

University of Southern California Accreditation History

First accredited: October 1975

Next review: June 2029

Maximum class size: 60

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March 2024

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.

March 2022

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

- documentation of data analysis leading to conclusions in self-assessment of PANCE performance and modifications that occurred as a result of self-assessment

No further information requested

June 2021

The commission **reviewed and more information requested** of the report addressing 4th edition

- **Standards C2.01b-e**, modified Self-Study Report (mSSR) (lacked evidence of a self-study report that documented 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 and e) self-identified program strengths and areas in need of improvement).

Additional information (documentation of data analysis leading to conclusions in self-assessment of PANCE performance and modifications that occurred as a result of self-assessment) due August 3, 2021.

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.

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 July 25, 2020.

Program Change: Change in graduation requirements (93 to 97 credits), effective August 24, 2020. The commission **acknowledged the proposed change**. No further information requested.

March 2020

Program Change: Change in graduation requirements. The commission took no action.

Additional information (details regarding the change in resources and documentation of institutional and/or regional accreditation approval) due March 9, 2020.

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

- **Standard A3.17e** (provided evidence that policies and procedures for withdrawal were readily available to students upon admission) and
- **Standard C3.01** (provided evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).

June 2019

Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum class size: 60.

Report due September 10, 2019 (*Standards*, 4th edition) -

- **Standard A3.17e** (lacked evidence that policies and procedures for withdrawal were readily available to students upon admission) and
- **Standard C3.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).

Due February 1, 2021 (*Standards*, 4th edition) –

- **Standards C2.01b-e**, modified Self-Study Report (mSSR) (lacked evidence of a self-study report that documented 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 and e) self-identified program strengths and areas in need of improvement).

March 2017

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.

April 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 September 2016 to September 2019 due to this change.

March 2014

Program Change: Increase in class size from 50 to 60, effective August 25, 2014. The commission **approved the proposed change**. No further information requested.

March 2013

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

- Program-defined requirements in women's health and documentation that every student has completed a general surgery rotation prior to graduation. No further information requested.

September 2012

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

- **Standard B3.03b** (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking women's health),
- **Standard B3.07c** (provided evidence of SCPEs with preceptors practicing in general surgery) and
- **Standard C3.04** (provided evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Additional information related to program-defined requirements in women's health and documentation that every student has completed a general surgery rotation prior to graduation due December 31, 2012.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum student capacity: 150 students.

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

- **Standard B3.03b** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking women's health),
- **Standard B3.07c** (lacked evidence of SCPEs with preceptors practicing in general surgery) and
- **Standard C3.04** (lacked evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

March 2009

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

- **Standard A2.04** (provided evidence that core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A3.13d** (provided evidence that student files included documentation of disciplinary action),
- **Standard B7.03b** (provided evidence that every student has supervised clinical practice experiences with patients seeking prenatal care and women's health care),
- **Standards B7.04b and e, B7.05f** (provided evidence that supervised clinical practice experiences should be provided in the following settings: b) emergency room/department, e) long-term care and f) psychiatry),
- **Standards C1.01a and c** (provided evidence that the program regularly collects and analyzed information related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations) and
- **Standards C2.01b1, 3-6** (provided evidence of the self-study report documenting outcome data and critical analysis of b1) student attrition, deceleration and remediation, b3) student failure rates in individual courses and rotations, b4) student

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evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b6) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

March 2008

Accreditation-Continued; Next Comprehensive Evaluation: 2011. Maximum student capacity: 150 students.

Report due January 9, 2009 (*Standards*, 3rd edition) -

- **Standard A2.04** (lacked evidence that core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A3.13d** (lacked evidence that student files included documentation of disciplinary action),
- **Standard B7.03b** (lacked evidence that every student has supervised clinical practice experiences with patients seeking prenatal care and women's health care),
- **Standards B7.04b and e, B7.05f** (lacked evidence that supervised clinical practice experiences should be provided in the following settings: b) emergency room/department, e) long-term care and f) psychiatry),
- **Standards C1.01a and c** (lacked evidence that the program regularly collects and analyzed information related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations) and
- **Standards C2.01b1, 3-6** (lacked evidence of the self-study report documenting outcome data and critical analysis of b1) student attrition, deceleration and remediation, b3) student failure rates in individual courses and rotations, b4) student evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. The program is approved for up to 120 students. The commission noted zero areas of noncompliance with the *Standards*.

December 2001

Program Change: Program move from 24-month baccalaureate curriculum to a 33-month master of PA practice, effective Fall 2000. The commission **acknowledged the proposed change** after review of additional information on impact.

March 2001

Program Change: Program move from 24-month baccalaureate curriculum to a 33-month master of PA practice, effective Fall 2000. The commission **did not acknowledge** the change;

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additional information (projected impact on institution, program and students) requested by July 20, 2001.

March 2000

Accreditation-Continued; Next Comprehensive Evaluation: January 2003. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in March 2000. Information from initial accreditation in 1975 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.