

REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 2

For Institutions Seeking Candidacy or Initial Accreditation

To

Kaiser Permanente School of Allied Health Sciences

September 8 – 10, 2014

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The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WASC Senior College and University Commission. 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. If the institution is granted candidacy or initial accreditation by the Commission, this report and the Commission action letter will be made available to the public by publication on the WSCUC website.

TABLE OF CONTENTS

	Page numbers
SECTION I – OVERVIEW AND CONTEXT	3
A. Description of the Institution and Visit.....	3
B. The Institution’s Report: Quality and Rigor of the Review and Report	5
C. Response to Issues Raised in the Capacity and Preparatory Review	6
SECTION II – EVALUATION OF INSTITUTIONAL EFFECTIVENESS UNDER THE STANDARDS	9
Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives.....	9
<i>Institutional Purposes</i>	9
<i>Integrity and Transparency</i>	10
Standard 2: Achieving Educational Objectives through Core Functions	13
<i>Teaching and Learning</i>	13
<i>Scholarship and Creative Activity</i>	18
<i>Support for Student Learning</i>	19
Student Success.....	20
Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability.....	21
<i>Faculty and Staff</i>	21
<i>Fiscal, Physical, and Information Resources</i>	23
<i>Organizational Structures and Decision-Making Processes</i>	24
Standard 4: Creating An Organization Committed to Quality Assurance, Institutional Learning, and Improvement.....	26
<i>Quality Assurance Processes</i>	26
<i>Institutional Learning and Improvement</i>	27
SECTION III – FINDINGS AND RECOMMENDATIONS FROM THE CAPACITY AND PREPARATORY REVIEW AND THE SEEKING ACCREDITATION VISIT 2 REVIEW	31
Appendix A: Credit Hour and Program Length Review	33
Appendix B: Student Complaints Review	35
Appendix C: Marketing and Recruitment Review.....	36
Appendix D: Transfer Credit Review Checklist.....	37

SECTION I – OVERVIEW AND CONTEXT

On September 8-10, 2014, a WSCUC evaluation team of four members visited Kaiser Permanente School of Allied Health Sciences (KPSAHS) of Richmond, California, for the Educational Effectiveness Review of Candidacy as scheduled. The visiting team acknowledges the gracious hospitality, openness, and cooperation extended by the campus community. Preparation and accommodations for the site visit were most appropriate and served the team well.

A. Description of the Institution and Visit

Kaiser Permanente School of Allied Health Sciences (KPSAHS) was founded in 1989 by The Permanente Medical Groups (TPMG) as a hospital-based, for-profit School of Radiology in Richmond, CA. It has operated under the current name since 2002 and moved to the current location in 2003, once granted approval to operate as a vocational school by the then California Bureau of Private Postsecondary and Vocational Education (BPPVE).

KPSAHS is part of the larger Kaiser Permanente, which is comprised of three corporate elements integrated to deliver health care: Kaiser Foundation Hospitals (KPH), a nonprofit, public benefit corporation that owns and operates hospitals in California, Oregon, and Hawaii; Kaiser Foundation Health Plans (KFHP), also nonprofit, public benefit corporations that contract with Kaiser Foundation Hospitals and medical groups to provide services; and The Permanente Medical Groups (TPMG), a for-profit entity that represents the physicians to provide medical services exclusively for KFHP. KPSAHS began in order to meet the need for skilled technologists to support the physicians in vital medical services, and thus, its placement in TPMG. Through its relationship with TPMG, the School receives its facilities, administrative oversight, and curricular and faculty support of the physicians (CFR 1.6, 3.5) in accordance with the WSCUC Policy on Related Entities.

Application for regional accreditation is motivated by its mission to develop a skilled workforce, the desire to increase the transferability of its credits, and by changing trends in the imaging fields. Health care is no longer provided solely by physicians or nurses but includes a variety of skilled positions that are often at the frontline in patient care. Moreover, the American Association of Radiologic Technologists (AART) and the Joint Review Committee on Nuclear Medicine Technology (JRCNMT), which administer the certification exams for two of the health science program offered by KPSAHS, have instituted the requirement of an associate degree to begin in 2015. Bachelor degrees in these fields are rare.

Degree and certificate offerings approved by the Bureau for Private Postsecondary Education (BPPE) include four Bachelor of Science degrees (Sonography, Radiation Therapy, Radiography, and Nuclear Medicine) and nine certificate programs; temporary approval was granted in 2007, with formal approval granted in 2011. KPSAHS currently offers three Bachelor of Science degrees (Sonography, Radiography, and Nuclear Medicine) under this WSCUC application for accreditation, and will continue to offer its certificate programs. The Bachelor of Science in Nuclear Medicine will be formally recognized by the program accrediting commission upon the School's WSCUC regional accreditation. The School operates on a quarter system and offers classes in two modes, a day program and an evening program, at the main campus in Richmond. An off-campus site in Stockton has ceased enrollment and a teach-out for the 29 degree and certificate students is in process. At the time of the visit, the 107 students enrolled in the following degree programs represented an increase of nearly 30% since the CPR visit:

- B.S. Sonography 29 (Richmond)
- B.S. Nuclear Medicine 20
- B.S. Radiography 38
- B.S. Sonography 15 (Stockton)
- B.S. Radiography 5 (Stockton)

The Richmond main campus, located at 938 Marina Way South, occupies an area that is approximately 30,000 square feet and is divided into an administrative side and an academic side. These facilities provide accommodation for classrooms, offices, library, and clinical training.

KPSAHS applied for WASC Eligibility in February 2012, and on April 12, 2012, was granted eligibility status for a period of four years. The Eligibility Panel found that all criteria were met, but noted recommendations in eight criteria for the School to consider as it moved forward to candidacy. KPSAHS quickly followed in July 2012 with a Letter of Intent to pursue candidacy and provided a response to the Panel's recommendations. The WASC staff letter of August 9, 2012, indicated compliance with all the necessary requirements and scheduled the Capacity and Preparatory Review (CPR) for spring 2013. The CPR visiting team recommended an Educational Effectiveness Review (EER) in fall 2014, which was conducted under the 2013 Standards as Seeking Accreditation Visit 2 (SAV2).

The three core programs hold program accreditation: Joint Review Committee on Education in Radiologic Technology (JRCERT), Joint Review Committee on Diagnostic Medical Sonography/Commission on Accreditation of Allied Health Education Programs (JRC-DMS/CAAHEP), Joint Review Committee on Nuclear Medicine Technology (JRCNMT), and KPSAHS most recently received affirmation of these programs in 2009, 2011, and 2013 respectively. A Compliance Audit for Candidacy status was completed as part of the Capacity and Preparatory Review and the SAV2 team verified completion of missing documents.

B. The Institution's Report: Quality and Rigor of the Review and Report

The Seeking Accreditation Visit 2 (SAV2) report prepared by KPSAHS is thorough and consistent with the model required to respond to the 2013 Standards of Accreditation to provide

evidence of preparedness for Initial Accreditation. KPSAHS systematically addressed each Standard and Criterion for Review in a concise and cohesive narrative and evidence was provided to support the compliance with the Standards. The data and documentation to support the report were available to the team on Box.com, with additional information requested by the team provided in a timely manner. The report was found to be a factual and accurate description of the institution; however, the School did not present evidence of student learning or demonstrate its ability to evaluate the results of student learning assessment and to make use of data derived from this work until the on-site visit. Work that had progressed since the completion of the report was not mentioned or referenced until requested by the team. The additional evidence provided during the visit attested to the viability of their systems and the existence of data, which strengthened KPSAHS's case for meeting the Standards.

A team of ten members of the administration, faculty, and staff led the SAV2 process at KPSAHS, engaging faculty, staff, and administration in self-review. As an organization committed to learning and improvement, KPSAHS regarded the review as an opportunity to extend its development and strengthen its sustainability, resources, and organizational structures. The team commends KPSAHS for its commitment to institutional excellence and its focus on substantive issues in the course of the self-study. KPSAHS learned much about its strengths and areas for growth through the experience.

C. Response to Issues Raised in the Capacity and Preparatory Review

To encourage its development from a vocational model of clinical education into a degree-granting institution, the CPR visiting team recommended that KPSAHS address four key areas. KPSAHS developed a five-step response to each of the four recommendations and other suggestions within the visiting team report that included 1) developing a plan of action for each area, through the Leadership Team and Faculty Committees; 2) reviewing the recommendations

and comments to ensure the 2013 Standards and CFRs were referenced; 3) meeting with the WSCUC liaison; 4) formally responding in the EER report; and 5) completing missing documentation in the Compliance Audit Checklist (see Attachment I.01 of Institutional report). The four recommendations from the Capacity visit (under the 2008 Standards) and a brief response are addressed below; a detailed response is included in this report in the appropriate corresponding section.

1. Develop broader Board expertise and oversight, particularly in the areas of finances and higher education (CFR 3.9).

KPSAHS implemented an orientation and training for both new and ongoing Board members, added one additional member to the Board of Trustees with expertise in finances, established a committee structure, and established and implemented a policy for review of the chief executive officer.

2. Deepen a faculty culture that considers the issues of faculty rank and promotion and rewards faculty scholarship, service, and creative activity (CFR 2.8, 3.3).

The initial focus of the School's response was to update or develop plans to provide faculty and staff workshops in higher education, to identify and nurture areas of scholarship and research appropriate to KPSAHS and its faculty, and to explore a modified faculty ranking system suitable for a baccalaureate-level educational institution.

3. Design a robust system of institutional research and data analysis that disaggregates data by certificate and degree program to allow faculty and administration to evaluate the degree-granting portion of their academic offerings (CFR 1.2, 2.6, 4.5).

Through purchase of CampusVue as the Student Information System, the School is able to disaggregate data; implementation is in the early stages.

4. Operationalize its well-conceived assessment plan to provide evidence of educational effectiveness and institutional improvement (CFR 2.7, 4.4).

KPSAHS continued to develop its assessment efforts by updating syllabi to include learning outcomes, developing rubrics and grading metrics, identifying capstone courses, and developing degree plans. After their initial institutional learning outcome assessment, the faculty determined a need to improve the process before continuing the next planned assessment. In addition, in May 2014, they moved to a model that refined the program learning outcomes to more closely reflect the competencies and skills appropriate for the profession. Nonetheless, the team was able to review a sample of both ILO assessment and the first program review, which were conducted in summer 2014 (see CFR 2.7 for more detail).

SECTION II – EVALUATION OF INSTITUTIONAL EFFECTIVENESS UNDER THE STANDARDS**Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives***Institutional Purposes*

KPSAHS has a clearly defined and well-understood mission. It operates within well recognized health care disciplines that exist in many other academic settings (CFR1.1). Through examination of institutional reports and interviews with multiple constituents, it is clear that the institution's identity is that of a specialized college with full academic/discipline awareness in its professional disciplines and 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 mission statement is clearly visible throughout the institution and understood by constituents.

Academic statements of purpose, including learning objectives and goals, are visible throughout the School, 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 of practitioner in its programs. Due to its specialized focus, educational objectives are very clear and easily measured. The courses, programs, and institution have very clear goals in terms of learning objectives, certification pass rates by discipline and clinical suitability as determined by supervisors (CFR 1.2). Completion is 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 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 last 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). This 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 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. They further 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, new chief operational officer, 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 and insight into health care practice regionally and nationally. The board has added an excellent new member who is focused on finance, increased its awareness of governing board best practices, and is more fully engaged in its oversight role with respect to finances, strategic planning, policy, and evaluation of the CEO. The team recommends the board formally embrace and document its evaluation of the CEO. Continued deliberate expansion of the board to include new areas of expertise is recommended. There is a high level of identification and professionalism throughout the various departments. Interviews with various department heads and review of exhibits such as bios and job descriptions support the view of a high performance, high accountability organization. There appears to be appropriate and increased (from the time of the last visit) autonomy for the school leadership, faculty and board. The CEO reports to TPMG's Human Resources Vice President as well as to the Board of Directors and finances are ultimately determined by TPMG. 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. The level of analysis applied to finances is impressive and the board has initiated an excellent dialogue and process with the TPMG CFO in this area.

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 such as the CampusVue student record management system. Student policies are well established and published. The school would benefit from a deeper and more detailed discussion of financial matters with current and future students as well as faculty who will be communicating with them about these issues. Discussions with staff indicate that financial education of students is on a short-term agenda. Accreditation will also allow for consideration of participation in Title IV funding and the institution is committed to evaluating this option. Notwithstanding this opportunity for further clarity, 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 that it is not regionally accredited at present and describes some of the consequences of not yet being

accredited. The institution has done serious long-term planning toward achieving regional accreditation, 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.) A mock visit was conducted and utilized as preparation for the visit further reflecting the seriousness of purpose around regional accreditation. The institution has shown a very high level of responsiveness to feedback from the Commission. The institution clearly sees WASC 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 WASC process in every constituency and it was very 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

Teaching and Learning

KPSAHS developed its bachelor degree programs as a natural extension of its successful certificate programs in response to related growth in professional expectations. The strength of the curriculum is confirmed by the most recent review of the various program accrediting agencies, the Radiography and Nuclear Medicine programs were granted continued accreditation for the maximum period, and the accreditation of the Sonography program, uniquely recognized at the level of a Bachelor of Science degree, is the first of its kind in California. The twenty-five years of experience in preparing skilled allied health practitioners has helped KPSAHS to design the Bachelor of Science programs to achieve educational objectives through core functions (CFR

2.1). During interviews, faculty and students both spoke of the strong commitment at KPSAHS for quality clinical education, citing authentic learning experiences and rigorous clinical competencies.

The curricular structure of the bachelor degrees is three-fold: the core certificate curriculum for each program, which varies from 91 to 139.5 quarter units, is built upon the lower division general education base of 90 quarter, or 60 semester units, plus 12 quarter units of selective upper division general education units, for a rigorous degree that totals 193-240 quarter units (CFR 2.1):

- BS Sonography- Cardiography 197 units
- BS Sonography – General 203 units
- BS Radiography 240 units
- BS Nuclear Medicine 193 units

The team noted a change in total units for the various programs since the previous visit. Faculty and staff attested that the changes were for curricular adaptations to professional needs, e.g., new technologies. Acceptance to the Bachelor of Science degree programs in Radiography and Nuclear Medicine requires the completion of an Associate of Arts or Associate of Science degree from a regionally accredited institution (CFR 2.2); admission to the Sonography program requires the equivalence of the associate degree. KPSAHS clearly list the admission requirements as prerequisite requirements on the website and in the catalog, but one could infer that the degree programs require less than other comparable programs.

In addition to the subject-specific requirements, the bachelor degrees include twelve quarter units of upper-division General Education online courses selected by review of peer institutions that would support the institutional learning outcomes (CFR 2.2a). Scientific Inquiry is required in all programs, and KPSAHS offers a choice of two from the following: Ethics: Real

Choice, Right Decisions; Cultural Diversity in the 21st Century; or Health Science Administration.

Highly qualified practitioners teach courses in the bachelors program: 11 are identified as either full-time or core faculty, and 92 are identified as adjunct faculty or preceptors. The student-faculty ratio is close to 16:1 in didactic courses, and 1:1 or 2:1 in clinical settings (CFR 2.1).

A set of seven institutional learning outcomes (ILOs) reflect the core competencies of undergraduate education (CFR 2.2a) and are achieved within the structure of the various degree program outcomes but assessed independently of program assessment:

- Independently apply ethical standards
- Demonstrate proficiency in written communication
- Interact effectively with culturally-diverse populations
- Demonstrate effective oral communication skills
- Reach well-reasoned conclusions by analyzing problems and issues
- Reason and solve quantitative problems
- Demonstrate the ability to locate and use information appropriately

The General Education program outcomes align exactly with these institutional learning outcomes and are assessed within the four general education courses. It is not clear how all outcomes are achieved by students who take the elective courses. For example, according to the “General Education Alignment of PLOs and CLOs” chart, the outcome for quantitative reasoning is assessed in the elective course, Health Services Administration. On a different chart, this assessment will occur in the Scientific Inquiry course. The School informed the team that during alignment of the General Education Learning Outcomes (GELOs) in summer 2014, “it was determined that the Quantitative Reasoning GELO lacked sufficient opportunities in the curriculum to practice this skill and to develop proficiency Additionally it was felt there were insufficient data points for triangulation of assessment data.” Consequently, the School has

identified other learning activities to support this outcome. This dynamic response to perceived need is characteristic of the School's assessment planning.

During the visit, the team learned that in May 2014, program learning outcomes for the bachelor degrees were reviewed and modified to describe six requisite professional skills; furthermore, faculty have developed rubrics to assess the outcomes. The team noted some inconsistency in the outcome statements when transferred to the scoring rubrics. Presently, courses in the individual programs are mapped to the institutional learning outcomes but not to the program outcomes. Reviews of syllabi reflect up-to-date literature and research and clear, precise learning outcomes that could be measured, but those course outcomes are not mapped to program outcomes (CFR 2.3). Outcomes are shared with instructional faculty and advisory professionals, and students reported regular and multiple feedbacks in didactic and clinical courses (CFR 2.5).

In interviews, students readily attested to the fact that expectations for attainment and achievement are clearly stated in their certificate programs (CFR 2.3). Institutional learning outcomes are clearly posted in classrooms and academic wings of the facility and referenced by faculty and staff in conversation. Students reported that faculty work diligently with them to provide support for successful learning. The importance of relationships at KPSAHS is readily apparent in the multiple ways that expectations for student achievement are shared with its community of faculty, students, staff, and stakeholders (CFR 2.4).

KPSAHS maintains a high standard for student success by requiring that students maintain a minimum of 70%, or a C average, in clinical courses. Rubrics have been designed for use in didactic courses for signature assignments in assessment of all programs' learning outcomes and for institutional assessment (CFR 2.6). The standard of success for each of the ILOs is that at least 80% of students perform at a level of 3 on a 4-point rubric (see Assessment

Manual, p. 14). In the initial ILO assessment conducted in January 2014, the School found that only “41% of students’ written communication submission met the KPSAHS benchmark for written communication” (see “Assessment of Written Communication”). During interpretation of the data, faculty identified four areas of concern other than student learning that potentially affected scores. They will address these concerns about assignment fit, norming procedures, and student use of the rubric, by conducting a second round of assessment in November 2014. Lessons learned from this assessment will be incorporated into the overall ILO assessment implementation plan.

A cohesive Program Review manual details a review process more expanded than what was previously expected for program accreditation review and self-study. The team did note that in an interim report to JRCERT, the assessment of student outcomes was requested and the same plan and model for assessment were sufficient for the program accreditation. The program review process, which follows a timeline determined by the program accrediting body, includes a self-study report, review by external auditors, a campus site visit by external auditors, and development of an action plan (CFR 2.7). A chart aligns the KPSAHS review requirements with those of each program accreditation body, so that faculty see the relationship between the two processes and identify additional areas of review, e.g., assessment of program learning outcomes. The first review under the new process was to be Nuclear Medicine in 2013 in conjunction with their program review for JRCNMT. However, the School reports that “during the process of student artifact selection it was determined the Nuclear Medicine Program Review would need to be pushed back a year, due to the development of new PLOs and the need to develop assignments to assess them.” Instead, “the Radiography Program identified current embedded assignments which could be used to assess all new PLOs, allowing a Radiography Program Review to be conducted in 2014” (see “Assessment of Program Learning Outcomes,

Radiography Program Review”). Therefore, what was presented to the team during the visit was the assessment of student learning portion of the program review for Radiography, much earlier than their scheduled review for JRCDS in 2017; the report will also include an internal reviewer and an external reviewer still to be determined.

In the assessment of program learning outcomes, faculty collected artifacts of student work from previous quarters and/or assessed student work in the clinics by observation of student practical examinations during the summer. Faculty-designed rubrics were used to assess student performance in both the didactic and clinical courses, which were scored by peer review rater teams composed of members from the Nuclear Medicine, Diagnostic Medical Sonography, and General Education faculty. An initial benchmark of “80% of students will score a 3 or higher” on the rubrics was met for the three outcomes related to clinical coursework, but not the three outcomes for communication skills, teamwork, and critical thinking. During interpretation of these data, several areas for improvement were identified and discussed by program faculty and peer faculty teams. In this initial example of program assessment, KPSAHS demonstrated a sound understanding of process, which the team expects to be demonstrated in the full program review.

Scholarship and Creative Activity

The team heard from faculty that curricular and instructional innovation are valued and supported by KPSAHS administrators. Continuing education of allied health practitioners is a common practice required by the program accreditors, and faculty are granted up to 5 days of educational time off and provided funds to attend one local, regional, and national professional conference per year; they are eligible for sabbatical after three years of service (Professional Development Policy; CFR 2.8). However, the plan does not mention activities of a more research orientation. Students and faculty alike benefit from the workshops hosted by TPMG for

medical practitioners. Students engage in a series of clinical experiences and are overseen in clinical settings by clinical practitioners in the field.

In their move to a higher education model, KPSAHS asks faculty to prepare an Individual Development Plan in conjunction with the Director of Academic Affairs to support their professional and instructional interests. Approved categories of focus include currency in field of study, enhancement of instruction activities, innovation in teaching, and employing and evaluating assessment strategies (CFR 2.9). Discussions with faculty revealed awareness for the need for participation in research, publication, and professional organizations, but no specific plans or goals were noted by the team.

Support for Student Learning

With programs devoted to professional practice, KPSAHS has focused more on admission requirements and curricular competencies than on establishing a traditional co-curricular experience. However, since the CPR visit the School consulted with an external reviewer for recommendations to expand their student services. As a result, the School has restructured the Student Services Department under a Student Services Administrator who reports to the Associate Regional School Administrator. A Registrar has been added to the department and a Career Services Coordinator position has been established, partially in response to the CPR visiting team's observation that career services, a natural strength for adult degree completion programs with a vocational background, was an area the School should explore (CFRs 2.11, 2.13), although the majority of their graduates are employed by TPMG.

KPSAHS has developed a Plan of Action for Student Services that will address debt counseling, placement in the field, assessment of student service needs, development of professional membership options for students, and development of alumni relations. In addition to endorsing those initiatives, the team recommends the School develop plans to implement other

services, such as counseling services, accommodations for disabilities, and tutoring (CFR 2.13). Developing plans for other suggestions from the external reviewer regarding data collection and reporting will strengthen the institutional research function of the School in ways that will directly and indirectly benefit students, e.g., degree plans, student records, surveys, and a fact book with information about student success (CFR 2.10). A majority of students expressed to the team in a general meeting that KPSAHS explore a student health insurance option since most are full-time students with only part-time employment during their two-year programs.

KPSAHS provides its prospective and current students with all of the information necessary for admission to the bachelor's program and for fulfilling requirements (CFR 2.2, 2.12). Information is delivered through a variety of media. Primary communication is through personal advising with program directors, who have developed a clear audit path (CFR 2.13). Additionally, students access catalog and application materials through the KPSAHS website (CFR 2.12). Transfer credit is limited to the twelve units of upper division general education coursework, and the policies are clearly presented with the program information on the website (CFR 2.14; see Appendix D).

Student Success

The mission of the Kaiser Permanente School of Allied Health Sciences ("KPSAHS") clearly guides its goals for student success: "to prepare qualified professionals for delivery of health care services, through traditional educational methods and distance learning, with a concentration on demonstrated competencies developed through clinical practice. Graduates are prepared to sit for the examinations administered by the certifying, or registering body within the applicable field of study." As indicated by the mission, the primary metrics for success are the completion and job placement rates and the qualifying exam pass rate for each program.

According to data presented annually to the BPPE, the completion rates for 2010-2013 ranged

from 80-100% for all programs but two small ones, with an increase to 90-100% in more recent years. Job placement ranged from 8-100% with a median of 75% in 2010-2011 and 44% in 2012-13. The team discovered that the information reported to BPPE is from student survey response for jobs obtained within six months after completion, although the requisite certificate is not received for 2-3 months. The School is confident that employment rates are higher, e.g., preceptors see former students employed at the clinical sites, but are limited in their reporting mechanisms. They might consider a more accurate, less regulated reporting for institutional purposes. Exam pass rates indicated a very high percentage of success, with the majority of the programs scoring 100%. Analysis of these data will be a required component of the new program review process but is not yet evident.

Traditional retention data are not an appropriate metric for the adult degree completion programs that vary in length from 12-27 months. Students are admitted after a rigorous admissions process in which one of ten are accepted, and anecdotal evidence from staff that personally assist students in exit indicates that any attrition is due to students' personal circumstances. Reports of drops/leaves of absence can be generated in CampusVue, and a number of end-of-program and graduate surveys have been recently implemented that should yield more objective data in the future.

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

Faculty and Staff

KPSAHS faculty are all professionally certified and licensed in their respective disciplines, enabling them to function appropriately for instruction in the classroom and experiential settings. The KPSAHS delivers its educational programs by four groups: 1) the on-campus faculty; 2) part-time or casual lecturers; 3) on-line faculty; and 4) over 90 clinical

preceptors. The eleven on-campus faculty are responsible for overall course development, didactic delivery, and assessment. Part-time faculty deliver lectures and presentations that augment the didactic programs. On-line faculty are those who administer the upper division general education courses, which are the only on-line courses offered in any program. Finally, preceptors provide the hands-on experiential education in off-campus hospitals and clinics throughout the region. Preceptors and faculty communicate often and effectively. Recently, program directors developed rubrics to assist the clinical faculty in evaluating the assessment clinical skills of students, a mechanism that improved consistency in grading among preceptors. The institution's Diversity and Equity Policy lists that KPSAHS will "recruit, support, and retain a student population, faculty, and staff that reflect the realities of diversity from the local and global perspective." (CFR 3.1)

As an institution focusing on quality, patient-centered medical care, KPSAHS has hired and retained highly skilled and dedicated faculty and staff to provide its educational programs. Faculty are well versed and qualified for the institutional and educational objectives as defined by the parent TPMG. Evaluation and performance assessments of faculty and staff are conducted and reported according to policies and procedures adapted from the Kaiser corporate model, which is not organized as specific expectations commonly included in educational institutions, such as service, teaching, and scholarship (CFR 3.2). Faculty reported that a faculty "culture" is emerging as the institution has more experience with the baccalaureate program, especially in interdisciplinary interaction and collaboration. However, further development of faculty activities less known to the current institution, e.g., a research culture in medical and/or pedagogical areas, would be helpful. In addition, inclusion of non-medical faculty, the general education instructors, into the faculty governance structure might provide additional maturation of the organization to a baccalaureate institution.

Expectations of instructional faculty are described in the faculty handbook (p. 14), which includes specific responsibilities in teaching/advising and service to the school. In defining scholarship and professional for faculty, however, KPSAHS is more general, recognizing the diversity in interests, talents, and strengths of individual faculty members, but expect faculty to maintain current licensure/certification in the field of study, participate in professional development, and seek professional advancement through additional training and/or degree acquisition (CFR 3.3). Faculty can seek support for personal development with Individual Development Plans through the Director of Academic Affairs. There are also General Development Plans offered by the Director of Academic Affairs, which provide all faculty with information and resources to enhance teaching and professional development as well as encourage collaboration, communication, and group support.

Fiscal, Physical, and Information Resources

According to financial statements, KPSAHS has four funding sources: tuition/fees, Kaiser Hospital Foundation, TPMG, and revenue from service charges. TPMG has reaffirmed its support of KPSAHS in its “Statement of Documentation of Support for Fiscal and Related Resources” and has committed financial and facilities resource to assure the continued operation and maturation of KPSAHS baccalaureate degree programs (CFR 3.4). KPSAHS leadership and the KPSAHS Board of Directors have made significant progress in improving the financial administration, analysis, and budgeting processes with the addition of a new CFO and a new Board of Directors member with financial expertise. Team members were impressed with the depth of analysis and careful oversight that these additions have made on the institution.

KPSAHS has a large and accessible information resource network, available to students through access to the KP library network and holdings (CFR 3.5). Students and faculty have online access, not only through the KPSAHS facilities in Richmond, but also through any of the

36 KP facilities located throughout the northern and southern regions of California. KPSAHS has a dedicated, full-time librarian who has been on the Richmond campus since 2010, providing assistance to faculty and students in their educational programs, as well as instructing in the upper-division general education program. KPSAHS created its own learning content management system by combining two open-source software platforms, *Moodle* and *Drupal*. Faculty and students expressed strong satisfaction of the library and information resources available to them. Concerning student information management, the team noted that several administrative officials, including those in student services, financial administration, and institutional research felt that the *CampusVue* student information system has made tremendous improvements. Students expressed an increasingly improved information system, allowing them to access their academic records and progress.

Organizational Structures and Decision-Making Processes

Without exception, the team noted a high degree of integrity and effectiveness by KPSAHS administration and leadership as evidenced by annual review documents and interviews of faculty and staff. An atmosphere of mutual respect and cooperation exists in the administration, faculty, and staff. (CFR 3.6)

KPSAHS has a clear and 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 chief executive officer (CEO), the Regional School Administrator, oversees all operations of the school and has a dual reporting responsibility to the independent KPSAHS Board of Directors and TPMG Vice President for Human Resources (CFR 3.8). This arrangement works well for the organizational structure and mission to assure that continuity exists between the parent TPMG and the School. A full-time CFO dedicated to KPSAHS

oversees financial affairs and works closely with the Board and CEO. Recently, the Associate Administrator of the School (i.e., Chief Academic Officer) departed the institution; the vacated position is currently filled with an effective interim appointment until a permanent replacement has been identified. The institution has indicated that they consider this replacement as an opportunity to enhance the expertise at the school in higher education with an appointment of an individual having that background. At the program level, academic programs are administered by full-time faculty in collaboration with Assistant Medical Directors to assure clinical quality.

An independent Board of Directors for the school was established in April 2012 and became operational with an elected chair in July 2012 (CFR 3.9). The current Board has nine members, with five members not otherwise affiliated with Kaiser. The newest addition to the Board member in October 2013 provided additional expertise in financial and higher education, adding to the already impressive credentials of the Board.

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). The Senate operates under well-defined bylaws, and according to the faculty handbook, is composed of all individuals who have primary academic responsibilities and are employed at least part-time, including those who have titles of faculty, educator, or program director. The Chief Academic Officer is an *ex officio* voting member. From discussions, faculty senate leaders indicated that part-time and on-line instructors are not currently members of the Senate.

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

The School has designed "...quality assurance processes in both academic and non-academic areas, including new curriculum and program approval processes, periodic program review, assessment of student learning, and other forms of ongoing evaluation" (CFR 4.1). Policies for student evaluation of faculty are regularly implemented. Data collection for the ILOs has begun and the results of operationalizing the assessment program underway. The Program Review Manual describes a very complete plan appropriate for this stage of development. Production schedules for assessments have been developed and production has started. The Assessment Program Learning Outcomes for the Radiography Program was conducted and reviewed on August 22. PLOs were identified, measurements made and benchmarks applied.

The team found a consistent, knowledgeable, deep commitment to creating and sustaining a culture of inquiry and evidence in the appropriate functions at all levels of the institution. Through TPMG, KPSAHS has access to deep data resources related to workforce development in the allied health sciences, which serves to guide its program development and enrollment planning. Assessment of student learning through institutional and program level assessment is new, and KPSAHS appointed a Director of Assessment/Institutional Research in October 2012 (CFR 4.2). The current director, Bert Christenson, who came from the ranks of the program is an MBA candidate (completion date December 2013), has studiously attended multiple WSCUC workshops and is a graduate of the Assessment Leadership Academy. Interviews with the Director showed an in-depth familiarity with available demographic data and the curriculum. Because the Director of Assessment is also Director of upper division General

Education, he has extensive familiarity with the changes associated with the transition to the Bachelor's program. He appears confident in his role and was able to answer the questions asked and provide evidence for his responses. He was very engaged in WSCUC review process and found it of great benefit to furthering development goals of the program (called the process "eye opening").

Institutional Learning and Improvement

Leadership is identified first as the Board and TPMG thus creating a "top down" orientation of KPSAHS from an external perspective. The administrative layer (Dr. Darryl Jones, Medical Director; Mr. James Fitzgibbon, CEO; Kristina Lopez, Associate Administrator and Interim Dean of Academic Affairs) is well described and fits the needs for the young school to develop (CFR 4.3). Faculty interviews revealed the opportunities for leadership training while some faculty attend and participate in professional meetings. From interviews, it appears that everyone is abreast of quality issues in the imaging field, making possible data-driven decisions about the curriculum and clinical experiences. There is a strong connection between the various stakeholders (Board members, faculty, preceptors, and practice sites) in the Kaiser Permanente system. The practice sites provide an evidence-basis for the design of curriculum and practice activities. It is good to see that preceptors are included as part of KPSAHS. A gradual change with the new structure will be handing over decisions about admissions standards, curriculum, academic standards, and graduation standards to the faculty. There is a heavy flow of informal assessment of the program through the clinical practice in which the program is embedded. This information flow is another important feature that keeps the program vital and up to date, reported to the team in many areas of inquiry.

The Assessment Plan, which is very well conceived and includes the linkage between assessment activities and planning, incorporates qualitative data as well (CFR 4.3). Assessment

plans have been implemented on a schedule and the first round of results (for Radiology for full cycle) has been analyzed and reported. Faculty are fully involved with the Assessment Plan and are using reports to modify teaching.

The KPSAHS organizational commitment to learning and improvement is well reflected in the faculty, and the preceptors are well engaged with quality assurance and overall improvement/updating curriculum and program (CFR 4.4). This orientation is in part driven by programmatic accreditation. Preceptors have workshops in training issues for which they may receive continuing education credit. Preceptors supervise other technologists involved in the training and have structured supervision for the training component of their work.

KPSAHS offers a keen self-awareness that inquiry processes and assessment responsibilities will fall to the faculty and administration in a “bottom up” fashion (CFR 4.4). They have done a systematic cross walk between programmatic accreditation (in all three program areas) compared to WASC, and have identified points of similarities and distinctions. Plans are underway to automat much of this process that will make current multiple reporting more seamless and efficient. Programmatic certification is moving in the same direction (e.g., more communication skills, more professionalism training), that is, there is a convergence of accreditation processes, that KPSAHS is monitoring. Assessment of student performance by preceptors is highly structured and responsive to need for change/improvement, as reported by group of preceptors to the team.

With data collected and analyzed for the formal assessment plan, assessment of the effectiveness of education programs has begun (CFR 4.4). The School reflects an understanding that past assessments have been based on KP evaluation protocols, and newly implemented assessments are based on the KPSAHS Assessment Plan. This assessment plan adds the evaluation of the new required skills identified by the program (e.g., communications, ethics)

that their other programmatic accreditation systems were not prepared to evaluate. The response views the ability to transition to a School-based assessment program in a positive light citing the KP-oriented past reports as a “rich underpinning.”

During the visits, the team met with multiple stakeholder groups, including alumni, employers, practitioners, students, and the Board. It is a unique situation that many stakeholders continue to be connected to KPSAHS as faculty and preceptors. Stakeholders appear to be actively engaged in continuous quality improvement using the longitudinal performance of KPSAHS students and graduates from matriculation to classroom performance to clinical rotation performance to performance on certification exams to performance in the work place (CFR 4.5); longitudinal assessment is possible since many of the training sites are in the KP system and many students are employed by KP after graduation. Student opinion of organization commitment to learning and improvement is very high, as reflected in the meeting the student body. Student felt confident with their skills, one student saying, “I feel over prepared for the licensure exam!”

KPSAHS presented evidence to suggest a high level of involvement in planning and reflection at all levels (CFR 4.6) and is reflected in many processes of the school and by instructors and managers. The board is actively engaged in the strategic planning process. Interviews and minutes attest that faculty committees are involved in planning and evaluation. Core functions have been in place for the technical part of the curriculum and planning for upper division General Education coursework is well underway. Recognition of the importance of a full complement of student services is apparent, though students perceive that job placement services are weak. The Operations Plan and Academic Plan are integral parts of the strategic planning process according to the COO.

Through its relationship with TPMG, the School has available workforce planning data for administration and program consideration (CFR 4.7). In the past, planning has been informed by the data utilized in program accreditation, which has been predominantly quantitative. KPSAHS leadership has a deep understanding of the dynamics that determine numbers of students the program can carry, for example, the rate limiting step for training slots is determined by the number of clinical training positions available, both inside and outside of KP. Despite this alignment of school and employer, job placement can be difficult for some students in the current era. The general direction of the organizational commitment to learning and improvement reflects the needs for the future work force skills. Those needs require technologists to more directly involve in relations with patients and in communication with other professional (in particular physicians who may be remote). Organizational learning and improvement, e.g., learning objectives around communication, professionalism, has been developed in these areas to address these emerging skill set requirements. All aspect of organizational learning and improvement are tied to KP focus on patient centered outcomes.

KPSAHS recognizes the need to decrease dependence on TPMG and to have planning processes shift to the School (CFR 4.7). The faculty will have much more responsibility and independence in the new structure. The fact that KPSAHS is embedded in clinical practice (TPMG and KP) is an important feature of the program that ensures both the quality of the training and maintained of state-of-the-act practices. This positive feature distinguishes the school from many other similar institutions. TPMG will continue to financially subsidize the KPSAHS programs should be seen not as dependency but as another link that keeps helps the program maintain its high standards. Further, KPSAHS is committed to keeping student debt at a reasonable level by charging affordable tuition (despite recent increase in tuition and few options for student loans). TPMG's rationale for continued subsidization is based on future

workforce projections that document the continued demand for imaging personnel with high quality training. Without the KPSAHS program, TPMG is not confident that critical personnel positions can be filled. Further self-study has revealed to KPSAHS their position relative to other similar training programs relative to tuition, assistants them in planning efforts.

SECTION III – FINDINGS AND RECOMMENDATIONS FROM THE CAPACITY AND PREPARATORY REVIEW AND THE SEEKING ACCREDITATION VISIT 2 REVIEW

KPSAHS has operated for more than two decades as an educational institution within the allied health field, which established a strong basis for vocational training. In their transition to a clinical education, degree-granting institution, they have built upon their experience and success to design a set of institutional learning outcomes and assessment processes appropriate for undergraduate education (CFR 1.2, 2.2a, 2.3, 2.7). Still to be developed more fully is a faculty culture characterized by standard practices and scholarly expectations (CFR 2.8, 2.9, 3.2). Promising practices of assessment and institutional research should augment its historically strong quantitative data base (CFR 4.1, 4.2, 4.3, 4.4).

KPSAHS is commended for dedication to its mission of developing qualified health care professionals and for a consistent, knowledgeable, deep commitment to creating and sustaining a culture of inquiry and evidence. Since the last visit, the team observed improvement in the following areas:

- institution-wide culture of improvement
- student records and services
- data driven culture
- connectivity to evolving health care environment
- connection to Kaiser's focus on patient outcomes
- financial analysis of performance and education
- development of the board as a strategic entity
- hiring of the new regional administrator to lead non-academic areas

To further support its development from a vocational model of clinical education into a degree-granting institution, the team recommends that KPSAHS address the following:

1. The Board and CEO should continue their development and strategic oversight of the college. Board has not fully owned evaluation of the school administrator and should do so by formalizing and documenting its own process and decision. Additional members should be considered selectively with consideration of higher education expertise as a next step (CFR 3.9, 4.6).
2. A faculty culture should be more fully developed. This would include faculty ranking, implementation of research expectation, and participation in professional organizations (CFR 2.6, 3.2).
3. KPSAHS has developed a Plan of Action for Student Services that will address debt counseling, placement in the field, assessment of student service needs, development of professional membership options for students, and development of alumni relations. In addition to endorsing those initiatives, the team recommends the School develop plans to implement other services, such as counseling services, accommodations for disabilities, and tutoring (CFR 1.6, 2.13, 3.4, 4.7).
4. Continue to operationalize its well-conceived assessment plan and program review process by including more robust data analysis providing evidence of educational effectiveness and institutional improvement (CFR 1.2, 2.7, 4.4).

APPENDIX A: CREDIT HOUR AND PROGRAM LENGTH REVIEW

Institution: Kaiser Permanente School of Allied Health Sciences

Date: September 10, 2014

Overview:

Under federal regulations, WASC is required to demonstrate that it monitors the institution's credit hour policy and processes as well as the lengths of its programs.

Credit hour is defined by the Department of Education as follows:

A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

- (1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- (2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

Program length may be seen as one of several measures of quality and as a proxy measure for scope of the objectives of degrees or credentials offered. Traditionally offered degree programs are generally approximately 120 semester credit hours for a bachelor's degree, and 30 semester credit hours for a master's degree; there is greater variation at the doctoral level depending on the type of program. For programs offered in non-traditional formats, for which program length is not a relevant and/or reliable quality measure, reviewers should ensure that available information clearly defines desired program outcomes and graduation requirements, that institutions are ensuring that program outcomes are achieved, and that there is a reasonable correlation between the scope of these outcomes and requirements and those typically found in traditionally offered degrees or programs tied to program length.

A completed copy of this form should be appended to the team report. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings, Commendations, and Recommendations section of the team report.

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
	Where is the policy located? Student catalog
	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 type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution adhere to this procedure? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
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 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? 4
	What kind of courses (online or hybrid or both)? Online
	What degree level(s)? BA
	What discipline(s)? 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 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? 2
	What kinds of courses? Clinical
	What degree level(s)? BA
	What discipline(s)? Sonography and Radiography
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample program information (catalog, website, or other program materials)	How many programs were reviewed? 2
	What kinds of programs were reviewed? Sonography and Radiography
	What degree level(s)? BA
	What discipline(s)? Sonography and Radiography
	Does this material show that the programs offered at the institution are of a generally acceptable length? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Comments:

Rev 9/2013

APPENDIX B: STUDENT COMPLAINTS REVIEW

Institution: Kaiser Permanent School of Allied Health Sciences

Date: September 10, 2014

A completed copy of this form should be appended to the team report. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)	Verified Yes/No
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints?	YES
	Is the policy or procedure easily accessible? Where?	YES
	Comments: Student Catalog	
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? Please describe briefly: Form is available for students to complete and turn in leading to review and resolution of the complaint.	YES
	Does the institution adhere to this procedure?	YES
	Comments:	
Records	Does the institution maintain records of student complaints? Where?	YES
	Does the institution have an effective way of tracking and monitoring student complaints over time? Please describe briefly: The regional administrator keeps track of the binder with complaints and monitors resolution of complaints.	
	Comments:	

Rev 9/2013

APPENDIX C: MARKETING AND RECRUITMENT REVIEW

Institution: Kaiser Permanente School of Allied Health Sciences

Date: September 8, 2014

A completed copy of this form should be appended to the team report. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.	Verified Yes/No
*Federal regulations	Does the institution follow federal regulations on recruiting students?	Yes
	Comments: The institution recruits students through customary means, with no incentives or rewards of recruitment personnel based solely on augmented enrollments.	
Degree completion and cost	Does the institution provide accurate information about the typical length of time to degree?	Yes
	Does the institution provide accurate information about the overall cost of the degree?	Yes
	Comments: Clear information in KPSAHS Student Information brochures, presentations, and website. Financial information is available from a link off the main KPSAHS web page.	
Careers and employment	Does the institution provide accurate information about the kinds of jobs for which its graduates are qualified, as applicable?	Yes
	Does the institution provide accurate information about the employment of its graduates, as applicable?	Yes
	Comments: Student information packets and website offer clear descriptions of the fields of specialization in understandable, layman language.	

*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.

8/2013

APPENDIX D: TRANSFER CREDIT REVIEW CHECKLIST

Institution: Kaiser Permanente School of Allied Health Sciences

Date: September 8, 2014

A completed copy of this form should be appended to the team report. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.	Verified Yes/No
Transfer Credit Policy (s)	Does the institution have a policy or formal procedure for reviewing and receiving transfer credit?	yes
	Is the policy publicly available? If so, where? Student catalog	Yes
	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?	yes
	Comments: comparability, applicability, equivalency For admission purposes only: Minimum grade of C For academic credit: upper division GE, minimum grade of C	

*§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 WSCUC Senior College and University Commission’s Transfer of Credit Policy.