Ohio Dominican University
Accreditation History

First accredited: March 2012
Next review: October 2035
Maximum class size: 50

October 2026

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

- Evidence that all clinical sites and preceptors have undergone initial evaluation by the program and that ongoing evaluations are being conducted according to the program's established process, evidence that all clinical sites and preceptors have been evaluated to ensure adequate supervision according to the program's criteria, and evidence that the program's assessment tools enable the identification of specific student deficiencies across all parts of each SCPE learning outcome

Additional information (Revised learning outcomes and corresponding assessment tools that demonstrate how each component of multi-component supervised clinical practice experience learning outcomes is evaluated in a manner that allows the program to identify and address specific student deficiencies in a timely manner) due October 26, 2026.

April 2026

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

- ***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 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)
- ***Standard C2.01c*** (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 supervision)

Additional information (Evidence that all clinical sites and preceptors have undergone initial evaluation by the program and that ongoing evaluations are being conducted according to the program's established process, evidence that all clinical sites and preceptors have been evaluated to ensure adequate supervision according to the program's criteria, and evidence that the program's assessment tools enable the identification of specific student deficiencies across all parts of each SCPE learning outcome) due June 16, 2026

No additional information required for 5th edition:

- ***Standard B3.01*** (provided the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***Standard B3.07c*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)

- ***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)

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

- Resubmitted Exceeding Class Size Explanation clarifying inconsistency in year 2 enrollment.

No additional information required.

January 2026

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

- Updated personnel in Program Management Portal. No further information requested.

September 2025

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 11 areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: October 2035. Maximum class size: 50.
Report due November 14, 2025:

- Update personnel in Program Management Portal.

Report due January 9, 2026 (*Standards*, 5th edition):

- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***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 B4.01b*** (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 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)
- ***Standard C2.01c*** (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 supervision)

Report due November 1, 2027 (*Standards*, 5th edition) 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 C1.03*** (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)

No report due (program provided evidence of compliance with 6th edition):

- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

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 **reviewed and requested additional information** of the report**.** Additional information (resubmitted report clarifying inconsistency in year 2 enrollment) due December 4, 2025.

June 2025

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 2025

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. No further information requested.

March 2019

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 2018

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 PANCE pass rate data in the Portal. No further information requested.

September 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 50.
The commission noted zero areas of noncompliance with the *Standards*.
Report due October 25, 2017

- Update the PANCE pass rate data in the Program Management Portal.

March 2017

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

- ***Standards B3.07c-e*** (provided evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics and e) ob/gyn). No further information requested.

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

- Program defined expectations for SCPEs, explanations of how they allow students to acquire the competencies and how students and preceptors are made aware of them and the plan to ensure students have met expectations. No further information requested.

July 2016

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

- ***Standards B3.03a-d*** (lacked evidence of program-defined requirements to document SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

Additional information (program defined expectations for SCPEs, how they allow students to acquire the competencies, how students and preceptors are made aware of them and plan to ensure students have met expectations) due December 15, 2016.

March 2016

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

- ***Standard A1.08*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard* A1.11** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- ***Standard A2.03*** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standards B3.04a-d*** (provided evidence supervised clinical practice experiences [SCPEs] occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),

- ***Standard C4.01*** (provided evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures) and
- ***Standard C4.02*** (provided evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience). No further information requested.

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

- Corrected personnel and SCPE tabs in the Portal. No further information requested.

<u>September-November 2015</u>
Adverse-Action-Accreditation-Probation. Next Comprehensive Evaluation: September 2025. Maximum class size: 50. A focused probation visit will occur in advance of the September 2017 commission meeting. The program appealed the commission's decision. The Reconsideration Review Panel upheld the accreditation status of Accreditation-Probation.
Report due December 15, 2015 (*Standards*, 4th edition) -

- ***Standard A1.08*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard* A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standards B3.04a-d*** (lacked evidence supervised clinical practice experiences [SCPEs] occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- ***Standard C4.01*** (lacked evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures),
- ***Standard C4.02*** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience) and
- Correct personnel and SCPE tabs in the Program Management Portal.

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

- ***Standards B3.03a-d*** (lacked evidence of program-defined requirements to document SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

Due December 15, 2016 (*Standards*, 4th edition) -

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

Due April 1, 2017 (*Standards*, 4th edition) (for focused probation visit) -

- ***Standard A2.18*** (lacked evidence there is at least a 1.0 FTE position, which should be dedicated exclusively to the program, to provide administrative support for the program),
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- ***Standards C2.01a-c***, complete Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

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

- ***Standard A1.01*** (provided evidence when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions). No further information requested.

<u>March 2012</u>
Accreditation-Provisional; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 150. Report due July 1, 2012 (Standards, 4th edition).

- ***Standard A1.01*** (lacked evidence when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions).