

University of Detroit - Mercy Accreditation History

First accredited: September 1972

Next review: September 2025

Maximum class size: 80

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March 2024

The commission **accepted** the findings of the focused site visit.

Report due May 15, 2024:

- Update attrition table on program website

Report due May 15, 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 A1.10a** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 B3.12b** (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 for students learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies,)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 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 February 6, 2025 (*Standards*, 5th edition):

- **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)

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- **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 E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2023

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

- Continuing failure to prepare a self-study report (SSR) that accurately and succinctly documented process, application and results of ongoing program self-assessment.

An initial focused visit will occur in advance of the March 2024 commission meeting. A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 80. The program did not appeal the commission's decision.

The commission **did not accept** the report addressing 5th edition

- Appendix 14 Self-Study Report

No further information requested.

September 2022

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

- Updates to the program's Program Management Portal. No further information requested.

March 2022

The commission **did not accept** the report addressing 4th edition

- **Standards C2.01b-f**, modified self-study report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, 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).

Additional information (acceptable modified self-study report) due April 15, 2023.

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The program received a Warning Letter regarding concerns about the program's self-assessment process not being fully implemented as required by the *Standards*.

Report due April 22, 2022:

- Update SCPE tab in Program Management Portal

March 2021

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

- Program defined expectations for learning outcomes with preventive, emergent, acute, and chronic patient encounters, and, care across the life span, care for women's health, for surgical conditions and for behavioral and mental health conditions, the evaluation tools addressing the encounters and the process identifying and addressing deficiencies in student attainment of the program expectations. No further information requested.

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

- Changes in response to COVID-19. 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 (program defined expectations for learning outcomes with preventive, emergent, acute, and chronic patient encounters, and, care across the life span, care for women's health, for surgical conditions and for behavioral and mental health conditions, the evaluation tools addressing the encounters and the process identifying and addressing deficiencies in student attainment of the program expectations) due May 18, 2020.

March 2020

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

- **Standard A3.19a** (provided evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded) and
- **Standard C3.01** (provided evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).

Additional information (clear learning outcomes and the process identifying how the learning outcomes are evaluated individually) due February 3, 2020.

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June 2019

Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum Entering Class Size: 60.

Report due November 11, 2019 (*Standards*, 4th edition) -

- **Standard A3.19a** (lacked evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded) and
- **Standard C3.01** (lacked evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).

Due August 15, 2021 (*Standards*, 4th edition) -

- **Standards C2.01b-f**, modified self-study report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, 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 2017

Program Change: Increase in Class Size, incremental (40 to 50, effective August 2017, to 60, effective August 2018, to 70, effective August 2019 and to 80, effective August 2020). The commission **approved the proposed change**. No further information requested.

September 2016

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

- Updated SCPEs in the Portal. No further information requested.

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

- The year-one class size and the updated SCPEs. Additional information (update SCPEs in the portal) due August 8, 2016.

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

- Updated website. No further information requested.

April 2016

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2018 to September 2019 due to this change.

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March 2016

Program Change: Change in class size, incremental (40 to 55, effective August 2016, to 70, effective August 2017 and to 90, effective August 2018). The commission **did not approve the proposed change**.

Report due May 6, 2016

- Explanation of discrepancy between approved year one class size and the number reflected in the Program Management Portal and
- Update the supervised clinical practice experience (SCPE) tab in the Portal.

Due May 20, 2016

- Update website with accreditation status and success in achieving goals.

March 2012

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

- **Standards A3.14b and f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 100.

Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standards A3.14b and f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and f) estimates of all costs [tuition, fees, etc.] related to the program).

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 100. The commission noted zero areas of noncompliance with the *Standards*.

September 1997

Accreditation-Continued; Next Comprehensive Evaluation: September 2004.

NOTE: The ARC-PA commission action information available begins in September 1997. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.