

University of Oklahoma School of Community Medicine Accreditation History

First accredited: September 2007

Next review: March 2026

Maximum class size: 24

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September 2024

The commission **accepted** the report addressing 5th edition

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (provided evidence the program director is knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A2.12** (provided evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A3.12b** (provided evidence the 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 A3.15c** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

No further information requested.

March 2024

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- the sponsoring institution's responsibility for curriculum design, program assessment and effective leadership
- the program director's knowledge of program self- assessment, complying with ARC-PA accreditation Standards and policies and completion of ARC-PA required documents
- the medical director's active participation in the development of program competencies
- the evidence of program effectiveness in meeting its goals
- the evidence of all program and institutional policies
- didactic and clinical courses (including required and elective rotations) with defined and published learning outcomes and instructional objectives in measurable terms that can be assessed and that guide student acquisition of required competencies.
- the program's supervised clinical practice experiences occurred with physicians who are specialty board certified in their area of instruction

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- a curriculum with instruction in supervised clinical practice experiences that enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters for patients across the life span, to include infants, children, adolescents, adults, and the elderly and for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care
- the program's methods of assessment in supervised clinical practice experiences aligned with what is expected and taught and allowed the program to monitor and document the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes for each age group and visit type.
- a self-study report with consistent evidence that its identified strengths and areas in need of improvement were the result of performing critical analysis of the data in its ongoing self-assessment process and that effectively documented critical analysis of data and with clear linkage from data analysis to conclusions and action plans.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 24. The program did not appeal the commission's decision.

Report due April 20, 2024:

- Update attrition table on program website

Report due May 15, 2024 (*Standards*, 5th 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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A3.12b** (lacked evidence the 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 A3.15c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Report due February 1, 2025 (*Standards*, 5th edition):

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- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B1.03f** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventative, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults and the elderly)
- **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 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)

Report due June 9, 2025 (*Standards*, 5th edition) modified self-study report:

- **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)

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)

March 2023

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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 commission **accepted the report** providing evidence of

- Follow-up regarding changes in response to COVID-19. No further information requested.

September 2020

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

- Follow-up regarding changes 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.

Additional information (follow-up for the class of 2021 on returning to clinical rotations) due July 10, 2020.

March 2020

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.

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 March 2021 to March 2024 due to this change.

March 2015

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

- **Standard C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

September 2014

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

- **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) and
- **Standard B2.07** (provided evidence the program curriculum includes instruction in technical skills and procedures based on current professional practice). No further information requested.

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

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- **Standard A3.14c** (provided evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes). No further information requested.

March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 24.

Report due April 8, 2014 (*Standards*, 4th edition) -

- **Standard A3.14c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes).

Due July 1, 2014 (*Standards*, 4th edition) -

- **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) and
- **Standard B2.07** (lacked evidence the program curriculum includes instruction in technical skills and procedures based on current professional practice).

Due December 31, 2014 (*Standards*, 4th edition) -

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

September 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A2.08/A2.02a** (provided evidence the program director is assigned to the program on a full-time basis) and
- **Standards F1.07/E1.06** (provided evidence the interim program director meets the qualifications of the program director). No further information requested.

March 2011

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 72.

Report due July 1, 2011 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A2.08/A2.02a** (lacked evidence the program director is assigned to the program on a full-time basis) and
- **Standards F1.07/E1.06** (lacked evidence the interim program director meets the qualifications of the program director).

September 2007

Accreditation-Provisional; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 72.

No report due (*Standards*, 3rd edition) -

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- **Standard B3.04a** (lacked evidence at the time of the site visit that the program provides instruction in preventive patient care; corrected subsequent to the visit).
- **Standard C2.01a** (lacked evidence at the time of the site visit that the program's self-study report documents the program's process of ongoing self-assessment; corrected subsequent to the visit).