

University of Oklahoma – Oklahoma City Accreditation History

First accredited: September 1972

Next review: September 2034

Maximum class size: 57

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September 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted eighteen areas of noncompliance with the *Standards*. The program was issued a Warning Letter regarding the implementation and documentation of a comprehensive program self-assessment process that included critical analysis, leading to conclusions that identified strengths, areas in need of improvement, and action plans, and concerns that the program demonstrated noncompliance with one or more standards in every area of the *Standards* (A1, A2, A3, B1, B2, B3, B4, C1, C2, and E1).

Next Comprehensive Evaluation: September 2024. Maximum class size: 57.

Report due January 20, 2025 (*Standards*, 5th edition):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.)
- **Standard A1.02g** (lacked evidence sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- **Standard A2.09g** (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **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 B1.03b** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, course descriptions)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B1.03h** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the plan for grading)

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- **Standard B2.11c** (lacked evidence curriculum includes instruction in normal and abnormal development across the life span areas of social and behavioral sciences and their application to clinical practice in)
- **Standard B2.14d** (lacked evidence curriculum includes instruction about the business of health care to include health policy)
- **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 B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **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 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 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 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 students are able to fulfill program learning outcomes with access to supervision)

Report due May 1, 2025 (*Standards*, 5th edition) modified self-study report:

- **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 and that follows the guidelines provided by the ARC-PA)

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

- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

August 2023

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2023. Administrative-Probation removed post receipt of fee.

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July 2023

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2023.

March 2018

Program Change: Change in graduation requirements (increase in required minimum GPA, change in curriculum). The commission **acknowledged the proposed changes**. No further information requested.

September 2016

Accreditation-Continued; Next Comprehensive Evaluation: September 2024. Maximum class size: 57. The commission noted zero areas of noncompliance with the *Standards*.

March 2016

The commission accepted the report providing evidence of

- The updated table identifying faculty and staff. No further information requested.

Program Change: Change in graduation requirements (decrease in credits [139 to 127] and decrease in length [30 to 27 months]), effective June 6, 2016. The commission **acknowledged the proposed change**. No further information requested.

September 2015

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

- Narrative supporting faculty and staff table.

Additional information (update the table) due January 25, 2016.

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

- The updated faculty table.

Acceptable response (narrative consistent with documentation in table itemizing program faculty and staff) due August 3, 2015.

March 2015

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

- Faculty FTE.

Additional information (update faculty table) due July 1, 2015.

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

- Explanation of active SCPEs in the Portal. No further information requested.

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

- Updated personnel and SCPEs in the Portal.

Additional information (explanation of active SCPEs without written agreements) due December 10, 2014.

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

- Action plan
- **Standard A1.07** (provided evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B1.09** (provided evidence of Clinical Medicine instructional objectives appropriately guiding student acquisition of competencies),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01a-f**, modified Self-Study Report for May 2016 response (provided evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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).

Additional information (faculty FTE) due January 12, 2015.

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

- The website updated with PANCE. No further information required.

September 2014

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2016.

Maximum class size: 57. A focused visit to occur before September 2016 commission meeting.

The program did not appeal the commission's decision.

Report due October 1, 2104

- Update PANCE Pass Rate Summary Report on program website.

Due October 15, 2014 (plan for bringing program into compliance with (*Standards*, 4th edition) -

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),

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- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B1.09** (lacked evidence of Clinical Medicine instructional objectives appropriately guiding student acquisition of competencies),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01a-f**, modified Self-Study Report for May 2016 response (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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).

Due November 1, 2014

- Update personnel and supervised clinical practice experiences [SCPEs] in Program Management Portal.

Due May 18, 2016 (indicate the manner in which the standards identified above have been addressed or resolved. Response will be the basis of the focused visit.)

September 2008

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

- **Standard B7.03d** (provided evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard B7.04e** (provided evidence the program documents that every student has supervised clinical practice experiences in geriatrics). No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 165.

Report due July 11, 2008 (*Standards*, 3rd edition) -

- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard B7.04e** (lacked evidence the program documents that every student has supervised clinical practice experiences in geriatrics).

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September 2003

The commission **accepted the report** addressing 2nd edition

- **Standard C2.2c** (provided evidence outcome data includes results of failure rates in individual courses and rotations),
- **Standard C4.1b** (provided evidence the self-study report includes analysis of outcome data) and
- **Standard C6.2** (provided evidence the program documents that equivalent evaluation processes are applied to all clinical sites, regardless of location). No further information requested.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 150.

Report due July 15, 2003 (*Standards*, 2nd edition) -

- **Standard C2.2c** (lacked evidence outcome data includes results of failure rates in individual courses and rotations),
- **Standard C4.1b** (lacked evidence the self-study report includes analysis of outcome data) and
- **Standard C6.2** (lacked evidence the program documents that equivalent evaluation processes are applied to all clinical sites, regardless of location).

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.