

Lincoln Memorial University Accreditation History

First accredited: March 2009
Next review: March 2035
Maximum class size: 96
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March 2025

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 7 areas of noncompliance with the *Standards* and 2 new observations by the commission.

Next Comprehensive Evaluation: March 2035. Maximum class size: 96.

Report due May 23, 2025 (*Standards*, 5th edition):

- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.)
- **Standard A2.14** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)

Report due October 1, 2026 (*Standards*, 5th edition) modified self-study report:

- **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.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)
- **Standard E1.03** (lacked evidence program submits reports or documents as required 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 A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)

Observation response due May 23, 2025 (*Standards*, 5th edition):

- **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)

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**.

No further information required as the program will submit a modified self-study report by October 1, 2026.

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2023

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Program Change: Change in fiscal support The commission **acknowledged the change**. No further information requested.

March 2021

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

- Updated 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. No further information requested.

September 2019

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

- **Standards C2.01b-e**, modified Self-Study Report (provided evidence of a self-study report that documents 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 and e) self-identified program strengths and areas in need of improvement). No further information requested.

June 2019

Program Change: Change in graduation requirements/program length (increase 115 to 160 credit hours/increase 27 to 36 months/Preclinical increase 15 to 21 months and Clinical increase 12 to 15 months), effective May 2020. Change in academic degree awarded (master of medical science to doctor of medical science), effective with class matriculating May 2020. The commission **did not approve the changes**.

September 2017

The commission **did not accept the report** addressing 4th edition

- **Standards C2.01b-e**, modified Self-Study Report (lacked evidence of a self-study report that documents 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 and e) self-identified program strengths and areas in need of improvement).

Additional information (resubmit the mSSR) due May 15, 2019.

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 2022 to March 2025 due to this change.

March 2016

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

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- **Standards B3.03a-c** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health and c) surgical management). No further information requested.

September 2015

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

- **Standard A1.03g** (provided evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs) and
- **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 A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals)
- **Standard B1.07** (provided evidence the curriculum includes instruction related to the development of problem solving and medical decision-making skills),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in response to illness, injury and stress),
- **Standard B2.09** (provided evidence the program curriculum includes instruction in basic counseling and patient education skills),
- **Standard B3.02** (provided evidence the supervised clinical practice experiences [SCPEs] address preventive, emergent, acute and chronic patient encounters and enable students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standard B3.06b** (provided evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction).
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement). No further information requested.

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

- Updated SCPE tab in the Portal and accreditation statement on the website. No further information requested.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 96. Reports due April 3, 2015 (*Standards*, 4th edition) -

- **Standard A1.03g** (lacked evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs) and
- **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).

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Due April 20, 2015 (*Standards*, 4th edition) -

- **Standard B1.07** (lacked evidence the curriculum includes instruction related to the development of problem solving and medical decision-making skills),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in response to illness, injury and stress),
- **Standard B2.09** (lacked evidence the program curriculum includes instruction in basic counseling and patient education skills),
- **Standard B3.02** (lacked evidence the supervised clinical practice experiences [SCPEs] address preventive, emergent, acute and chronic patient encounters and enable students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standard B3.06b** (lacked evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction).

Due May 20, 2015 (*Standards*, 4th edition) -

- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals) and
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

Due June 1, 2015

- Correct supervised clinical practice experiences [SCPEs] tab in Program Management Portal and update the statement of accreditation on the website.

Due October 15, 2015 (*Standards*, 4th edition) -

- **Standards B3.03a-c** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health and c) surgical management).

Due May 18, 2017 (*Standards*, 4th edition) -

- **Standards C2.01b-e**, modified Self-Study Report (lacked evidence of a self-study report that documents 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 and e) self-identified program strengths and areas in need of improvement).

September 2013

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

- Syllabus with revised objectives for behavioral medicine, narrative regarding distances of behavioral medicine/mental health experiences and expectations for clinical experiences. No further information requested.

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

- PANCE performance analysis. No further information requested.

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

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

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March 2013

The commission **did not accept the report** addressing 4th edition

- **Standard B3.03d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

Additional information (course syllabus with revised objectives for behavioral medicine, narrative regarding distances of behavioral medicine/mental health experiences and expectations for clinical experiences) due July 1, 2013.

Additional information (update PANCE report on the website) due April 26, 2013.

September 2012

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

- PANCE performance analysis.

Additional information (PANCE data analysis due to pass rate of 72% for the class of 2011) due July 1, 2013.

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

- **Standard B1.03** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.05** (provided evidence the curriculum includes and depth to prepare the student for the clinical practice of medicine),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in quality improvement, prevention of medical errors and risk management),
- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) and
- **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).

Program Change: Change in maximum student capacity (240 to 288), effective May 2016. The commission **acknowledged, with concerns, the proposed change.**

Additional information (letter of institutional support and 4th edition **Standard B3.03d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) due December 31, 2012.

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March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 240.

Reports due July 1, 2012 (*Standards*, 4th edition) -

- **Standard B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.05** (lacked evidence the curriculum includes and depth to prepare the student for the clinical practice of medicine),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in quality improvement, prevention of medical errors and risk management),
- **Standards B3.06a-b** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) and
- **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).
- PANCE performance analysis.

Due December 31, 2012 (*Standards*, 4th edition) -

- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

March 2010

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

- **Standard C3.06** (provided evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice). No further information requested.

March 2009

Accreditation-Provisional; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 180.

Report due January 8, 2010 (*Standards*, 3rd edition) -

- **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).