

Nova Southeastern University-Orlando Accreditation History

First accredited: March 2007

Next review: March 2026

Maximum class size: 64

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March 2024

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

- Lack of effective program leadership.
- Lack of institutional support for faculty and staff recruitment and retention strategy implementation related to diversity, equity, and inclusion.
- Evidence of effectiveness in meeting all program goals was not published.
- Program technical standards were not the same in the two different places in which they were published.
- The learning outcomes in the clinical year were written in a way that did not guide student acquisition of required competencies.
- Clinical rotation preceptor evaluation forms did not allow for identification of deficiencies in a timely manner.
- Numerous (13) required didactic curricular components lacked evidence of instruction.
- The summative evaluation of interpersonal skills was not limited to the final four months of the program.
- The program director did not demonstrate knowledge of the program organization nor how to complete a self-study report.
- The self-study report did not consistently document the program's process of ongoing data collection and analysis that supported its conclusions and action plans.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 64. The program requested reconsideration of the commission's action. The action was upheld.

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

- **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 A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- **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 implementing recruitment strategies)
- **Standard A2.09a** (lacked evidence the program director *is* knowledgeable about and responsible for program organization)
- **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)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes in syllabi or

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- appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B2.06d** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
 - **Standard B2.06f** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for social determinants of health)
 - **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
 - **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 B2.12c** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)
 - **Standard B2.13d** (lacked evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include types of sampling methods)
 - **Standard B2.15a** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)
 - **Standard B2.15b** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)
 - **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 B2.15d** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)
 - **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 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)

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- **Standard B4.03c** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)

Report due June 9, 2025 (*Standards*, 5th edition) full modified self-study report:

- **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 A3.13e** (lacked evidence the program defines, publishes, consistently applies and makes readily available any required technical standards for enrollment)
- **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 elderly)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in the violence identification and prevention area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11g** (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 E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2022

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 2020

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

- Follow-up 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 (clarification of number of credits required for graduation and how determined all students met learning outcomes for a partially completed rotation) due July 10, 2020.

June 2018

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Program Change: Change in graduation requirements (decrease from 152 to 144 credits awarded), effective May 14, 2018. The commission **acknowledged the proposed change**. No further information requested.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2024. Maximum class size: 64. The commission noted zero areas of noncompliance with the *Standards*.

September 2014

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

- **Standards A1.03a and c** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of curriculum design, course selection and program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subject),
- **Standard A3.14b** (provided evidence of publication of the program's success in achieving its goals),
- **Standard B3.02** (provided evidence all students meet the program-defined expectations during supervised clinical practice experiences [SCPEs] for preventive, emergent, acute and chronic patient encounters),
- **Standards B3.03a-d** (provided evidence all students meet the program-defined expectations during 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),
- **Standards B3.04c-d** (provided evidence of SCPEs occurring in c) inpatient and d) operating room settings),
- **Standard C1.01** (provided evidence of implementation of a comprehensive ongoing program self-assessment process which documented program effectiveness and fostered program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b, d-f** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).
- Evidence provided of correction of SCPEs in the Program Management Portal. No further information requested.

March 2014

Adverse Action-Accreditation-Probation. Maximum class size: 64. A focused probation site visit will occur in advance of the March 2016 commission meeting. The program did not appeal the commission's decision.

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Reports due May 9, 2014 (*Standards*, 4th edition) –

Succinct action plan for bringing the program into compliance with each standard below

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of curriculum design, course selection and program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subject),
- **Standard A3.14b** (lacked evidence of publication of the program's success in achieving its goals),
- **Standard B3.02** (lacked evidence all students meet the program-defined expectations during supervised clinical practice experiences [SCPEs] for preventive, emergent, acute and chronic patient encounters),
- **Standards B3.03a-d** (lacked evidence all students meet the program-defined expectations during 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),
- **Standards B3.04c-d** (lacked evidence of SCPEs occurring in c) inpatient and d) operating room settings),
- **Standard C1.01** (lacked evidence of implementation of a comprehensive ongoing program self-assessment process which documented program effectiveness and fostered program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b, d-f** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).
- Correct SCPEs in the Program Management Portal

Due October 2, 2015 (*Standards*, 4th edition) -

Indicate the manner in which each standard below has been addressed/resolved

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of curriculum design, course selection and program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subject),
- **Standard A3.14b** (lacked evidence of publication of the program's success in achieving its goals),
- **Standard B3.02** (lacked evidence all students meet the program-defined expectations during supervised clinical practice experiences [SCPEs] for preventive, emergent, acute and chronic patient encounters),

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- **Standards B3.03a-d** (lacked evidence all students meet the program-defined expectations during 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),
- **Standards B3.04c-d** (lacked evidence of SCPEs occurring in c) inpatient and d) operating room settings),
- **Standard C1.01** (lacked evidence of implementation of a comprehensive ongoing program self-assessment process which documented program effectiveness and fostered program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b, d-f** modified self-study report to be used for focused probation visit (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

March 2013

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

- **Standard B3.07f** (provided evidence each student has SCPEs with preceptors practicing in behavioral and mental health). No further information requested.

September 2012

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

- **Standards B3.03a-d** (provided evidence of program-defined requirements with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

March 2012

The commission **did not accept the report** providing evidence of

- Clarification regarding data analysis and student experiences

Reports due July 1, 2012 (*Standards*, 4th edition) -

- **Standards B3.03a-d** (lacked evidence of program-defined requirements 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

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

- **Standard B3.07f** (lacked evidence each student has SCPEs with preceptors practicing in behavioral and mental health).

March 2011

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

- **Standard A2.18b** (provided evidence that instructional faculty are knowledgeable in course content and effective in teaching assigned loads),

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- **Standard B7.03c and e** (provided evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for c) conditions requiring inpatient surgical management and e) psychiatric / behavioral conditions),
- **Standard B7.04e** (provided evidence SCPEs occur in long-term care settings),
- **Standard B7.05f** (provided evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standards C2.01B4 and B6** (provided evidence the self-study report documents outcome data and critical analysis of B4) student evaluations of individual didactic courses, clinical experiences and faculty and B6) preceptor evaluations of student performance and suggestions for curriculum improvement).
- Providing evidence of the NCCPA PANCE Pass Rate Summary Report.

Additional information (clarification regarding data analysis and student experiences) due December 31, 2011.

March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 198.

Report due December 31, 2010 (*Standards*, 3rd edition) -

- **Standard A2.18b** (lacked evidence that instructional faculty are knowledgeable in course content and effective in teaching assigned loads),
- **Standard B7.03c and e** (lacked evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for c) conditions requiring inpatient surgical management and e) psychiatric / behavioral conditions),
- **Standard B7.04e** (lacked evidence SCPEs occur in long-term care settings),
- **Standard B7.05f** (lacked evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standards C2.01B4 and B6** (lacked evidence the self-study report documents outcome data and critical analysis of B4) student evaluations of individual didactic courses, clinical experiences and faculty and B6) preceptor evaluations of student performance and suggestions for curriculum improvement).
- NCCPA PANCE Pass Rate Summary Report.

March 2007

Accreditation-Provisional; Next Comprehensive Evaluation: March 2010. Maximum Student Capacity: 180. The commission noted zero areas of noncompliance with the *Standards*.