

Ithaca College Accreditation History

First accredited: March 2021
Next review: March 2026
Maximum class size: 30/40/50
Page 1 of 4

March 2025

The commission **did not accept** the September 25, 2024 report addressing 5th edition

- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)
- **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 C1.01a** (lacked evidence the 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 C1.01f** (lacked evidence the 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))

Additional information (Description of how the institution allowing new faculty positions to be added as tenured or tenure-eligible will impact current program faculty; data that will allow the reader to determine annually if the program is effective in meeting goals; description of the benchmark percentages and a description of the program's process on data collection and critical analysis of data, including copies of each survey tool) due January 12, 2025.

No additional information required for 5th edition:

- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (revised and resubmitted PANCE Required Report for its 2023 cohort) due April 22, 2025.

September 2024

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

- Updates to the program's Program Management Portal.

No further information requested.

March 2024 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2026 (Final Provisional). Maximum class size: 50.

Report due May 1, 2024:

- Update student enrollment in Program Management Portal

Report due October 1, 2024 (*Standards*, 5th edition):

Ithaca College Accreditation History

First accredited: March 2021

Next review: March 2026

Maximum class size: 30/40/50

Page 2 of 4

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity, and inclusion)
- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)
- **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 C1.01a** (lacked evidence the 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 C1.01f** (lacked evidence the 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))

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

- **Standard B2.11a** (lacked evidence the curriculum includes instruction in the death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- **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 C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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 C1.03** (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)
- **Standard C2.01c** (lacked evidence the 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 that students are able to fulfill program *learning outcomes* with access to supervision)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2023

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

- Description of how preceptors and students are made aware of program expectations related to general skills and interpersonal skills and professionalism, supervised clinical practice experience learning outcomes for elective rotations, description of how program determines each student

Ithaca College Accreditation History

First accredited: March 2021
Next review: March 2026
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Page 3 of 4

has met expected learning outcomes for elective rotations and documentation program has a means to determine each student met learning outcomes for elective rotations.

No further information requested.

June 2022

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (description of how preceptors and students are made aware of program expectations related to general skills and interpersonal skills and professionalism, supervised clinical practice experience learning outcomes for elective rotations, description of how program determines each student has met expected learning outcomes for elective rotations and documentation program has a means to determine each student met learning outcomes for elective rotations) due July 8, 2022.

March 2022

The commission **did not accept** the report addressing 5th edition

- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (acceptable response to report) due March 1, 2022.

September 2021

The commission **reviewed and more information requested** for the report addressing 5th edition

- **Standard A3.14** (provided evidence the program plans to make admission decisions in accordance with published practices),
- **Standard B2.19** (provided evidence the program curriculum includes instruction in intellectual honesty and appropriate academic conduct; no report required as evidence was provided),
- **Standards B3.03a-b, d** (provided evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span and d) surgical management),
- **Standard B3.06a** (provided evidence SCPEs will occur with physicians specialty board certified in their area of instruction) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (narrative describing how the program determines that each student has met the expected learning outcomes for emergent, acute and chronic patient encounters, care across the life span and surgical management) due September 24, 2021.

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Ithaca College Accreditation History

First accredited: March 2021

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Page 4 of 4

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 40 in the second class and 50 in the third class.

Report due May 14, 2021 (*Standards*, 5th edition) -

- **Standard A3.14** (lacked evidence the program plans to make admission decisions in accordance with published practices),
- **Standard B2.19** (lacked evidence the program curriculum includes instruction in intellectual honesty and appropriate academic conduct; no report required as evidence was provided),
- **Standards B3.03a-b, d** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) emergent, acute and chronic patient encounters, b) care across the life span and d) surgical management),
- **Standard B3.06a** (lacked evidence SCPEs will occur with physicians specialty board certified in their area of instruction) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).