

## Emory University Accreditation History

First accredited: September 1972

Next review: March 2033

Maximum class size: 60

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### March 2025

The commission **reviewed and requested more information for the report** providing evidence of

- How the program aligns student assessment of technical skills and procedures with SCPE learning outcomes and instructional objectives and how the program identifies and addresses any student deficiencies related to SCPE program expected learning outcomes, specifically assessment of care provided to specified age groups, in a timely manner.

Additional information (Description of how the preceptor evaluation allows the program to identify and address any student deficiencies in the expected learning outcomes, objectives, or skills proficiency in a timely manner) due September 1, 2025.

The program received a **Warning Letter** regarding the acceptability of the education in the clinical phase of the program, specifically, the lack of evidence of sufficient breadth and depth across the clinical curriculum related to technical skills and defined methods of student assessment that would allow the program to identify and address any deficiencies in a timely manner.

Report due September 1, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03e** (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 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])

### June 2024

The commission **reviewed and requested more information for the report** providing evidence of

- Program's supervised clinical practice experience (SCPE) learning outcomes, description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner, description of how the program aligns student assessment with what the program expects of a student on SCPEs and assessment tools.

Additional information (how the program aligns student assessment of technical skills and procedures with SCPE learning outcomes and instructional objectives and how the program identifies and addresses any student deficiencies related to SCPE program expected learning outcomes, specifically assessment of care provided to specified age groups, in a timely manner) due July 17, 2024.

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### September 2023

The commission **reviewed and requested more information** of the report addressing 5<sup>th</sup> edition

- **Standard A3.15c** (provided evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **Standard B3.03a** (provided 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)

Additional information (program's supervised clinical practice experience (SCPE) learning outcomes, description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner, description of how the program aligns student assessment with what the program expects of a student on SCPEs and assessment tools) due October 18, 2023

### March 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 60. Report due May 15, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A3.15c** (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **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)

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### June 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. 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 upon graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes) due January 10, 2021.

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

- The required analysis of PANCE performance. No further information requested.

### March 2020

The program's PANCE pass rate percentage was 85% or less for its 2018 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**.

Additional information (resubmit the required analysis of PANCE performance) due March 2, 2020.

### 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 2020 to March 2023 due to this change.

### May 2014

Personnel Change: A new program director appointed, effective August 1, 2014.

### March 2014

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

- The interim program director.

Additional information (update on interim program director) due January 17, 2014. Reminder about quarterly report due February 28, 2014.

### September 2013

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

- **Standard A2.08** (provided evidence the program director provides effective leadership and management).

Additional information (update on interim program director) due November 1, 2013.

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### March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 60.  
Report due July 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.08** (lacked evidence the program director provides effective leadership and management).

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

- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students)
- **Standard B1.10** (lacked evidence the program orients instructional faculty to the specific learning outcomes it requires of students)

### September 2011

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

- Update on curriculum revisions. No further information requested.

### September 2010

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

- The program's requirements/expectations for SCPEs with patients seeking care for psychiatric/behavioral conditions and monitoring processes and an update on the curriculum review and redesign.

Additional information (update on curriculum revisions) due July 1, 2011.

Accreditation-Administrative Probation. The program did not submit the report by July 1, 2010; it was submitted July 12, 2010. Administrative-Probation removed post receipt of the report.

### March 2010

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard A3.05** (provided evidence that student admission is made in accordance with clearly defined and published practices of the institution and program),
- **Standard A3.13c** (provided evidence that student files include documentation of remediation),
- **Standard B7.03e** (provided evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for psychiatric/behavioral conditions),
- **Standard B7.04e** (provided evidence SCPEs are provided in a long-term care setting),
- **Standard B7.05f** (provided evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard C1.01f** (provided evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1, b2, b4 and b6** (provided evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b4) student

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evaluations of individual didactic courses, clinical experiences, and faculty and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

Additional information (describe the program's requirements/expectations for SCPEs with patients seeking care for psychiatric/behavioral conditions and monitoring processes and an update on the curriculum review and redesign) requested by July 1, 2010.

### March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 156.

Report due January 8, 2010 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A3.05** (lacked evidence that student admission is made in accordance with clearly defined and published practices of the institution and program),
- **Standard A3.13c** (lacked evidence that student files include documentation of remediation),
- **Standard B7.03e** (lacked evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for psychiatric/behavioral conditions),
- **Standard B7.04e** (lacked evidence SCPEs are provided in a long-term care setting),
- **Standard B7.05f** (lacked evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard C1.01f** (lacked evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1, b2, b4 and b6** (lacked evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b4) student evaluations of individual didactic courses, clinical experiences, and faculty and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

### March 2003

Program Change: Curriculum proposal for a "Career MMSc." The commission **acknowledged the change**. No further information requested.

Personnel Change: A new medical director appointed, effective December 31, 2002.

### March 2002

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 150. The commission noted zero areas of noncompliance with the *Standards*.

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