

Yale Physician Assistant Online Program Accreditation History

First accredited: September 2017

Next review: N/A

Maximum class size: 156

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March 2025

The commission **Reviewed and More Information Requested** of the report addressing 5th edition

- **Standard A1.01** (lacked evidence that 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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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, and post-operative care)
- **Standard C2.01a** (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 physical facilities)
- **Standard C2.01b** (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 patient populations)
- **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)

Additional information (SCPE rotation schedules for all students in the Class of 2025 and Class of 2026; fully executed affiliation agreements for every clinical site listed within the Class of 2025 and Class of 2026 spreadsheets; revised expected learning outcomes for patients seeking conditions requiring surgical management, including pre-operative, intra-operative, and post-operative care that must be attained by each student; and a spreadsheet identifying the last completed site evaluation for every clinical site listed within the Class of 2025 and Class of 2026 spreadsheets) due May 15, 2025.

No additional information required for 5th edition:

- **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 B4.03a** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- **Standard B4.03e** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each

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student meets the program competencies required to enter clinical practice, including professional behaviors)

Report due May 1, 2025:

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

Observation response due May 15, 2025 (*Standards*, 5th edition):

- **Standard A3.17f** (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 that the student has met requirements for program completion)

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 report) due May 15, 2025.

The program received a Warning Letter regarding the program's failure to provide evidence of fully executed affiliation agreements and initial and ongoing site evaluations for all clinical sites at which students participate in supervised clinical practice experiences, raising concerns about the quality of the program, as well as student safety and security on clinical sites.

June 2024

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*.

The program voluntarily surrendered accreditation effective October 1, 2026. The program will remain on probation as it teaches out students in the classes of 2024-2026.

Quarterly teach-out reports due October 1, 2024; January 1, 2025; April 1, 2025; July 1, 2025; October 1, 2025; January 1, 2026; April 1, 2026; July 1, 2026; and September 30, 2026 (*Standards*, 5th edition):

- **Standard A1.01** (lacked evidence that 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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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])
- **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, and post-operative care)
- **Standard B4.03a** (lacked evidence the program conducts and documents a summative

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evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

- **Standard B4.03e** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)
- **Standard C2.01a** (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 physical facilities)
- **Standard C2.01b** (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 patient populations)
- **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 August 15, 2024:

- Update SCPE data and PANCE pass rate data in Program Management Portal
- Update attrition table on program website

March 2023

The commission **accepts** the report addressing 5th edition

- **Standard A2.03** (provided evidence program 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 A2.04** (provided evidence principal faculty and program director have academic privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly),
- **Standard B4.01a** (provided evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- **Standard B4.01b** (provided evidence student assessment in the supervised clinical practice experience components allows the program to identify and address any student deficiencies timely).

June 2022

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

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- Evidence of sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- Evidence principal faculty had academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.
- Evidence the program's supervised clinical practice experiences did not include learning outcomes (rotation objectives) that addressed medical care across the lifespan to include adults and the elderly.
- Evidence that all physician preceptors were specialty board certified in their area of instruction.
- Evidence of supervised clinical practice experiences evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for identification of any student deficiencies in a timely manner.
- Evidence the program had fully implemented and documented its ongoing self-assessment process to foster program improvement.

A focused probation visit will occur in advance of the June 2024 commission meeting. The program's maximum class size remains 156. The program requested reconsideration of the commission's action. The action was upheld.

Report due December 1, 2022 (*Standards*, 5th edition) -

- **Standard A2.03** (lacked evidence program 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 A2.04** (lacked evidence principal faculty and program director have academic privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly),
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught) and
- **Standard B4.01b** (lacked evidence student assessment in the supervised clinical practice experience components allows the program to identify and address any student deficiencies timely).

Report due December 30, 2023 modified self-study report (*Standards*, 5th edition) -

- **Standard C1.01f** (lacked evidence program defined its ongoing self-assessment process to include sufficiency and effectiveness of principal and instructional faculty and staff),
- **Standard C1.02b** (lacked evidence program implements its ongoing self-assessment process by performing critical analysis of data),
- **Standard C1.02c.i** (lacked evidence program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths) and
- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the application and results of ongoing program self-assessment).

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

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- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction).

June 2021

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

- updated latest NCCPA PANCE Exam Performance Summary Report on program's website.

March 2021

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

- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the required learning outcomes). No further information requested; program will address in application for final provisional approval.

June 2020 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2022 (Final Provisional). The program's maximum class size remains 156 for the third class.

Report due September 15, 2020 (*Standards*, 4th edition) -

- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the required learning outcomes).

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

- **Standard C2.01a** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment to include the program process of ongoing self-assessment)
- **Standard C2.01b** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment to include results of critical analysis from the ongoing self-assessment)
- **Standard C2.01d** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment to include modifications that occurred as a result of self-assessment)
- **Standard C2.01e** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment to include self-identified program strengths and areas in need of improvement)

March 2018

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered) and

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- **Standard A3.14f** (provided evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program). No further information requested.

September 2017

Accreditation-Provisional; Next Comprehensive Evaluation: June 2020 (Provisional Monitoring). The program is approved for up to 48 students in the first class of students, 60 in the second class and 156 in the third class.

Report due December 15, 2017 (*Standards*, 4th edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered) and
- **Standard A3.14f** (lacked evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program).

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

- **Standard A3.14d** (lacked evidence of the program publishing and making readily available to enrolled and prospective students all required curricular components)