Salus at Drexel University
Accreditation History

First accredited: March 2007
Next review: April 2034
Maximum class size: 50

October 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.

June 2025
Program Change: Change in Sponsorship from Salus University to Drexel University. The commission **Accepted** the report providing evidence of

- Clarification of the name of the Salus University PA program that is now under the Drexel umbrella, clarification of when the first "Drexel-Elkin Park" campus cohort will be admitted under the Drexel umbrella, and clarification of if are there any cohorts from Salus University that will be transferred to the new "Drexel -Elkin Park" campus location

and **Approved program's proposed change.** No further information requested.

March 2025
Program Change: Change in Sponsorship from Salus University to Drexel University. The commission **Reviewed and More Information Requested of the program's proposed change.** Additional information (Clarification of the name of the Salus University PA program that is now under the Drexel umbrella, clarification of when the first "Drexel-Elkin Park" campus cohort will be admitted under the Drexel umbrella, and clarification of if are there any cohorts from Salus University that will be transferred to the new "Drexel -Elkin Park" campus location) due January 9, 2025.

March 2024
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2034. Maximum class size: 50. No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard A3.14*** (lacked evidence the program makes student admission decisions in ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

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

- 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.

June 2019
Program Change: Change in graduation requirements (107 to 109 credits), effective August 12, 2019. The commission **acknowledged the proposed change**. 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.

June 2018
Program Change: Change in graduation requirements (105.5 to 107 credits), effective August 13, 2018. The commission **acknowledged the proposed change**. No further information requested.

March 2018
The commission **accepted the report** providing evidence of

- Program expectations, student competencies and student patient exposures in women's health. No further information requested.

September 2017
Program Change: Change in graduation requirements (104 to 105.5 credits), effective August 21, 2017. The commission **acknowledged the proposed change**. No further information requested.

March 2017
The commission **accepted the report** addressing 4th edition

- ***Standard B3.03b*** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking women's health).

Additional information (documentation regarding program expectations, student competencies and student patient exposures in women's health) due August 1, 2017.

January 2017
The commission **accepted the report** addressing 4th edition

- ***Standard B3.07f*** (provided evidence of supervised clinical practice experiences with preceptors practicing in behavioral and mental health). No further information requested.

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

- Correction of the program link and updated SCPE data in the portal. No further information requested.

September 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2024. Maximum class size: 50. Report due October 10, 2016

- Correct link to program and update supervised clinical practice experiences (SCPEs) in Program Management Portal.

Due January 5, 2017 (*Standards*, 4th edition) -

- ***Standard B3.03b*** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking women's health).

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 2016

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

- ***Standard B3.07f*** (provided some evidence of supervised clinical practice experiences with preceptors practicing in behavioral and mental health).

Additional information to be provided in modified Self-Study Report due May 2016.

September 2015

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

- Updated PANCE on the website. No further information requested.

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

- Report on class size discrepancy. No further information requested.

March 2015

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

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- ***Standard A3.14b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- ***Standard B3.07f*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in behavioral and mental health),
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),

- ***Standards C2.01a-d*** (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, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment) and
- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA). No further information requested.

Report due April 15, 2015 (report on discrepancy between approved class size and that reported in the Program Management Portal and update PANCE pass rate data on website).

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

- Updated SCPEs in the Portal. No further information requested.

<u>September-November 2014</u>
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2021. Maximum class size: 50. A focused site visit will occur in advance of the September 2016 commission meeting. The program appealed the commission's decision. The Reconsideration Review Panel upheld Accreditation-Probation.
Report due as soon as finalized (*Standards*, 4th edition) -

- ***Standard A3.12*** (lacked evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment).

Due December 15, 2014

- Correct supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Due January 15, 2015 Action plan addressing (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- ***Standard A3.14b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- ***Standard B3.07f*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in behavioral and mental health),
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standards C2.01a-d*** (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, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment) and

- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA).

Due May 18, 2016 Indicate the manner in which the standards have been addressed or resolved (will be the basis of the focused visit)
(*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- ***Standard A3.14b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- ***Standards B3.07b and e-f*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in b) internal medicine, e) ob/gyn and f) behavioral and mental health).
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standards C2.01a-d***, modified 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, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment) and
- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA).

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

- The updates to the website and the Portal. No further information requested.

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

- An explanation of class size discrepancy. No further information requested.

<u>March 2014</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 50. Reports due April 7, 2014

- Update supervised clinical practice experiences [SCPEs] in Program Management Portal and update PANCE pass rate data on website).

Due May 1, 2014

- Report on discrepancy in approved class size and that reported in the Portal.

Due May 23, 2014 (*Standards*, 4th edition)

- ***Standard A3.12*** (lacked evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment),
- ***Standard B3.07f*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in behavioral and mental health),
- ***Standard C1.01*** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement) and
- ***Standards C2.01a-c*** (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>March 2013</u>

Findings of Special Visit: Complaint Resolved; program found to be in compliance with (*Standards*, 4th edition)

- ***Standard A1.02*** (provided evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- ***Standard A3.03*** (provided evidence students must not be required to provide or solicit clinical sites or preceptors),
- ***Standard* B3.03c** (provided evidence supervised clinical practice experience [SCPEs] provide sufficient patient exposure with patients seeking surgical management),
- ***Standards B3.07a-f*** (provided evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics e) ob/gyn and f) behavioral and mental health care) and
- ***Standard C4.01*** (provided evidence the program defines maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs). No further information requested.

<u>September 2012</u>

Special visit (based on complaint) reviewing
(*Standards*, 4th edition)

- ***Standard A1.02*** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- ***Standard A3.03*** (lacked evidence students must not be required to provide or solicit clinical sites or preceptors),
- ***Standard* B3.03c** (lacked evidence supervised clinical practice experience [SCPEs] provide sufficient patient exposure with patients seeking surgical management),

- ***Standards B3.07a-f*** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics e) ob/gyn and f) behavioral and mental health care) 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).

September 2011
Program Change: Change in maximum class size (80 to 100), effective August 2012. The commission **acknowledged the proposed change**. No further information requested.

March 2011
The commission **accepted the report** addressing 3rd edition

- ***Standard C1.01f*** (provided evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and
- ***Standard* C2.01b6** (provided evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

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

- PANCE Pass Rate Summary Report. No further information requested.

March 2010 (Salus University)
Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 132.
Report due December 31. 2010 (*Standards*, 3rd edition) –

- ***Standard C1.01f*** (lacked evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and
- ***Standard* C2.01b6** (lacked evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement).
- Provide PANCE Pass Rate Summary Report.

March 2007 (Pennsylvania College of Optometry)
Accreditation Provisional; Next Comprehensive Evaluation: March 2010. Maximum Student Capacity: 132. The commission noted zero areas of noncompliance with the *Standards*.