

University of the Cumberlands, Northern Kentucky Accreditation History

First accredited: June 2019

Next review: March 2024

Maximum class size: 30/30/30

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September 2023

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

- Supervised clinical practice experiences (SCPE) expectations for each required rotation, student assessments with what the program expects of a student on SCPEs to allow correlation to the expected learning outcomes, excerpts of the revised program Clinical Year Handbook, and details of the program's implementation of the Clinical Year Gap Rationale Form and how this will process will allow the program to identify student deficiencies in a timely manner)

No further information requested.

March 2023

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standard B2.10c** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams and includes application of these principles in interprofessional teams)
- **Standard B2.19b** (lacked evidence the curriculum includes instruction in academic integrity)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence that the 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 align with what is expected and taught)
- **Standard B4.01b** (lacked evidence that the 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)

Additional information (supervised clinical practice experiences (SCPE) expectations for each required rotation, student assessments with what the program expects of a student on SCPEs to allow correlation to the expected learning outcomes, excerpts of the revised program Clinical Year Handbook, and details of the program's implementation of the Clinical Year Gap Rationale Form and how this will process will allow the program to identify student deficiencies in a timely manner) due May 15, 2023.

June 2022 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: June 2024 (Final Provisional). Maximum class size: 30.

Report due October 15, 2022 (*Standards*, 5th edition):

- **Standard B2.10c** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams and includes application of these principles in interprofessional teams)
- **Standard B2.19b** (lacked evidence the curriculum includes instruction in academic integrity)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

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- **Standard B4.01a** (lacked evidence that the 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 align with what is expected and taught)
- **Standard B4.01b** (lacked evidence that the 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)

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

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in defining its goal(s) for diversity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A3.03** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2021

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

- Changes in response to COVID-19. No further information requested.

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

- Updated plan in response to COVID-19. 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.

March 2020

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

- **Standard B1.08** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams including instruction in roles and responsibilities of various health care professionals),

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- **Standard B2.12** (provided evidence the program curriculum includes instruction in concepts of public health including the role of health care providers in the prevention of disease and maintenance of population health or participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety and prevention of medical errors) and
- **Standard C3.01** (provided evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the program's required learning outcomes). No further information requested.

June 2019

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (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 December 17, 2019 (*Standards*, 4th edition) -

- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams including instruction in roles and responsibilities of various health care professionals),
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health including the role of health care providers in the prevention of disease and maintenance of population health or participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety and prevention of medical errors) and
- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the program's required learning outcomes).