

**Fairleigh Dickinson University  
Accreditation History**

First accredited: September 2021

Next review: June 2026

Maximum class size: 40

Page 1 of 2

June 2024 (following Provisional Monitoring review)

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 2026 (Final Provisional). Maximum class size: 40.

The program received a Warning Letter regarding

- The program's significant attrition in program leadership and principal faculty that occurred between May and October 2023.
- The program's submitted self-study report demonstrated substantive deficiencies in data collection, critical analysis, and documentation of analysis leading to conclusions that identified strengths, areas needing improvement and actions plans.
- The sponsoring institution's lack of requisite oversight of the program in ensuring effective leadership and support for program assessment.

Report due October 1, 2024 (*Standards*, 5<sup>th</sup> 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 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 A3.12d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard C2.01b** (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 patient populations)

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

- **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)

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Page 2 of 2

- **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)

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 2022

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

- Curriculum includes instruction in physiology and application of this medical science to clinical practices

No further information requested.

### March 2022

The commission **reviewed and additional information requested** of the report addressing 5<sup>th</sup> edition

- **Standard B.02b** (lacked evidence the curriculum includes instruction in physiology)

Additional information (evidence the curriculum includes instruction in physiology and application of this medical science to clinical practices) due February 28, 2022.

### September 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 40.

Report due December 1, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard B.02b** (lacked evidence the curriculum includes instruction in physiology).

No report due (*Standards*, 5<sup>th</sup> edition) -

- **Standard A3.14** (lacked evidence the program will make admission decisions in accordance with published practices; corrected subsequent to the visit),
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences [SCPEs] occur with physicians specialty board certified in their area of instruction; corrected subsequent to the visit) and
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected of students and taught; corrected subsequent to the visit).