St. Bonaventure University
Accreditation History

First accredited: March 2020
Next review: July 2035
Maximum class size: 40

July 2026
The commission **accepted** the report providing evidence of

- SCPE expectations, how the program aligns student assessment with what the program expects of a student SCPEs, document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on all required and elective SCPEs by aligning the evaluation with what is expected, and how the program will determine each student has met the program's expected learning outcomes for professional behaviors and monitors the progress of each student to promptly identify and document deficiencies in a timely manner.

No further information required.

April 2026
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***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 B4.01a*** (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 align with what is expected and taught)
- ***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)

Additional information (SCPE expectations, how the program aligns student assessment with what the program expects of a student SCPEs, document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on all required and elective SCPEs by aligning the evaluation with what is expected, and how the program will determine each student has met the program's expected learning outcomes for professional behaviors and monitors the progress of each student to promptly identify and document deficiencies in a timely manner) due May 11, 2026

No additional information required for 5th edition:

- ***Standard A3.11*** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***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 B4.01a*** (provided 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 align with what is expected and taught)

- ***Standard B4.01b*** (provided 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)

<u>June 2025 (following Final Provisional review)</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. The commission noted 9 areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: July 2035. Maximum class size: 40.
Report due October 15, 2025 (*Standards*, 5th edition):

- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***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 B1.03f*** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B2.11c*** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- ***Standard B4.01a*** (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 align with what is expected and taught)
- ***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 B4.03c*** (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 interpersonal skills)
- **Standard B4.03d** (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 medical knowledge)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***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)

March 2025

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

- Data demonstrating the analysis of the content and task areas of PACKRAT 1, 2, EOC, and PANCE leading to conclusion regarding infectious disease; data and analysis supporting the need to improve pharmacology education & pharmacy cards as a grading component for SCPE rotations; and data and analysis supporting the use of keywork feedback for EOR exams

No further information requested.

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

- Program clearly defines, publishes, and makes readily available to students upon admission, policies, and procedures for deceleration related to students who are decelerated for academic reasons.

No further information requested.

June 2024

The commission **reviewed and more information requested** of the report providing evidence of

- Program's strategies for recruitment of faculty, staff, and students in the context of diversity, equity, and inclusion and evidence of institutional support in implementing those strategies; evidence that the program clearly defines, publishes, and makes readily available to students upon admission, policies, and procedures for deceleration related to students who are decelerated for academic reasons; how the program aligns student assessment with what the program expects of a student on supervised clinical practice experiences [SCPEs]; and how the preceptor evaluation allows the program to identify and address any student deficiencies in the expected learning outcomes and instructional objectives in a timely manner especially for clinical/technical skills found in the instructional objectives for each SCPE)

Additional information (evidence that the program clearly defines, publishes, and makes readily available to students upon admission, policies, and procedures for deceleration related to students who are decelerated for academic reasons) due July 12, 2024.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (data demonstrating the analysis of the content and task areas of PACKRAT 1, 2, EOC, and PANCE leading to conclusion regarding infectious disease; data and analysis supporting the need to improve pharmacology education & pharmacy cards as a grading component for SCPE rotations; and data and analysis supporting the use of keywork feedback for EOR exams) due July 4, 2024.

March 2024

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

- ***Standard A1.11b*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)
- ***Standard A1.11c*** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- ***Standard A3.15c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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)

Additional information (program's strategies for recruitment of faculty, staff, and students in the context of diversity, equity, and inclusion and evidence of institutional support in implementing those strategies; evidence that the program clearly defines, publishes, and makes readily available to students upon admission, policies, and procedures for deceleration related to students who are decelerated for academic reasons; how the program aligns student assessment with what the program expects of a student on supervised clinical practice experiences [SCPEs]; and how the preceptor evaluation allows the program to identify and address any student deficiencies in the expected learning outcomes and instructional objectives in a timely manner especially for clinical/technical skills found in the instructional objectives for each SCPE) due February 1, 2024.
Report due February 1, 2024:

- Update PANCE report on program website

<u>June 2023 (following Provisional Monitoring review)</u>
Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: June 2025 (Final Provisional). Maximum class size: 40.
Report due October 1, 2023 (*Standards*, 5th edition):

- ***Standard A1.11b*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)

- ***Standard A1.11c*** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- ***Standard A3.15c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

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

<u>September 2020</u>

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

- ***Standards A3.14f-g*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students f) estimates of all costs [tuition, fees, etc.] related to the program and g) policies and procedures for refunds of tuition and fees) and
- ***Standard A3.15a*** (provided evidence the program defines admission and enrollment practices that favor specified individuals or groups). No further information requested.

<u>March 2020</u>

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).
The program is approved for up to 25 students in the first class of students, 35 in the second class and 40 in the third class.
Report due June 17, 2020 (*Standards*, 4th edition) -

- ***Standards A3.14f-g*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students f) estimates of all costs [tuition, fees, etc.] related to the program and g) policies and procedures for refunds of tuition and fees) and
- ***Standard A3.15a*** (lacked evidence the program defines admission and enrollment practices that favor specified individuals or groups).

St. Bonaventure University
Accreditation History

First accredited: March 2020
Next review: July 2035
Maximum class size: 40