

Kansas State University Accreditation History

First accredited: September 2021

Next review: June 2026

Maximum class size: 36/40/44

Page 1 of 3

June 2024

Adverse Action-Accreditation-Probation (after Provisional Monitoring review) due to noncompliance concerns regarding:

- The sponsoring institution's responsibility for program assessment, effective leadership, and compliance with ARC-PA accreditation Standards and policies.
- The program director's knowledge of program self-assessment and compliance with ARC-PA policies.
- Defined and published evidence of its effectiveness in meeting its goals
- Didactic and Clinical courses (including required and elective rotations) with defined and published learning outcomes and instructional objectives in measurable terms that can be assessed and that guide student acquisition of required competencies.
- A didactic curriculum that includes instruction on disability status or special health care needs, religion and spirituality, and patient response to illness and injury.
- Program-defined methods of assessment in the clinical curriculum that align with what is expected and taught in the supervised clinical education learning outcomes for the program-required clinical/technical skills and procedures.
- Program-defined methods of assessment in supervised clinical practice experiences that monitor and document each student's progress in a manner that would promptly identify deficiencies in knowledge or skills in the specific program-defined learning outcomes related to clinical/technical skills and procedures.
- A self-study report with consistent evidence that its identified strengths and areas in need of improvement resulted from performing critical analysis of the data in its ongoing self-assessment process and that effectively documented critical analysis of data and with clear linkage from data analysis to conclusions and action plans.
- Submission of the provisional monitoring application and associated documents as required.

A focused probation visit will occur in conjunction with the final provisional visit in advance of the June 2026 commission meeting. The program's maximum class size remains 44. The program did not request reconsideration of the commission's action.

Report due October 1, 2024 (*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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **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 A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)

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Page 2 of 3

- **Standard B2.06a** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- **Standard B2.06d** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 C1.02b** (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)
- **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)

September 2023

Program Change: Change in credits from 108 to 112 effective 2024. The commission **approved the program's proposed change**. No further information requested.

March 2022

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

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Page 3 of 3

- **Standard B3.03c-d** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for c) women's health and d) surgical management),
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- **Standard D1.04g** (lacked evidence each course in the clinical curriculum includes methods of student assessment).

No further information requested.

September 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 36.

Report due December 6, 2021 (*Standards*, 5th edition) -

- **Standard B3.03c-d** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for c) women's health and d) surgical management),
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- **Standard D1.04g** (lacked evidence each course in the clinical curriculum includes methods of student assessment).