

Marshall University Accreditation History

First accredited: June 2020

Next review: June 2025

Maximum class size: 25/25/30

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June 2024

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

- **Standard B1.01e** (lacked evidence the curriculum of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **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, and that guide student acquisition of required competencies)
- **Standard B1.03g** (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, methods of student assessment/evaluation)
- **Standard B2.09** (lacked evidence the curriculum includes instruction in clinical and technical skills, including procedures based on the current professional practice)
- **Standard B2.11c** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)

Additional information (description of how the program defines and publishes learning outcomes and instructional objectives within the didactic courses, in measurable terms that can be assessed and that guide student acquisition of required competencies) due February 1, 2025.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2024

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

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.11c** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention strategies)
- **Standard A2.05h** (provided evidence principal faculty and the program director are responsible for, and actively participate in, the processes of evaluating the program)
- **Standard A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)

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- **Standard A2.14** (provided evidence that in addition to the principal faculty there are 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 A3.12b** (provided evidence 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)
- **Standard A3.15b** (provided evidence program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)

No further information requested.

June 2023

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

- sponsoring institution support of the program faculty in program assessment and compliance with the ARC-PA accreditation *Standards* and policies
- sponsoring institution support of the program in implementing retention strategies for students, faculty, and staff for diversity, equity, and inclusion
- principal faculty and program director actively participated in the process of reviewing and revising the goals and competencies of the program and evaluation of the program
- sufficient didactic instructional faculty to provide instruction
- evidence of its effectiveness in meeting all of its *goals*
- defined, published, and make readily available deadlines for completion of the program
- curriculum was consistent with program competencies
- curriculum was of sufficient breadth and depth to prepare the student for the clinical practice of medicine
- consistently defined and published learning outcomes and instructional objectives in measurable terms for each clinical course that would guide student acquisition of required competencies
- methods of assessment/evaluation for each didactic course
- consistently defined and published learning outcomes and instructional objectives in measurable terms for each didactic course
- an ongoing program self-assessment process that documented program effectiveness or fostered program improvement

A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 30. The program did not appeal the commission's decision.

Report due October 1, 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 A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention

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strategies)

- **Standard A2.05h** (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of evaluating the program)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A2.14** (lacked evidence that in addition to the principal faculty there are 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 A3.12b** (lacked evidence 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)
- **Standard A3.15b** (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)

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

- **Standard B1.01e** (lacked evidence the curriculum of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **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, and that guide student acquisition of required competencies)
- **Standard B1.03g** (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, methods of student assessment/evaluation)
- **Standard B2.09** (lacked evidence the curriculum includes instruction in clinical and technical skills, including procedures based on the current professional practice)
- **Standard B2.11c** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)

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

- **Standard A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B2.08a** (lacked evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and the elderly)

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- **Standard B2.08c** (lacked evidence the curriculum includes instruction in pre-, intra-, and post-operative care)
- **Standard B2.11a** (lacked evidence the curriculum includes instruction in the death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- **Standard B2.11b** (lacked evidence the curriculum includes instruction in the human sexuality area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.15c** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)
- **Standard C1.01a** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing preparation of graduates to achieve program define competencies)
- **Standard C1.01e** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing PANCE performance)
- **Standard C1.01f** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.01g** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing success in meeting program's goals)
- **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 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** (the program did not submit documents as required by the ARC-PA)

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March 2023

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.

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 2021

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

- The expected learning outcomes that must be attained by the student at the completion of the supervised clinical practice experiences [SCPEs] and the narrative describing how the program will determine each student has met the learning outcomes. No further information requested.

March 2021

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

- **Standard A3.15d** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for dismissal),
- **Standard B1.03** (provided evidence the program consistently publishes instructional objectives that guide student acquisition of required competencies),
- **Standards B3.03a-b** (provided evidence of clearly defined outcomes for students in supervised clinical practice experiences [SCPEs] with a) emergent, acute and chronic patient encounters and patients seeking b) medical care across the life span),
- **Standard B3.06a** (provided evidence SCPEs occur with physicians specialty board certified in their area of instruction) and
- **Standard B4.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).

Additional information (expected learning outcomes that must be attained by the student at the completion of the SCPEs and narrative describing how the program will determine each student has met the learning outcomes) due March 8, 2021.

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

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

June 2020

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

The program is approved for up to 25 students in the first class of students, 25 in the second class and 30 in the third class.

Report due December 15, 2020 (*Standards*, 5th edition) -

- **Standard A3.15d** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for dismissal),

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- **Standard B1.03** (lacked evidence the program consistently publishes instructional objectives that guide student acquisition of required competencies),
- **Standards B3.03a-b** (lacked evidence of clearly defined outcomes for students in supervised clinical practice experiences [SCPEs] with a) emergent, acute and chronic patient encounters and patients seeking b) medical care across the life span),
- **Standard B3.06a** (lacked evidence SCPEs occur with physicians specialty board certified in their area of instruction) and
- **Standard B4.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).

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