Seton Hill University
Accreditation History

First accredited: October 1997
Next review: April 2034
Maximum class size: 50

October 2026

The commission **accepted** the report addressing 5th edition

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

No further information requested.

The commission **accepted** the report addressing the observation for 6th edition

- ***Standard B3.01*** (provided 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)

and noted 0 areas of noncompliance with the *Standards*.

January 2026 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 1 area of noncompliance with the *Standards* and 1 new observation by the commission.
Next Comprehensive Evaluation: April 2034. Maximum class size: 50.
Report due June 12, 2026 (*Standards*, 5th edition):

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

Commission observation response due June 12, 2026 (Standards, 6th 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)

March 2025

The commission accepted the findings of the focused site visit. No further information requested

The commission **accepted** the report addressing 5th edition standards:

- ***Standard A1.02a*** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- ***Standard A1.11a*** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in having a documented action plan for diversity, equity, and inclusion)
- ***Standard A1.11c*** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty

and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)

- ***Standard A2.09b*** (provided evidence the program director *is* knowledgeable about and responsible for program administration)
- ***Standard A2.09d*** (provided evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (provided evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (provided evidence the program director *is* knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- ***Standard A3.12b*** (provided evidence the 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 A3.13b*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience*)*
- ***Standard A3.14*** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program*)*
- ***Standard A3.20a*** (provided evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member*)*
- ***Standard B1.03e*** (provided 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 B2.13c*** (provided evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include the limits of medical research)
- ***Standard B2.13d*** (provided evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include types of sampling methods)
- ***Standard B2.15a*** (provided evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)
- ***Standard B2.15b*** (provided evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)
- ***Standard B2.15d*** (provided evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)

- ***Standard B2.19a*** (provided evidence the curriculum includes instruction in intellectual honesty)
- ***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 B3.03e*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.07a*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***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 B4.01a*** (provided evidence that 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 that align with what is expected and taught)
- ***Standard B4.01b*** (provided evidence that 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 that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard B4.03a*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

No further information requested.

<u>September 2024</u>
The commission **acknowledged the report** providing evidence of

- Updates to the program's Program Management Portal.

No further information requested.

<u>March 2024</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sponsoring institution's responsibility for supporting the planning by program faculty for program assessment.

- Sponsoring institution's responsibility for ensuring effective program leadership and compliance with ARC-PA accreditation Standards and policies.
- Sponsoring institution's responsibility for supporting the program's commitment to student, faculty, and staff diversity, equity and inclusion plans, including retention strategies and resources.
- Program director's knowledge and responsibility for program administration, program review and analysis, and adherence to accreditation standards and policies.
- Provide readily available information to prospective students related to the program's evidence in meeting its goals, as well as the current annual NCCPA PANCE Exam Performance Summary Report, and accurate estimates of costs related to the program.
- Learning outcomes and instructional objectives in measurable terms for each didactic and clinical course that would guide student acquisition of the required competencies.
- Instruction in genetic and molecular mechanisms of health, substance use disorders, limits of medical research, disease surveillance, reporting and intervention, types of sampling methods, the public health system, and maintenance of population health and intellectual honesty.
- The program's methods of assessment in the curriculum aligned with what was expected and taught in the didactic and supervised clinical practice experience learning outcomes.
- The program's methods of assessment in supervised clinical practice experiences monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills in the specific program defined learning outcomes in a timely manner
- The program's summative evaluation verified each student meets the program's competencies required to enter clinical practice, including professional behaviors.
- A well designed and implemented, ongoing self-assessment process that documented program effectiveness and fostered program improvement.
- A self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 50. The program requested reconsideration of the commission's action. The action was upheld.

Report due October 1, 2024 (*Standards*, 5th edition):

- ***Standard A1.02a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- ***Standard A1.11a*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and

staff diversity, equity and inclusion by supporting the program in having a documented action plan for diversity, equity, and inclusion)

- ***Standard A1.11c*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- ***Standard A2.09b*** (lacked evidence the program director *is* knowledgeable about and responsible for program administration)
- ***Standard A2.09d*** (lacked evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (lacked evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (lacked evidence the program director *is* knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- ***Standard A3.12b*** (lacked evidence the 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 A3.13b*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience*)*
- ***Standard A3.14*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program*)*
- ***Standard A3.20a*** (lacked evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member*)*
- ***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 B2.13c*** (lacked evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include the limits of medical research)
- ***Standard B2.13d*** (lacked evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include types of sampling methods)
- ***Standard B2.15a*** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)
- ***Standard B2.15b*** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)

- ***Standard B2.15d*** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)
- ***Standard B2.19a*** (lacked evidence the curriculum includes instruction in intellectual honesty)
- ***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 B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***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 B4.01a*** (lacked evidence that 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 that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence that 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 that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard B4.03a*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

Report due June 9, 2025 (*Standards*, 5th edition) full self-study report:

- ***Standard C1.01a*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01b*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)

- ***Standard C1.01c*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- ***Standard C1.01d*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- ***Standard C1.01f*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C1.01g*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- ***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 C1.02c.i.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.02c.ii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- ***Standard C1.02c.iii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- ***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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard A3.12c*** (lacked evidence the 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 Years provided by the NCCPA through its program portal, no later than April first each year)
- ***Standard A3.12f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)

- ***Standard B2.02e*** (lacked evidence the curriculum includes instruction in the genetic and molecular mechanisms of health and disease areas of medical sciences and their application in clinical practice)
- ***Standard B2.11f*** (lacked evidence the curriculum includes instruction in the substance use disorders areas of social and behavioral sciences and their application to clinical practice)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2022

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 2021

Program Change: Change in class size (one-time temporary increase from 50 to 50 students for year-two cohort), effective May 17, 2021. The commission **approved the proposed change**. No further information requested.

September 2020

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

- Follow-up data analysis and narrative on modifications to the program's summative exam. No further information requested.

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

- Follow up on 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 June 20, 2020.

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. Additional information (required template, data analysis and narrative on modifications to the program's summative exam) due June 26, 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 2019
The commission **accepted the report** providing evidence of

- Clarification of faculty FTE related to the class size change. No further information requested.

June 2019
Program Change: Change in class size (41 to 50), effective January 1, 2020. The commission **approved the proposed change**. No further information requested.

March 2018
Program Change: Request to decrease the amount of additional faculty support required due to decrease in temporary class size increase (41 to 44 [rather than 48]). The commission **approved the request**. The commission also **acknowledged the update** of the portal to reflect the addition of faculty.

July 2017
Program Change: Change in class size (temporary increase 41 to 48), effective January 1, 2018. The commission **approved the one-time temporary increase** to accommodate incoming students from another program. No further information requested. Program must update its Program Management Portal (addition of faculty) due December 1, 2017**.**

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 2021 to March 2024 due to this change.

September 2014
The commission **accepted the report** addressing 4th edition

- ***Standard A3.14b*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals). No further information requested.

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

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

March 2014
Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 41. Report due May 1, 2014 (*Standards*, 4th edition) -

- ***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).
- Report on class size discrepancy.

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

- Analysis of data gathered on dismissals and decisions based on data and analysis. No further information requested.

September 2009
The commission **accepted the report** addressing 3rd edition

- ***Standard A1.07b*** (provided evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- ***Standard A2.03*** (provided evidence core faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A3.03*** (provided evidence announcements and advertising accurately reflect the program offered),
- ***Standard* A3.07c** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students policies regarding advanced placement),
- ***Standards C1.01a and c*** (provided evidence the program collects and analyzes a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations) and
- ***Standards C2.01b1 and b3*** (provided evidence the self-study documents a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations).

Additional information (analysis of data gathered on dismissals and decisions based on data and analysis) due June 30, 2010.

Program Change: Change in maximum aggregate number (78 to 108). The commission **acknowledged the proposed change**. No further information requested.

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 78.
Report due July 10, 2009 (*Standards*, 3rd edition) -

- ***Standard A1.07b*** (lacked evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- ***Standard A2.03*** (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A3.03*** (lacked evidence announcements and advertising accurately reflect the program offered),

- ***Standard* A3.07c** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students policies regarding advanced placement),
- ***Standards C1.01a and c*** (lacked evidence the program collects and analyzes a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations) and
- ***Standards C2.01b1 and b3*** (lacked evidence the self-study documents a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations).

<u>September 2004</u>
Program Change: Change in curriculum (baccalaureate to master's). The commission **acknowledged the proposed change**. No further information requested.

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

- ***Standard D1.2*** (provided evidence student health records are confidential). No further information requested.

<u>September 2003</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2008. Maximum Student Capacity: 52.
Report due January 15, 2004 (*Standards*, 2nd edition) -

- ***Standard D1.2*** (lacked evidence student health records are confidential).

<u>September 2002</u>
Program Change: Change in start of program (January rather than June) and Change in program length (23 to 27 months), effective January 2003. The commission **approved the changes**. No further information requested.

Program Change: Name change (Seton Hill College will become Seton Hill University), effective July 1, 2002.

<u>March 2002</u>
The commission responded to the program's concern regarding compliance with standard A2.9 (program director should be assigned to the program on a full-time basis), noting the program was in compliance.

<u>September-December 2001</u>
The commission **accepted the report** providing evidence of

- The hiring of the half-time administrative assistant. No further information requested.

<u>March 2001</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 d*** (provided evidence of an adequate number of clerical support staff available to program faculty),
- ***Standard I B 3 c (1)*** (provided evidence of an adequate supply of medical texts in the library),
- ***Standard I E*** (provided evidence of a plan for the program to address continuous, systematic, formal self-evaluation),
- ***Standard II B 1 c*** (provided evidence of didactic education to address the skills needed for interpreting the medical literature),
- ***Standard II B 2 a*** (provided evidence of consistent objectives and measurable competencies) and
- ***Standard II B 2 b*** (provided evidence that all courses include learning objectives).

Report due when clerical staff is hired (no later than August 1, 2001).

<u>September 2000</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2003.
Report due January 15, 2001 (*Standards*, 1st edition) -

- ***Standard I B 1 d*** (lacked evidence of an adequate number of clerical support staff available to program faculty),
- ***Standard I B 3 c (1)*** (lacked evidence of an adequate supply of medical texts in the library),
- ***Standard I E*** (lacked evidence of a plan for the program to address continuous, systematic, formal self-evaluation),
- ***Standard II B 1 c*** (lacked evidence of didactic education to address the skills needed for interpreting the medical literature),
- ***Standard II B 2 a*** (lacked evidence of consistent objectives and measurable competencies) and
- ***Standard II B 2 b*** (lacked evidence that all courses include learning objectives).

<u>September 1998</u>
The commission **accepted the report** providing evidence of

- Hiring the second part-time PA. No further information requested.

<u>March 1998</u>
The commission **acknowledged the report** providing evidence of

- Program faculty and course syllabi.

Additional information (notification of hire of second part-time PA) due.

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1997 by CAAHEP is not available.