

Westfield State University Accreditation History

First accredited: September 2017

Next review: March 2032

Maximum class size: 30

Page 1 of 3

March 2024

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

- **Standard C1.03** modified self-study report (lacked evidence program prepares a self-study report that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

No further information requested.

March 2022 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: March 2032. The program is approved for a maximum class size of 30.

Report due September 1, 2023 (*Standards*, 5th edition):

- **Standard C1.03** modified self-study report (lacked evidence program prepares a self-study report that accurately and succinctly documents the process, 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):

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

March 2021

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

- Preceptor evaluations verifying student assessments parallel the program's learning outcomes.
- No further information requested.

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

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

September 2020

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

- **Standard B3.03a** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences with adults seeking medical care) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Additional information (preceptor evaluation to verify student assessments parallel the program's learning outcomes) due October 5, 2020.

June 2020

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 2020 (following Provisional Monitoring review)

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Page 2 of 3

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (Final Provisional). The program's maximum class size remains 30 for the third class.

Report due June 1, 2020 (*Standards*, 4th edition) -

- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences with adults seeking medical care) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

No report due (program provided evidence of compliance after site visit but was not in compliance at time of visit) -

- **Standard C1.02** (lacked evidence that results of ongoing program self-assessment is consistently applied to the curriculum and other dimensions of the program).

No report due (will be addressed by final provisional application) -

- **Standard C2.01b** (program did not prepare a self-study report (SSR) that accurately documented results of critical analysis from ongoing self-assessment),
- **Standard C2.01c** (program did not prepare an SSR that effectively documented the results of faculty evaluation of the curricular and administrative aspects of the program),
- **Standard C2.01e** (program did not prepare an SSR that accurately and succinctly documented strengths and areas in need of improvement that were identified as a result of program self-assessment) and
- **Standard C2.01f** (program did not prepare an SSR that accurately and succinctly documented plans for addressing areas needing improvement).

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 original submission of the application was incomplete or incorrect).

March 2018

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

- **Standard B1.05** (provided evidence of the curriculum including instruction in intellectual honesty and appropriate academic conduct),
- **Standard B1.09** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.12** (provided evidence the program curriculum includes instruction in disease prevention and disease surveillance, reporting and intervention),
- **Standard B3.02** (provided evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (provided evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard D1.04** (provided evidence of a complete curriculum for the clinical year). No further information requested.

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Page 3 of 3

September 2017

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Provisional Monitoring). The program is approved for up to 24 students in the first class of students, 30 in the second class and 30 in the third class.

Report due November 23, 2017 (*Standards*, 4th edition) -

- **Standard B1.05** (lacked evidence of the curriculum including instruction in intellectual honesty and appropriate academic conduct),
- **Standard B1.09** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in disease prevention and disease surveillance, reporting and intervention),
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard D1.04** (lacked evidence of a complete curriculum for the clinical year).

No report due (program provided evidence of compliance after site visit but was not in compliance at time of visit) -

- **Standard A3.07** (students provided with conflicting information regarding policies on immunization) and
- **Standard A3.22a** (job descriptions for principal faculty were generic and did not include duties and responsibilities specific to each principal faculty member).