation: March 2002.
Report due August 1, 1999

- Impact on program of separation of Arizona campus

Due March 2000 (*Standards*, 1st edition) -

- ***Standard I B 1 c (3)*** (lacked evidence there are a sufficient number of core faculty to provide students with adequate attention and instruction and supervised practice),
- ***Standard I C 2*** (lacked evidence student evaluations in the supervised clinical education component are conducted in time to guide student learning),
- ***Standard I E 3*** (lacked evidence of an analytical self-study report) and
- ***Standard I E 1 c*** (lacked evidence of the timely conduct of employer surveys).

September 1998

Personnel Change: Program director appointed, effective June 1, 1998.

March 1998

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

- Learning objectives. No further information requested.

NOTE: Commission action information available begins in March 1998. Information from initial accreditation in 1993 by CAHEA is not available.