

## St. John's University Accreditation History

First accredited: October 1995

Next review: March 2025

Maximum class size: 75

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### June 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

### March 2024

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

- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A3.17c** (provided evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of student performance while enrolled)
- **Standard A3.17d** (provided evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of remediation efforts and outcomes)
- **Standard A3.17f** (provided evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met requirements for program completion)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **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** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.01a** (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 aligns with what is expected and taught)
- **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)

Additional information (how the program ensures that supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and

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mental health, how the program aligns student assessment with what the program expects of a student on supervised clinical practice experiences (SCPEs) and didactic courses, program's SCPE expectations, document(s) program uses to verify it has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected, and description of how the program monitors and addresses any student deficiencies related to the supervised clinical practice experience (SCPE) program expected learning outcomes in a timely manner) due May 15, 2024.

Report due May 1, 2024:

- Update NCCPA PANCE Pass Rate Summary Report on website
- Update PANCE data in Program Management Portal

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

- **Standard B1.03c** (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, faculty instructor of record)
- **Standard B1.03d** (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, course goal/rationale)
- **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, that guide student acquisition of required competencies)
- **Standard B1.03f** (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, outline of topics to be covered that align with learning outcomes and instructional objectives)
- **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 B1.03h** (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, plan for grading)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

### September 2023

The commission **accepted** the report addressing 5<sup>th</sup> 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 A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)

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- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **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 A1.08** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)
- **Standard A2.03** (provided evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard A2.13b** (provided evidence instructional faculty are knowledgeable in course content and effective in teaching assigned subjects)
- **Standard A2.18b** (provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B4.03e** (provided 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 professional behaviors)

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

- Updates to the program's website. No further information requested.

### August 2023

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2023. Administrative-Probation removed post receipt of fee.

### July 2023

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2023.

### March 2023

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

- The sponsoring institution's responsibility for program assessment and effective leadership, supporting its commitment to student, faculty and staff diversity and inclusion, and providing the program with sufficient principal faculty and administrative staff to operate the educational program, comply with standards, and fulfill obligations to matriculating and enrolled students.
- Student academic records kept by the sponsoring institution or program readily accessible to authorized program personnel and includes documentation that the student has met

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published admissions criteria, student performance while enrolled, remediation efforts and outcomes, behavioral and academic disciplinary actions, and all requirements for program completion.

- 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 related to professional behaviors.
- The program's methods of assessment in the clinical curriculum aligned with what is expected and taught in the supervised clinical education learning outcomes.
- The program's methods of assessment in supervised clinical practice experiences monitor and document the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes for each age group and visit type.
- The program's summative evaluation verified each student meets the program's competencies required to enter clinical practice, including professional behaviors.
- A fully defined, ongoing self-assessment process that documented program effectiveness and fostered program improvement.
- A self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.

A focused probation visit will occur in advance of the March 2025 commission meeting. The program's maximum class size remains 75. The program did not appeal the commission's decision.

Report due May 15, 2023 (*Standards*, 5<sup>th</sup> edition):

- **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 A3.12c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal)
- **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 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 A1.08** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)

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- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard A2.13b** (lacked evidence instructional faculty are knowledgeable in course content and effective in teaching assigned subjects)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B4.03e** (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 professional behaviors)

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A3.17c** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of student performance while enrolled)
- **Standard A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of remediation efforts and outcomes)
- **Standard A3.17f** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met requirements for program completion)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **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 B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)

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- **Standard B4.01a** (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 aligns with what is expected and taught)
- **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)

Report due May 23, 2024 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **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)
- **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)

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

- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard A3.17e** (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation of summaries of any formal academic/behavioral disciplinary action taken against a student)
- **Standard A3.21** (lacked evidence program records include a current curriculum vitae for each course director)

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### September 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 **did not accept the report**. No further information requested.

### September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

### March 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

### September 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

### June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due August 20, 2020.

### July 2016

Program Change: Change in degree awarded (baccalaureate to master's curriculum) and Change in program length (24 to 28 months), effective September 2018. The commission **acknowledged the proposed changes**. No further information requested.

### May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

### March 2016

The commission reviewed the program's letter on enrollment management issues and steps taken to prevent future issues. No further information requested.

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### September 2015

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

- Final clinical rotation schedule of the class of 2015 highlighting SCPEs with board-certified FM physicians. No further information requested.

### March 2015

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

- Updated Portal and website. No further information requested.

### September 2014

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

- Updated Portal and updated website with graduate performance on PANCE and statement on accreditation.

Additional information due October 17, 2014 (update portal and website to reflect PANCE pass rate data) and December 1, 2014 (update the website with the success of the program in achieving its goals).

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

- Updated SCPEs in the Portal,
- The total number of graduates/number of graduates from that class that did not have a SCPE with board-certified FM physician,
- The number of students in the current academic year that did not have a SCPE with board-certified FM physician and
- A schedule verifying that the current clinical year students will be placed with a board-certified FM physician.

Additional information requested (final clinical rotation schedule of students in the classes of 2015 and 2016 highlighting SCPEs with board-certified FM physicians); reports due within 30 days of graduation.

### March 2014

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

- The student immunization policy is based on current CDC recommendations for health professionals and that student health records are confidential. No further information requested.

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

- The program definition of family practice experience, list of clinical courses with instructional objectives related to family medicine, and if program cannot provide evidence of experiences with family medicine, then provide compelling reason.

Additional information due May 1, 2014 (using definition and scope of practice and philosophy of family medicine (FM) generally accepted within medicine,

- update supervised clinical practice experiences (SCPEs) in the Program Management Portal,

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- provide the total number of graduates from the most recent class and the number of graduates from that class that did not have a SCPE with board-certified FM physician,
- provide the number of students in the current academic year that did not have a SCPE with board-certified FM physician and
- provide a schedule verifying that the current clinical year students will be placed with a board-certified FM physician).

Also due May 1, 2014 (update data in Program Management Portal and update website with graduate performance on PANCE and statement on accreditation).

### September 2013

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

- The update on SCPE sites and clinical rotation assignments.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.10** (provided evidence the program director supervises principal faculty in all activities that directly relate to the PA program),
- **Standard A3.07** (provided evidence the policy on immunization of students is based on current CDC recommendations for health professionals),
- **Standard B3.07a** (provided evidence of SCPEs with preceptors practicing in family medicine) and
- **Standards E1.09d and e** (provided evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in d)  $\geq 10$  students or  $\geq 15\%$  increase in maximum entering class size and e) maximum aggregate student enrollment that will result in an increase of  $\geq 15\%$  in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Additional information due December 20, 2013 (demonstrate compliance the student immunization policy is based on current CDC recommendations for health professionals and that student health records are confidential).

Additional information due July 1, 2014 (program definition of family practice experience, list of clinical courses with instructional objectives related to family medicine, and if program cannot provide evidence of experiences with family medicine, then provide compelling reason).

Program Change: Change in class size (90 to 111), effective August 2013. The commission **did not approve the proposed increase** and reminded the program the approved maximum class size is 75.

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

- The update on SCPE sites and clinical rotation assignments.

The program is to resubmit reports by May 15, 2013.

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### March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 75.

Reports due April 22, 2013

- Update on sites providing supervised clinical practice experiences (SCPEs) and clinical rotation assignments.

Due June 1, 2013

- Graphic display of clinical rotation assignments for the current class.

Due July 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.10** (lacked evidence the program director supervises principal faculty in all activities that directly relate to the PA program),
- **Standard A3.07** (lacked evidence the policy on immunization of students is based on current CDC recommendations for health professionals),
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine) and
- **Standards E1.09d and e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in d)  $\geq 10$  students or  $\geq 15\%$  increase in maximum entering class size and e) maximum aggregate student enrollment that will result in an increase of  $\geq 15\%$  in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

### March 2008

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard B7.03d** (provided evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C1.01e** (provided evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness). No further information requested.

### September 2007 (St. John's University)

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

- An update on the transfer of sponsorship. No further information requested.

### March 2007 (St. John's University, formerly St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 150.

Report due July 13, 2007

- Update regarding transfer of sponsorship (financial support, enrollment, changes to student services, faculty status and availability of clinical sites).

Due January 11, 2008 (*Standards*, 3<sup>rd</sup> edition) -

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- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C1.01e** (lacked evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness).

### March 2006 (St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)

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

- Clinical Course Objectives for Medicine and Surgery. No further information requested.

### March 2005

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A1.3** (provided evidence that one sponsor has been identified as being ultimately responsible for the program),
- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C2.2b** (provided evidence the self-study report includes critical analysis of faculty attrition).

Additional information (Clinical Course Objectives for Medicine and Surgery) due January 13, 2006.

### September 2004

Program Change: Increase student capacity (130 to 150). The commission **acknowledged the proposed change**. No further information requested.

### March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 130.

Report due January 17, 2005 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A1.3** (lacked evidence that one sponsor has been identified as being ultimately responsible for the program),
- **Standard A5.1** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C2.2b** (lacked evidence the self-study report includes critical analysis of faculty attrition).

### March 2003

The commission **accepted the report** addressing 2<sup>nd</sup> edition

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- **Standard A2.1** (provided evidence the program is effectively led and managed),
- **Standard A2.11** (provided evidence the program director supervises the medical director),
- **Standard A3.1** (provided evidence financial resources allocated to the program are sufficient to operate the educational program),
- **Standard A4.7** (provided evidence academic resources related to curriculum are readily available to students),
- **Standard A4.8** (provided evidence instructional models, computer hardware and reference materials are available to facilitate faculty teaching and student learning),
- **Standard A5.3** (provided evidence academic credit is readily available to prospective students),
- **Standard A5.17** (provided evidence technical standards are readily available to prospective students),
- **Standard B1.4** (provided evidence the syllabus for Family Medicine provides measurable instructional objectives and expected student competencies),
- **Standard B2.1c** (provided evidence instruction in pathophysiology is documented in its documents),
- **Standard C1.1** (provided evidence of a formal self-evaluation process for continuous, systematic review of the effectiveness of the education it provides),
- **Standard C4.1** (provided evidence the program prepares a self-study report) and
- **Standards C4.1a-e** (provided evidence the self-study report a) documents the process and results of continuous evaluation, b) analyzes outcome data, c) identifies strengths and weaknesses and the rationale for improvements, d) documents modifications that have occurred as a result of self-evaluation and e) links to plans for addressing weaknesses and areas needing improvement). No further information requested.

Personnel Change: New program director appointed, effective December 20, 2002.

September 2002 (St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 130.

Report due January 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.1** (lacked evidence the program is effectively led and managed),
- **Standard A2.11** (lacked evidence the program director supervises the medical director),
- **Standard A3.1** (lacked evidence financial resources allocated to the program are sufficient to operate the educational program),
- **Standard A4.7** (lacked evidence academic resources related to curriculum are readily available to students),
- **Standard A4.8** (lacked evidence instructional models, computer hardware and reference materials are available to facilitate faculty teaching and student learning),
- **Standard A5.3** (lacked evidence academic credit is readily available to prospective students),
- **Standard A5.17** (lacked evidence technical standards are readily available to prospective students),

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- **Standard B1.4** (lacked evidence the syllabus for Family Medicine provides measurable instructional objectives and expected student competencies),
- **Standard B2.1c** (lacked evidence instruction in pathophysiology is documented in its documents),
- **Standard C1.1** (lacked evidence of a formal self-evaluation process for continuous, systematic review of the effectiveness of the education it provides),
- **Standard C4.1** (lacked evidence the program prepares a self-study report) and
- **Standards C4.1a-e** (lacked evidence the self-study report a) documents the process and results of continuous evaluation, b) analyzes outcome data, c) identifies strengths and weaknesses and the rationale for improvements, d) documents modifications that have occurred as a result of self-evaluation and e) links to plans for addressing weaknesses and areas needing improvement).

### March 1999

The commission **accepted the report** addressing 1<sup>st</sup> edition

- **Standard I D 1 a** (provided evidence the program announcement accurately reflects the curriculum offered),
- **Standard I D 1 c** (provided evidence the program publishes and makes readily known to applicants academic credits),
- **Standard I D 1 e** (provided evidence the program publishes and makes readily known to applicants policies and procedures for student withdrawals and tuition and fee refunds) and
- **Standard I E** (provided evidence the program has a formal self-study process). No further information requested.

### March 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2002. Maximum Student Capacity: 130.

Report due February 1, 1999 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I D 1 a** (lacked evidence the program announcement accurately reflects the curriculum offered),
- **Standard I D 1 c** (lacked evidence the program publishes and makes readily known to applicants academic credits),
- **Standard I D 1 e** (lacked evidence the program publishes and makes readily known to applicants policies and procedures for student withdrawals and tuition and fee refunds) and
- **Standard I E** (lacked evidence the program has a formal self-study process).

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1995 by CAAHEP is not available.