

Gannon University, Ruskin, FL
Accreditation History

First accredited: March 2019
Next review: September 2033
Maximum class size: 30
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June 2024

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

- **Standard A1.07** (provided evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.18b** (provided evidence administrative support for the is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B2.12a** (provided evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans)
- **Standard B2.12b** (provided evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients modify their behaviors to more healthful patterns)

No further information requested.

March 2024

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 2023 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: September 2033. The program is approved for a maximum class size of 30.

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

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.18b** (lacked evidence administrative support for the is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B2.12a** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans)
- **Standard B2.12b** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients modify their behaviors to more healthful patterns)

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

- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented

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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 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 the program submits reports or documents as required by the ARC-PA)

March 2023

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

- compliance for all current active pediatric physician preceptors

No further information requested

September 2022

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

- **Standard A3.05b** (provided evidence the program consistently applies its policy that students not substitute for or function as clinical or administrative staff),
- **Standard A3.15c** (provided evidence the program consistently applies its policies and procedures for remediation) and
- **Standard B3.06a** (lacked evidence that supervised clinical practice experiences occur with physicians specialty board certified in their area of instruction).

Additional information (evidence of compliance for all current active pediatric physician preceptors) due September 1, 2022.

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

August 2022

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2022. Administrative-Probation removed post receipt of fee.

July 2022

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2022.

September 2021 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2023 (Final Provisional). The program is approved for a maximum class size of 30 in the third class.

Report due June 30, 2022 (*Standards*, 5th edition) -

- **Standard A3.05b** (lacked evidence the program consistently applies its policy that students not substitute for or function as clinical or administrative staff),

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- **Standard A3.15c** (lacked evidence the program consistently applies its policies and procedures for remediation) and
- **Standard B3.06a** (lacked evidence that supervised clinical practice experiences occur with physicians specialty board certified in their area of instruction).

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

- **Standard A3.03** (lacked evidence the program makes readily available to prospective students the policy that they must not be required to provide or solicit clinical sites or preceptors; corrected subsequent to the visit) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely; corrected subsequent to the visit).

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

March 2020

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

- Updated program catalog on website. No further information requested.

September 2019

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

- **Standard A3.14d and f** (provided evidence of the program defining, publishing and making readily available to enrolled and prospective students d) all required curricular components and f) estimates of all costs [tuition, fees, etc.] related to the program).

Additional information (explanation regarding why program catalog has not been updated) due September 13, 2019.

March 2019

Accreditation-Provisional; Next Comprehensive Evaluation: September 2021 (Provisional Monitoring).

The program is approved for up to 30 students in the first class of students, 30 in the second class and 30 in the third class.

Report due May 13, 2019 (*Standards*, 4th edition) -

- **Standard A3.14d and f** (lacked evidence of the program defining, publishing and making readily available to enrolled and prospective students d) all required curricular components and f) estimates of all costs [tuition, fees, etc.] related to the program).

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

- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams.)

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- **Standard B3.02** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, to include preventive, emergent, acute, and chronic patient encounters.)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly.)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking women's health [to include prenatal and gynecologic care].)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking care for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care.)
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking care for behavioral and mental health conditions.)