

## University of New Mexico Accreditation History

First accredited: April 1997

Next review: September 2034

Maximum class size: 26

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### September 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted ten areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: September 2034. Maximum class size: 26.

Report due November 15, 2024:

- Update Budget tab in Program Management Portal

Report due April 15, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.17b** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students.),
- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03g** (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 information to include methods of student assessment/evaluation)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome 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 outcome for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B4.01a** (lacked evidence 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 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)
- **Standard C1.03** modified self-study report (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)

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The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **reviewed and more information requested** of the report.

Additional information (resubmission of report to include a complete narrative description of each student attrition on the table and documentation of data and analysis) due February 1, 2025.

### March 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

### June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due December 15, 2020.

Program Change: Change in class size (increase from 17 to 26), effective January 1, 2021. The commission **approved the proposed change**. No further information requested.

### May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from September 2021 to September 2024 due to this change.

### September 2014

Accreditation-Continued; Next Comprehensive Evaluation: September 2021. Maximum class size: 17. The commission noted zero areas of noncompliance with the *Standards*.

### September 2013

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard A3.10** (provided evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standards A3.14b-c and g** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program's success in

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- achieving its goals, c) first time PANCE rates for the five most recent graduating classes and g) policies and procedures for refunds of tuition and fees),
- **Standard A3.21** (provided evidence student health records are confidential),
  - **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
  - **Standard B2.02a** (provided evidence the program curriculum includes instruction in anatomy),
  - **Standard B2.06** (provided evidence the program curriculum includes instruction in the provision of clinical medical care across the life span),
  - **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
  - **Standard B2.14** (provided evidence the program curriculum includes instruction about PA licensure, credentialing and laws and regulations regarding professional practice),
  - **Standard B2.15** (provided evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding and billing),
  - **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
  - **Standards B3.03a-c** (provided evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health and c) surgical management allow each student to meet program-defined requirements and acquire the competencies needed for entry into clinical PA practice),
  - **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),
  - **Standards C2.01b-c** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program),
  - **Standard C3.04** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice),
  - **Standard C4.01** (provided evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program-defined expectations for learning outcomes and performance evaluation measures) and
  - **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

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### September 2012

Adverse Action-Accreditation-Probation; Next Comprehensive Review: September 2014.

Maximum class size: 17. The program did not appeal the commission's decision.

Report due July 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A2.16** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard A3.10** (lacked evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standards A3.14b-c and g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program's success in achieving its goals, c) first time PANCE rates for the five most recent graduating classes and g) policies and procedures for refunds of tuition and fees),
- **Standard A3.21** (lacked evidence student health records are confidential),
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.02a** (lacked evidence the program curriculum includes instruction in anatomy),
- **Standard B2.06** (lacked evidence the program curriculum includes instruction in the provision of clinical medical care across the life span),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B2.14** (lacked evidence the program curriculum includes instruction about PA licensure, credentialing and laws and regulations regarding professional practice),
- **Standard B2.15** (lacked evidence the program curriculum includes instruction regarding reimbursement, documentation of care, coding and billing),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-c** (lacked evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health and c) surgical management allow each student to meet program-defined requirements and acquire the competencies needed for entry into clinical PA practice),
- **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),

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- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program),
- **Standard C3.04** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice),
- **Standard C4.01** (lacked evidence the program defines, maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program-defined expectations for learning outcomes and performance evaluation measures) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

### March 2011

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

- Additional information related to the degree change. No further information requested.

### September 2010

Program change: Change in degree (baccalaureate to master's). The commission **acknowledged the proposed change**. Additional information (comparison of BS curriculum, cost and clarification of total credit hours to MS curriculum, cost and clarification of total credit hours) by November 1, 2010.

### March 2006

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

- Long-term care, construction and maximum student capacity. No further information requested.

### September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 42.

Report due January 13, 2006

- Clarification regarding the long-term care rotation experience, update on construction and verification of maximum student capacity.

### March 2005

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

- Verification of approval of the degree change by the New Mexico Commission on Higher Education. No further information requested.

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### September 2004

Program change: Change in degree (baccalaureate to master's). The commission **acknowledged the proposed change**. Additional information (verification of approval of the degree change by the New Mexico Commission on Higher Education) due January 14, 2005.

### March 2003

The commission **accepted the report** addressing 2<sup>nd</sup> edition

- **Standard A5.17b** (provided evidence the program makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning). No further information requested.

### September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 24.

Report due January 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A5.17b** (lacked evidence the program makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning).

### September 2001

The commission **accepted the report** addressing 1<sup>st</sup>/2<sup>nd</sup> edition

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I C 2/C5.1,2,3,4,5** (provided evidence evaluation methods, objectives, and competencies are consistent and results are given to the students in a timely fashion),
- **Standards I C 4/D2.2,3 and E2.2** (provided evidence students in the Partnership for Training have ready access to faculty for assistance and counsel regarding their academic concerns and problems),
- **Standards I D 2 a/A5.12b** (provided evidence records documenting student evaluations are maintained),
- **Standards I E/C1.1** (provided evidence of a plan for the program to have a continuous system for formal self-evaluation),
- **Standards I E 1/C2.1** (provided evidence of a plan for the program to secure sufficient information regarding program graduate outcomes),
- **Standards I E 1 c/2.2f** (provided evidence the program collects timely surveys of graduates and employers on such matters as employment settings, type, scope of practice, and skill development),
- **Standards I E 1 e/C2.2d** (provided evidence of formal documentation of the student's evaluation of the overall course and program effectiveness),
- **Standards I E 2/C3.1** (provided evidence of curricular change or improvement),
- **Standards I E 3/C4.1** (provided evidence of a formal self-study process),

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- **Standards II B 1/B1.2** (provided evidence of consistent and adequate learning experiences and curricular sequences) and
- **Standards II B 2/B1.1,2,3 and C5.2,3** (provided evidence of adequate curriculum design). No further information requested.

### March 2001

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2002.

Maximum Student Capacity: 20.

Report due August 1, 2001 (*Standards*, 1<sup>st</sup>/2<sup>nd</sup> edition) -

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I C 2/C5.1,2,3,4,5** (lacked evidence evaluation methods, objectives, and competencies are consistent and results are given to the students in a timely fashion),
- **Standards I C 4/D2.2,3 and E2.2** (lacked evidence students in the Partnership for Training have ready access to faculty for assistance and counsel regarding their academic concerns and problems),
- **Standards I D 2 a/A5.12b** (lacked evidence records documenting student evaluations are maintained),
- **Standards I E/C1.1** (lacked evidence of a plan for the program to have a continuous system for formal self-evaluation),
- **Standards I E 1/C2.1** (lacked evidence of a plan for the program to secure sufficient information regarding program graduate outcomes),
- **Standards I E 1 c/2.2f** (lacked evidence the program collects timely surveys of graduates and employers on such matters as employment settings, type, scope of practice, and skill development),
- **Standards I E 1 e/C2.2d** (lacked evidence of formal documentation of the student's evaluation of the overall course and program effectiveness),
- **Standards I E 2/C3.1** (lacked evidence of curricular change or improvement),
- **Standards I E 3/C4.1** (lacked evidence of a formal self-study process),
- **Standards II B 1/B1.2** (lacked evidence of consistent and adequate learning experiences and curricular sequences) and
- **Standards II B 2/B1.1,2,3 and C5.2,3** (lacked evidence of adequate curriculum design).

NOTE: The ARC-PA commission action information available begins in March 2001. Information from initial accreditation in 1997 by CAHEA and subsequent accrediting organizations is not available.