

Loma Linda University Accreditation History

First accredited: September 2000

Next review: March 2027

Maximum class size: 38

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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 **accepted the report**. No further information requested.

June 2022

Program Change: change in credits from 85 to 87. The commission **approved the program's proposed change**. No further information requested.

March 2022

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 2021

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.

June 2020

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

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

September 2019

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

- Updated PANCE pass rate data on program website. No further information required.

March 2019 (following probation site visit)

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 38. Report due April 18, 2019 (update PANCE pass rate data on program website).

September 2017

The commission **accepted the report** addressing 4th 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 A2.08** (provided evidence the program director provided effective leadership and management),
- **Standard B1.09** (provided evidence of instructional objectives that guided student acquisition of competencies for each didactic and clinical course),
- **Standard B2.08** (provided evidence that the curriculum included instruction in human sexuality and issues of death, dying and loss),

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- **Standard B3.02** (provided evidence that supervised clinical practice experiences [SCPEs] enabled students to meet program expectations and acquire competencies needed for entry into clinical practice), and
- **Standards B3.03a-d** (provided evidence that SCPEs enabled each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

March 2017

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2019. Maximum class size: 38. A focused probation site visit will occur in advance of the March 2019 commission meeting. The program did not appeal the commission's decision.

Report due June 20, 2017 (*Standards*, 4th 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 A2.08** (lacked evidence the program director provided effective leadership and management),
- **Standard B1.09** (lacked evidence of instructional objectives that guided student acquisition of competencies for each didactic and clinical course),
- **Standard B2.08** (lacked evidence that the curriculum included instruction in human sexuality and issues of death, dying and loss),
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enabled students to meet program expectations and acquire competencies needed for entry into clinical practice), and
- **Standards B3.03a-d** (lacked evidence that SCPEs enabled each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and

Due November 1, 2018 (*Standards*, 4th edition, for the focused probation site visit)

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documented program effectiveness and fostered program improvement) and
- **Standard C2.01b-f** (complete self-study report) (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. e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

March 2013

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflected the program offered),

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- **Standard A3.16** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program) and
- **Standard A3.19a** (provided evidence that the student files included documentation that the student has met published admission criteria, including advanced placement if awarded).

September 2012

Program Change: Change in maximum student capacity (62 to 76), effective September 2014.

The commission **acknowledged the proposed change**. No further information requested.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2017. Maximum Student Capacity: 62. Report due December 31, 2012 (*Standards*, 4th edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflected the program offered),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program) and
- **Standard A3.19a** (lacked evidence that the student files included documentation that the student has met published admission criteria, including advanced placement if awarded).

September 2011

The commission **accepted the report** providing evidence of SCPEs (requested September 2010). No further information requested.

September 2010

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

- Self-assessment and critical analysis of data. No further information requested.

Program Change: Change in maximum student capacity (50 to 62), effective September 2010. The commission **acknowledged the proposed change**. Additional information (documentation of supervised clinical practice experiences [SCPEs]) due July 1, 2011.

September 2009

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

- **Standard B3.04d** (provided evidence of instruction in the important aspects of patient care including rehabilitative),
- **Standard B7.03a** (provided evidence that every student has supervised clinical practice experiences with patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly),
- **Standard C1.01a, c, d, f, g** (provided evidence that the program collected and analyzed data related to a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, f) preceptor evaluations of student performance and suggestions for curriculum improvement and g) graduate performance on the PANCE),

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- **Standard C1.02** (provided evidence that the program applied the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01a, b1, b3-6** (provided evidence the self-study report documented a) the program's process of ongoing self-assessment, b1) outcome data and critical analysis of student attrition, deceleration, and remediation, b3) outcome data and critical analysis of student failure rates in individual courses and rotations, b4) outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty, b5) outcome data and critical analysis of graduate evaluations of curriculum and program effectiveness and b6) outcome data and critical analysis of preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standard C2.01c-e** (provided evidence that the self-study report documented 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).

Additional information (self-assessment and critical analysis of data) due June 30, 2010.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 50. Report due July 1, 2009 (*Standards*, 3rd edition) -

- **Standard B3.04d** (lacked evidence of instruction in the important aspects of patient care including rehabilitative),
- **Standard B7.03a** (lacked evidence that every student has supervised clinical practice experiences with patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly),
- **Standard C1.01a, c, d, f, g** (lacked evidence that the program collected and analyzed data related to a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, f) preceptor evaluations of student performance and suggestions for curriculum improvement and g) graduate performance on the PANCE),
- **Standard C1.02** (lacked evidence that the program applied the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01a, b1, b3-6** (lacked evidence the self-study report documented a) the program's process of ongoing self-assessment, b1) outcome data and critical analysis of student attrition, deceleration, and remediation, b3) outcome data and critical analysis of student failure rates in individual courses and rotations, b4) outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty, b5) outcome data and critical analysis of graduate evaluations of curriculum and program effectiveness and b6) outcome data and critical analysis of preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standard C2.01c-e** (lacked evidence that the self-study report documented 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).

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September 2005

The commission **acknowledged the report** providing clinical geriatrics objectives and addressing 2nd edition

- **Standard B7.4e** (provided evidence that instruction included credentialing) and
- **Standard C2.2f** (provided evidence that the employer survey had been administered). No further information requested.

March 2005

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 46. Report due July 15, 2005 (*Standards*, 2nd edition) -

- Objectives for clinical geriatrics and
- **Standard B7.4e** (lacked evidence that instruction included credentialing) and
- **Standard C2.2f** (lacked evidence that the employer survey had been administered).

September 2002

The commission **accepted the report** addressing student research projects and 2nd edition

- **Standard B1.2** (provided evidence that the curriculum design and sequencing was adequate to develop competencies necessary for practice),
- **Standard B1.4** (provided evidence that learning objectives were adequate in depth and measurable),
- **Standards C2.2e and f** (provided evidence that the e) graduate and f) employer surveys had been developed),
- **Standards C4.1a and e** (provided evidence that the self-study report documented the process by which evaluation data results in program change and identified timelines to address problems) and
- **Standard D1.1** (provided evidence of completed health screening in program files). No further information requested.

March 2002

Accreditation-Continued; Next Comprehensive Evaluation: March 2005. Maximum Student Capacity: 30. Report due July 19, 2002 (*Standards*, 2nd edition) -

- Accommodation of student research projects and
- **Standard B1.2** (lacked evidence that the curriculum design and sequencing was adequate to develop competencies necessary for practice),
- **Standard B1.4** (lacked evidence that learning objectives were adequate in depth and measurable),
- **Standards C2.2e and f** (lacked evidence that the e) graduate and f) employer surveys had been developed),
- **Standards C4.1a and e** (lacked evidence that the self-study report documented the process by which evaluation data results in program change and identified timelines to address problems) and
- **Standard D1.1** (lacked evidence of completed health screening in program files).

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March 2001

The commission **accepted the report** addressing 1st edition

- **Standard I D 1 a** (provided evidence that the published admission information included admission and enrollment practices that favored specified individuals or groups) and
- **Standard I D 1 f** (provided evidence of published policies and procedures regarding students performing service work). No further information requested.

September 2000

Accreditation-Provisional; Next Comprehensive Evaluation: March 2002.

Report due January 15, 2001 (*Standards*, 1st edition) -

- **Standard I D 1 a** (lacked evidence that the published admission information included admission and enrollment practices that favored specified individuals or groups) and
- **Standard I D 1 f** (lacked evidence of published policies and procedures regarding students performing service work).