# Hardin-Simmons University Accreditation History

First accredited: March 2017 Next review: March 2032 Maximum class size: 30

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## June 2023

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

## September 2022

The commission accepted the report addressing 4th edition

- **Standard B4.01b** (provided evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)
- **Standard C1.03** (provided 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)
- 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 students are able to fulfill program learning outcomes with access to patient populations)

No additional information requested.

## March 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2032. Maximum class size: 30. Report due June 15, 2022 (*Standards*, 5<sup>th</sup> edition):

- **Standard B4.01b** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)
- 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)
- **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 students are able to fulfill program learning outcomes with access to patient populations)

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

- **Standard A3.13a** (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard B2.11c** (lacked evidence curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)

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### March 2021

The commission accepted the report providing evidence of

 description of how the program will determine each student has met the program's expected learning outcomes for supervised clinical practice experiences and evidence of supervised clinical practice experiences occur with physicians specialty board certified in their area oof instruction

No further information requested

### September 2020

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

- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Additional information (description of how the program will determine each student has met the program's expected learning outcomes for supervised clinical practice experiences and evidence of supervised clinical practice experiences occur with physicians specialty board certified in their area oof instruction) due August 24, 2020.

#### June 2020

The commission acknowledged the report providing evidence of

• The proposed plan in response to COVID-19. No further information requested.

## March 2020 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Final Provisional). The program is approved for up to 30 students in the third class.

Report due June 22, 2020 (Standards, 4th edition) -

- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (lacked evidence the planned student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

#### March 2018

The commission accepted the report providing evidence of

SCPE expectations of students with preventive, emergent, acute and chronic patient encounters
and medical care across the life span, women's health, surgical management and behavioral and
mental health conditions. No further information requested.

### September 2017

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

- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (provided evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes) and
- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Additional information (SCPE expectations of students with preventive, emergent, acute and chronic patient encounters and medical care across the life span, women's health, surgical management and behavioral and mental health conditions) due July 24, 2017

## March 2017

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 30 in the second class and 30 in the third class.

Report due May 1, 2017 (Standards, 4th edition) -

- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).