

Wayne State University Accreditation History

First accredited: April 1996

Next review: March 2033

Maximum class size: 50

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March 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 6 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: March 2033. Maximum class size: 50.

Report due May 14, 2025 (*Standards*, 5th edition):

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)
- **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 students are able to fulfill program learning outcomes with access to supervision)

Report due October 15, 2026 (*Standards*, 5th edition) modified self-study report:

- **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)

Observation response due May 14, 2025 (*Standards*, 5th edition):

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation *Standards* and policies)

The commission **did not accept the report** providing evidence of

- Description of how the program aligns student assessment with what the program expects of a student on supervised clinical practice experiences (SCPEs) and how the program will determine each student has met the program's expected learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner, SCPE learning outcomes for each required rotation, and document(s) necessary to verify the program has a means to determine each student has met the program's expected learning outcomes and monitor and document each student's progress in a manner that promptly identifies deficiencies.

Additional information (How the program aligns student assessment with what the program expects of a student on SCPEs, women's health syllabus, and document(s) necessary to verify the program has the

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means to determine whether each student has met the learning outcomes and instructional objectives for women's health to include gynecologic and prenatal care that are aligned with what is expected and taught and allow the program to identify deficiencies in a timely manner) due May 14, 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

The commission **reviewed and more information requested** of 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 A1.07** (provided evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.03** (provided evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.18b** (provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **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 B2.11c** (provided evidence the curriculum includes instruction in normal and abnormal development across the life span and the application to clinical practice)
- **Standard B2.11d** (provided evidence the curriculum includes instruction in patient response to illness or injury and the application to clinical practice)
- **Standard B2.12c** (provided evidence curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)
- **Standard B2.13a** (provided evidence curriculum includes instruction to prepare students to search, interpret and evaluate medical literature to include framing of research questions)
- **Standard B2.13b** (provided evidence curriculum includes instruction to prepare students to search, interpret and evaluate medical literature to include interpretation of basic biostatistical methods)
- **Standard B2.13d** (provided evidence curriculum includes instruction to prepare students to

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- search, interpret and evaluate medical literature to include types of sampling methods)
- **Standard B2.15a** (provided evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)
- **Standard B2.15c** (provided evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)
- **Standard B2.15d** (provided evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)
- **Standard B2.19a** (provided evidence curriculum includes instruction in intellectual honesty)
- **Standard B2.19b** (provided evidence curriculum includes instruction in academic integrity)
- **Standard B3.03c** (provided 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))
- **Standard B3.03d** (provided 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 B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **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)
- **Standard C2.01a** (provided evidence 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 students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence 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 students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence 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 students are able to fulfill program learning outcomes with access to supervision)

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

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learning outcomes for each required rotation, and document(s) necessary to verify the program has a means to determine each student has met the program's expected learning outcomes and monitor and document each student's progress in a manner that promptly identifies deficiencies) due July 25, 2024.

Report due April 10, 2024:

- Update PANCE pass rate data in the Program Management Portal

September 2023

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

- Updates to the program's website. No further information requested.

March 2023

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

- the sponsoring institution's responsibility for program assessment and effective leadership and providing the program with sufficient principal faculty, instructional faculty, and administrative staff to operate the educational program, comply with standards, and fulfill obligations to matriculating and enrolled students
- the program director's knowledge of program self- assessment
- 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.
- a curriculum with instruction in patient response to illness and injury, normal and abnormal development across all ages, developing coping mechanisms, preparation of students to search, interpret and evaluate the medical literature, concepts of public health, intellectual honesty and academic integrity.
- documented initial and ongoing evaluation of clinical sites to ensure adequate safety and security for students, patient populations, access to physical facilities, and that each preceptor/clinical site, as part of the supervised clinical practice experiences, enables students to meet program defined outcomes for family medicine, internal medicine, emergency medicine, pediatrics, women's health, general surgery, orthopedics, and behavioral and mental health.
- 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 2025 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.

Report due May 15, 2023:

- Update accreditation status statement on website

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Report due October 1, 2023 (*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 A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **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 B2.11c** (lacked evidence the curriculum includes instruction in normal and abnormal development across the life span and the application to clinical practice)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in patient response to illness or injury and the application to clinical practice)
- **Standard B2.12c** (lacked evidence curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)
- **Standard B2.13a** (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate medical literature to include framing of research questions)
- **Standard B2.13b** (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate medical literature to include interpretation of basic biostatistical methods)
- **Standard B2.13d** (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate medical literature to include types of sampling methods)
- **Standard B2.15a** (lacked evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)
- **Standard B2.15c** (lacked evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)
- **Standard B2.15d** (lacked evidence curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)
- **Standard B2.19a** (lacked evidence curriculum includes instruction in intellectual honesty)
- **Standard B2.19b** (lacked evidence curriculum includes instruction in academic integrity)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to

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meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)

- **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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **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)
- **Standard C2.01a** (lacked evidence 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 students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence 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 students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence 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 students are able to fulfill program learning outcomes with access to supervision)

Report due July 25, 2024 (*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 C1.03** (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** (the program did not submit documents as required by the ARC-PA)

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March 2022

Program Change: Change in credits from 54 to 75. The commission **approved the program's proposed change**. No further information requested.

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

- The updated plan 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.

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.

March 2014

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

- Updated website and updated Portal. No further information requested.

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

- The progress made in hiring a Program Specialist. No further information requested.

September 2013

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

- **Standard A1.02** (provided evidence written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences define the responsibilities of each party),
- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **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 A2.17** (provided evidence there is an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes in each location to which a student is assigned for supervised clinical practice experiences),
- **Standard A2.18** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program) and

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- **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).

Additional information requested by October 31, 2013 (update PANCE pass rate data on website and supervised clinical practice experiences [SCPEs] in the Program Management Portal) and by January 1, 2014 (progress made in plans to hire a Program Specialist).

March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 50.

Report due June 1, 2013 (*Standards*, 4th edition) -

- **Standard A1.02** (lacked evidence written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences define the responsibilities of each party),
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **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) and
- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

Due July 1, 2013 (*Standards*, 4th edition) -

- **Standard A2.17** (lacked evidence there is an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes in each location to which a student is assigned for supervised clinical practice experiences) and
- **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).

September 2008

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

- Data and analysis that all students have received experiences in long-term care No further information requested.

March 2007

The commission **accepted the report** addressing 2nd edition

- **Standard A2.5** (provided evidence core program faculty are licensed and certified) and
- **Standard B6.3** (provided evidence clinical experience is provided in long-term care settings).

Additional information (data and analysis that all students have received experiences in long-term care) due July 11, 2008.

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September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 124.

Report due January 12, 2007 (*Standards*, 2nd edition) -

- **Standard A2.5** (lacked evidence core program faculty are licensed and certified) and
- **Standard B6.3** (lacked evidence clinical experience is provided in long-term care settings).

March 2005

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

- Impact on the program of the college's reorganization and role of self-evaluation plan within strategic plan. No further information is requested.

September 2004

The commission **acknowledged the report** addressing 2nd edition

- **Standards A5.12b and c** (provided evidence student files include documentation b) reflecting the evaluation of student performance while enrolled and c) of remediation and/or disciplinary action),
- **Standard A5.14** (provided evidence records of core program faculty members include a current CV and current job description),
- **Standard B6.3** (provided evidence clinical experience is provided in ambulatory, emergency, inpatient and long-term care settings),
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standards C2.2a, c, d and f** (provided evidence critical analysis of outcome data includes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1f** (provided evidence the self-study report documents the response to the last accreditation citations), and
- **Standard D1.2** (provided evidence student health records are confidential documents and are not be kept in program files).

Additional information (impact on the program of the college's reorganization and role of self-evaluation plan within strategic plan) due January 14, 2005.

September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 128.

Report due July 15, 2004 (*Standards*, 2nd edition) -

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- **Standards A5.12b and c** (lacked evidence student files include documentation b) reflecting the evaluation of student performance while enrolled and c) of remediation and/or disciplinary action),
- **Standard A5.14** (lacked evidence records of core program faculty members include a current CV and current job description),
- **Standard B6.3** (lacked evidence clinical experience is provided in ambulatory, emergency, inpatient and long-term care settings),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standards C2.2a, c, d and f** (lacked evidence critical analysis of outcome data includes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1f** (lacked evidence the self-study report documents the response to the last accreditation citations), and
- **Standard D1.2** (lacked evidence student health records are confidential documents and are not be kept in program files).

March 2003

Personnel Change: Program director and associate program director appointed, effective October 1, 2002.

September 2000

The commission **accepted the report** addressing 1st edition

- **Standard I D 1 f** (provided evidence the program publishes or documents policies and processes by which students may perform service work while enrolled in the program to insure that students are not substituted for regular staff),
- **Standard I D 2 a** (provided evidence of records that document admission, educational participation, or evaluations),
- **Standard I D 2 b** (provided evidence faculty records contain a CV or another method of documenting qualifications or teaching assignments) and
- **Standard II B 2 b** (provided evidence all course syllabi contain learning objectives or competencies to be achieved). No further information requested.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 128. Report due August 1, 2000 (*Standards*, 1st edition) -

- **Standard I D 1 f** (lacked evidence the program publishes or documents policies and processes by which students may perform service work while enrolled in the program to insure that students are not substituted for regular staff),

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- **Standard I D 2 a** (lacked evidence of records that document admission, educational participation, or evaluations),
- **Standard I D 2 b** (lacked evidence faculty records contain a CV or another method of documenting qualifications or teaching assignments) and
- **Standard II B 2 b** (lacked evidence all course syllabi contain learning objectives or competencies to be achieved).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1996 by CAAHEP is not available.