

## Concordia University Wisconsin Accreditation History

First accredited: March 2013

Next review: N/A

Maximum class size: 30

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### June 2023

Adverse Action-Accreditation-Withdrawn; The program requested reconsideration of the commission's action. The action was upheld. The program requested a formal appeal of the commission's action. The action was upheld. The program will remain on probation as it teaches out students in the class of 2025. Quarterly teach-out reports due October 1, 2024; January 1, 2025; July 1, 2025 (*Standards*, 5<sup>th</sup> edition):

- **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 A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **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 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 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 C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses 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 and addresses 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 and addresses 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 and addresses 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 and addresses 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 and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)

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- **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)
- **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 C1.03** (lacked evidence the 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)

### September 2022

The commission **did not accept** the report providing evidence of

- Clinical course syllabi and learning outcomes and preceptor information for pediatrics, including care for infants, children and adolescents; women's health, including prenatal and gynecologic care; and behavioral and mental health conditions)

And **did not approve the change** in credits from 117 to 113.

### June 2022

Program Change: Change in credits from 117 to 113. The commission **reviewed and additional information requested of the proposed change**. Additional information (clinical course syllabi and learning outcomes and preceptor information for pediatrics, including care for infants, children and adolescents; women's health, including prenatal and gynecologic care; and behavioral and mental health conditions) by April 15, 2022.

### March 2022

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous programmatic review and analysis) and
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents).

No further information requested.

### September 2021

The commission **accepted the findings of the virtual site visit**. No further information requested.

Report due November 15, 2021:

- Update PANCE data in Program Management Portal and publish Attrition Table on program website

### June 2021

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Adverse Action-Accreditation-Probation; A virtual focused site visit will need to occur in advance of the September 2021 commission meeting and a focused probation site visit will need to occur in advance of the June 2023 commission meeting. Maximum class size: 30. The program did not appeal the commission's decision.

Report due August 27, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous programmatic review and analysis) and
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents).

Report due January 4, 2023 (*Standards*, 5<sup>th</sup> edition) -

- **Standard C1.03** modified Self-Study Report (mSSR) (lacked evidence the self-study report accurately and succinctly documents the application and results of ongoing program self-assessment).

### June 2020

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

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

### September 2018

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Additional information (full SSR) due May 15, 2021.

### January 2017

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

- **Standards B3.03a-b** (provided evidence of methods to determine, after supervised clinical practice experiences, that all students are able to meet the program's expectation with patients seeking a) medical care across the life span and b) women's health). No further information requested.

### July 2016 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 30.

Report due November 16, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standards B3.03a-b** (lacked evidence of methods to determine, after supervised clinical practice experiences, that all students are able to meet the program's expectation with patients seeking a) medical care across the life span and b) women's health).

Due May 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

### March 2015 (following Provisional Monitoring review)

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Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Final Provisional). The program's maximum class size remains 30 for the third class. The commission noted zero areas of noncompliance with the *Standards*.

March 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2015 (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. The commission noted zero areas of noncompliance with the *Standards*.