University of Mount Saint Vincent
Accreditation History

First accredited: March 2022
Next review: April 2027
Maximum class size: 55

October 2026
The commission **accepted** the report addressing 5th edition:

- ***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)

No further information requested.

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

- Factors the program utilizes to determine the sufficiency of principal faculty; how the institution provides academic appointments and privileges to PA faculty that are comparable to other faculty with similar academic responsibilities; process by which the program determines that all clinical instructional faculty are knowledgeable in course content and effective in teaching assigned subjects; how the program aligns student assessments with what the program expects of on supervised clinical practice experiences (SCPEs); and how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner.

No further information requested.

January 2026
The commission **did not accept** the report addressing (*Standards*, 5th edition):

- ***Standard A2.03*** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A2.04*** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.
- ***Standard A2.13b*** (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)
- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***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 (factors the program utilizes to determine the sufficiency of principal faculty; how the institution provides academic appointments and privileges to PA faculty that are comparable to other faculty with similar academic responsibilities; process by which the program determines that all

clinical instructional faculty are knowledgeable in course content and effective in teaching assigned subjects; how the program aligns student assessments with what the program expects of on supervised clinical practice experiences (SCPEs); and how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner) due May 15, 2026.

The commission reviewed the report addressing the observations for (*Standards*, 5th edition):

- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***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)

and noted 1 area of noncompliance with the *Standards*. Report due May 15, 2026.

<u>March 2025</u>

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution did not provide effective support for the program's self-assessment.
- The principal faculty and the program director did not have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.
- The program director did not demonstrate sufficient knowledge of program continuous review and analysis and completing ARC-PA documents.
- The program did not have a consistent process to determine if all didactic and clinical instructional faculty were knowledgeable in course content knowledge and effective in teaching their assigned subjects.
- The program did not have sufficient principal and didactic instructional faculty to provide instruction and meet the needs of the program.
- The program did not provide evidence that the evaluation of student performance in meeting the program's learning outcomes and instructional objectives for supervised clinical practice experience components aligned with what was expected and taught and consistently identified deficiencies in a timely manner.
- The program did not provide a complete self-assessment process related to administrative aspects of the program, effectiveness of the didactic curriculum, and sufficiency and effectiveness of principal and instructional faculty and staff.
- The program did not consistently describe nor document in the SSR its collection and analysis of data, drawing data-driven conclusions, or making data-driven action plans.
- The program did not provide evidence of ongoing evaluation of its clinical sites.
- The program did not provide ARC-PA required documents.

The commission noted 18 areas of noncompliance with the *Standards* and 2 new observations by the commission. A focused probation visit will occur in conjunction with the final provisional visit in advance of the March 2027 commission meeting. The program's maximum class size remains 55. The program did not appeal the commission's decision.

Report due August 1, 2025 (*Standards*, 5th edition):

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- ***Standard A2.03*** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A2.04*** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.
- ***Standard A2.13b*** (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)
- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***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)

No report due (program is expected to demonstrate compliance through the submission of the self-study report prior to the final provisional and probation visit):

- ***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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***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 C1.02a*** (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.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)

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No report due (program is expected to demonstrate compliance at the time of the final provisional and probation site visit):

- ***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)

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

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

Observation response due August 1, 2025 (Standards, 5th edition):

- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***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)

<u>September 2022</u>
The commission **accepted** the report addressing 5th edition

- ***Standard A2.13e*** (provided evidence of defining, publishing and making readily available to enrolled and prospective students general program information to include e) academic credit offered by the program)
- ***Standard A3.14*** (provided evidence student admission decisions made in accordance with clearly defined and published practices of the institution and program)
- ***Standard B4.01a*** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)

No further information requested.

<u>March 2022</u>
Accreditation-Provisional; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: March 2025 (Provisional Monitoring). The program is approved for up to 55 students.
Report due May 4, 2022 (*Standards*, 5th edition) -

- ***Standard A2.13e*** (lacked evidence of defining, publishing and making readily available to enrolled and prospective students general program information to include e) academic credit offered by the program)

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First accredited: March 2022
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- ***Standard A3.14*** (lacked evidence student admission decisions made in accordance with clearly defined and published practices of the institution and program)
- ***Standard B4.01a*** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)