

Duquesne University Accreditation History

First accredited: September 1993

Next review: September 2032

Maximum class size: 40

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March 2024

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

- verification that the Associate Dean for Research has been hired

No further information requested.

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2023

The commission **reviewed and more information requested** of the report addressing 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 B1.04b** (provided evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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 B3.07f** (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)
- **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 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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (narrative verifying that the Associate Dean for Research has been hired) due October 1, 2023

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September 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2032. Maximum class size: 40.

The program received a Warning Letter regarding learning outcomes and the self-assessment process.

Report due April 14, 2023 (*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 B1.04b** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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 B3.07f** (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 B4.01a** (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 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 that allow the program to identify and address any student deficiencies in a timely manner)

Report due October 14, 2024 (*Standards*, 5th edition) modified self-study report:

- **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)

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- **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 C1.03** (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 E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2022

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

- The update regarding changes in response to COVID-19. No further information requested.

September 2021

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

- Update regarding changes in response to COVID-19. No further information requested.

March 2021

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

- Updated effectiveness in meeting goals on website. No further information requested.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020

Accreditation-Continued; Next Comprehensive Evaluation: September 2022. Maximum class size: 40. The commission noted zero areas of noncompliance with the *Standards*.

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

- **Standard A1.03c** (provided updated evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.09** (provided updated evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A1.11** (provided updated evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),

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- **Standard A2.03** (provided updated evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard E1.09d** (provided evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size). No further information requested.

Additional information (update evidence of the program meeting its goals on the website) due December 3, 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 **did not accept the report**. No further information requested.

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

- The update regarding 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 November 15, 2020.

March 2020

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

- Updated PANCE pass rate data in the Portal and PANCE Pass Rate Summary Report on the website. No further information requested.

September 2019

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

- **Standard A1.03c** (provided updated evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.09** (provided updated evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A1.11** (provided updated 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 updated evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and

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- **Standard E1.09d** (provided evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size). Program reminded next report due May 31, 2020.

Additional information (update PANCE pass rate data in Program Management Portal and on website) due December 6, 2019.

June 2019

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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),
- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered) and
- **Standard E1.09d** (provided evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size). No further information requested.

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

- The update on enrollment, clinical sites and the anatomy lab. No further information requested.

March 2019

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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),

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- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered) and
- **Standard E1.09d** (provided evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size). No further information requested.

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

- The status of enrollment, clinical sites, the anatomy lab and hiring faculty. No further information requested.

September 2018 (following probation site visit)

Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the *Standards*). A focused probation site visit will need to occur in advance of the September 2020 commission meeting. Maximum class size: 40.

Report due November 30, 2018 (*Standards*, 4th edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered) and
- Status of hiring faculty.

Due January 2, 2019 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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) and
- **Standard E1.09d** (lacked evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size).
- Status of controlling enrollment, clinical sites and anatomy lab expansion.

Due May 31, 2019 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to

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- 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),
- **Standard E1.09d** (lacked evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size).
- Update on controlling enrollment, clinical sites and anatomy lab expansion.

Due May 31, 2020 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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),
- **Standard E1.09d** (lacked evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size).
- Second update on controlling enrollment, clinical sites and anatomy lab expansion.

March 2017

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **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 A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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),

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- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.14** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standard A2.18** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program),
- **Standards B3.03a-d** (provided evidence supervised clinical practice experiences [SCPEs] with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice),
- **Standards B3.04a-d** (provided evidence of SCPEs occurring in a) outpatient, b) emergency department, c) inpatient and d) operating room settings) and
- **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).
- **Standard E1.09d** (provided evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size). No further information requested.

January 2017

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

- Updated PANCE pass rate data in the Portal and PANCE Pass Rate Summary Report on the website. No further information requested.

September 2016

Adverse Action-Accreditation Probation. A focused probation site visit will need to occur in advance of the September 2018 commission meeting. Maximum class size: 40. The program did not appeal the commission's decision.

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 **did not accept the report**. The program had a history of exceeding approved class size and did not address issue of continued over enrollment.

Report due October 17, 2016

- Update PANCE pass rate data in Program Management Portal and PANCE Pass Rate Summary Report on the website.

Due December 17, 2016 (*Standards*, 4th edition) -

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- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- **Standard E1.09d** (lacked evidence the program informed and/or received approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in any increase above the approved maximum entering class size).

Due January 30, 2017 (*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 A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program 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),
- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program),
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experiences [SCPEs] with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice),
- **Standards B3.04a-d** (lacked evidence of SCPEs occurring in a) outpatient, b) emergency department, c) inpatient and d) operating room settings) and
- **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).

Program Change: Change in class size (40 to 50, effective May 1, 2017, to 55, effective February 1, 2018). The commission **did not approve the change in class size**.

March 2013

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

- **Standard A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.]

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- related to the program),
- **Standards B3.03a-d** (provided evidence of program defined requirements for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.03** (provided evidence the program monitors and documents the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation). No further information requested.

September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2017. Maximum class size: 40.

Report due December 31, 2012 (*Standards*, 4th edition) -

- **Standard A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standards B3.03a-d** (lacked evidence of program defined requirements for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

September 2010

Program Change: Change in maximum student capacity (105 to 120), effective May 2010. The commission **acknowledged the proposed change**. No further information requested.

March 2008

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

- **Standard B1.06** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B7.03d** (provided evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C2.01b1** (provided evidence the self-study report documents student attrition, deceleration, and remediation). No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 105.

Report due January 11, 2008 (*Standards*, 3rd edition) -

- **Standard B1.06** (lacked evidence for each didactic and clinical course, the program

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- provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C2.01b1** (lacked evidence the self-study report documents student attrition, deceleration, and remediation).

March 2004

The commission **acknowledged the report** addressing 2nd edition

- **Standard A4.1** (provided evidence laboratories have sufficient seating to accommodate the class size),
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard C2.2** (provided evidence critical analysis of outcome data is incorporated in self-study reports),
- **Standards C2.2a-d and f** (provided evidence critical analysis of outcome data includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty and
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standards C4.1a-b** (provided evidence the self-study report documents a) process and results of continuous evaluation and b) outcome data analysis). No further information requested. Maximum Student Capacity: 105.

September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 70.

Report due January 15, 2004 (*Standards*, 2nd edition) -

- **Standard A4.1** (lacked evidence laboratories have sufficient seating to accommodate the class size),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard C2.2** (lacked evidence critical analysis of outcome data is incorporated in self-study reports),
- **Standards C2.2a-d and f** (lacked evidence critical analysis of outcome data includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,

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- c) student failure rates in individual courses and rotations,
- d) student evaluations of individual didactic courses, clinical experiences, and faculty and
- f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standards C4.1a-b** (lacked evidence the self-study report documents a) process and results of continuous evaluation and b) outcome data analysis).

September 2000

The commission **accepted the report** addressing 1st edition

- **Standard I C 2** (provided evidence the written examinations following clinical rotations serve as reliable indicators of effectiveness of course design and instruction),
- **Standard I D 1 f** (provided evidence of a comprehensive policy on student service work) and
- **Standard II B 1 e** (provided evidence all students gain clinical experience in applying patient care concepts in psychiatry/behavioral medicine). No further information requested.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2003.

Report due August 1, 2000 (*Standards*, 1st edition) -

- **Standard I C 2** (lacked evidence the written examinations following clinical rotations serve as reliable indicators of effectiveness of course design and instruction),
- **Standard I D 1 f** (lacked evidence of a comprehensive policy on student service work) and
- **Standard II B 1 e** (lacked evidence all students gain clinical experience in applying patient care concepts in psychiatry/behavioral medicine).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1993 by CAAHEP is not available.