

Ohio Dominican University Accreditation History

First accredited: March 2012
Next review: September 2025
Maximum class size: 50
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March 2025

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.

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

March 2019

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 2018

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.

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

- Updated PANCE pass rate data in the Portal. No further information requested.

September 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 50.
The commission noted zero areas of noncompliance with the *Standards*.
Report due October 25, 2017

- Update the PANCE pass rate data in the Program Management Portal.

March 2017

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

- **Standards B3.07c-e** (provided evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics and e) ob/gyn). No further information requested.

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

- Program defined expectations for SCPEs, explanations of how they allow students to acquire the competencies and how students and preceptors are made aware of them and the plan to ensure students have met expectations. No further information requested.

July 2016

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

- **Standards B3.03a-d** (lacked evidence of program-defined requirements to document SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

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Additional information (program defined expectations for SCPEs, how they allow students to acquire the competencies, how students and preceptors are made aware of them and plan to ensure students have met expectations) due December 15, 2016.

March 2016

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

- **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 A1.11** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards B3.04a-d** (provided evidence supervised clinical practice experiences [SCPEs] occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- **Standard C4.01** (provided evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion 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 physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience). No further information requested.

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

- Corrected personnel and SCPE tabs in the Portal. No further information requested.

September-November 2015

Adverse-Action-Accreditation-Probation. Next Comprehensive Evaluation: September 2025. Maximum class size: 50. A focused probation visit will occur in advance of the September 2017 commission meeting. The program appealed the commission's decision. The Reconsideration Review Panel upheld the accreditation status of Accreditation-Probation.

Report due December 15, 2015 (*Standards*, 4th edition) -

- **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),
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),

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- **Standards B3.04a-d** (lacked evidence supervised clinical practice experiences [SCPEs] occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- **Standard C4.01** (lacked evidence the program has a mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures),
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience) and
- Correct personnel and SCPE tabs in the Program Management Portal.

Due June 1, 2016 (*Standards*, 4th edition) -

- **Standards B3.03a-d** (lacked evidence of program-defined requirements to document SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

Due December 15, 2016 (*Standards*, 4th edition) -

- **Standards B3.07c-e** (lacked evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics and e) ob/gyn).

Due April 1, 2017 (*Standards*, 4th edition) (for focused probation visit) -

- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, which should be dedicated exclusively to the program, to provide administrative support for the program),
- **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) and
- **Standards C2.01a-c**, complete Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

September 2012

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

- **Standard A1.01** (provided evidence when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions). No further information requested.

March 2012

Accreditation-Provisional; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 150. Report due July 1, 2012 (*Standards*, 4th edition).

- **Standard A1.01** (lacked evidence when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions).

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