

University of Maryland Baltimore
formerly University of Maryland Baltimore/Anne Arundel Community College
Accreditation History

First accredited: October 1996

Next review: September 2029

Maximum class size: 60

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March 2023

Program Change: Increase maximum entering class size to 60 students, effective May 30, 2023. The commission **approved the program's proposed change**. No additional information requested.

June 2022

Program Change: Name change to the University of Maryland Baltimore Physician Assistant Program, effective July 1, 2022. The commission **acknowledged the program's change**. No further information requested.

March 2022

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

- **Standards C2.01b-f** (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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

No additional information requested.

June 2021

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

- How the institution will determine each student has met the program's learning outcomes for preventive, emergent, acute and chronic patient encounters and for patients seeking care for conditions requiring surgical management. No further information requested.

March 2021

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

- How the institution determined each student has met the program's learning outcomes for preventive, emergent, acute and chronic patient encounters and for patients seeking care for conditions requiring surgical management.

Additional information (succinct narrative describing how the institution will determine each student has met the program's learning outcomes for preventive, emergent, acute and chronic patient encounters and for patients seeking care for conditions requiring surgical management) due March 1, 2021.

June 2020

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

- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with emergent, acute and chronic patient

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encounters and a method to determine that students meet the program's learning outcomes) and

- **Standards B3.03a, c** (provided evidence of clearly defined learning outcomes and methods to determine students, after SCPES with patients seeking a) medical care across the life span and c) surgical management, have met the learning outcomes).

Additional information (narrative describing how the institution will determine each student has met the program's learning outcomes for preventive, emergent, acute and chronic patient encounters and for patients seeking care for conditions requiring surgical management) due July 10, 2020.

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

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

March 2020

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

- Updated PANCE pass rate data in the Program Management Portal and on the program website.

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum Class Size: 40.

Report due December 9, 2019

- Update PANCE pass rate data in the Program Management Portal and on the program website.

Report due March 17, 2020 (*Standards*, 4th edition) -

- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPES] with emergent, acute and chronic patient encounters and a method to determine that students meet the program's learning outcomes) and
- **Standards B3.03a, c** (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPES with patients seeking a) medical care across the life span and c) surgical management, have met the learning outcomes).

Report due June 17, 2021 (*Standards*, 5th edition) -

- **Standards C2.01b-f** (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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

Program Change: Change in program sponsorship (Anne Arundel Community College/University of Maryland Baltimore Collaborative PA Program to University of Maryland Baltimore/Anne Arundel

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Community College Collaborative PA Program), effective January 1, 2020. The commission **approved the proposed change**. No further information requested.

June 2019

Program Change: Change in program support (return to baseline enrollment secondary to completion of temporary cohort expansion due to teach-out of a closed PA program). The commission **acknowledged the proposed change**. No further information requested.

April 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 September 2018 to September 2019 due to this change.

March 2016

Program Change: Temporary class size increase in order to accommodate incoming students from another program. The commission **approved the temporary increase in class size**, effective January 1, 2016. No further information requested.

March 2014

Program Change: Change in degree offered. The commission **approved the proposed change** from a baccalaureate to a master curriculum within the Physician Assistant program by an affiliation with the University of Maryland Baltimore. No further information requested.

February 2013

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted) Program's next validation review changed from September 2016 to September 2018 due to this change.

March 2012

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

- **Standards B3.03b-d** (provided evidence of sufficient supervised clinical practice experiences providing sufficient patient exposure with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. The program is approved for up to 120 students.

Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standards B3.03b-d** (lacked evidence of sufficient supervised clinical practice experiences providing sufficient patient exposure with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions).

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March 2006

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

- **Standard A4.3** (provided evidence of sufficient office space for core faculty to perform their program duties) and
- **Standard A5.17b** (provided evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning). No further information requested.

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. The program is approved for up to 120 students.

Report due January 13, 2006 (*Standards*, 3rd edition) -

- **Standard A4.3** (lacked evidence of sufficient office space for core faculty to perform their program duties) and
- **Standard A5.17b** (lacked evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning).

September 2003

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

- **Standard A5.3b** (provided evidence the program publishes and makes readily available to prospective and enrolled students the correct fee structure),
- **Standard B1.4** (provided evidence syllabi for each didactic and clinical course includes measurable instructional objectives),
- **Standards C2.2a-b and e-f** (provided evidence in the self-study report of critical analysis of a) student attrition, deceleration and remediation, b) faculty attrition, e) surveys of graduates evaluating curriculum and program effectiveness and f) employer surveys) and
- **Standard C4.1d** (provided evidence the self-study report documents modifications that have occurred as a result of self-evaluation). No further information requested.

Program Change: Course sequence changes in the curriculum. The commission **acknowledged the changes**.

Informational Item: Anne Arundel Community College and Saint Francis University of Loretto, PA, signed a memorandum of understanding concerning the creation of a master's degree option for the AACC students, effective January 23, 2003. The agreement did not change the curriculum or the total number of credits granted by Anne Arundel Community College.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. The program is approved for up to 70 students.

Report due July 15, 2003 (*Standards*, 2nd edition) -

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- **Standard A5.3b** (lacked evidence the program publishes and makes readily available to prospective and enrolled students the correct fee structure),
- **Standard B1.4** (lacked evidence syllabi for each didactic and clinical course includes measurable instructional objectives),
- **Standards C2.2a-b and e-f** (lacked evidence in the self-study report of critical analysis of a) student attrition, deceleration and remediation, b) faculty attrition, e) surveys of graduates evaluating curriculum and program effectiveness and f) employer surveys) and
- **Standard C4.1d** (lacked evidence the self-study report documents modifications that have occurred as a result of self-evaluation).

Requirement to submit monthly reports on core faculty discontinued.

Staff Change: Program director appointed, effective April 16, 2002.

March 2002

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

- Reports on the status of core program faculty. Program to continue submitting monthly faculty reports.

September-December 2001

The commission **accepted the reports** addressing 1st/2nd edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I A 3/A1.5** (provided evidence the sponsoring institution is responsible for
 - student admission
 - curriculum planning and selection of course content
 - coordination of classroom teaching and supervised clinical practice
 - appointment of faculty
 - receiving and processing applications for admission
 - granting the credential documenting satisfactory completion of the educational program),
- **Standards I A 3/A1.5c** (provided evidence the sponsoring institution consistently coordinates supervised clinical practice opportunities for students),
- **Standards I B 1 c 3/A2.16** (provided evidence of sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession),
- **Standards I C 2/C5.5** (provided evidence of a summary evaluation of each student conducted prior to program completion to assure students meet defined program expectations),
- **Standards I E 1 a-d/C2.2a, c, e-g** (provided evidence in the self-study report the program analyzes a) student attrition, b) student failure rates in individual courses and rotations, c) surveys of graduates and employers and d) student/graduate performance on the national certifying examination) and

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- **Standards I E 3/C4.1** (provided evidence the self-study report adequately documents the process of self-evaluation, outcome data, and the program modifications that occurred as a result of the self-evaluation) and
- Provided evidence of monthly reports on the status of core program faculty.

Program to continue submitting monthly faculty reports.

March 2001

Adverse Action-Accreditation-Probation; Return on-site evaluation in 18 months. The program's maximum class size is 70.

Report due August 1, 2001 (*Standards*, 1st/2nd edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I A 3/A1.5** (lacked evidence the sponsoring institution is responsible for
 - student admission
 - curriculum planning and selection of course content
 - coordination of classroom teaching and supervised clinical practice
 - appointment of faculty
 - receiving and processing applications for admission
 - granting the credential documenting satisfactory completion of the educational program),
- **Standards I A 3/A1.5c** (lacked evidence the sponsoring institution consistently coordinates supervised clinical practice opportunities for students),
- **Standards I B 1 c 3/A2.16** (lacked evidence of sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession),
- **Standards I C 2/C5.5** (lacked evidence of a summary evaluation of each student conducted prior to program completion to assure students meet defined program expectations),
- **Standards I E 1 a-d/C2.2a, c, e-g** (lacked evidence in the self-study report the program analyzes
 - a) student attrition, b) student failure rates in individual courses and rotations, c) surveys of graduates and employers and d) student/graduate performance on the national certifying examination) and
- **Standards I E 3/C4.1** (lacked evidence the self-study report adequately documents the process of self-evaluation, outcome data, and the program modifications that occurred as a result of the self-evaluation) and
- Monthly reports (May-August 2001) on the status of core program faculty.

September 1999

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

- **Standard I B 1 c (3)** (provided evidence of sufficient core faculty to provide adequate attention, instruction, and supervised practice necessary for the students to acquire the knowledge and competence needed for entry to the profession),

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- **Standard I C 2** (provided evidence of clear criteria for successful progression to and completion of each segment of the curriculum, specifically clinical rotations),
- **Standard I C 3 a** (provided evidence ongoing documentation of health screening in the student health record) and
- **Standard I E 3** (provided evidence the self-study report adequately documents program modifications that occurred as a result of the self-evaluation process).

September 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2001.

Report due August 1, 1999 (*Standards*, 1st edition) -

- **Standard I B 1 c (3)** (lacked evidence of sufficient core faculty to provide adequate attention, instruction, and supervised practice necessary for the students to acquire the knowledge and competence needed for entry to the profession),
- **Standard I C 2** (lacked evidence of clear criteria for successful progression to and completion of each segment of the curriculum, specifically clinical rotations),
- **Standard I C 3 a** (lacked evidence ongoing documentation of health screening in the student health record) and
- **Standard I E 3** (lacked evidence the self-study report adequately documents program modifications that occurred as a result of the self-evaluation process).

October 1996

Accreditation-Provisional; Next Comprehensive Evaluation: September 1998. The commission noted zero areas of noncompliance with the *Standards*.