

REPORT OF THE WSCUC TEAM
For Reaffirmation of Accreditation

To
Kaiser Permanente School of Allied Health Sciences

October 22 – 24, 2019

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The team evaluated the institution under the 2013 Standards of Accreditation and prepared this report containing its collective evaluation for consideration and action by the institution and by the WASC Senior College and University Commission (WSCUC). The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. This report and the Commission letter are made available to the public by publication on the WSCUC website.

SECTION I – OVERVIEW AND CONTEXT.....	3
A. Description of Institution and Accreditation History.....	3
B. Description of Team’s Review Process	4
C. Institution’s Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence.....	7
SECTION II – EVALUATION OF INSTITUTIONAL ESSAYS.....	8
A. Component 1: Response to previous Commission actions	8
B. Component 2: Compliance: Review under WSCUC Standards and compliance with federal requirements; Inventory of Educational Effectiveness Indicators	10
C. Component 3: Degree Programs: Meaning, quality and integrity of the degrees	22
D. Component 4: Educational Quality: Student learning, core competencies, and standards of performance at graduation	23
E. Component 5: Student Success: Student learning, retention, and graduation	24
F. Component 6: Quality Assurance and Improvement: Program review, assessment, use of data and evidence	26
G. Component 7: Sustainability: Financial viability, preparing for the changing higher education environment.....	28
H. Component 9: Reflection and plans for improvement	30
SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS	32
APPENDICES	33
Federal Compliance Form: Credit Hour and Program Length Review	33
Federal Compliance Form: Marketing and Recruitment Review	35
Federal Compliance Form: Student Complaints Review.....	36
Federal Compliance Form: Transfer Credit Policy Review	37

SECTION I – OVERVIEW AND CONTEXT

A. Description of Institution and Accreditation History

Kaiser Permanente School of Allied Health Sciences (KPSAHS) originally began as the Kaiser Permanente School of Radiology in 1989, as a for-profit institution. The School was established “to address the shortage of radiologic technologists in Kaiser Permanente.” As the Kaiser Permanente School of Radiology evolved and educational programs diversified, the institution changed the name to Kaiser Permanente School of Allied Health Sciences (KPSAHS) in 2001. The School initially offered a two-year certificate program in radiography, accredited by the Joint Review Committee for Education in Radiologic Technology (JRCERT). Along with the new name, KPSAHS now offers four undergraduate onsite programs in Medical Assisting (AS), Radiologic Technology (BS), Diagnostic Medical Sonography (BS), and Nuclear Medicine (BS). The School also offers one distance non-degree program in Health Care Ethics, which is temporarily not accepting students.

In 2011, KPSAHS leadership made the strategic decision to pursue regional accreditation through WASC Senior College and University Commission (WSCUC). The leadership team pursued regional accreditation to better support students and graduates with improved transferability of course work, direct matriculation into graduate programs, and the option to seek access to state and federal financial aid (KPSAHS is not a Title IV institution at this time). As a result of the initial self-study process, the School identified institutional improvements in academic quality, operational processes, and assessment as key areas for improvement. The School received initial accreditation in 2014.

KPSAHS unduplicated enrollment has grown over the past five years from 175 in 2015 to 224 in 2018. The student population is predominantly female (61%) and approximately 44% minority. At the time of submitting the Institutional Report (January 2019), KPSAHS had five program directors, ten full-time faculty, and four adjunct faculty. The institution maintains an administrative structure with 21

people, that includes the functional areas of admissions, student records, finance, library services, assessment and institutional research.

There is no single entity that exists named Kaiser Permanente. Instead, “the health care coverage and medical care provided under Kaiser Permanente represents the work of Kaiser Foundation Hospitals (KFH) and Kaiser Foundation Health Plan (KFHP) – each a 501c3 [sic] not-for-profit company that provides hospital services and insurance coverage – and the work of the physicians and staff of the Permanente Medical Groups (PMGs).” KPSAHS is an operating department within a type C Corporation of The Permanente Medical Group, Inc. (TPMG), a for-profit entity, based in Northern California. The for-profit status of KPSAHS is derived from its affiliation with TPMG; KPSAHS has never generated a profit and instead benefits from the funding and resources provided by KFH and TPMG.

TPMG and KFH provide administrative support infrastructure (shared services) to KPSAHS, including information technology, payroll, recruitment, human resources, benefits, and legal counsel. KPSAHS oversees curriculum, academic program offerings, student services, admissions, library resources, student records, and institutional research, exceeding the expectations identified in WSCUC’s Agreements with Unaccredited Entities Guide and providing KPSAHS appropriate autonomy within the larger Kaiser Permanente system.

B. Description of Team’s Review Process

The team began the review process in advance of the March 7, 2019 Offsite Review (OSR) by reviewing the institutional report and associated evidence made available by Kaiser Permanente School of Allied Health Sciences (KPSAHS) and WSCUC. Michael Horowitz, President of TCS Education System served as chair while Leanne Wruck, CAO of TCS Education System served as assistant chair. Team members included Maria Baez, Accreditation Consultant; Sheryl Berman, retired and former Vice President for Academic Affairs at Southern California University of Health Sciences; and George Latter, Vice President for Finance and administrative Services at Point Loma Nazarene University. Christopher

Oberg, WSCUC Liaison and WSCUC Executive Vice President, provided support for the OSR. Following the OSR, Sandra Johnson, COO of University of Antelope Valley, replaced George Latter in July 2019.

The OSR process included the completion of the WSCUC worksheet that invited examination of the KPSAHS Institutional Report under the WSCUC Standards and supporting documentation. During the OSR, the team identified strengths and opportunities of the institution as well as commendations (4). The team developed the following Lines of Inquiry for the accreditation visit to the campus on October 22 – 23, 2019:

- **Assessment:** Programs are in varying stages of development in terms of assessment. The team would like to better understand the assessment cycle and how the institution is closing the loop. How are the results from the annual assessment cycle used to guide decision-making and improvement and how is student feedback incorporated in the assessment process?
- **Faculty:** The team would like to learn more about how faculty performance is evaluated, how performance influences advancement or promotion, and how teaching loads are balanced with other obligations such as service and scholarship.
- **Finance:** One of the items mentioned in the Institutional Report as well as the 2015-20 Strategic Plan is a desire to diversify funding sources. The team would like to learn the progress that has been made in this area and what the expectations and commitments are with respect to future levels of funding from TPMG and KFH. In addition, the team would like to better understand the budget setting process and the roles TPMG and KFH play in that process. Finally, the team is interested in knowing more about the tuition-setting and financial aid strategy for KPSAHS in light of its funding sources and competitive position.
- **Governance:** The organizational structure of KPSAHS is unique in that it is a department within TPMG rather than a standalone organization. In light of this, the team would like to understand:

- The role and responsibilities of the KPSAHS board of directors within the context of TPMG
- The role of the TPMG Medical Director vis-à-vis the KPSAHS CEO
- The role of the KPSAHS CEO within the context of TPMG
- The evaluation of the KPSAHS CEO within the context of TPMG
- The role of various advisory boards in helping KPSAHS accomplish its mission
- In addition, the team would like to receive a status report on the goals and strategies contained in KPSAHS's 2015-20 Strategic Plan, as well as the institutions plans with respect to diversity as part of its initiatives.

The commendations and lines of inquiry were shared with the KPSAHS leadership through a video conference call at the end of the OSR. The due date for the request for additional documents and information was September 20, 2019. KPSAHS provided all additional information to help further the accreditation visit.

During the site visit, the team met with multiple constituencies to further examine the lines of inquiry. At least two team members were present for all interview sessions, with one member of the team assigned to be the discussion lead for each session. The team also reviewed communications submitted to the confidential email account created for the purposes of the reaffirmation process as well as the federal compliance forms. The visit ended on Thursday, October 24, 2019 with a private meeting between the team chair and president, followed by a public exit meeting in which the final commendations and recommendations were presented. The sessions were productive and positive, and the team was provided all information requested during the visit.

Next, the visiting team members were assigned to compose sections of the report based on the initial review of the institutional report, lines of inquiry, interviews, and information requested during the accreditation visit. Following the site visit guidelines, each team member reviewed the entire report

for accuracy and clarity and to assure compliance with WSCUC expectations, satisfactory representation of team findings, and respect for KPSAHS thorough self-examination and investment in the accreditation review process.

C. Institution's Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence

The Institutional Report was well organized, clearly written and reflected a thoughtful and inclusive approach to its development. The KPSAHS WSCUC steering committee structure included all full-time employees. Each person was "assigned to one of five self-study committees, and each committee was assigned specific recommendations, CFRs, and component essays. Committees were chaired by two co-chairs who were members of the Steering Committee, and the Steering Committee was co-chaired by the COO/associate school administrator and ALO/director of accreditation and compliance." The net result was a quality report that presented an assessment of KPSAHS and where it would like to focus for its future development.

Above being well-produced and easy to read, the narrative focused on the campus' responses to the Commission's actions from the last accreditation review in 2015. Each recommendation was identified with an update on progress made to date. Overall, the team found the Institutional Report to be indicative of the care, effort, and intention on how the self-review for accreditation was accomplished. Ultimately, the report provided the necessary level of review and self-reflection and raised other topics for the team to consider.

SECTION II – EVALUATION OF INSTITUTIONAL ESSAYS

A. Component 1: Response to previous Commission actions

The institutional report submitted for the Accreditation Visit (AV) provides a thorough review of previous Commission recommendations. WSCUC recommended four areas KPSAHS should review in the action letter dated March 6, 2015.

Recommendation 1: The development of a Board of Trustees that is fluent in the issues of higher education, and that takes responsibility for a parallel evaluation of the institution’s CEO. KPSAHS

dedicates the first board meeting each calendar year to an all-day retreat focusing on board development. The first year, this retreat was facilitated by a consultant with the Association of Governing Boards (AGB) but the consultant will not be used moving forward unless there is a specific need. The board members have also been invited to participate in the AGB and WSCUC board development activities. The report reflects one board member attended the AGB annual conference in 2018. New board members have been added with experience in higher education. Board oversight was presented through a document titled Path to Approval. This document shows which decisions were approved, endorsed, and noted. However, dates for the decision were not included in the document nor provided to the team, so it was difficult to identify when each item was approved. The board approved the 2015 - 2020 strategic plan as described by the board members during the interview. The bylaws are undergoing review and revision to further clarify roles and responsibilities. The previously titled were revised and approved by the Board July 8, 2019, and are now referred to as Governing Board Principles (CFR 3.9).

Recommendation 2: The expansion of a faculty culture that includes a structure of expectations and rewards common to a comprehensive higher education institution. KPSAHS continues to develop an

infrastructure that supports faculty scholarship, professional development, and governance as defined in the Faculty Handbook. KPSAHS also partners with research scientists from the Kaiser Permanente

Division of Research to host a quarterly journal club in which relevant research is reviewed and discussed. In this example, the scientist/physician serves as the mentor on different research methods. Faculty are now funded for professional development as listed in the [Professional Development Survey](#). While much work has been completed in this area, additional work is needed in defining how development and workload align (CFRs 2.8, 2.9, 3.0).

Recommendation 3: The augmentation of student services to embrace the fuller menu of professional needs generally desired by an engaged student body (e.g. counseling services, accommodations for disabilities, and tutoring). KPSAHS made changes to career services, accommodations for disabilities, counseling services, and tutoring services (CFR 2.13). A career services director was added in 2015 supporting students and graduates with things such as resume review, interview techniques, LinkedIn profile review, job search strategies, and industry research. The student disability accommodations policy is now published in the catalog and syllabi. The college made counseling available through the Kaiser Permanente Regional Employee Assistance Program. The ADA policy is overseen by the academic affairs dean, who has close to ten years' experience overseeing disability accommodations in higher education. Counseling services are made available through the regional employee assistance programs. The counseling policy can be found in the academic catalog. Tutoring services are provided by SmartThinking, which is an online service offered through Pearson. SmartThinking is offered through the library and supports areas such as writing, math, chemistry, physics and Microsoft Office. Faculty and students described peer tutoring (seniors tutor junior students) during the interview process. This was an approach the students found helpful.

Recommendation 4: The enhancement of data analysis in the context of assessment and program review to generate operational evidence for continued improvement in educational effectiveness.

Assessment was in the early phases when KPSAHS first became accredited by WSCUC under the leadership of the director of assessment and institutional research. Prior to WSCUC accreditation, the

assessment process followed programmatic accreditation guidelines. Since the initial visit, learning outcomes were adjusted, the assessment and institutional research infrastructure was enhanced, an assessment management software (TaskStream) was purchased and implemented, assessment day was implemented, a program review manual was adopted, and educational effectiveness continues to be improved (CFRs 2.4, 2.7). The assessment and institutional research director facilitates the collection of direct and indirect student learning outcomes data through student learning artifacts, clinical instructor evaluations, and student, graduate, and employer survey data. While much progress was made in this area, some additional work is needed in the disaggregation of the available data. Effort is also needed in disseminating the results of completed assessment to a wider group of people, particularly faculty and program directors.

B. Component 2: Compliance: Review under WSCUC Standards and compliance with federal requirements; Inventory of Educational Effectiveness Indicators

The visiting team's findings, which are subject to Commission review, reflect that the institution demonstrated sufficient evidence of compliance with the four WSCUC Standards, as described below. The team also found the institution to be in compliance with federal requirements for credit hour, marketing and recruitment, student complaint, and transfer policy (see appendices 1 – 4). The visiting team did not review the online courses as KPSAHS does not currently offer an online program; only hybrid courses are offered at this time.

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

Institutional Purposes

KPSAHS has a clearly defined and well-understood mission. The School offers high demand health care programs that exist in many other academic settings (CFR1.1). Study of institutional reports and interviews with multiple constituents, make clear that the institution has a strong and cohesive identity as a specialized college with academic and discipline awareness as well as in general education.

Evidence includes a faculty governance framework and the broad awareness of WSCUC and its standards in every area of the institution. The institutional learning outcomes are clearly visible throughout the institution and understood by constituents.

Academic statements of purpose, including learning objectives and goals, are visible throughout the programs, and there is a unified commitment to excellence in education for students that comes across in talking to all constituents. The institution aspires to produce the highest level practitioner in its programs. Due to its specialized focus, educational objectives are very clear and easily measured. Since the second visit there is an increased awareness of the need to make institutional data easier to interpret and disaggregate in service of more sophisticated assessment of its learning outcomes. There remains a need to advance the disaggregation of assessment data. Courses, programs, and the institution as a whole have very clear goals in terms of learning objectives, certification pass rates by discipline and clinical suitability as determined by supervisors (CFR 1.2). Licensure pass rates are very high, speaking to a strong student body that is well educated. The role of general education in advancing student proficiencies is now part of ongoing academic assessment. Data on certification in the various disciplines that make up KPSAHS programs are made available in a clear and public manner given the nature of the programs and professional requirements for certification.

Preceptors continue to receive training and a high level of interaction with the faculty, ensuring that clinical work is highly integrated with the academic program. School-wide institutional learning outcomes (ILOs) are reviewed by faculty, program directors and faculty senate. ILOs and program learning objectives are clearly viewed on the website, in the catalog, and throughout the School on visual displays. Program assessment is historically part of the institution and steps to take this program to an institutional level are evident since the second visit and should continue to have a stronger impact on program improvement. Student feedback is sought via surveys and the team saw clear progress in institutional research and the analysis and use of this information.

Integrity and Transparency

Academic freedom and due process are clearly supported and articulated, as evidenced in review of the academic freedom statement and grievance and due-process policy and in discussion with faculty and administration (CFR 1.3). Faculty expressed feeling very much in control of curriculum and the classroom environment and are encouraged to deliver the highest quality of instruction in a rigorous and challenging environment. Faculty and staff commitment to student learning is impressive.

The School honors rich diversity in every level of the organization from board to student body (CFR 1.4). However, the limitations in the financial aid program inhibits growth of a more economically diverse student body. Diversity is documented in terms of student demographics in the summary data form and the commitment is formally made in the School's general education philosophy and diversity statement. Discussions with faculty and students indicated a strong commitment to educating students to work effectively with diversity and special accommodations. Appropriate policies have been developed and are well understood. The School acknowledges that a stronger commitment to diversity is needed inclusive of a better understanding of differences in success among different groups. There is also an acknowledgement that the dissemination and analysis of institutional data is needed.

The Permanente Medical Group (TPMG) owns the college and subsidizes its operations to a level of approximately 60-70% of budget in any given year. This support historically and currently provides a great value and opportunity to the students and the institution. Students receive a premiere education at a tuition rate lower than most comparable schools, although there have been significant tuition increases bringing costs closer to market rates. Some students have the opportunity to train in the Kaiser system, which is considered an excellent career opportunity often leading to a job with Kaiser. There is a very high level board of directors, strong chief executive, chief financial officer, dean of

academic affairs, and medical director who clearly articulate vision and mission (CFR 1.5). The medical director is well connected within the Kaiser system, ensuring excellent linkage between the School and practice sites. Board members provide a very strong level of expertise, support and insight into health care practice regionally and nationally as well as from the community and higher education. Nonetheless, the overwhelming reliance on essentially one source of support will continue to be a unique vulnerability as well as a strength.

There is a high level of identification and professionalism throughout the various departments. Interviews with various department heads and review of exhibits such as biographies and job descriptions support the view of a high performance, high accountability organization. There continues to be appropriate autonomy for the School leadership, faculty and board. While the School is not separately incorporated, nor a legal entity separate from TPMG, it is clear from discussions with all constituents and the excellent level of resources throughout the institution that education is the primary focus of the institution. TPMG in fact appears to resource the School at a very high level because of its desire to maintain a highly qualified group of practitioners coming into its system and the community. The institution has committed to the WSCUC Policy on Related Entities.

KPSAHS has devoted considerable attention and planning to develop the appropriate policies and procedures expected in a regionally accredited college (CFR 1.6). Academic and administrative policies and procedures are well documented and clear, including the required credit hour and student complaint policies (see Appendices A and B). Students are very aware of program requirements and know who within the institution can provide advice and guidance. Further evidence is present in catalogs, orientation materials and in information on the institutional website (see Appendix C). The School has an extensive admission process that affords prospective students an excellent opportunity to learn about the institution and its programs in depth. Financial reports were reviewed and support strong resourcing of the college.

Due to the organizational structure, there is no audit of the School nor is one provided for the parent entity. The institution appears financially sound and well run (CFR 1.7). Financial records from prior years indicate that TPMG has supported investment in significant resources and the team was able to document an increasing expense budget since the second visit. Review of catalogs and orientation materials and discussion with students and staff support the finding that clear policies have been developed and communicated.

Through the website and admission process, the School makes clear its accreditation status. The institution completed a long-term self-study and learning as part of the accreditation reaffirmation visit, a process conducted over a period of years that involved all levels of the organization. The self-study and related material are highly detailed and well prepared and consultation has been consistently sought from WSCUC (CFR 1.8). The institution has shown a very high level of responsiveness to feedback from the Commission. The institution clearly sees WSCUC accreditation as essential to positioning itself as a high quality allied health sciences college whose graduates would do well in a quickly changing health sciences landscape and with significant accountabilities to patients and other health care providers. There was awareness and interest in the WSCUC process in every constituency and it was apparent in all discussions that all levels of the institution had participated in the self-study process. Communication with the Commission and team are characterized by openness and transparency.

Standard 2: Achieving Educational Objectives Through Core Functions

The KPSAHS educational programs are appropriate in content, standards of performance, rigor of the programs, and defining the type of degree or certificate awarded. The programs use the recommended programmatic accreditation competencies and follow standard admissions policies and length of programs. Entry level admission requirements for each program are well defined and published in the catalog. Applicants are evaluated based on grade point average, experience in or

exposure to their healthcare field, and an interview should they meet minimum admission requirements. Rubrics are utilized for the interview portion of the application process (CFR 2.1, 2.2).

The institution's assessment process employs both internal peer review and programmatic accreditation to review student achievement (CFR 2.2). The academic requirements for each program and levels of achievement required for student success are clearly defined in the academic catalog and on the institutional website (CFR 2.3). KPSAHS has an appropriate mission and philosophy which informs the quality and integrity of programs. The institution's student learning outcomes are clearly defined at the course, program, and institutional level and are aligned with the core competencies as described below. The institutional learning outcomes are posted in all classrooms and hallways (CFR 2.4).

The students indicated that faculty were supportive of the learning process through mentoring and tutoring. The faculty provide instruction that is meaningful to the degree. Starting with the programmatic accreditor's competencies, faculty play a role in the development of the student learning outcomes, establishing standards of performance, and establishing assessment communication and decision making (CFR 2.4). The assessment and institutional research director hosts a quarterly norming session that includes all faculty, program directors, and the chief academic officer. The norming session allows the faculty and leaders to share signature assessments across disciplines and to align standards for success.

The health science programs were developed to include didactic, lab, and application of material. The lab space includes equipment students will experience upon the application portion of the curriculum (CFR 2.5). While the class sizes are small some students indicated it would be beneficial to have additional opportunities for hands on training with the equipment. Students receive information concerning admission requirements to programs, academic requirements for completion, costs of the programs and scholarship opportunities. However, access to this information must be made available earlier and more consistently. Students indicated that the cost of tuition changed during the admissions

process and it was not known if loans would be made available until after the start of the first class (CFR 2.5). The students have appropriate access to student services such as tutoring, disability services, and career counseling (CFR 2.11). Although there is no department of student services at this time, it may be prudent to centralize student services and support (e.g. disability services, tutoring, student life) into one place. Co-curricular assessment is in the early phases of development. There is a plan in place and, if followed, should provide the School with information for improvement (CFR 2.11)

The assessment and institutional research director worked with the faculty to develop a systematic assessment review process that includes internal and external constituencies, assessment of student learning, as well as the evaluation of retention rates, graduation rates, licensing pass rates, and employment data (CFR 2.7). The college should release the results across a broader group of staff members and departments. Students are also shown to make satisfactory progress toward their certificate or degree.

Faculty are encouraged to participate in scholarship but expectations are not fully defined for scholarship or service to internal and external communities. A fair and equitable workload has not been defined for faculty in every program although it is understood that different programs and the classification of a program as either a certificate or degree granting program may affect faculty workloads (CFR 2.8). Service, scholarship, and teaching load need further elucidation to help faculty balance their workloads. There is no clear path for promotion to rank. If the institution decides to move toward graduate health education, the need for faculty access to scholarship opportunities, promotion, and advancement opportunities may become more pronounced.

The limited representation of disaggregated data shows a disparity between African American male and female students as compared to the entire population. Steps are being taken to understand the higher attrition rates of these groups and address these disparities.

Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

Faculty and Staff

KPSAHS is committed to hiring dedicated full-time faculty and program directors to support degree programs and to maintaining an administrative infrastructure in support of its academic programs. Administrative infrastructure includes functional area leadership in admissions, student records, finance, library services, assessment, and institutional research. Credentials are found in the Faculty Credentials – 2018 Catalog Excerpt. The institution has employed 13 full-time faculty, including five program directors, and four part time/adjunct faculty (CFRs 3.1, 3.2, 3.3). KPSAHS acknowledges that faculty workload needs to be clearly quantified and defined to confirm programs are adequately staffed and that without a KPSAHS faculty workload policy, it is difficult to assess sufficiency of faculty and staff. KPSAHS can benefit from demographic data by program for students, faculty, and staff, as well as the establishment of metrics to evaluate diversity of faculty/staff leadership roles and student population. Financial resources are allocated to support faculty and staff professional development as indicated in the Professional Development Survey 2017-2018 responses for internal and external professional development opportunities provided in the past twelve months (CFR 3.1, 3.4). Adjunct faculty are invited to participate in assessment and other meetings, such as Analytics for Academics Training and the quarterly journal club (CFR 3.3).

Staff recruitment is provided by other departments within Kaiser Permanente without charge to KPSAHS. All employees are evaluated annually against Kaiser Permanente behaviors as evidenced in the Faculty Handbook. Faculty evaluations are completed by students at the end of the course allowing faculty to prepare an action plan for improvement. The School can benefit from a review of the faculty evaluation system and discussion of alignment with those of other higher education institutions (CFR 3.2).

Fiscal, Physical, and Information Resources

KPSAHS's relationship with The Permanente Medical Groups affords the Institution unique opportunities and resources while allowing the institution to operate with appropriate autonomy as a department of TPMG. TPMG meets the gap between revenue and expenses. Internal reports are created to include detailed revenue information, enrollment data by program, revenue projection/budget compared to actual results, and FTE counts as evidenced in Financial Reporting 2014-2018 (to date). As a department of TPMG, KPSAHS is subject to the rigorous financial controls and checks and balances of the TPMG medical practice. A detailed description of the processes is found in the Financial Controls and Transparency document. The institution states that "While financial self-sufficiency is a long-term goal, the institution's short-term goal is academic excellence – to train leaders in health care" as found in the KPSAHS Institutional Report for WSCUC Reaffirmation of Accreditation 1.4.19 FINAL (CFR 3.4).

The instructional innovation and digital learning director and team supports KPSAHS's online and hybrid courses providing training in online instruction. A full-time, MLS-credentialed librarian provides extensive library services specific to academic programs. Students have access to the same library resources as Kaiser Permanente physicians through the Kaiser Permanente Library (CFR 3.5).

Organization Structures and Decision-Making Processes

Results from a KP-wide survey and internal focus groups revealed an opportunity for leadership to better communicate appropriate responsibility and accountability. As a result, the following actions have been implemented: KPSAHS recommits each year to the Corporate Principles of Responsibility (POR), which articulate Kaiser Permanente and KPSAHS's commitment to integrity, high ethical standards, and compliance. The institution is adopting intent-based leadership. The goal of intent-based leadership is giving control and decision-making power to people who maintain the information. The

institution has invested resources to develop the skills necessary to succeed by granting autonomy in work but holding leaders and all accountable by engaging Turn the Ship Around consultancy to train staff at all levels. The School's board of directors exercises appropriate oversight over the Institution, with governance processes defined by the Path to Approval spreadsheet. Without exception, the team noted a high degree of integrity and effectiveness by KPSAHS administration and leadership as evidence by annual review documents and interviews of faculty and staff. An atmosphere of mutual respect and cooperation exists among the administration, faculty, and staff (CFR 3.6).

The Path of Approval establishes approval authority for the institution, related entities, and the board. Department directors/managers have the authority to make decisions within their departments, which include assessing student capacity given clinical site availability and planning program growth in concert with the Institution's executive team. These areas were reflected in the Path of Approval spreadsheet and the findings in the Internal Employee Survey and Focus Group Notes. KPSAHS has a well-developed organizational structure with clearly defined positions, responsibilities, and reporting structures. Descriptions of positions include statements of how each particular role is related to the institution and educational mission (CFR 3.7).

A full time CEO, the Regional School Administrator, oversees all operations of the School in conjunction with the Northern California TPMG/KFH leadership as stated in the Job Description. The CEO provides the strategic leadership, direction, and accountability for the institution. A full time CFO provides financial leadership in support of the organization's finance goals. The CFO leads and manages finance projects for departments, working collaboratively with executives. The CFO also directs efforts to ensure the highest customer satisfaction and serves as a finance expert to executive leadership on projects and initiatives with strategic importance to the organization (CFR 3.8).

An independent board of directors for the School was established in April 2012 and became operational with an elected chair in July 2012. The current board has ten members, with seven members

not otherwise affiliated with Kaiser. The board has terms ranging from 3 to 8 years. Based on their WASC Self Study Action Plan, new board members with experience in higher education have been added, including the retired vice president of finance at St. Mary's College of California and the dean of the College of Health Sciences at Rush University, adding to the already impressive credentials of the board (CFR 3.9).

Faculty culture at KPSAHS has evolved since the last site visit through continued development of the infrastructure supporting professional development, faculty scholarship, and governance. KPSAHS is in the early development stages of developing the faculty scholarship and professional development expectations in the faculty handbook. In addition to the scholarship and professional development activities chosen by individual faculty, KPSAHS partners with a research scientist from the Kaiser Permanente Division of Research to host a quarterly journal club in which recent, where relevant research is reviewed and discussed. The Faculty Senate is the decision-making body of the faculty and is responsible for curriculum development, long range academic and institutional planning, and assessment of learning outcomes (CFR 3.10).

Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

The assessment process is well under way as described in documents such as the Assessment Manual, Co-Curricular Assessment Update, and Program Review Manual. Action plans reflect the use of data to make decisions to programs such as modification to rubrics and a request for tutoring support (CFR 4.1). The institution should consider evaluating data that are disaggregated by gender, ethnicity, and modality of instruction (the interviews identified some courses are offered in a hybrid modality) in addition to the current data review. The institutional research department focuses on indirect measures (census, surveys, retention and graduation reports) as well as a review of signature assessments during quarterly faculty norming sessions (CFR 4.2). In addition, chapter five of the Institutional Report (Table

10) reflects student achievement through licensure/credentialing pass rates of an exam administered by a third party. Table 10 represents the percentage of graduates achieving a passing score on a certification exam typically exceeded 90% per program over the past four years. While the results are positive, the institution should continue to develop a culture of evidence and improvement through assessment (CFR 4.3, 4.4). The assessment and institutional research director and the program directors should also develop a plan for disseminating final results of the action plans back to the faculty and other staff members.

In an ongoing teaching and program effectiveness analysis, the institution engages both internal and external stakeholders through advisory committees, alumni and employer surveys, quarterly norming meetings, and annual department reviews (CFR 4.5). There is an expectation that a larger constituency will engage in the next strategic planning process as the previous approach was limiting in involvement. The visiting team was informed that the strategic goals identified were not all measurable or obtainable. The visiting team agreed that a wider population of engagement is needed to ensure that the goals have clear accountability and that there is a defined measure of success (CFR 4.6).

KPSAHS should continue to focus on engaging a larger population of alumni in the planning and review process, continue to develop workshops for faculty pedagogy, and better utilize data to inform planning. The team agrees that KPSAHS should develop a plan to better disseminate institutional data so that the faculty and staff are better informed of results.

Inventory of Educational Effectiveness Indicators (IEEI)

The IEEI was completed and submitted with the institutional report. Institutional, general education, and program learning outcomes have been developed, implemented and published. Direct and indirect evidence are collected, evaluated and interpreted by faculty and program directors. All programs but the Medical Assisting program have undergone a program review process at the time of this report. Plans for assessing the medical assisting program were described during multiple interviews.

C. Component 3: Degree Programs: Meaning, quality and integrity of the degrees

The degrees offered at KPSAHS are defined by the institutional mission and are focused on education and clinical training in allied health sciences. Institutional learning outcomes (ILOs) support the mission and are intended to align with competencies expected to be applied by graduates in the practice of health professions (CFR 1.1, 2.2a, 2.2).

The team confirmed that the academic catalog is published on the institutional website and contains descriptions of the degree programs awarded by KPSAHS, including academic requirements, program learning outcomes (PLOs), and graduation requirements (CFR 2.2, 2.3).

KPSAHS has adapted rubrics published by the Association of American Colleges and Universities (AAC&U) and programs are externally validated by programmatic accreditors and regulatory bodies (CFR 2.6). The institution has also demonstrated its commitment to curriculum integrity, building the curricula on standards and benchmarks established by programmatic accreditors and other accrediting and regulatory bodies, even for the Medical Assisting program, which has not yet gone through a programmatic accreditation approval. Similarly, KPSAHS integrates the input and feedback of faculty and experts in the curriculum design and review process (CFR 4.1).

KPSAHS also evaluates the quality, rigor and integrity of the degree programs by implementing a quality assurance process that comprises ongoing assessment activities. Assessment at KPSAHS is faculty-driven and the director of assessment and institutional research implements the assessment plan providing support and guidance to faculty and program directors (CFR 4.3, 4.4). Results from the assessment of student learning outcomes are used to improve instruction and program curricula (CFR 2.4)

In addition, KPSAHS conducts a program review process that considers feedback from external reviewers and employers (CFR 2.7). The institution has decided to include action plans for closing the loop in the second program review cycle to further enhance the program review and data reporting

process. This is an important step to further develop the processes to assess the quality of the degrees awarded at KPSAHS.

D. Component 4: Educational Quality: Student learning, core competencies, and standards of performance at graduation

The quality of KPSAHS education is reflected by the knowledge, skills and values that students possess upon graduation. The knowledge, skills and values of the students are deeply influenced by the institutional learning outcomes (ILOs), the program learning outcomes (PLOs) of the individual programs, and the individual course learning outcomes (CLOs) of each course, which are published within course syllabi. The seven ILOs align with the institutional core competences especially in the areas of communication (oral and written), quantitative reasoning, critical thinking, and information literacy (competence). Ethics and Diversity are also Institutional Learning Outcomes (CFR 2.2a, 2.3).

The individual PLOs, developed by program leads and faculty, are supported by the individual course learning outcomes. The alignment of the course learning outcomes, the PLOs and the ILOs are evidenced by the individual program curriculum maps which describe where the outcomes are found within the program curricula at the introductory, developmental, and mastery level.

Not all outcomes are measured each year, but all outcomes are planned for review within a three- to five-year period. Over the first three years of the review cycle, one of the seven institutional learning outcomes (which include the five core competencies) and two of the program learning outcomes are assessed annually by each program. The fourth year is dedicated to a program review of individual programs (CFR 2.7). Faculty develop student learning artifacts (assignments) and guide how those artifacts are collected with regard to student cohort, timeframe, and parties responsible for collection. The institutional learning outcome to be assessed is chosen each year by the Assessment Committee of the Faculty Senate (CFR 2.4).

Student learning artifacts are collected in the appropriate, designated quarter with the use of assessment manager software TaskStream. Students upload their assignments directly through the software. Student learning is assessed via faculty approved rubrics on assessment day, which is held quarterly. The rubrics used for ILOs are standardized across all programs, although assignments may vary (CFR 2.6). Teams of faculty normalize their evaluations of student work with regard to both program and institutional learning outcomes. Results are then aggregated and assembled into assessment data reports by the assessment and institutional research director. Improvements are under consideration on how to improve dissemination of the assessment data.

Program faculty, with the assessment and institutional research director, analyze the PLOs and ILOs for each program. This analysis culminates in the production of a document entitled Assessment of Program Learning Outcomes. The assessment process examines reliability and validity of the process of assessment and curricular and program impact. The process also evaluates the curricula and pre-requisites' impact on student learning. Faculty analysis of student learning outcome data, along with input from an external reviewer such as a programmatic accreditor, are used to develop program action plans and a timeline for implementation of proposed improvements. Faculty and program directors implement and monitor completion of action plans with the help of the director of assessment and institutional research. As faculty become more immersed in assessment of student learning, the culture of assessment will grow throughout the institution. Ensuring educational changes are made as a result of assessment outcomes will be key to that transition. Equally important is the dissemination of the results of assessment to a wider constituency.

E. Component 5: Student Success: Student learning, retention, and graduation

KPSAHS provided a definition of success in the context of its vision, mission, and values as it strives to advance healthcare and improve lives by inspiring students to be active and successful leaders

in their careers and communities. KPSAHS strives to do this in a student centric culture that promotes excellence, integrity and passion (CFR 1.1).

KPSAHS has presented evidence of student success using three primary metrics: graduation rate, licensure rate, and employment rate of its students in both associate degree and certificate programs. Graduation rates are a strength of KPSAHS with a cited rate of 88% or higher in all programs. The lowest (although still very high) graduation rate of 88% over 2016/2017 occurred in the Radiologic Technology program and the highest graduation rate occurred in the Nuclear Medicine program with a 2016/2017 rate of 95% (CFR.2.10).

Licensure pass rates, an external direct metric of success, show outstanding results ranging between 92% (Diagnostic Medical Sonography, Cardiac) and 100% (Diagnostic Medical Sonography, General) over the last four years. Nuclear Medicine and Radiologic Technology results were 94% and 99% respectively over the same four-year period. Medical Assisting and related certification for 2018 is also very strong ranging from 90% to 100% for NCMA (Medical Assisting), NCET (ECG Technician) and NCPT (Phlebotomy Technician).

Employment data show that 92% of all graduates in Diagnostic Medical Sonography, Nuclear Medicine and Radiologic Technology are working in their field of study within eighteen months of graduation. Employment data for Medical Assisting is considered too recent for inclusion in this report.

Disaggregated graduation rates data by ethnicity from 2016-2018 show varying degrees of achievement. Students completing the degree on time showed the graduation rate for black or African American students (FY16 50%, FY17 38%, FY18 25%) was lower than other races, specifically white students (FY16 95%, FY17 92%, FY18 81%). The school was not able to address how these disparities were being addressed to help these populations achieve at the high levels of graduation described for all students (CFR 2.10).

KPSAHS implemented new degree programs in 2012. This impacts the graduation rate dashboard results. Students originally enrolled in the radiologic technology, diagnostic medical sonography, or nuclear medicine certificate programs were invited to transfer to the baccalaureate programs. As a result of this change, the eight-year unit redemption rate is 59% and the absolute graduation rate is 31%. However, the reported on-time cohort completion rates are 88% (Radiologic Technology), 91% (Nuclear Medicine), and 96% (Diagnostic Medical Sonography).

The institution uses TaskStream to manage assessment data. However, it was not initially clear how data were used in decision making. During the interview session with the assessment and institutional research director and faculty, the visiting team was able to identify a few examples of how results from direct assessment were used to improve the learning experience. The institution also needs to continue to grow in the area of co-curricular assessment. There is a plan in place that should be executed during the next assessment cycle. As the institution continues to grow in the area of assessment, it will be critical to make curricular and co-curricular decisions based on action plans.

F. Component 6: Quality Assurance and Improvement: Program review, assessment, use of data and evidence

As described earlier, prior to becoming WSCUC accredited, the institution assessed student learning using programmatic accreditation requirements such as graduation rates, licensure rates, and employment rates. A direct result of this approach toward assessment steered the previous visiting team to their findings on assessment. The institution created an assessment and institutional research director position to help develop a process to integrate programmatic and regional accreditation requirements (CFR 2.6). Since the new position was filled, the institution developed a formal evaluation of institutional research that includes annual department reviews with a co-curricular assessment scheduled to occur in 2019. The institutional report and supporting documentation contains evidence of progress being made in assessment such as the purchase of TaskStream, CampusNexus, Tableau, SAILS,

and Survey Monkey. The institution also initiated an assessment day that occurs quarterly and includes all faculty and program directors.

The development of an institutional research role resulted in improvements to the institution including factbook publication, improved reporting standards, timely data publication standards, clinical instructor norming sessions, and increased visibility and data presentation at board meetings.

Institutional research also supports such activity as course survey, student satisfaction survey, and library survey. Additional work is needed in the disaggregation of data such as retention by gender, ethnicity, delivery modality, and other categories (CFR 4.2, 4.4).

Assessment results are utilized to improve student benchmarks. Once the student achievement results are analyzed, faculty identify a course of action for benchmarks that were not met. As a result of evaluating teaching effectiveness, a faculty member introduced the flipped classroom model in a general education course. The diagnostic medical sonography program director budgeted and received an ultrasound simulator that mimics different pathologies, including life-threatening pathologies that students may not be exposed to during clinical laboratory classes. Other revisions could include assignments, rubrics, or curriculum. The IEEI reflects the assessment cycle, which is typically every four years. The Program Review Manual describes the participants and the role each member should play in the program review process. While improvements have been made, the process is still too new to have enough data to determine if the interventions identified as corrections had an impact (CFR 4.3, 4.4).

Co-curricular assessment will formalize the integration of data and best practices from assessment and program review into functional area evaluations in support of the ILOs (CFR 2.11). The institution plans to include accreditation and compliance, assessment and institutional research, career services, financial services, instructional innovation, digital learning, library services, student records, and student services. The timing for completion is no later than 2021, but is dependent upon each functional leader. The co-curricular departments appeared to have more questions than answers

regarding the assessment process, with much work ahead. The institution is encouraged to use the ILOs as the key to the co-curricular assessment process. Each functional area can write outcomes tied to the ILOs. For example, the library could associate providing sufficient and high quality assistance to meet the information needs of students to either information competency or effective communication. The library survey or the Ruffalo Noel Levitz survey could provide the measure. Using the ILOs will ensure all co-curricular departments are working toward the same goals.

There is an ongoing collection of both direct and indirect data. The institution collects information from multiple constituencies (students, faculty, employers, site supervisors). While the team shares the results through the website and through various meetings, work is needed to distribute the data further for more transparency. Evaluating student success by disaggregating the data is an important next step. Co-curricular assessment is in the early stages and will need some additional work to ensure there is engagement in the process.

G. Component 7: Sustainability: Financial viability, preparing for the changing higher education environment

KPSAHS benefits from the resources available through Kaiser Permanente entities. As a department unit, KPSAHS does not undergo a separate financial audit or issue separate financial statements. Since the Institution's inception in 1989, TPMG has funded KPSAHS operations and the gap between revenue and expense. However, one of the concerns of depending on the resources through Kaiser Permanente is if support will continue with leadership changes. TPMG has submitted a letter dated and signed June 7, 2019, which indicates the leadership, faculty, and staff are employees of TPMG. Therefore, TPMG is financially responsible for them. In addition, TPMG pledges its support of KPSAHS's financial stability as indicated in the TPMG Letter of Financial Support (signed 6/7/19). KPSAHS appears to be financially stable. In the last fiscal year (2017), the Institution collected \$2.29 million in tuition and fees and accrued \$6.58 million in expenses. The funding gap was covered by TPMG, KP

Community Benefit, and KFHP with whom KPSAHS has maintained strong, long-term partnerships. KPSAHS has proven financial stability based on the 30 years of financial support through Kaiser Permanente entities.

The allocation of resources at KPSAHS appear to be aligned with institutional priorities. KFHP provides the facilities and funds the purchase of clinical equipment and other capital resources. KPSAHS accesses the services of Kaiser Permanente in the areas of information technology, human resources, and benefit management. This allows KPSAHS to focus its budgeting and financial planning in support of instruction, academic support, educational quality, educational infrastructure, and strategic priorities. The primary goal of KPSAHS is to ensure that adequate resources are available to deliver quality instruction. Benefits from financial support provided by TPMG and KP Community Benefit allows KPSAHS to achieve its primary goal. One example of resources is the simulation laboratory, completed in 2016, which provides a state of the art instructional facility in which students enhance clinical skills. Leadership at KPSAHS recognizes that nearly 50% of the baccalaureate students' education occurs at the health care facility. The budget process includes checks to verify that requested resources are aligned with the strategic plan. Processes for quality assurance, accountability, and improvement are strong as evidenced in the institutional report.

An emphasis of the institution is to ensure adequate resources are available to deliver quality instruction and maintain high graduation, licensure, and placement rates, typically exceeding 90% in each of these areas. The institution is committed to self-examination and improvement and investing in the assessment infrastructure. The data and insight from program review and co-curricular assessment supports improved processes, academic quality, and student satisfaction. Assessment processes result in improvements to assignments, rubrics, curriculum, and instruction. Leadership's engagement with workforce planning ensures alignment of academic and continuing education programs with the broader needs of the health care community. The development of the Assessment Manual outlines in detail the

relationship between assessment and KPSAHS Mission, goals, steps, assessment roles, responsibilities, and institutional effectiveness, assessment of student learning and use/dissemination of assessment results.

The institution benefits from confidential KP workforce planning data for both current and potential programs. These data are used to make decisions on program viability such as the discontinuance of the radiation therapy program and the addition of the medical assisting program. KPSAHS engages in environmental scanning such as workplace needs, regulatory changes, programmatic accreditation changes, Bureau of Labor Statistics data, and the existing competition. The Institution will develop an outreach plan for faculty and staff to play a more active leadership role in regional, state, and national professional associations.

H. Component 9: Reflection and plans for improvement

The concluding section of the Institutional Report provided a detailed summary of the institutional engagement and results of the evaluation and assessment of the WSCUC standards as part of the reaffirmation of accreditation. The institution is unique given the size and affiliation with the Kaiser Permanente system. The connection with Kaiser Permanente provides opportunities such as job placement for a large portion of its graduates. TPMG also financially supports the institution and allows for lower tuition rates. There is a high licensure pass rate (88% - 100%) of graduates, which reflects positively on the quality education KPSAHS students are receiving. Since initial WSCUC accreditation, new programs supporting the needs of the health care community have been implemented. The board of directors has also grown in size, intellectual diversity (including higher education), and in functionality through the aid of AGB. Processes for assessment of student learning have also matured since the last site visit.

The self-reflection process of the Institutional Report also highlighted areas for improvement. Some solutions were implemented prior to the visit team's arrival, such as tutoring and distribution of

external agency reports. While the institution made progress in the area of assessment, there was also an awareness that work is still needed to get to a culture of evidence. The co-curricular process is in the early stages of implementation and requires more attention. However, the institution is aware and willing to progress toward success in this area.

The institution also identified four areas for improvement. The first is the examination of the institution's response to an increased diversity in society (CFR 1.4). Next is a review of faculty and program director workloads. The review should consider scholarship, service, clinical site visits, clinical coordination, teaching, lab, and other areas as defined by the job description. The third, co-curricular assessment, was described earlier. Finally, the institution must enhance dissemination of data and improve analysis of disaggregated student data.

As stated by the institution, "KPSAHS has evolved in its understanding of the use of data to drive decision making and improvement. On reflection, the recognition that all four areas identified as opportunities for improvement relate to data collection and analysis speaks to the progress and maturation of the institution." The institution should use what was learned to build a stronger strategic plan that includes a clear vision that ensures key people are accountable to achieving the vision and that there are clearly defined measures of success.

SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

The visiting team found that KPSAHS approached the comprehensive review as an opportunity to critically progress toward improvement for student success. The Institutional Report was well written, included cross references to avoid duplication of material, and highlighted details within exhibits to support the statements made. The accreditation visit provided an opportunity to further reinforce institutional findings. The following commendations and recommendations are a continuation of the reaffirmation process.

Commendations:

- The board of directors continues to develop as a strong resource for the School, composed of experts and supporters from health care, community leadership, and higher education.
- The School's human, physical and financial resources are exceptional.
- KPSAHS evidences a student-centered culture that results in students' great respect and affinity for the programs, faculty and institution.
- Licensing and credentialing rates are outstanding.

Recommendation:

- **Culture of Evidence:** Develop a robust practice, inclusive of all constituents, of disseminating and applying institutional information. (CFRs 1.2, 2.4, 2.7, 2.10, 3.7, 4.1, 4.2)
- **Workload:** Develop and implement a strategy that defines guidelines for faculty workload, to include scholarship, service, clinical site visits, clinical coordination, etc.
- **Strategic Plan:** Engage in a deliberate strategic planning process that includes the institutional vision, accountabilities, and defined measures of success.
- **Student Financial Aid:** Develop a strategy to offer a greater and more accessible variety of student financial aid opportunities that aligns with the KPSAHS vision to matriculate diverse students on a full time basis.

APPENDICES

Federal Compliance Form: Credit Hour and Program Length Review

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, where is the policy located? https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf
	Comments:
Process(es)/ periodic review of credit hour	Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, does the institution adhere to this procedure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: In addition to the policy, the institution has developed a credit hour compliance procedure
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample syllabi or equivalent for online and hybrid courses <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? 5
	What kind of courses (online or hybrid or both)? Online and hybrid
	What degree level(s)? <input checked="" type="checkbox"/> AA/AS <input checked="" type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doctoral
	What discipline(s)? Medical Assisting; General education
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated) <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? 6
	What kinds of courses? Laboratory and clinical courses
	What degree level(s)? <input checked="" type="checkbox"/> AA/AS <input checked="" type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doctoral
	What discipline(s)? Diagnostic Medical Sonography, Medical Assisting, Nuclear Medicine, Radiologic Technology
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:

Sample program information (catalog, website, or other program materials)	How many programs were reviewed? 4
	What kinds of programs were reviewed? AS and BS
	What degree level(s)? <input checked="" type="checkbox"/> AA/AS <input checked="" type="checkbox"/> BA/BS <input type="checkbox"/> MA <input type="checkbox"/> Doctoral
	What discipline(s)? Diagnostic Medical Sonography, Medical Assisting, Nuclear Medicine, Radiologic Technology
	Does this material show that the programs offered at the institution are of a generally acceptable length? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: Program information can be found at: https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf

Federal Compliance Form: Marketing and Recruitment Review

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.
**Federal regulations	Does the institution follow federal regulations on recruiting students? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: The institution affirms that it does not provide incentive compensation to admissions staff.
Degree completion and cost	Does the institution provide information about the typical length of time to degree? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution provide information about the overall cost of the degree? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: Information available at: https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf https://kpsahs.edu/core-program-tuition-and-fees
Careers and employment	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution provide information about the employment of its graduates, as applicable? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: Additional information is available at: http://kpsahs.edu/program-outcomes

*§602.16(a)(1)(vii)

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

Federal Compliance Form: Student Complaints Review

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's student complaints policies, procedures, and records.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Policy on student complaints	<p>Does the institution have a policy or formal procedure for student complaints? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, is the policy or procedure easily accessible? Is so, where? http://kpsahs.edu/student-grievances-complaints-and-concerns https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf</p> <p>Comments: The policy is available on the institutional website and the academic catalog.</p>
Process(es)/ procedure	<p>Does the institution have a procedure for addressing student complaints? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, please describe briefly:</p> <p>If so, does the institution adhere to this procedure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Comments: The procedure states that students may submit complaints through a complaint/concern form available on the KPSAHS website and email it to: complaints@kpsahs.edu The email is directed to all members of the executive leadership team.</p>
Records	<p>Does the institution maintain records of student complaints? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, where? The Institution reports that student complaints records are kept for a minimum of 10 years in a secured drive with limited access to the executive team and the director of accreditation and compliance.</p> <p>Does the institution have an effective way of tracking and monitoring student complaints over time? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If so, please describe briefly: The internal student complaint management and retention procedure describes the routing process and responsibilities of the institutional parties involved in the protocol. The procedure states that summary reports are made available to administrative and academic leadership with data from the previous calendar year.</p> <p>Comments:</p>

*§602-16(1)(1)(ix)

See also WASC Senior College and University Commission's Complaints and Third Party Comment Policy.

Federal Compliance Form: Transfer Credit Policy Review

Under federal regulations*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices accordingly.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Transfer Credit Policy(s)	Does the institution have a policy or formal procedure for receiving transfer credit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	If so, is the policy publically available? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If so, where? http://kpsahs.edu/student-records https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf
	Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments: The statement on eligibility of transfer units is available at: https://kpsahs.edu/sites/default/files/managed_media/catalog/Academic_Catalog_2019.pdf KPSAHS has a transfer credit database available to the public: https://tes.collegesource.com/publicview/TES_publicview01.aspx?rid=3c4a604b-26a6-43ed-888a-2b979949f6ba&aid=15b123ca-e79e-4fb6-8b30-e15ab9ad3c23

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

- (1) Are publicly disclosed in accordance with 668.43(a)(11); and
- (2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

See also WASC Senior College and University Commission's Transfer of Credit Policy.