

## Western University of Health Sciences Accreditation History

First accredited: May 1990

Next review: March 2025

Maximum class size: 98

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### March 2024

The commission accepted the findings of the virtual site visit.

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

- **Standard A3.13e** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)

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

- **Standard B1.03e** (provided 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 B2.06a** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- **Standard B2.06d** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- **Standard B3.03a** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (provided 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 B3.03e** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)

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- **Standard B3.07f** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **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)

Additional information (process for verifying that all supervised clinical practice experiences (SCPEs) occur with physicians who are board-certified in their area of instruction, description of how the program plans to secure preceptors that enable the students to meet the program defined learning outcomes in behavioral and mental health, expected learning outcomes for behavioral and mental health care, and documentation utilized by the program to verify its family medicine preceptors enable students to meet all the program-defined learning outcomes for behavioral and mental health care SCPEs) due May 15, 2024/

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

- description of the program's established, formal, continuous self-assessment process addressing the administrative aspects of the program and institutional resources, effectiveness of didactic and clinical curriculums, preparation of graduates to achieve program defined competencies, PANCE performance, sufficiency and effectiveness of principal and instructional faculty and staff, and success in meeting the program's goals

No further information requested.

The commission **accepted** the report addressing 5<sup>th</sup> edition

- **Standard B4.01a** (provided 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** (provided 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)
- **Standard B4.03a** (provided evidence 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 clinical and technical skills)
- **Standard C2.01a** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)

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- **Standard C2.01c** (provided evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

No further information requested.

### September 2023

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

- Update PANCE pass rate data in the program portal
- **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)
- **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 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 A2.09d** (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)
- **Standard A2.11a** (provided evidence the medical director is a currently licensed allopathic or osteopathic physician)
- **Standard A2.11b** (provided evidence the medical director is certified by an ABMS- or AOA-approved specialty board)
- **Standard A2.12** (provided evidence medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A3.05a** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- **Standard A3.11** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **Standard A3.12a** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)

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- **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 A3.12c** (provided evidence 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 Year provided by the NCCPA through its program portal, no later than April first each year)
- **Standard A3.12d** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard A3.12e** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the academic credit offered by the program)
- **Standard A3.12f** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard A3.12g** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- **Standard A3.12i** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard A3.13c** (provided evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)
- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing preparation of graduates to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing PANCE performance)

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- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty)
- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing success in meeting the program's goals)

Additional information (description of the program's established, formal, continuous self-assessment process addressing the administrative aspects of the program and institutional resources, effectiveness of didactic and clinical curriculums, preparation of graduates to achieve program defined competencies, PANCE performance, sufficiency and effectiveness of principal and instructional faculty and staff, and success in meeting the program's goals) due December 15, 2023.

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

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

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

### March 2023

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

- The sponsoring institution's responsibility for program assessment, effective leadership, and compliance with ARC-PA accreditation *Standards* and policies.
- The sponsoring institution providing the program with sufficient faculty to operate the educational program, comply with standards, and fulfill obligations to matriculating and enrolled students.
- The sponsoring institution providing sufficient assistance with the application and resources related to program assessment in the program's submission of its self-study report.
- The program director was knowledgeable about program assessment.
- The program had sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- The program had a qualified medical director.
- The program consistently defined, published, and made readily available to enrolled and prospective students general program information.
- The program's didactic and clinical curriculum had clear and consistent learning outcomes and instructional objectives written in measurable terms that would guide student acquisition of knowledge and skills.
- The program's supervised clinical practice experiences included learning outcomes that addressed medical care across the lifespan to include adults and the elderly; women's health (to include prenatal and gynecologic care); for preventive, emergent, acute, and chronic patient encounters, and for behavioral and mental health conditions.
- That all physician preceptors were specialty board certified in their area of instruction.

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- The program's supervised clinical practice experiences occurred with preceptors who enabled students to meet program defined learning outcomes for emergency medicine, family practice, internal medicine, surgery, pediatrics, women's health, and behavioral medicine (psychiatry).
- That the program provided evidence of supervised clinical practice experience evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for identification of any student deficiencies in a timely manner.
- That the program provided evidence that the program has defined, implemented, and documented its ongoing self-assessment process to foster program improvement.
- The program had a defined process for initial and ongoing evaluation of clinical sites.

A focused probation site visit will need to occur in advance of the March 2025 commission meeting. The program's maximum class size remains 98. The program requested reconsideration of the commission's action. The action was upheld.

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

- Update PANCE pass rate data in the 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 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 A2.09d** (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 A2.11a** (lacked evidence the medical director is a currently licensed allopathic or osteopathic physician)
- **Standard A2.11b** (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)
- **Standard A2.12** (lacked evidence medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A3.05a** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)

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- **Standard A3.12a** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)
- **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 A3.12c** (lacked evidence 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 Year provided by the NCCPA through its program portal, no later than April first each year)
- **Standard A3.12d** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard A3.12e** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the academic credit offered by the program)
- **Standard A3.12f** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard A3.12g** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- **Standard A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard A3.13c** (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)
- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing preparation of graduates to achieve program defined competencies)

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- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty)
- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing success in meeting the program's goals)

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

- **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 B2.06a** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- **Standard B2.06d** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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 B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)



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- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **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)

Report due February 1, 2024 (*Standards*, 5<sup>th</sup> edition):

- **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)
- **Standard B4.03a** (lacked evidence 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 clinical and technical skills)
- **Standard C2.01a** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

Report due May 23, 2024 (*Standards*, 5<sup>th</sup> edition):

- **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)

No report due for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission; (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.02a** (lacked evidence program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)
- **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)

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- **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 E1.03** (the program did not submit documents as required by the ARC-PA)

### 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 October 15, 2020.

### July 2016

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

- Student experiences in surgical care and behavioral health. No further information requested.

Program change: Change in credit hours from 118 to 102, effective August 2016. The commission **acknowledged the proposed change**. 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.

### January 2015

Program request for change in due date for follow up report due: The commission agreed to change the report due date from May 27, 2015 to May 27, 2016.

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### September 2014

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

- Student experiences in surgical care and behavioral health. Additional information requested by May 27, 2015 (student experiences in surgical care and behavioral health).

### March 2014

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

- Student experiences in surgical care and behavioral health. No further information requested.

### September 2013

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

- **Standard A1.08** (provided evidence that the sponsoring institution provided the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.21** (provided evidence that student health records are confidential) and
- **Standard B3.03c-d** (provided evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking c) surgical management and d) behavioral and mental health conditions).

Additional information requested by December 31, 2013 and June 1, 2014 (summary of student experiences in surgical care and behavioral health).

### March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Approved for a class size of 98.

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

- **Standard A1.08** (lacked evidence that the sponsoring institution provided the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.21** (lacked evidence that student health records are confidential) and
- **Standard B3.03c-d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking c) surgical management and d) behavioral and mental health conditions).

### September 2010

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

- **Standard A2.11d** (provided evidence of the program director being knowledgeable about the program's continuous review and analysis),
- **Standard B6.03b** (provided evidence of instruction on current trends of the PA profession),
- **Standard C1.01a, d, f** (provided evidence of the program collecting and analyzing information related to a) student attrition, deceleration, and remediation, d) student evaluations of individual

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didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement),

- **Standard C1.02** (provided evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard 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 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),
- **Standard C2.01c-e** (provided evidence of the self-study report documenting c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement) and
- **Standard C4.03** (provided evidence that all clinical sites provide the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience). No further information requested.

### March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum student capacity: 196.

Report due July 1, 2010 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A2.11d** (lacked evidence of the program director being knowledgeable about the program's continuous review and analysis),
- **Standard B6.03b** (lacked evidence of instruction on current trends of the PA profession),
- **Standard C1.01a, d, f** (lacked evidence of the program collecting and analyzing information related to a) student attrition, deceleration, and remediation, d) student evaluations of individual

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didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement),

- **Standard C1.02** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard 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),
- **Standard C2.01c-e** (lacked evidence of the self-study report documenting c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement) and
- **Standard C4.03** (lacked evidence that all clinical sites provide the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience).

### March 2007

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

- The tracking of clinical experiences. No further information requested.

### September 2006

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

- **Standards B6.2d, g and h** (provided evidence of clinical experiences in d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and
- **Standard B6.3** (provided evidence of clinical experiences in inpatient and long-term care settings).

Additional clarifying information regarding the tracking of clinical experiences requested by January 12, 2007.

### March 2006

Accreditation-Continued; Next Comprehensive Evaluation: March 2010. Maximum student capacity: 196.

Report due July 14, 2006 (*Standards*, 2<sup>nd</sup> edition) -

- **Standards B6.2d, g and h** (lacked evidence of clinical experiences in d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and
- **Standard B6.3** (lacked evidence of clinical experiences in inpatient and long-term care settings).

### September 2004

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

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- The hiring of faculty. No further information requested.

### March 2004

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

- The names of additional faculty, evidence of financial resources, updated program announcements, evidence of general surgery clinical experiences and evidence of instruction in pathophysiology. Additional information requested by July 15, 2004 (hiring of faculty).

### September 2003

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

- **Standard A2.7b** (provided evidence of sufficient core faculty),
- **Standard A3.1** (provided evidence of sufficient financial resources allocated to the program),
- **Standard A5.1** (provided evidence that program announcements reflect the program offered),
- **Standard B2.1c** (provided evidence of pathophysiology instruction),
- **Standard B6.2e** (provided evidence that every student has a clinical experience in general surgery),
- **Standard C5.5** (provided evidence that the summative evaluation assures that students meet defined program objectives for skills and attitudes) and
- **Standard C6.1** (provided evidence that the program routinely evaluates clinical sites).

Additional information requested by January 15, 2004 (names of additional faculty, evidence of financial resources, updated program announcements, evidence of general surgery clinical experiences and evidence of instruction in pathophysiology).

### March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum student capacity: 196.

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

- **Standard A2.7b** (lacked evidence of sufficient core faculty),
- **Standard A3.1** (lacked evidence of sufficient financial resources allocated to the program),
- **Standard A5.1** (lacked evidence that program announcements reflect the program offered),
- **Standard B2.1c** (lacked evidence of pathophysiology instruction),
- **Standard B6.2e** (lacked evidence that every student has a clinical experience in general surgery),
- **Standard C5.5** (lacked evidence that the summative evaluation assures that students meet defined program objectives for skills and attitudes) and
- **Standard C6.1** (lacked evidence that the program routinely evaluates clinical sites).

### March 2000

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

- Resources available and a listing of clinical sites and

The experience and evaluation of students in meeting the surgical and psychiatry objectives. No further information requested.

## Western University of Health Sciences Accreditation History

First accredited: May 1990

Next review: March 2025

Maximum class size: 98

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### September 1999

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

- The clinical coordinator and student participation in surgical clinical rotations. Additional information on resources available and a listing of clinical sites requested by February 1, 2000.

### March 1999

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

- **Standard I B 1 c(3)** (provided evidence of a sufficient number of faculty) and
- Provided evidence of an analytical self-study report and clinical exposure to surgery and psychiatry.

Additional information requested by September 1999 regarding the new faculty and student participation in surgical clinical rotations. Additional information requested by February 1, 2000 on the experience and evaluation of students in meeting the surgical and psychiatry objectives.

### March 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

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

- **Standard I B 1 c(3)** (lacked evidence of a sufficient number of faculty) and
- Lacked evidence of an analytical self-study report and clinical exposure to surgery and psychiatry.

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1990 by CAHEA and subsequent accrediting organizations is not available.