

KPSAHS WASC  
Self Evaluation Report for  
Candidacy

February 2013

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## **Introduction to KPSAHS Self Evaluation Review (SER) for Candidacy**

### **KPSAHS History**

2014 will mark a quarter century in education for the Kaiser Permanente School of Allied Health Sciences (KPSAHS). KPSAHS is part of the larger Kaiser Permanente, which is comprised of three corporate elements integrated to deliver health care. Although the three components are integrated each entity has a different role in the total health care delivery, specifically:

- **Kaiser Foundation Hospitals (KFH)** is a nonprofit, public benefit corporation that owns and operates community hospitals in California, Oregon, and Hawaii. The corporation owns outpatient facilities in several states, and provides or arranges hospital services, while sponsoring charitable, educational, and research activities.
- **Kaiser Foundation Health Plans (KFHP)** are nonprofit, public benefit corporations that contract with Kaiser Foundation Hospitals and medical groups to provide services.
- **(The) Permanente Medical Groups (TPMG)** are partnerships or professional corporations of physicians, represented nationally by The Permanente Federation, which contract exclusively with the Kaiser Foundation Health Plans to provide or arrange medical services for members and patients. TPMG is a for-profit entity.

These three components of the Kaiser Permanente structure share a mission, vision, strategy, and priorities that are in alignment with the mission and vision of Kaiser Permanente School of Allied Health (KPSAHS).

KPSAHS was initially established under the auspices of The Permanente Medical Group (TPMG) in 1989 as a hospital-based, for-profit, School of Radiology, accredited by the Joint Committee on Education in Radiologic Technology (JRCERT). For this reason, the School assumes the same for-profit corporate structure as its parent entity. It is important to note that KPSAHS has not operated as the traditional for-profit institution, accountable for bringing in the number of students for profit rather than through workforce planning, nor with a tuition/fee structure, that covers the cost of operation and makes a profit. Instead, the TPMG “parent” has supported the School from its inception through the present time, and has signed a commitment of support through 2014, ensuring the School – while electing to qualify for regional accreditation with WASC – is not dependent on securing Title IV funds, a primary reason for for-profit institutions to seek this recognition.

Initially, the benefit of supporting an institution that would prepare appropriately qualified graduated students to enter the much needed work-force, was to insure the quality of operation and the sufficiency of skilled allied health professionals in the field of study; this successful symbiotic relationship allowed TPMG to meet a portion of its elected commitment to improve the health of members and the community being served. This relationship contributes to the quality of the curriculum and instruction through oversight direction from member physicians in the fields of study.

Through this relationship with TPMG, the School benefits from multiple resources that include: Medical Director and Assistant Medical Director oversight and direction; facilities and the professional expertise of preceptors to address the clinical components of the curricula and medical centers clinical sites in which students can acquire and demonstrate the clinical skills required in their profession(s); coordination and qualification for programmatic accreditation with each of the three Core programs (Sonography, Radiography, Nuclear Medicine); and the fiscal, physical and human resources as recognized under the WASC Related Entity Policy.

The first campus was located at 1025 MacDonald Avenue in Richmond, CA, and was developed to meet the demands of radiologic technologist shortages and provide community outreach and vocational training.

In response to the needs of Kaiser Permanente, and regulatory changes, advanced certificate programs in mammography, fluoroscopy, and venipuncture were developed in 1995, followed by phlebotomy in 2003. In 2000 a Diagnostic Medical Sonography program was developed and implemented, with a Nuclear Medicine Technology certificate program following in 2002.

With the growth in enrollment, the School relocated to 325 Harbour Way in Richmond. The name of the School was formally changed to Kaiser Permanente School of Allied Health Sciences (KPSAHS) to reflect a changing program mix and long term strategic plans.

In 2003 the School relocated to its present location at 938 Marina Way South in Richmond, CA to accommodate further student enrollment growth. In the same year, KPSAHS was granted approval to operate as a vocational school by the California Bureau of Private Post-Secondary and Vocational Education (BPPVE). A phlebotomy certificate program was also developed and implemented that year. In 2004 a Radiation Therapy Program was developed and implemented, with an Electroneurodiagnostic Technology certificate program following in 2008, and the Cardiac Sonography program was officially recognized in 2010.

Following recognition as a private postsecondary institution in California, the School was granted temporary approval for degree-granting recognition by the Bureau for Private Postsecondary Education (BPPE) in 2007. In April 2011 formal approval status granted effective through March 6, 2016.

The School began enrollment in degree programs the fall of 2011, with enrollment in the Bachelor of Science program in Sonography, followed by Nuclear Medicine in 2012. Also in 2011 KPSAHS established a branch location in Stockton at 612 East Magnolia Street, Stockton, CA 95202 and began delivering instruction in educational programs. The first degree enrollment was in Sonography.

### **Transition to Degree-Granting: Frame of Reference**

When the Kaiser Permanente School of Allied Health Sciences (KPSAHS) began the process of exploring Eligibility for WASC accreditation in February 2011, it engaged in a very extensive process of “Gap Analysis”. It assessed its current operation as a School, evaluated where it fell short of meeting eligibility as determined by both the 23 Eligibility Criteria, and where it needed to qualify for the Two Core Commitments of Capacity and Effectiveness. This review and assessment effectively paralleled the WASC “Preliminary Self Review”.

KPSAHS submitted an Application for Eligibility in February 2012, and hosted a call with the Eligibility Review Panel (ERP) in April 2012. The Panel deemed the School as Eligible, and identified eight areas to address in concert with its Self Study. The School had an excellent record and resources to include, and not limited to:

- A positive history of documenting outcomes relative to retention, graduation, licensure/certification, and employment in the field of study;
- Fiscal support from the “related entity” of The Permanente Medical Group (TPMG);
- Clinical facilities, preceptors, and site to address all required needs for enrolled students;
- A long and successful history of providing allied health care instruction, with programmatic accreditation in its primary and Core programs; and
- Rigorous and selective admission requirements, to allow selection of the most-appropriately qualified students to fill spaces defined by availability of clinical sites and in concert with Workforce projections of need in the field.

What it needed, however, in moving forward in preparation for Candidacy/Initial Accreditation was the following:

- Delivery of instruction at the degree level.

Eligibility Criteria 1, 3, 7, 8, 9, 11, 13, 16, 22

This translated into WASC Standard and CFR expectations of 1.1, 1.2, 2.1, 2.2, 2.3, and all CFR’s that relate to learning achievements/outcomes and assessment at the degree level.

Although the School has state degree-granting authority, the decision was made to engage the Core program programmatic accreditors, JRCERT, JRC-DMS/CAAHEP, and JRCNMT in discussion to: 1) notify them of the school intent to begin offering the Bachelor of Science degree programs in the subject areas, as supplement to the program-approved Certificates; and 2) to inquire as to the process to secure recognition for the degree-level program of instruction as well. Student enrollment in the Bachelor of Science completion programs began in February 2012.



- General Education coursework, philosophy, delivery, and assessment of outcomes.

Eligibility Criteria of 13, minimally, and extending into all degree and assessment-related CFR's in Standards II and IV.

The School had never previously offered coursework in General Education, although it did review and "qualify" appropriate lower division general education satisfying program prerequisites. With fully engaged faculty, decisions were made as to the upper division complement of coursework to initially accept in transfer, progressing to development and delivery of coursework by the School itself.

- Establishing the KPSAHS Board of Directors.

Eligibility Criteria 2, 4, 23, and Standards/CFR's of 1.3, 3.5, 3.8, 3.9, 3.10, 3.11, 4.1, 4.6, 4.8.

Moving from a vocational institution providing educational services, to an institution of higher education, required a major shift of paradigm; it also meant a full-scale process of education and orientation with all involved entities for a full appreciation of this transition. The value was never questioned. Securing regional accreditation, for outside validation of the quality of the entire educational experience, to benefit the students for enhanced recognition of their educational accomplishment and to provide greater assurance that their degree would be recognized toward future academic goals, was a major incentive.

The Board of Directors became "reality" with the first meeting of April 2012, with a public member Chair assuming that role/responsibility with the July 2012 meeting; three of the Public Members of the Board are also practicing clinicians in administrative roles in regionally-accredited institutions, providing an "external stakeholder" perspective.

- Enhancement of the Administrative Structure

Eligibility Criteria 3, 4, 5, 6 expanding to Standards/CFR's of 1.3, 1.5, 3.1, 3.8, 4.6.

The combination of two major actions, expanding into degree-granting status, and moving forward proactively to secure WASC accreditation, required a critical assessment of additional resources to be acquired. The School took action to: 1) engage a qualified librarian to assist with information literacy needs and address expectations; 2) employ an Associate Director of Finance to address needs specific to the School; 3) expand Student Services to bring aboard a dedicated-Student Service administrator identified as a member of the Leadership Team; and 4) add a 1.0 Director of Assessment and Institutional Research, with responsibility to work with Program Directors and instructional faculty on establishing outcomes at all levels, develop and implement tools of assessment, and initiate the process of formalized Program Review.

- Establish Student Services as a recognized component of the KPSAHS Administration.

Eligibility Criterion 15, Standards /CFR's 1.3, 2.3, 2.10, 2.11, 2.12, 2.13, 2.13

Establishing an additional component of the Administrative structure for the School was a major move forward. Although the majority of student support functions were in place, the identification of this component as a critical part of administration/management separate from Academic Affairs, was a culture shift. The new Student Services Administrator assumed her responsibility effective April 2012.

- Policies and Procedures Appropriate for an Institution of Higher Learning.

Eligibility Criteria 4, 11, 12, 16, 17, 20, 21, 22, and Standards/CFR's 1.1, 1.4, 1.5, 1.7, 3.1 and coordination with Academic Affairs for many CFR's of Standard 4.

Although the School operated formally with many policies and practices expected in higher education, this shift to qualify for regional accreditation has required a review from this changed perspective.

### **Summation and Affirmation of Present and Future Status**

Kaiser Permanente School of Allied Health Sciences has made major strides to move from a vocational institution of instruction, to a degree-granting institution with WASC recognition. The School has also demonstrated it has the capacity to maintain this momentum.

As the School prepared its Self Study of review and qualification for candidacy, commitments made with the April 2012 Letter of Intent were reviewed from a different perspective, with the understanding that resources and actions relating to Administrative Capacity, Student Services, and Institutional Evaluation/Assessment of Student Learning, require ongoing attention. For all of the above referenced criteria, there is growing recognition of the need and expectation of critical resources to develop, support, and deliver programs in an effective way to address and confirm acquisition of learning outcomes. While KPSAHS has generous resources in almost every respect, it has not previously had the need for specific, dedicated, and uniquely qualified individuals to address assessment, institutional research, and to populate the full complement of services needed for Student Services support; nor has it before directed concrete institutional and strategic planning to the School, operating as an institution of higher learning. Within the body of the Self Study Standards, these evidences of growth and growing awareness are addressed.

### **Degree Level History**

Through February 2011, KPSAHS operated only with programs in the field of Allied Health Sciences at the levels of certificates and short-term instruction, although the School has had state regulatory agency approval to offer degrees since 2007. In 2011 with formation of the Bureau for Private Postsecondary Education (BPPE) migration of that approval status changed from “Temporary” to “Approval to Grant” through the expiration date of March 6, 2016.

The School Leadership Team decision was made to phase-in the degree programs, at the level of the Bachelor of Science completion program in Core subject areas of Sonography, Radiography, and Nuclear Medicine, as this degree-level was granted recognition by the relevant programmatic accreditors.

Chronology of this recognition process was as follows:

- October 2011, the Joint Review Committee on Diagnostic Medical Sonography (JRC-DMS)/CAAHEP confirmed programmatic accreditation recognition for the bachelor’s program. This was the first Bachelor of Science in Sonography recognized by this accreditor in the State of California.
- December 2011, following Faculty Senate review of the proposed process to begin Bachelor of Science program enrollment, to include development of the application, enrollment agreement, catalog copy detail, and an orientation and education to the process, the program was offered to currently enrolled students in the subject of Sonography.
- January 2012 Enrollment for the Bachelor of Science in Sonography began.
- July 2012 the program accreditor for Radiography, the Joint Review Committee on Education in Radiologic Technology (JCERT), approved an Application for Substantive Change, opening the door for program enrollment to begin April 2013.
- July 2012, the program accreditor for Nuclear Medicine, JRCNMT, confirmed the School could enroll in the program, and would grant accreditation recognition to the Bachelor of Science when KPSAHS receives WASC candidacy.
- August 2012, the program accreditor for Radiography, JRCERT, confirmed approval for the School to enroll students in the Bachelor completion program.

KPSAHS anticipates significant enrollment in the degree programs, based on evidence of student interest, workforce projections, and the fact that the majority of students seeking application to the Certificate-level programs in Core, often have already completed a bachelor’s level degree from a regionally accredited institution and have expressed interest in the Bachelor of Science level degree in these subjects. Enrollment is projected in the Bachelor of Science programs in the same numbers as those seeking enrollment to Certificate programs as the School makes progress toward acquiring regional accreditation. Detail on projected enrollment is presented with the KPSAHS Strategic Plan Update.

### **Standard 1. Defining Institutional Purposes and Ensuring Educational Objectives:**

*The institution defines its purposes and establishes educational objectives aligned with its purposes and character. It has a clear and conscious sense of its essential values and character, its distinctive elements, its place in the higher educational community and its relationship to society at large. Through its purposes and educational objectives, the institution dedicates itself to higher learning, the search for truth, and the dissemination of knowledge. The institution functions with integrity and autonomy.*

#### **CFR 1.1**

*The institution's formally approved statements of purpose and operational practices are appropriate for an institution of higher education and clearly define its essential values and character.*

*Guidelines: The institution has a published mission statement that clearly describes its purposes. The institution's purposes fall within recognized academic areas and/or disciplines, or are subject to peer review within the framework of generally recognized academic disciplines or areas of practice.*

The mission, vision, and purposes of the School are all the result of the history of operation in concert with The Permanente Medical Group (TPMG), which has its foundation in an understanding, appreciation, and delivery of effective health care, coupled with the social consciousness of the community being served. (Attachment: CFR 1.1.01 KPSAHS Mission).

Since the inception of operation as a School in 1989, Kaiser Permanente School of Allied Health Sciences has offered academic programs and administrative support consistent with its stated purpose. Consistency of its operation and integrity are confirmed with the fact that all programs offered are in the arena of allied health sciences, and that each of the Core Programs recognized for degree approval, to include Sonography, Radiography, and Nuclear Medicine, has acquired programmatic accreditation – testament to the integrity and alignment of its purpose.

The School Catalog and the website include the Statement of Mission and the Institutional Learning Outcomes (ILOs) were created, then modified when the School began its quest to secure WASC accreditation. (Attachment: CFR 1.1.02 KPAHS Mission on Website). Since that time, under direction of the Accreditation Liaison Officer (ALO), the mission is reviewed on an annual basis by the Faculty Senate, Program Directors, and the Board of Directors.

Visible demonstration to educate and orient all staff, students, and visitors to the mission for the School is addressed through KPSAHS posters representing our goals to achieve WASC accreditation and the relationship between that goal and the School mission. (Attachment CFR 1.1.04)

This mission is also understood and consistently represented to outside agencies such as the California Bureau for Private Postsecondary Education (BPPE) and the programmatic accrediting commissions of the School programs. The Board of Directors has reviewed and approved the mission in concert with its responsibilities. (Attachment: CFR 1.1.03 KPSAHS Board Review of Mission). The Board also reviewed the Candidacy Self-Study Narratives and made comments and recommendations as applicable.

Through this process of regular review and assessment from a variety of different perspectives, the School affirms the clear sense of relevant institutional purpose throughout its community and uses this purpose to inform and direct all strategic planning, faculty involvement, and assessment strategies.

#### **CFR 1.1 Attachments**

[Attachment: CFR 1.1.01 KPSAHS Mission](#)

[Attachment: CFR 1.1.02 KPSAHS Mission on Website](#)

[Attachment: CFR 1.1.03 KPSAHS Board Review of Mission](#)

[Attachment: CFR 1.1.04 KPSAHS Poster Examples](#)

#### **CFR 1.2**

*Educational objectives are clearly recognized throughout the institution and are consistent with stated purposes. The institution develops indicators for the achievement of its purposes and educational objectives at the institutional, program, and course levels. The institution has a system of measuring student achievement, in terms of retention, completion, and student learning. The institution makes public data on student achievement at the institutional and degree level, in a manner determined by the institution.*

The ILOs for the School were developed by School Program Directors and faculty, and then approved by the Faculty Senate in concert with the WASC Application for Candidacy. The process used was: 1) initial and comprehensive review of all coursework for each degree program, updating and modifying the prior statements of course objectives to reflect the expectation of outcomes; 2) course outcomes were then rolled up to ensure they were in concert with Program Objectives, and the previously stated Program Objectives were updated and transitioned into statements of Program Outcomes; 3) Program Outcomes were reviewed to establish the parallels and alignments that existed, which became the Institutional Learning Outcomes (ILOs). This process ensured consistency of approach, validated the programmatic accreditation at each level of the review, and engaged all program faculty very early in the regional accreditation process. Finally, the Faculty Senate met to review and confirm ILOs, which were then presented to the Board of Directors.

Institutional and Program Learning Outcomes (ILOs – PLOs) are clearly identified in the School Catalog and on the website. Course learning outcomes (CLOs) are detailed within the course syllabi. (Attachment: CFR 1.2.01 KPSAHS Catalog ILOs; Attachment: CFR 1.2.02 KPSAHS PLOs on Website; CFR 1.2.03 KPSAHS Syllabus Example with CLOs).

ILOs and PLOs for each degree program have now also been presented to the relevant program accreditors. With initial enrollment of and delivery in degree programs, the School also created appropriate Learning Outcomes (LOs) for general education.

And, in concert with the WASC ERP Recommendation to integrate the clinical preceptors into the review and assessment process, the example of clinical adjunct training and integration of this population into the curricular review process is supported with Attachment: CFR 1.2.05a

General education at a lower division level is required as a prerequisite and an admission requirement. Students qualifying for admission to the Bachelor of Science program have already completed all lower division general education coursework corresponding to that coursework as required of students completing a two-year degree as required by the California State University system.

At the upper division level, LOs were developed for GE coursework accepted in transfer, with the process anticipating the need for curriculum mapping of learning outcomes at all levels. Validation of outcomes in the core competencies for general education is required, as well as alignment with those competencies within program subject coursework. Protocols for each step of the assessment loop are reflected in the Program Review Handbook and Assessment Manual. (Attachment: CFR 1.2.04 KPSAHS Map Aligning ILOs and PLOs; Attachment CFR 1.2.05 KPSAHS Faculty Review of ILO's, PLO's and CLO's).

The KPSAHS Newsletter presented the extensive preparation and progress required to qualify for WASC, while also keeping TPMG current on the status of progress toward this objective. School administration, staff, faculty, and students have also been informed of progress on a bi-monthly basis through this form of media. (CFR 1.2.06 KPSAHS Newsletter).

KPSAHS has a long history of program assessment as required by the program accreditors, and an equally long history of success in meeting these expectations (Attachment: CFR 1.2.07 Assessment Example - Outcomes). The School also reports program accomplishment to the State regulatory body, the BPPE, relative to program enrollment, completion, and employment in the field of study. (Attachment: CFR 1.2.08 BPPE School Performance Report). The attachment represents the outcomes history of the certificate programs, but the expectation is that the degree program outcomes will parallel this information. The School Performance Fact Sheet, documenting student retention, graduation, and employment in the field of study by program, is made available to new students upon enrollment, and is displayed on the School website.

Additionally, the School surveys students at the end of each course and with completion of the programs of study, to determine student satisfaction and to secure recommendations for change. (Attachment: CFR 1.2.09 Student Survey).

To date, assessment has been at the program level of the certificate, but current assessments and outcomes history are also applicable to degree programs. The degree completion program is the certificate program with the addition of upper division general education coursework, and learning outcomes appropriate for completion of the upper division segment of the bachelor's degree.

Assessment and integration of general education coursework into the program is new. Initially, general education assessment used modified rubrics from the Association of American Colleges and Universities (AAC&U), and then faculty developed its own rubrics for GE review, with the assistance of a workshop presented at the School by the WASC ALA representative, Mary Allen. (Attachment: CFR 1.2.10 Curriculum Mapping Rubrics).

In concert with the KPSAHS decision to secure regional accreditation, a number of additional assessment practices have been implemented. With programmatic accreditation in all degree subjects, assessment of outcomes, especially those related to documentation of program completion, certification/licensure, and employment in the field of study, has been standard. The newly implemented assessment efforts have been curriculum mapping and benchmarking for Student Learning Outcomes (SLOs) beyond those required with program accreditors.

With these newly implemented efforts, rubrics are being utilized at all levels, to include the application of rubrics for general education integration of the five competencies of written and oral communication, quantitative analysis, critical thinking, and information literacy. Rubrics are also now in use for program review and program learning outcomes.

Assisting with the review process, Program Advisory Boards are of particular benefit to our School and programs. They are unique to each program of study, comprised of Assistant Medical Directors (AMDs), Program Directors and instructional faculty, clinical preceptors, and students. The history of these Board meetings detail the assessment and input from professionals in the field of study that provide an ongoing awareness of changes in the field.

#### CFR 1.2 Attachments

[Attachment: CFR 1.2.01 KPSAHS Catalog ILOs](#)

[Attachment: CFR 1.2.02 KPSAHS PLOs on Website](#)

[Attachment: CFR 1.2.03 KPSAHS Syllabus with CLOs](#)

[Attachment: CFR 1.2.04 KPSAHS Map Aligning ILOs and PLOs](#)

[Attachment: CFR 1.2.05 KPSAHS Faculty Review of ILOs and PLO](#)

[Attachment: CFR 1.2.05a Clinical Preceptor Review of LO's](#)

[Attachment: CFR 1.2.06 KPSAHS Newsletter](#)

[Attachment: CFR 1.2.07 JRCERT Assessment Example – Outcomes](#)

[Attachment: CFR 1.2.08 BPPE School Performance Fact Sheet – by Program](#)

[Attachment: CFR 1.2.09 Student Survey Response](#)

[Attachment: CFR 1.2.10 Curriculum Mapping Rubric](#)

[Attachment: CFR 1.2.13 Permits and Certificates on the Web](#)

#### **CFR 1.3**

*For The institution's leadership creates and sustains a leadership system at all levels that is marked by high performance, appropriate responsibility, and accountability.*

The School benefits from the Medical Director oversight and direction of Dr. Darryl Jones. Dr. Jones is a professional medically-qualified clinician, who provides administrative and directional expertise for the allied health fields of study for the School. He also sits on the KPSAHS Board of Directors.

As initially reported to WASC, the Kaiser School of Allied Health Sciences operates under the WASC-recognized policy of "Related Entity". The Permanente Medical Group (TPMG) is the corporate-affiliate of the larger Kaiser Permanente operation that is "physician-based" and operated; it was in the context of this physician-based segment of Kaiser Permanente that the School was founded.

At the inception of the school, TPMG mandated that oversight and responsibility for the school be “physician-directed” in keeping with its charge. Discharge of this responsibility historically is reflected in the role and relationship between the KPSAHS Medical Director, Dr. Jones, who functions analogous to a “Chancellor” role in a more traditional setting, aligned with the more administrative arm of the school. (Attachment: CFR 1.3.06 Medical Director Bio and Job Description).

Dr. Jones, a clinician in his own right, has direct responsibility for the Assistant Medical Directors of the School, each of whom is a clinically-qualified physician. These Assistant Medical Directors work in a collegial capacity with the Program Directors of the three Core programs (Sonography, Radiography, and Nuclear Medicine) for which the school has degree authority.

The benefit to the School of this physician-led curricula and oversight, is the availability of medical expertise ensuring programs offered and delivered are aligned with the needs of the medical community, that the programs are eligible for and maintain program accreditation, and that clinical oversight and access to the necessary clinical resources of the School programs are appropriate and available.

Discharge of responsibilities by the Assistant Medical Directors (AMDs) is evidenced by the ongoing relationship the school maintains with its programmatic accreditors, validation of appropriate curricula and learning outcomes, and the role of the AMDs in contributing to the recommendation and selection of program candidates through the admission process. These AMDs are also the “physicians-in-charge” for change or modification to the programs they represent. (Attachment: CFR 1.3.06a. Assistant Medical Director Job Description).

At the more administrative level, KPSAHS has an excellent leadership team which has been strengthened in anticipation of seeking WASC accreditation. Changes that have occurred over the past two years are reflected in the Organizational Chart that tracks changes over this period of time. In summary, over two years ago the School employed the services of a qualified librarian, who has become fully integrated into school functions. She works with Program Directors and instructional faculty in assessing additional resources of benefit to students, engages the faculty in assessing curricular support needs, and works in concert with the Director of Training in development of additional coursework.

Since initiating the process to secure WASC accreditation, the School has added additional critical positions to the Leadership Team: the Associate Director of Finance, the Student Services Administrator, and one position within Academic Affairs, the Director of Assessment and Institutional Research. At the present time, the School is also recruiting to fill a Senior Financial Analyst role that will report to the Associate Director of Finance. (Attachment: CFR 1.3.01 KPSAHS Organization Chart; Attachment 1.3.02 Updated Organization Chart; Attachment 1.3.03 Summary of Organization Changes; Attachment : CFR 1.3.12 Director of Assessment- Institutional Research Job Description; Attachment: CFR 1.3.13 Bert Christensen, Director of Assessment and Institutional Research – Resume; Attachment: CFR 1.3.14 Job Description – Senior Financial Analyst

The Leadership Team has appropriate academic and experiential backgrounds, and both the CEO (Regional Administrator) and CAO (Director of Academic Affairs) are graduates of the 2012 WASC Academic Leadership Academy (ALA). All members of administration and faculty have participated in WASC-related Conferences and Workshops to support development of the WASC Self study. (Attachment 1.3.10 WASC Committees; Attachment 1.3.11 WASC Committee Meeting Minutes Examples).

The CEO, James Fitzgibbon, and CFO, Mary McDonald, have liaison responsibility to TPMG. This ongoing communication with the larger corporate entity is instrumental in establishing and maintaining the linkage for purposes of Institutional and Strategic Planning, as well as securing commitments of resources that support and enrich the School (Attachment 1.3.04 KPSAHS Leadership Bios; Attachment 1.3.05 KPSAHS Leadership Job Descriptions).

Because the School operates under provision of the WASC “Related Entity” Policy, the CEO’s job performance evaluation occurs jointly with both TPMG and the KPSAHS Board of Directors. The extensive performance review addresses goal setting, measures of accountability, and effective communications. The Performance Review is conducted initially by TPMG, and then forwarded to the Board of Directors. Each entity, TPMG and the Board, has dual-responsibility in the review process, with the BOD retaining the authority to recommend reassignment for the individual in that position. (Attachment: CFR 1.3.09 – Recent CEO Performance Review).

The KPSAHS Board of Directors comes from a range of academic and experiential backgrounds that complement the School Mission and Learning Outcomes at all levels. This Board was established in direct response to the School decision to qualify for

WASC accreditation, and the School has taken great care to establish a primary Board sensitive to and appreciative of, the needs of the general community, the student population, and the programs of study (Attachment 1.3.07 Board of Directors Bios). While the Leadership Team has responsibility for review and evaluation of all positions within its individual components of responsibility, the majority-independent Board of Directors reviews and evaluates the performance of the CEO, with the authority to hire and replace this individual. (Attachment 1.3.08 Job Performance Evaluation Policy and Documents for the CEO).

#### CFR 1.3 Attachments

[Attachment: CFR 1.3.01 KPSAHS Organization Chart](#)

[Attachment: CFR 1.3.02 KPSAHS Updated Organization Chart](#)

[Attachment: CFR 1.3.04 KPSAHS Leadership Team Bios](#)

[Attachment: CFR 1.3.05 KPSAHS Leadership Job Descriptions](#)

[Attachment: CFR 1.3.06 KPSAHS Medical Director Bio and Job Description](#)

[Attachment: CFR 1.3.06a. Assistant Medical Director Job Description](#)

[Attachment: CFR 1.3.07 Board of Director Bio's](#)

[Attachment: CFR 1.3.08 Job Performance Policy and Process for the CEO](#)

[Attachment: CFR 1.3.09 Recent Review for the CEO](#)

[Attachment: CFR 1.3.10 WASC Committees](#)

[Attachment: CFR 1.3.11 WASC Committee Meeting Minutes](#)

[Attachment: CFR 1.3.12 Director of Assessment and Institutional Research Job Description](#)

[Attachment: CFR 1.3.13 Bert Christensen, Director of Assessment and Institutional Research – Resume](#)

[Attachment: CFR 1.3.14 Job Description – Senior Financial Analyst](#)

#### **CFR 1.4**

*The institution publicly states its commitment to academic freedom for faculty, staff, and students, and acts accordingly. This commitment affirms that those in the academy are free to share their convictions and responsible conclusions with their colleagues and students in their teaching and in their writing.*

*Guidelines: The institution has published or has readily available policies on academic freedom. For those institutions that strive to instill specific beliefs and world-views, policies clearly state how these views are implemented and ensure these conditions are consistent with academic freedom. Due process procedures are disseminated, demonstrating that faculty and students are protected in their quest for truth.*

The School Statement of Academic Freedom was developed and implemented by the Faculty Senate, then approved by the Board of Directors. The due-process procedures for ensuring this policy is effectively enacted and supported by TPMG. At the time of faculty job performance evaluation, on an annual basis, the statement of Academic Freedom is again reviewed by program faculty. This statement is included in the KPSAHS Administrative Policies Manual and Faculty Handbook, and is made available to all faculty and staff upon hire. The School prides itself on providing a learning environment that exhibits a high standard of integrity and that contributes to learning (Attachment: CFR 1.4.01 Academic Freedom Statement; Attachment: CFR 1.4.02 Grievance and Due-Process Policy).

The Statement on Academic Freedom is included on the School website and is discussed with school employees at the time of hire. As an example of the operational aspect of the Policy on Academic Freedom, faculty are encouraged to attend classes and conferences for professional development, and to bring back to the School setting, new or diverse ideas for program development, review, and implementation; one purpose of these efforts is to ensure they are prepared to professionally address and support policies and practices appropriate to higher education, and to support and defend positions they may take. The Statement of Policy on both Academic Freedom and policy on Grievance and Due-Process was revised to ensure compliance with expectations of WASC.

#### CFR 1.4 Attachments

[Attachment: CFR 1.4.01 Academic Freedom Statement](#)  
[Attachment: CFR 1.4.02 Grievance and Due-Process Policy](#)

### **CFR 1.5**

*Consistent with its purposes and character, the institution demonstrates an appropriate response to the increasing diversity in society through its policies, its educational and co-curricular programs, and its administrative and organizational practices.*

*Guidelines: The institution has demonstrated institutional commitment to the principles enunciated in the WASC Statement on Diversity.*

The academic programs at KPSAHS are all within the subject-areas of allied health sciences. Programmatic accreditation in these fields of study requires an adherence to very rigorous admission requirements and prerequisites to better ensure the probability that admitted and enrolled students are capable of meeting requirements leading to retention, program completion, ability to pass the examinations for licensure/certificate, and to secure employment in the field of study. However, the School is able to demonstrate recognition of diversity as reflected in program coursework and an outcome relating to patient care from the perspectives of age, gender, disability, ethnicity, sexual orientation, religious affiliation, and language, and this perspective is a part of the core curriculum of each program.

As addressed by KPSAHS faculty, the general education at the School provides students with the expectation of Student Learning Outcomes that demonstrate the integration of knowledge that transcends and complements the subject-specific discipline of each Bachelor of Science degree. The faculty-directed General Education Committee elected to additionally address the issue of diversity by identifying an upper division general education course option in that subject, [GE 803 Cultural Diversity in the 21<sup>st</sup> Century](#).

As stated in the document [General Education Philosophy \(Attachment: CFR 1.5.01\)](#), the Student Learning Outcomes (SLOs) for the General Education segment of each program include the diverse fields of study that enable students to make intellectually honest and ethical decisions reflecting a knowledge of and respect for diverse people, ideas, and cultures. Such breadth of education also cultivates skills critical to student success in academic, personal and professional and community endeavors both within and beyond the school.

The recognition and appreciation for the benefit of diverse perspectives in the School setting also requires respect for the value each individual contributes to the whole, and in this way, independent of cultural, ethnic, religious, or gender differences, expectations for addressing outcomes are consistently applied. (Attachment: CFR 1.5.02)

The composition of the KPSAHS Leadership Team and instructional faculty is also reflective of diversity relative to cultural, ethnic, and gender distinctions. From this foundation, there is an inherent respect and appreciation for the variety of student populations and experiences.

Students and staff are invited to attend conferences, events, and participate in professional societies for diversity, such as the Asian-American, African-American, Latino, and Women's Conferences, to ensure their understanding and appreciation for the value of diversity, and in demonstration of KPSAHS/TPMG support.

#### CFR 1.5 Attachments

[Attachment: CFR 1.5.01 General Education Philosophy](#)  
[Attachment: CFR 1.5.02 KPSAHS Diversity Statement](#)  
[Attachment: CFR 1.5.03 KPSAHS Summary Data Form](#)

### **CFR 1.6**

*Even when supported by or affiliated with political, corporate, or religious organizations, the institution has education as its primary purpose and operates as an academic institution with appropriate autonomy.*



*Guidelines: The institution has no history of interference in substantive decisions or educational functions by political, religious, corporate or other external bodies outside the institution's own governance arrangements.*

KPSAHS qualified for WASC eligibility in concert with the WASC Policy on "Related Entities"; TPMG has been a for-profit, California-based corporation since 1983. KPSAHS has existed since 1989, and for the entirety of its operation to date, all fiscal responsibilities for school operation have been addressed and met by TPMG.

The School has operated with fiscal support from its inception, as evidenced by the pledge from Gerald Bajada, Vice President TPMG Financial Services, to underwrite and support the institution through commitment of fiscal, physical, and human resources. This support has embraced all operative policies for an institution of higher education, and this support and resources are consistent with expectations for programmatic accreditation. This commitment has been made separate and independent of expectations to achieve regional accreditation. (Attachment 1.6.08 TPMG Commitment of Support)

There has never been a history of interference in substantive decisions or educational functions by political, religious, corporate or other external bodies from outside the institution's own governance arrangements. The creation and implementation of an independent Board of Directors, with primary membership separate and independent from both the School and TPMG, was formed to provide for direction and leadership from an independent body. Attachment: CFR 1.6.01 Policy on "Related Entities", Attachment 1.6.02 Signature Statement of "Related Entity". Attachment CFR 1.6.03 Governing Board By-Laws.

Contrary to any history of interference from TPMG, the role and relationship between KPSAHS and TPMG has been a very positive factor in the success of the School operation. Examples to support this statement include the history of securing both TPMG and non-TPMG clinical sites to support delivery of the educational programs, establishment of branch operations in non-TPMG facilities, and the TPMG Statement of Commitment. KPSAHS functions separately from TPMG with regard to curricular and programmatic decisions, as represented in the following examples:

#### Radiation Therapy

In 2011 the Radiation Therapy Program initiated its annual application and interview process for class selection. Applications were received, prospective students were interviewed, and a class was selected. Prior to course commencement, it was determined by reviewing data provided by graduates, in professionals' journals, and by workforce planning results, that the job opportunities in Radiation Therapy were extremely limited. Based on this data, the CEO, Director of Academic Affairs, and the Board of Directors, elected to suspend enrollment in the program. This decision was to be reviewed annually until such time as the School confirmed there was sufficient market to either enroll students or terminate the program.

#### Cardiac Concentration in Diagnostic Medical Sonography

In 2010 the Diagnostic Medical Sonography program director determined a need to implement a Cardiac concentration in the program. This decision was based on data received from the Bureau of Labor Statistics which indicated an 18% increase in the need for Medical Sonographers specifically. The decision was made also based on information on the number of Cardiac Sonography programs located in the State of California; of the two programs identified, neither was in northern California. The data demonstrated a need to construct and implement a Cardiac concentration. The decision was proposed by the Program Director, and approved by the CEO, Director of Academic Affairs, and the Board of Directors.

Delivery of allied health programs requiring clinical sites in sufficient numbers for student enrollment is incredibly problematic if sufficient sites are not available. The KPSAHS/TPMG relationship has provided ready access to these critically-important sites, as well as including access to professionally qualified preceptors to assist in program delivery, oversight in the field with qualified medical practitioners, and the investment of clinical preceptor to serve in an advisory capacity with each of the Program Directors. Non-TPMG clinical sites are also available based in large part on the positive and exemplary history and reputation of Kaiser in the medical and health-related field. (Attachment: CFR 1.6.04 Listing of Clinical Sites and Affiliates).

The KPSAHS opportunity to develop a branch-site facility in Stockton is also a tribute to the positive image of KPSAHS and TPMG in the community. California State University, Stanislaus, opened the door to KPSAHS to join in coordination of the CSUS facility serving the Stockton community. (Attachment: CFR 1.6.05 BPPE Approval of Branch location; Attachment: CFR

1.6.06 CSUS/TPMG/KPSAHS MOU). Delivery of instruction from this additional physical site provides an opportunity for access to instructional programs that had not been available to an under-served community.

Finally, classrooms and laboratory settings are equipped to reflect industry trends and standards, as recommended and in use by Kaiser and non-Kaiser clinical sites alike. (Attachment: CFR 1.6.07 Stockton Facility Detail).

#### CFR 1.6 Attachments

- [Attachment: CFR 1.6.01 Policy on “Related Entities”](#)
- [Attachment: CFR 1.6.02 Signature Statement of “Related Entity”](#)
- [Attachment: CFR 1.6.03 Governing Board By-Laws](#)
- [Attachment: CFR 1.6.04 Listing of Clinical Sites and Affiliates](#)
- [Attachment: CFR 1.6.05 BPPE Approval of Branch location](#)
- [Attachment: CFR 1.6.06 CSUS/TPMG/KPSAHS MOU](#)
- [Attachment: CFR 1.6.07 Stockton Facility Detail](#)
- [Attachment: CFR 1.6.08 TPMG Commitment of Support](#)

#### **CFR 1.7**

*The institution truthfully represents its academic goals, programs, and services to students and to the larger public; demonstrates that its academic programs can be completed in a timely fashion and treats students fairly and equitably through established policies and procedures addressing student conduct, grievances, and human subjects in research and refunds.*

*Guidelines: The institution has published or readily- available policies on student grievances and complaints, refunds, etc. and have no history of adverse findings against it with respect to violation of these policies. Records of student complaints are maintained for a six-year period. The institution clearly defines and distinguishes between the different types of credits it offers and between degree and non-degree credit, and accurately identifies the type and meaning of the credit awarded in its transcripts. The institution has published or readily-available grievance procedures for faculty and staff. The institution’s policy on grading and student evaluation is clearly stated, and provides opportunity for appeal as needed.*

#### Academic Goals, Programs, and Services

KPSAHS distinguishes between its degree and non-degree programs, and has clearly delineated its learning outcomes at the level of the Institution, and the academic degree programs and courses. (Exhibit: KPSAHS Catalog and Degree Supplement and on website at [www.kpsahs.org](http://www.kpsahs.org)). To qualify for WASC Eligibility, the School initiated degree programs at the Bachelor of Science-completion level in three program subjects that are Core to the School – Sonography, Radiography, and Nuclear Medicine. Having already secured approval from the state regulatory agency, the Bureau for Private Postsecondary Education (BPPE), the School then worked to gain recognition of these programs with each of its programmatic accreditors. Attachment: CFR 1.7.02 Programmatic Accreditation Recognition of the BS.

The School did not begin enrolling students in degree programs until all program accreditors were notified, to ensure a full disclosure of program status to students.

In concert with these processes for recognition and validation of quality, Program Directors and instructional faculty through Faculty Committees and the Faculty Senate, developed, reviewed, and then approved learning outcomes at the level of the Institution, the Program, and Courses. Documentation of transparency and consistency with integration of Learning Outcomes (LOs) in all aspects of the School, include learning outcome expectations in the application for admission, the application process through orientation and frequently asked questions (FAQ’s), and in course syllabi.

Prior to enrolling students from the general population of students, initial enrollment in degree programs was made available as an option to students completing certificate programs in the same program subjects; this provided an opportunity to “test out” the process by which student orientation of the option was presented, evaluation of transfer credit for upper division general education coursework could be effected, and a full range of “frequently asked questions” could be scripted to ensure students received full

and comprehensive information on their options. The School was not concerned with the quantity of students; it wanted to establish the quality of operation. Attachment: CFR 1.7.07 Orientation Handout.

#### Program Completion

Both the state regulatory agency (BPPE) and the program accreditors have expectations regarding timely program completion. The policy for Satisfactory Academic Progress (SAP) is assessed consistently throughout each program of enrollment to confirm students are making expected and required progress relative to course completion, attendance, and earned grades, and to complete programs in the prescribed time. These same entities have expectations related to completion and graduation of the program(s), which are consistently satisfied.

One outside variable applicable to the Bachelor of Science option is that the School does not yet provide all coursework to satisfy requirements for upper division general education. Effective in late fall 2012, the first of these upper division GE courses, GE 801 Scientific Inquiry became available; until that time, all three required courses for a credit value of 12 quarter credits were completed through transfer credit either simultaneous with program subject completion or after program-subject completion. Certificate programs have been completed within an 18 month period with almost no exception, which supports the expectation degree programs will be completed in a timely manner as well. By Fall 2013, KPSAHS will offer all four upper division GE courses from which selection can be made: GE 801 Scientific Inquiry; GE 802 Ethics: Real Choice, Right Decisions; GE 803 Cultural Diversity in the 21<sup>st</sup> Century; and GE 804 Health Services Administration.

The history of program completion based on certificate programs, is very positive, as recognized with program accreditation reports. The Bachelor of Science degree is expected to be completed within an 18-24 month period, with provision for one additional year for completion of upper division general education requirements. With the School making the upper division GE options available through an online modality, the SAP policy will be assessed for possible adjustment. (Attachment: CFR 1.7.01 Program Accreditation Example of Outcomes; Attachment: CFR 1.2.08 BPPE School Performance Fact Sheet Example).

#### Policies and Procedures

The School has policies and procedures to address expectations for student conduct, grievances and refunds. Because there is no instruction for graduate programs, a policy does not exist for human study research.

The School Catalog includes policies on student conduct, grievances, tuition refunds, the types of credits awarded and accepted, grading and appeal processes (Attachment: CFR 1.7.03 Catalog Polices). There have been no adverse findings against the School with respect to a violation of these policies. Examples of transfer credit awarded can also be confirmed with review of the KPSAHS transcript and through review of student files and the policy statement in the catalog. (Attachment: CFR 1.7.04 Sample Transcript).

#### CFR 1.7 Attachments

[Attachment: CFR 1.7.02 Programmatic accreditation recognition of the BS](#)

[Attachment: CFR 1.7.03 KPSAHS Catalog Policy Statements](#)

[Attachment: CFR 1.7.04 KPSAHS Transcript](#)

[Attachment: CFR 1.7.07 KPSAHS New Student Orientation Example](#)

[Exhibit I KPSAHS Catalog](#)

#### **CFR 1.8**

*The institution exhibits integrity in its operations as demonstrated by the implementation of appropriate policies, sound business practices, timely and fair responses to complaints and grievances, and regular evaluation of its performance in these areas. The institution's finances are regularly audited by external agencies.*

KPSAHS has a commitment to implementation of appropriate policies, sound business practices, timely and fair responses to complaints and grievances, and regular evaluation of its performance in these areas. This commitment is evidenced by virtue of the facts that: 1) no regulatory agency or accrediting body has raised any question or concern about the integrity of its operation; 2) there have been no issues raised by faculty, staff, or students concerning any complaint, grievance, or performance evaluation.

The Permanente Medical Group, Inc. (TPMG) is the parent company for KPSAHS. TPMG has provided confirmation that the TPMG financial statements are audited annually. Additionally, in WASC's Eligibility Action Letter dated April 27, 2012 under Criterion 19 – Financial Accountability, WASC acknowledges that it is outside of their jurisdiction to require and evaluate the financial status of TPMG. Instead, WASC will look at the School's financial information which includes the funding stream from TPMG.

A log is maintained of Complaints and Grievances, with documentation of resolution.

#### CFR 1.8 Attachments

[Attachment 1.8.02 Fiscal Forecast Spreadsheet](#)

#### **CFR1.9**

*The institution is committed to honest and open communication with the Accrediting Commission, to undertaking the accreditation review process with seriousness and candor, to informing the Commission promptly of any matter that could materially affect the accreditation status of the institution, and to abiding by Commission policies and procedures, including all substantive change policies.*

KPSAHS submitted its Board-signed Stipulation Letter with the Application for Eligibility (Attachment: CFR 1.9.01 KPSAHS Board Stipulation Letter), committing to support and uphold expectations of the WASC accreditation standards, to inform the Commission promptly of any matter that could materially affect the accreditation status of the institution, and to abide by Commission policies and procedures, including all substantive change policies.

One approach to ensuring that the School maintains constant awareness of the requirements and expectations of WASC is the ongoing involvement of the Leadership Team and commitment of administration, staff, and faculty to support the involvement of the KPSAHS community at all levels, with WASC, with the following examples: 1) The School Accreditation Liaison Office is the School Director of Academic Affairs; 2) Leadership Team members along with Program Directors have participated actively in WASC-directed conferences and workshop from 2011 forward; 3) Both the CEO and ALO/Director of Academic Affairs completed the 2012 Accreditation Leadership Academy; 4) The School has active engagement with a WASC-knowledgeable consultant who serves in the role of Accreditation Coordinator; 5) The Letter of Intent actively addressed the Eligibility Review Panel (ERP) recommendations; and 6) Both the TPMG community and the Board of Directors receive regular periodic updates on progress toward accreditation goals.

#### CFR 1.9 Attachments

[Attachment: CFR 1.9.01 KPSAHS Board Stipulation Letter](#)

## **Standard 2. Achieving Educational Objectives Through Core Functions**

*The institution achieves its institutional purposes and attains its educational objectives through the core functions of teaching and learning, scholarship and creative activity, and support for student learning and success.*

*It demonstrates that these core functions are performed effectively and that they support one another in the Institution's efforts to attain educational effectiveness.*

### **CFR 2.1**

*The institution's educational programs are appropriate in content, standards, and nomenclature for the degree level awarded, regardless of mode of delivery, and are staffed by sufficient numbers of faculty qualified for the type and level of curriculum offered.*

*Guidelines: The content, length, and standards of the institution's academic programs conform to recognized disciplinary or professional standards and are subject to peer review.*

KPSAHS Bachelor of Science degrees are modeled after the Core programs in the same subjects of Imaging: Radiography, Nuclear Medicine, and Sonography. Curriculum is established in these allied health programs by the program accreditors, JRCERT, CAAHEP, JRCEDMS, and JRCNMT. With outcomes validation in the form of retention, graduation, and licensure/certification in the fields of study, attention can focus on clinical assignments and instruction delivery. These same program accreditors have confirmed no curricular changes are required with the transition from certificate to degree program status, save the addition of general education. General education expectations are satisfied at the lower division level with admission requirements and prerequisites, and at the upper division level with coursework in subjects as established by the General Education faculty committee. Initially the upper division coursework was accepted in transfer.

Initially, upper division general education coursework was accepted in transfer from regionally accredited schools, with coursework completed at the upper division level selected from the subject-areas of: Scientific Inquiry, required of all students and two remaining courses from the options of Ethics, Cultural Diversity and Health Science Administration. The GE Committee reviewed general education options from other regionally accredited institutions, offering programs in Allied Health, to confirm the appropriateness of the options selected. Schools reviewed included Charles Drew University, University of Nevada – Reno, Weber University, and CSU Stanislaus.

These 12 quarter credits were selected from transfer-credit options, until such time as the School would deliver coursework under its own auspices. The first of these General Education courses to be delivered by the School, Scientific Inquiry, became available to students beginning October 2012, with the course in Ethics offered in January 2013, and the remaining courses to follow within this same year. Effective with Fall 2013, KPSAHS will provide its own coursework, with two courses required from the following options GE 802 Ethics: Real Choice, Right Decisions; GE 803 Cultural Diversity in the 21<sup>st</sup> Century; and GE 804 Health Science Administration.

Program Advisory Committees, which included the Assistant Medical Directors of each program, clinical preceptors, and students, also verified that the Core-curricula in the subject is appropriate for the level at which the program is delivered.

Prior to development and delivery of the Bachelor of Science option for students, no coursework was accepted in transfer from outside of the School to satisfy program requirements. With inception of the Bachelor of Science option, the School was also required to establish a policy and implementation processes for review and award of transfer credit for upper division general education courses.

Degree program offerings also introduced an awareness of the basic competencies of general education, which had been assumed before, but not clearly articulated. This growing awareness of the expectation of general education competencies was acquired through administration/faculty participation in WASC workshops, and participation in the Accreditation Leadership Academy.

Through WASC workshops, evaluation and study of best practices in award of degrees, and with increased education in the fields of assessment of outcomes and expectations of basic competencies, the School experienced a major transition.

Not only was curriculum mapping of these general education competencies (written and oral communication, quantitative skills, critical thinking, and information literacy) learned and applied, but the language and a tangible assessment of the competencies was introduced.

The rigorous standards of admission, used in the context of Core certificate programs in the fields of study, were applied initially because they were required by program accreditors, and those prerequisite courses formed the background of skills to promote student success. Moving into degree granting and toward regional accreditation, has put form, substance, and concrete understanding of “core competencies” throughout the body of the program subject. These “competencies” are now mapped and validated, with the understanding of why they’re important.

Finally, KPSAHS has been fortunate – again with program accreditation expectations and requirements – to have the body of individuals as instructors who are qualified both academically and experientially in the fields in which they teach. The School Medical Director and Medical Advisors in each subject also provide the professional “eyes” to understand the significance of the appropriate curricula, in the correct sequence, reinforced by the clinical practices overseen by qualified preceptors.

Final validation of the programs and the instruction are reinforced by students who are retained in their programs of study, who successfully graduate, and who pass certification and/or licensure at rates that exceed the program accreditation benchmarks.

#### CFR 2.1 Attachments

[Attachment: CFR 2.01.01 KPSAHS Faculty Qualifications](#)

[Attachment: CFR 2.01.02 KPSAHS Faculty Matrix](#)

[Exhibit 2 Program Review Manual](#)

#### **CFR 2.2**

*All degrees—undergraduate and graduate—awarded by the institution are clearly defined in terms of entry-level requirements and in terms of levels of student achievement necessary for graduation that represent more than simply an accumulation of courses or credits.*

*Guidelines: Competencies required for graduation are reflected in course syllabi for both General Education and the major.*

The KPSAHS Degree Supplement Catalog clearly identifies admission requirements for each of the degree programs. Because these programs are degree-completion, and build from the previously and still offered Core certificate programs, admission requirements are very stringent. Program prerequisites required by the program accreditors apply, as does the need for coursework to be completed with above minimum grade point requirements, and with coursework completed at schools with regional accreditation. All requirements for admission are clearly communicated to the prospective student through catalog, website detail, with School-directed information sessions, and – with admission – through orientation, enrollment, and degree audit checklists.

Faculty are involved in the process of establishing and monitoring admission requirements, through the KPSAHS Leadership Team. The Program Director, Assistant Medical Directors, and instructional faculty are all engaged in a final interview and selection process, before admission is offered.

Competencies for successful coursework completion for both program courses and general education coursework are established through student learning outcomes expectations at the level of the Institution (ILOs), the program (PLOs), and courses (CLOs). These competencies supplement the required grade point average for program completion and are monitored through both didactic and clinical courses. Program syllabi establish outcome expectations, and at the point of enrollment in a course, the student is aware of the purpose of a course in a program, the outcomes to be acquired with completion of that course, and the relationship between the expectations of the School for a successful graduate with ILOs, and program completion itself.

Attachments in the form of course syllabi confirm outcomes are clearly communicated, curriculum mapping (expected with program accreditation as well as by WASC), confirms the significance of the course and sequence, and grading rubrics establish how the instructors expectation is satisfied by the student accomplishment in any given course.

CFR 2.2 Attachments

[Attachment: CFR 2.02.01 KPSAHS Sample Degree Audit](#)

[Attachment: CFR 2.02.03 KPSAHS Program Curriculum Map](#)

**CFR 2.2a**

*Baccalaureate programs engage students in an integrated course of study of sufficient breadth and depth to prepare them for work, citizenship, and a fulfilling life. These programs also ensure the development of core learning abilities and competencies including, but not limited to, college-level written and oral communication; college-level quantitative skills; information literacy; and the habit of critical analysis of data and argument. In addition, baccalaureate programs actively foster an understanding of diversity; civic responsibility; the ability to work with others; and the capability to engage in lifelong learning. Baccalaureate programs also ensure breadth for all students in the areas of cultural and aesthetic, social and political, as well as scientific and technical knowledge expected of educated persons in this society. Finally, students are required to engage in an in-depth, focused, and sustained program of study as part of their baccalaureate programs.*

*Guidelines: The institution has a program of General Education that is integrated throughout the curriculum, including at the upper division level, consisting of a minimum of 45 semester units (or the equivalent), together with significant study in depth in a given area of knowledge (typically described in terms of a major).*

The Bachelor of Science completion programs for KPSAHS require satisfaction of lower division coursework for general education, comparable to a two-year degree, and this coursework is supplemented by prerequisite course expectations (many of these prerequisites are general education in nature), that must come from schools with regional accreditation, and must be completed with an above average grade point.

By virtue of satisfying admission requirements for the KPSAHS degree programs, students enter the School with completed lower division coursework, satisfying California State University general education requirements (a-e pattern), and are then monitored through curriculum mapping for integration of the general education competencies (college-level written and oral communication, college-level quantitative skills, information literacy, and the habit of critical analysis of data and argument) within the program of study. In addition, twelve quarter credits of upper division general education, as established by the faculty-directed General Education Committee and Program Director for General Education (NOTE: Program Director for GE has now been advanced to the role of Director of Assessment and Institutional Research), must be completed to satisfy graduation requirements.

This upper division general education coursework, transferred from a school with regional accreditation, or completed at KPSAHS, is selected from the following course options: Scientific Inquiry required of all students, with options of two remaining courses from Ethics, Cultural Diversity and/or Health Services Administration.

Inherent in the programs of study as required by programmatic accreditors, coursework is verified with program learning outcomes that includes an understanding of diversity, civic responsibility, the ability to work with others, and the capability to engage in lifelong learning. Attachment: CFR 2.02.a.02 KPSAHS General Education Program Description.

In moving the School forward as degree-granting, faculty were actively engaged in reviewing a wide-range of WASC-accredited schools offering programs of study in Allied Health, to determine appropriate and applicable general education coursework at the upper division level. This review and study has been instrumental for the faculty General Education Committee in establishing and recommending an appropriate KPSAHS General Education Philosophy, determining GE coursework in subjects appropriate to support and enhance the subject-matter courses, and in proposing the number of credits appropriate to fulfill the upper division general education expectations.

See Attachment: CFR 2.02.a.03-05 for KPSAHS General Education Integrative Learning Maps for each degree program, demonstrating the integration of the GE core competencies throughout the degree program curriculum.

Attached also find the General Education Curriculum Maps, demonstrating the integration of GE core competencies throughout the required GE courses in degree program, and the levels of maturation of these competencies, from Introduced, through Applied, to Mastered. (Attachment: CFR 2.02.a.06 KPSAHS GE Curriculum Maps).

CFR 2.2a Attachments

[Attachment: CFR 2.02.a.02 KPSAHS General Education Program Description](#)

[Attachment: CFR 2.02.a.06 KPSAHS GE Curriculum Maps](#)

**CFR 2.2b**

*Graduate programs are consistent with the purpose and character of their institutions; are in keeping with the expectations of their respective disciplines and professions; and are described through nomenclature that is appropriate to the several levels of graduate and professional degrees offered. Graduate curricula are visibly structured to include active involvement with the literature of the field and ongoing student engagement in research and/or appropriate high-level professional practice and training experiences. Additionally, admission criteria to graduate programs normally include a baccalaureate degree in an appropriate undergraduate program.*

*Guidelines: Institutions offering graduate-level programs employ at least one full-time faculty member for each graduate degree program offered, and demonstrate sufficient resources and structures to sustain these programs and create a graduate-level academic culture.*

KPSAHS does not offer any graduate-level programs.

**CFR 2.3**

*The institution's student learning outcomes and expectations for student attainment are clearly stated at the course, program and, as appropriate, institutional level. These outcomes and expectations are reflected in academic programs and policies; curriculum; advisement; library and information resources; and learning environment.*

The Kaiser Permanente General Catalog, and Degree Catalog Supplement, include Institutional Learning Outcomes (ILOs), that have been developed in faculty committees, and recognized by the Faculty Senate following a School-sponsored retreat in February 2012. As Program Directors and faculty moved through the process of establishing and reviewing student learning outcomes, the ILOs initially developed were modified for better alignment with PLOs. The Learning Outcomes for the Institution and for the Program are also provided on the School web site.

In addition, program outcomes relative to retention, graduation, and employment in the field of study, are shown on the School web site, as required by the state agency, and are shared with students prior to enrollment, as a part of the Enrollment Agreement and registration process.

The School CEO and Accreditation Liaison Officer who both completed the WASC Assessment Leadership Academy (ALA) for 2012-13, have engaged ALA presenters for on-School-site workshop sessions to actively involve faculty, including Program Directors, in review, development, and articulation of learning outcomes at all levels, and the Kaiser Permanente school community of faculty and administration participated fully in WASC-directed workshops and retreats in 2011 and 2012 in anticipation of a full appreciation of the value of the outcomes-directed emphasis for curricula.

Program accreditors also stress outcomes orientation, but it was with WASC engagement in conferences and workshops that faculty became full participants in the process.

The newly-expanded and identified Student Services component of the School also participates in communicating course, program and school outcomes, through information sessions, orientations, the admission/enrollment process for the School, and with the newly-implemented Degree Audit Checklist made available to students at the time of enrollment.

Student Service staff with responsibility for Admissions in both Richmond and Stockton, advise students regarding program details, admission requirements, and graduation requirements. They assist students in determining if the program provides a good fit for them.



All courses have syllabi which clearly state learning outcomes for the course including faculty expectations for students. Performance, learning, and evaluation expectations appear in an agreed upon syllabus format used for all courses.

### CFR 2.3 Attachments

[Attachment: CFR 2.03.02 KPSAHS Program Outcomes](#)

### **CFR 2.4**

*The institution's expectations for learning and student attainment are developed and widely shared among its members (including faculty, students, staff, and where appropriate, external stakeholders). The institution's faculty takes collective responsibility for establishing, reviewing, fostering, and demonstrating the attainment of these expectations.*

The creation, refinement, and use of learning outcomes at the course, program, and institutional levels has been an ongoing collaboration among faculty, administration, staff, and outside assessment and accreditation professionals, with whom KPSAHS has worked extensively toward qualifying for regional accreditation.

Institutional learning outcomes went through a round of improvements in 2011 and again in 2012 based on input through Program Review and Program Director activity, as well as the WASC Eligibility application process. In 2011 and again in 2012, faculty and Program Directors reviewed individual program outcomes, including outcomes for General Education, to map them correctly to the revised institutional learning outcomes. This is a process documented in Attachment: CFR 1.02.05 Faculty Review of ILOs and PLOs. These outcomes are also broadly shared with the Assistant Medical Directors, professionals in the fields of Allied Health, who participate in meetings with Program Directors and instructional faculty, by program, as well as communicated to the Board of Directors.

Faculty design and update the course outcomes as needed as part of the course review process in which faculty assess the validity of the outcomes relative to the subject matter and core competencies, and map course outcomes to program outcomes, and by extension, to institutional learning outcomes. (Attachment: CFR 2.04.01 KPSAHS Course Review Mapping).

This practice of Program Review is new to the School; prior to working to secure WASC accreditation, program review was considered the primary purview of the programmatic accreditors, who establish expectations geared to preparing successful program graduates to qualify for licensure and/or certification at the professional level. Under the direction and oversight of the Director of Academic Affairs, the Director of Assessment and Institutional Research is now engaging Program Directors and faculty in a self-directed and reflective review of program expectations, consistent with degree-level performance and acquisition of competencies.

Finally, as part of the Program Review process, the program learning outcomes, which integrate general education competencies, undergo formal assessment through courses and assignments as either being Introduced, Applied, or Mastered (I/A/M), to determine if the outcomes and the competencies show maturation throughout program completion. The I/A/M data will be subject to review moving forward, to determine both maturation of the skill, outcomes, or competency as well as where potential gaps exist in learning outcomes. (Attachment: CFR 2.02a.06 KPSAHS GE Curriculum Map). Identified gaps, particularly in areas where students meet outcomes at less than projected "benchmark" levels, will inform future course and program improvements, as well as open opportunity for future Student Service activities, through tutoring and workshop assistance.

#### CFR 2.4 Attachments

[Attachment: CFR 1.02.05 KPSAHS Faculty Review of ILOs and PLOs](#)

[Attachment: CFR 2.02a.06 KPSAHS GE Curriculum Map](#)

[Attachment: CFR 2.04.01 KPSAHS Course Review Mapping](#)

[Attachment: CFR 2.04.02 KPSAHS Student Exit Survey Results](#)

#### **CFR 2.5**

*The institution's academic programs actively involve students in learning, challenge them to meet high expectations, and provide them with appropriate and ongoing feedback about their performance and how it can be improved.*

KPSAHS benefits significantly from programmatic accreditation in each of its Core programs. This accreditation serves as an independent stakeholder relative to accomplishment. With requirements for program retention, completion, and qualification for licensure and/or certification in the field of study, students are assured of a quality and credible program. That fact is coupled with oversight of the Program Advisory groups to include Assistant Medical Directors in each program of study.

With the School moving forward for regional accreditation, the administration, through Academic Affairs, has made a significant investment in educating all academic ranks on expectations of quality curricula and instruction in Core programs. All faculty have been engaged in WASC-directed workshops, and in professional development that includes implementation of curriculum mapping and use of rubrics to verify course sequencing, and demonstration that outcomes are verified within programs. Students are made aware of expectations with course syllabi, and with stated outcomes at the program level; in addition, the School publishes a School Performance Fact Sheet on its website in deference to full transparency on significant program achievement.

The use of Evaluation Rubrics gives the student immediate feedback on expectations for performance in a course, and on how the individual student is to be critiqued. The School also employs End-of-Course, and End-of Program Survey instruments, to elicit student feedback on the success of the instructor, recommendations for change, and satisfaction of the student on the course of study. To date these surveys have been conducted with students enrolled in Certificate-level programs; the process is now being moved forward to include degree candidates.

#### CFR 2.5 Attachments

[Attachment: CFR 2.05.02 KPSAHS End-of-Course Survey](#)

#### **CFR 2.6**

*The institution demonstrates that its graduates consistently achieve its stated levels of attainment and ensures that its expectations for student learning are embedded in the standards faculty use to evaluate student work.*

KPSAHS makes use of several measures to ensure that graduates have attained the expected level of achievement. (Attachment: CFR 2.06.01 KPSAHS Assignment Rubric). Grade point average in both didactic and clinical coursework is one measure of achievement; clinical coursework must be maintained at a minimum level of 70%, or C average for a student to maintain enrollment. As earlier noted, faculty use rubrics within didactic courses, to provide individual student feedback on expectations and on accomplishment; these rubrics range from assignment-specific rubrics to rubrics for various types of projects, from course rubrics to program outcome rubrics, from assessment rubrics to integrative learning rubrics, assuring that expectations are transparent at the time of student enrollment in a course, and in a program of study.

Expectations for outcomes at all levels are clearly communicated to students through the School catalog, course syllabi and outlines, and through information presented on the website that include program accreditation detail, by program, as outside verification of the success of program graduates.

#### CFR 2.6 Attachments

[Attachment: CFR 2.06.01 KPSAHS Assignment Rubric](#)

### **CFR 2.7**

*All programs offered by the institution are subject to systematic program review. The program review process includes analyses of the achievement of the program's learning objectives and outcomes, program retention and completion, and, where appropriate, results of licensing examination and placement and evidence from external constituencies such as employers and professional organizations.*

Degree program delivery is new to KPSAHS, with initial degree enrollment that began in early 2012, however the School has a positive history of enrollment and achievement in the Core programs at the certificate level. With the TPMG/KPSAHS Strategic Plan priority to secure regional accreditation with WASC as the number one goal, all resources have been directed to the successful accomplishment of this goal, requiring validation of student achievement.

From 2011 forward, the bachelor-completion program has been subject to intense review. The benefit is that there has been no need for corrective action or change of direction. Development of expected outcomes at all levels, to include review of all course outlines and syllabi, ensures the School is working at the optimum level.

Every program, including coursework in General Education, has undergone a review in this past year that includes a full evaluation and assessment of student achievement of program learning outcomes. Tracking of program retention and completion numbers on a regular basis is also assured with the implementation of CampusVue as the Student Information System (SIS), which began in 2011 and is continuing into 2013.

With the introduction of Student Services as a component of administration, on a parallel with Academic Affairs, there is also tracking of student success relative to satisfactory academic progress. Implementation of the student information system of CampusVue provides a structured process for monitoring this tracking.

Two key administrators for the School, the CEO and CAO, completed the WASC-directed Accreditation Leadership Academy (ALA), with a monitored and directed project for Program Review and Evaluation. The School has benefited from professional expertise of higher education specialists in accreditation to implement an effective program review process with the first enrollment and graduation of degree program students.

The School also benefits from the fact that all programs are in fields of Imaging for allied health, which provides a consistency of expectations and outside validation. This very-focused perspective makes it much easier for the School to ensure alignment between the mission of the institution and programs and alignment of learning outcomes at all levels. Resources, especially those related to current equipment in the field and clinical appointments, are not compromised as can occur when an institution has wide-ranging subjects and degree levels to accommodate. The Board of Directors, to include three working professionals from the field, also provide focused external critique and direction.

The allied health profession, with clear expectations monitored through licensure and certification, and with requirements of outside monitored and reviewed clinical requirements, provides a form of standardization. To augment achievements monitored by working professional and preceptors in clinical settings, the Program Advisory Boards, whose membership includes established experts currently in the allied health professions, focus on integrating in-demand skills and knowledge into the programs so that graduates have skills in demand by employers.

### CFR 2.7 Attachments

[Attachment: CFR 1.2.08 School Performance Fact Sheet – by Program](#)

### **CFR 2.8**

*The institution actively values and promotes scholarship, creative activity, and curricular and instructional innovations as well as their dissemination at levels and of the kinds appropriate to the institution's purposes and character.*

*Guidelines: Where appropriate, the institution includes in its policies for faculty promotion and tenure recognition of scholarship related to teaching, learning, assessment, and co-curricular learning.*

KPSAHS has made a significant commitment to faculty and staff professional development, through support with WASC-related activities, professional development funding for acquisition of advanced degrees, and bringing in qualified professionals from higher education for on-site campus workshops.

With success in securing WASC-Eligibility, all Program Directors in Core Programs, and all administrative staff, have been fully engaged in WASC conferences and workshops. Board of Director members have been invited to participate in the President/Trustees WASC meetings, and full KPSAHS participation in the WASC ARC has been supported.

In concert with TPMG, the School has access to workshops hosted on school facilities for medical practitioners; this relationship also benefits students with the opportunity to experience and interact with health care professionals on a regular basis.

The School provides fees reimbursement for expenses associated with professional development activities, and all instructors are eligible for tuition discounts to encourage ongoing education. Kaiser maintains a Faculty Professional Development Plan outlining training and development projects for the year, with participation being one aspect of faculty evaluation on an annual basis.

#### CFR 2.8 Attachments

[Attachment: CFR 2.08.01 Policies on Faculty Professional Development Plan](#)

### **CFR 2.9**

*The institution recognizes and promotes appropriate linkages among scholarship, teaching, student learning and service.*

Faculty and administrative experiences already noted through professional development and participation in higher-education related efforts including enhancement of pedagogy, form the foundation of KPSAHS recognition of the faculty/instructor role in the educational processes.

#### CFR 2.9 Attachments

[Attachment: CFR 2.09.01 Professional Development Examples](#)  
[Exhibit 3 Faculty Handbook](#)

### **CFR 2.10**

*The institution collects and analyzes student data disaggregated by demographic categories and areas of study. It tracks achievement, satisfaction, and campus climate to support student success. The institution regularly identifies the characteristics of its students and assesses their preparation, needs, and experiences.*

In 2011, KPSAHS contracted for an integrated Student Information System (SIS), CampusVue, to provide a venue for capturing student data. Prior to 2011, services of Admissions and Records were functionally in place, but little attention was directed to any co-curricular function. With the TPMG-supported effort toward securing regional WASC accreditation, Student Services has come into its own. An administrator student services position was developed, the position was filled, and the contract was initiated for the SIS.

In late 2012, Student Services received the supplemental resources of a Project Manager position, assigned to concentrate on implementing student surveys for Needs Assessment, Student Satisfaction, End-of-Course, End-of-Program, Graduates, Alumni, and Employers. An earlier survey process had collected data, primarily in the form of satisfaction and evaluation of instructors, but that data had not been aggregated, or used to assess potential changes to programs or to services available to students.

With the addition of the Project Manager position, Student Services took on responsibility to better elicit input from the enrolled student population. Surveys have always been a part of the review process, as required with the programmatic accreditors, but student response to those surveys had not been used for program improvement, or to aggregate details on student satisfaction.

With these additional resources, the School now is establishing the process to collect and analyze achievement, satisfaction, and campus climate to support student success.

The WASC-related Team of Student Success and Admissions, also has been given responsibility to work closely with development of the WASC Self-Study for the School, with team participants to include the librarian, Program Director for Assessment and General Education and the Director of Academic Affairs.

KPSAHS now begins the process to regularly identify the characteristics of its students and assess their preparation, needs, and experiences. Additionally, the School will now track traditional demographic categories, including race, gender, and ethnicity, as well as other demographic indicators, to establish what serves as effective indicators of student success.

Further indicators of potential success will be tracked, to include prior degree program attainment and academic sources of the student population. These indicators will be used to assist in connecting data from the point of admission through the analyses of student success factors, including achievement rates, course completion rates, and time to graduation.

This acquired direct data will be used in conjunction with student responses to End of Course, End of Program, and Alumni Surveys where student satisfaction and macro perspectives of the student experience can be examined against specific factors such as interaction with Academic Advising, coursework and instructors, as well as library and information technology support. In this way, Student Services will attempt to identify where particular individual experiences impact the overall campus climate for a student and use that data to assess value, benefit, and direction of Student Services.

KPSAHS, through Student Services, has always employed a mandatory Student Orientation, but there had never been an assessment of the benefit of this function. This Orientation provides students with an oversight of the program in which they're enrolled and the requirements to ensure their steady progression through the program completion. Moving forward, and particularly with an emphasis for degree-enrolled students, this function will serve as a rich environment and venue for allowing the School to collect, analyze, and assess data on student success, innovate with appropriate solutions and policy changes, and support with appropriate personnel and technology, such as a full-time Student Services Administrator and the newly-implemented Student Information System (SIS) of CampusVue.

Participation in WASC-related assessment workshops provided the needed expertise to actually measure services students received, with an assessment of Admissions and Orientation being one of the first co-curricular assessments by Student Services in place for the School.

#### CFR 2.10 Attachments

[Attachment: CFR 2.10.01 KPSAHS Student Demographics](#)

#### **CFR 2.11**

*Consistent with its purposes, the institution develops and assesses its co-curricular programs.*

KPSAHS is exploring new territory with Student Services. Prior to engaging in the development of degree programs and enrollment in these programs, the School directed its considerable resources primarily to the delivery of instruction in its Core certificate-allied health programs.

Direction was provided by programmatic accreditors who emphasized the admission of students with a robust background in lower division coursework through the level comparable to a two-year degree earned from a regionally-accredited institution, with an above average grade point average, and with foundational coursework in the form of course prerequisites, to allow the student to be competitive in addressing the additional program requirements.

Admissions review includes interviews by the Program Director and the Assistant Medical Directors in the identified field of study. All of this background served both the School and the student well, but because all emphasis was on program courses, instructional delivery of predetermined curriculum, and access to clinical resources far above the average, there was little or no emphasis on specific services or an assessment of Student Services. Program accreditation has served the School well, and students have been successful in their selected programs, without apparent need for support services to enhance and round-out the educational program to this point. Moving to degree-granting status has changed the School as it was known to earlier students.

With an expectation of the benefit of general education contributing to the well-rounded experience of a degree student, and the integration of basis competencies in the form of this general education, what was accepted as a matter of course with certificate-program enrollment of students, now requires a conscious effort, application, and assessment of all aspects of the School that contribute to the newly created and expected Student Learning Outcomes.

KPSAHS is showing itself equal to the challenge, not in re-inventing itself, but in applying conscious and reflective effort to enhance the education of its degree-enrolled students. One part of this conscious and reflective effort is the clear identification, application, and assessment of what is now recognized as co-curricular support of the enrolled student.

KPSAHS is actively engaged in identifying and assessing these efforts. There are two full-scale efforts currently underway. As noted earlier, additional resources, in the form of an assigned Project Manager, with primary assignment responsibility to develop, implement, and assess student surveys in a number of different forms have been allocated to Student Services.

The second major effort made tangible with participation in the September 2012 WASC Workshop Retreat, and the February 2013 WASC Workshop, is recognition of the need for a review of the admission requirements of student entering the degree programs, to establish if these admission requirements bring in students who have the potential of success. Admittedly, bachelor-level student enrollment is new, but the admission requirements are modeled after requirements in place, and encouraged or mandated by program accreditors for the fields of study. There is significant evidence of success with certificate students in Core programs, in the forms of retention, program completion, and licensure/certificate. In addition, faculty are actively engaged in assessing these same admission requirements. Program Directors, and most often preceptors and Assistant Medical Directors for the programs, are engaged in the interview process during which final selection is made of student offered admission.

With Core student program completion at the certificate level, and with meeting program accreditation expectations, there has been little reason or need to study admission requirements. Now both the opportunity and the need to establish if these same requirements benefit degree applicants exists, as is the opportunity to determine if modification of these requirements is appropriate. Assessment of outcomes is also being assessed with the New Student Orientation.

Identification of student learning outcomes newly recognized with degree-granting status and preparation toward WASC accreditation is new. By this same token, this identification of outcomes provides a new forum for assessing what are now recognized as co-curricular efforts.

Co-curricular programs and efforts, such as Admission Requirements, Orientation and Student Survey findings, will have clearly stated outcomes and objectives against which they undergo review, as well as a variety of means of assessment, including indirect, direct, qualitative, and quantitative indicators in order to give a variety of data points for review.

Each of these newly developed reviews and assessment will go through a School-wide process of critique, to include Student Services assessment, but also Academic assessment, in the form of faculty-committees, from the Committees on Curriculum, General Education, and Assessment.

[CFR 2.11 Attachments](#)

[Attachment: CFR 2.11.01 Co-Curricular Assessment - Orientation Plan and Process](#)

**CFR 2.12**

*The institution ensures that all students understand the requirements of their academic programs and receive timely, useful, and regular information and advising about relevant academic requirements.*

*Guidelines: Recruiting and admission practices, academic calendars, publications, and advertising are accurate, current, complete, and are readily available to support student needs.*

KPSAHS is fortunate in that its program of study has prescribed curricula. The very nature of allied health programs in Imaging, especially those programs designed and directed to licensure and/or certificate for employment in the field of study, are subject to the review of outside stakeholders, such as the programmatic accreditors. At the time of enrollment, students are advised through catalog copy, Degree Audit checklists, Orientation, and enrollment data, on the sequence in which their coursework is presented. Learning outcomes are developed sequentially, with foundation acquired in early courses, and maturation of the program skill sets and competencies monitored through the linear process. Toward the culmination of study, students engage in a series of clinical experiences, and are overseen in clinical settings and by qualified licensed practitioners in the field. Program sequence is prescriptive and academic accomplishment, in the form of satisfactory academic progress (SAP), with monitoring of course completion, acquisition of skills sets, attendance, and successful evaluation of accomplishments, is a standardized part of the process. What is new are the conscious and tangible statements, early on, of student learning outcome expectations, and the assessment monitoring that establishes where and how these outcomes are introduced, applied, and mastered through the program study.

Marketing pieces and educational information including website content, catalog, and advising practices and comply with all state, federal, and regulatory requirements.

CFR 2.12 Attachments

[Attachment: CFR 2.12.03 KPSAHS Admissions Detail](#)

[Attachment: CFR 2.12.04 Academic Calendars – Richmond and Stockton](#)

[Attachment: CFR 2.12.05 Advertising Examples](#)

**CFR 2.13**

*Student support services—including financial aid, registration, advising, career counseling, computer labs, and library and information services—are designed to meet the needs of the specific types of students the institution serves and the curricula it offers.*

All KPSAHS-enrolled student needs, as currently recognized, are met by the School. Prior to degree program implementation for the School, the source of these services was not as transparent. With a modest student enrollment in Core Programs of under 500 students, and with an average student/faculty ratio of 15/1 in didactic settings and often 1 or 2/1 in clinical settings, student needs were identified and addressed on an individual basis.

The needs of most students have routinely been addressed by program instructors and by others within the faculty ranks. Moving into degree-delivery, faculty and Academic Affairs also serve as a primary support system and service provider for students, by the very nature of small enrollments and clinical assignments; however, Student Services has now become a more significant factor in recognizing and addressing these needs.

With oversight of the student information system (SIS) of Campus Vue providing more readily-available student data, with expansion of the human resources component, and with a Student Services Coordinator as a “player” with the School Leadership Team, Student Services is now an acknowledged resource provider.

Registrar Role:

The formal title of “Registrar” was not used in Student Services, but the “registrar” function is now employed and recognized. This has come about by the need to integrate the student information system of CampusVue into the fiber of the School, providing data for research, reports, and student progress monitoring. The newly implemented process of establishing Degree Audits and critique of outside coursework to satisfy recognition of transfer credit for upper division general education, all contribute to the recognition of a “registrar-function” for the school.

CampusVue also provides the functionality, when fully implemented in 2013, to provide verification independent of the instructional faculty for student progress in the courses, review of course completion, grades, leaves of absence, drops, and withdrawals, and to offer a single point of expertise and contact for decisions which may impact retention and student success.  
Information Literacy and Technology:

A primary component of student learning outcomes is validation of information literacy throughout and within the field of study. Assessment of this competency allows for a more visible integration between Student Services and Academic Affairs.

With educational services available at both the Richmond and the Stockton physical locations, ensuring access to information and assistance for information at the two sites has involved both Student Services and Academic Affairs. The school librarian provides services and oversight of the access and assistance at both locations. She is actively engaged in working with each of the Core degree programs, to ensure students as well as faculty have assistance in accessing information required for successful student products and projects that demonstrate the required competency.

The KPSAHS library provides access to scholarly and program-specific resources that allow students to focus on assignments within their program of study. The librarian works with and has responsibility with administration and faculty, reviews syllabi topics and assignments, and has created a collection development plan that directly reflects the student learning outcomes required at the course and program level to ensure that library services directly support student achievement. (Attachment: CFR 3.6.01 kpLibraries: Reference Shelf; Attachment: CFR 3.6.02 NCAL\_Libraries and Library\_List\_SCAL)

Academic Advising:

Academic advising is provided by faculty within the programs of study. These individuals have the necessary academic backgrounds, are licensed and certified in their professions and have access to professional development to maintain their professional currency.

Career Information:

To date, KPSAHS has not directed dedicated resources to the creation or development of Career Information. Future plans call for this component of Student Services to be more fully developed to serve as a resource for validating student success in the field of study in the form of employment in the program of study, as well as professional advancement and advanced study.

CFR 2.13 Attachments

[Attachment: CFR 2.04.02 KPSAHS Student Satisfaction Survey Results](#)

**CFR 2.14**

*Institutions that serve transfer students assume an obligation to provide clear and accurate information about transfer requirements, ensure equitable treatment for such students with respect to academic policies, and ensure that such students are not unduly disadvantaged by transfer requirements.*

Degree programs at KPSAHS are program-completion; students qualify for, and enroll in the School with verification of completion of the equivalent of a two-year degree program, to include satisfaction of lower division general education coursework, and prerequisites as required in the program of study.

Prior to recognition of the School as degree-granting, there was no credit recognized toward the program of enrollment based on transfer. With degree-granting status, transfer became relevant as it related to upper division coursework required to satisfy



general education. Transfer credit toward program completion is not awarded for coursework in the program subject; it is applicable only to upper division GE coursework.

The transfer credit policy and practice were developed in concert with expectations of WASC regional accreditation, and the implementation of this policy and these practices have engaged the service and attention of both Student Services and Academic Affairs.

CFR 2.14 Attachments

[Attachment: CFR 2.14.01 KPSAHS Transfer Credit Policies](#)

### **Standard 3. Developing and Applying Resources and Organizational Structures to Ensure Sustainability**

*The institution sustains its operations and supports the achievement of its educational objectives through its investment in human, physical, fiscal and information resources and through an appropriate and effective set of organizational and decision-making structures. These key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high quality environment for learning.*

#### **CFR 3.1**

*The institution employs personnel sufficient in number and professional qualifications to maintain its operations and to support its academic programs, consistent with its institutional and educational objectives.*

Kaiser Permanente School of Allied Health Sciences has created a team, qualified both academically and experientially, appropriate for the mission of the school. The academic programs are offered under the supervision of the Medical Director, Dr. Darryl Jones, and administered by the Director of Academic Affairs, with Program Directors, supported by Assistant Medical Directors, qualified and certified in their individual programs of study. Attachments: CFR 1.3.04 Leadership Team Bios; CFR 3.1.02 Program Director Resumes; CFR 3.1.03 Program Director Job Descriptions, CFR 1.3.06 Medical Director Job Description and Resume.

Staffing required to support the educational programs and administration is established in concert with comprehensive Institutional and Strategic Planning, which takes into consideration Workforce Planning, identifying employment options and health care needs in the appropriate geographic areas, then working backward to establish the numbers of students eligible for admission by program, consistent with access to clinical sites to prepare them for the practical experience, and the appropriate number of administration, faculty and staff to accommodate

Although not employed directly by the School, the Clinical Preceptors are key resources in preparing the student to meet expected Course, Program and Institutional Outcomes. Clinical Preceptors are those individuals at the clinical sites that monitor student direct application of learning in the clinical environment. These individuals, from both Kaiser and non-Kaiser facilities, oversee and review student progress in coursework that addresses the laboratory/externship aspects of the program separate from the didactic instruction. The preceptor monitors student time, progress, accomplishments in completing required components of the program, and “signs off” when the student has accomplished goals set and required by each program. (Attachment: CFR 3.1.05 Preceptor Role/Responsibilities; Attachment CFR 3.1.06 Clinical Sites)

As noted in Standard 1, all educational programs are qualified for outcomes through program accreditation, which includes stringent requirements for Program Directors and instructional staff, including preceptors. Administration is appropriately qualified, (See Standard 1), and those few instructional faculty who did not have regional academic degrees through the level of Master’s, are now actively engaged and enrolled in appropriate degree level programs.

As identified in the Overview for the Study, Kaiser Permanente opened an additional facility in Stockton, California, recognized by the California regulatory agency as a “branch facility”. At this moment in the process toward regional accreditation Candidacy, the WASC-recognized term most applicable is Regional Center.

This Center operates with all policies, protocols, and resources, in the form of administrative, faculty, staff support, fiscal commitment, physical and equipment facilities sufficient to offer degree program instruction for the Bachelor of Science degree. School statement of mission, Institutional Learning Outcomes (ILOs), Program and Course Outcomes, and assessment mechanisms in place at the main campus, are applicable to this Regional Center as well. Programmatic accreditation recognition for all Core programs is likewise applicable. Attachment CFR 3.1.07 Summary of KPSAHS Activity in Stockton, California details operation at that physical site, to include: inventory of physical space and equipment; profile of programs offered and students enrolled; calendar of class locations; instructor schedules and assignments; documentation of administrative and student services assignments for this site; and an assessment of the “Cost of Doing Business” for this physical location, including the budget required.

### CFR 3.1 Attachments

- [Attachment: CFR 1.3.04 KPSAHS Administrator Resumes](#)
- [Attachment: CFR 3.1.02 KPSAHS Program Director Resumes](#)
- [Attachment: CFR 3.1.03 KPSAHS PD Job Descriptions](#)
- [Attachment: CFR 3.1.05 Preceptor Role/Responsibilities](#)
- [Attachment: CFR 3.1.06 Clinical Sites](#)
- [Attachment: CFR 3.1.07 Summary of KPSAHS Activity in Stockton](#)

### **CFR 3.2**

*The institution demonstrates that it employs a faculty with substantial and continuing commitment to the institution sufficient in number, professional qualifications, and diversity to achieve its educational objectives, to establish and oversee academic policies, and to ensure the integrity and continuity of its academic programs wherever and however delivered.*

*Guidelines: The institution has an instructional staffing plan that includes a sufficient number of full-time faculty with appropriate backgrounds, by discipline and degree levels. The institution systematically engages full-time non-tenure track, adjunct, and part-time faculty in such processes as assessment, program review, and faculty development.*

All Program Directors and instructional faculty at the School are full-time, and these individuals are involved in qualifying the School for WASC accreditation through their participation in WASC conferences, workshops, investment in School Faculty Committees, Faculty Senate, and participation in WASC workshops on assessment. All instructors are responsible to the development of curricula, program assessment and review, and documentation of learning outcomes at all levels. As confirmed with the WASC Data Summary Profile, the instructional faculty also mirror the student population served, with diversity at the levels of gender, ethnic background, and culture. (Attachment: CFR 3.2.04 WASC Summary Data – Faculty)

Faculty Meeting Minutes and the Faculty Professional Development Plan provide confirmation of the investment in instructional faculty and in the processes of outcomes and assessment.

### CFR 3.2 Attachments

- [Attachment: CFR 1.3.10 KPSAHS WASC Committees](#)
- [Attachment: CFR 3.2.03 KPSAHS Faculty Committee Meeting Minutes](#)
- [Attachment: CFR 3.2.04 WASC Summary Data - Faculty](#)

### **CFR 3.3**

*Faculty and staff recruitment, orientation, workload, incentive, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation processes are systematic, include appropriate peer review, and, for instructional faculty and other teaching staff, involve consideration of evidence of teaching effectiveness, including student evaluations of instruction.*

All educational programs in the School are allied health-related, and all Program Directors and instructional faculty are qualified in their disciplines, as well as being licensed and/or certified as professionals in the field.

Faculty establish, review, critique and deliver curriculum developed to address course, program and institutional learning outcomes. In addition to being fully qualified, the retention of these instructors, and the continuity of operation, speaks to the integrity and consistency of the instructional efforts.

Attachment: CFR 3.3.01 Administration/Faculty/Staff Retention and Continuity

Evaluations are conducted annually on all administration, faculty, and staff to ensure there is consistency of operation and that job descriptions and expectations are aligned. Where applicable, such as with faculty/instructors, this evaluation also includes input from students.

The Faculty Handbook outlines processes for recruitment, orientation, workload, and evaluation at all levels. It also confirms the annual review of ILOs, PLOs, and CLOs by Program Directors in concert with their instructional faculty and with recommendations forwarded to the Faculty Senate.

#### CFR 3.3 Attachments

[Attachment: CFR 3.3.04 KPSAHS Management Evaluation Form](#)  
[Exhibit 3 KPSAHS Faculty Handbook](#)

#### **CFR 3.4**

*The institution maintains appropriate and sufficiently supported faculty and staff development activities designed to improve teaching and learning consistent with its institutional objectives.*

*Guidelines: The institution provides training and support for faculty members' teaching by means of technology-mediated instruction.*

An important aspect of the evaluation process is provided with Program Advisory Committees made up, for each program of study of the Program Director, Medical Advisors assigned to each subject, instructional faculty, students, and clinical preceptors. This Committee provides important perspective of the field of operation, update and modifications in the field of study, and contributes to knowledge and awareness of changes in the field to include new medical breakthroughs and new techniques and equipment. Attachment: CFR 3.4.01 Advisory Committee Composition – by Program.

The importance of faculty currency in the field of study is reinforced with the modified Faculty Professional Development Plan, which is monitored by the Director of Academic Affairs and reviewed on an annual basis, and the with Orientation provided all instructors new to the School.

Finally, faculty participation in Committees relevant to learning consistent with institutional and program objectives provides the opportunity for faculty deliberation on issues prior to forwarding recommendations to the Faculty Senate. Training and support for faculty members' teaching by means of technology-mediated instruction is facilitated through services of the Director of Training. Attachment: CFR 3.4.05 Resume Director of Training; Attachment: CFR 3.4.06 Job Description of Director of Training; Attachment: CFR 3.4.07 Training Examples.

#### CFR 3.4 Attachments

[Attachment: CFR 3.4.01 KPSAHS Advisory Board Composition](#)  
[Attachment: CFR 3.4.05 Resume, Director of Training](#)  
[Attachment: CFR 3.4.06 Job Description of Director of Training](#)  
[Attachment: CFR 3.4.07 Training Examples](#)

#### **CFR 3.5**

*The institution has a history of financial stability, unqualified independent financial audits and has resources sufficient to ensure long-term viability. Resources are aligned with educational purposes and objectives. If an institution has an accumulated deficit, it has realistic plans to eliminate the deficit. Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources.*

KPSAHS has applied for WASC regional accreditation under the provision and policy of a “Related Entity”; although the school is state-recognized as a for-profit institution, in reality it has never offered educational programs for the purpose of making a profit. Under the stewardship of The Permanente Medical Group (TPMG), the primary intent of the school is to fulfill its mission which includes providing affordable instruction in allied-health programs. This is accomplished through the process of Institutional and Strategic Planning, with TPMG support and endorsement of the school operation and school programs. Historically, TPMG has subsidized operation of the School, and has committed to doing so through the process required to qualify for WASC accreditation.

As established with the WASC Application for Eligibility, TPMG does have appropriately and independently affirmed financial statements confirmed as appropriate for WASC accreditation, and has committed to support of the school operation

### CFR 3.5 Attachments

[Attachment: CFR 3.5.02 KPSAHS Workforce Planning Projections](#)

[Attachment: CFR 3.5.03 Forecast Projected Income Statement](#)

[Attachment: CFR 3.5.04 KPSAHS Financial Plan and Budgeting Process](#)

[Attachment: CFR 3.5.05 TPMG Statement of Commitment](#)

### **CFR 3.6**

*The institution holds, or provides access to, information resources sufficient in scope, quality, currency, and kind to support its academic offerings and the scholarship of its members. These information sources, services, and facilities are consistent with the institution's educational objectives and are aligned with student learning outcomes. For on-campus students and students enrolled at a distance, physical and information resources, services, and information technology facilities are sufficient in scope and kinds to support and maintain the level and kind of education offered.*

Kaiser Permanente School of Allied Health Sciences has incredibly comprehensive and relevant resources available to students enrolled in degree programs at the School, with access to sophisticated and timely journals and research that specifically relate to programs of study.

### Profile of Holdings and Resources

The library at KPSAHS is one branch of 36 kpLibraries within the Kaiser Permanente organization. Each is staffed by a professional librarian. The entire collection is made up of over 100,000 books, media, and e-books, 2,500 print journals, and over 1,800 electronic journals located at the various branches or online through the KP Clinical Library.

Students have full borrowing and inter-library loan privileges. In addition they have access to all electronic resources through the Kaiser intranet from computers on campus. Currently there are ten computers in the School library for student use. These provide access to Kaiser Permanente's extensive Clinical Library which includes databases, full-text electronic journals, subject guides built by professional librarians, point-of-care tools, drug formularies, patient care resources, evidence-based resources, and the library catalog for details on the types of databases and information made available to students at both the Richmond Campus and the Stockton Branch (Regional Center) location. Attachment: CFR 3.6.01 Reference\_Shelf

Access from home to the KP Clinical Library is established during student orientation. As a member of the National Network of Libraries of Medicine, the library has full borrowing privileges with medical libraries within the U.S., Canada, and Mexico Attachment: CFR 3.6.02 NCAL\_Libraries and Library\_List\_SCAL.

The school's on-site collection specializes in the diagnostic imaging sciences. The library is accessible during school hours, 9:00am to 5:00pm Monday through Friday. The library is staffed by a full-time librarian who has the appropriate academic and experiential credentials to oversee acquisitions, reference, circulation, inter-library loan, and training (Attachment: CFR 3.6.03 Job Description – Assistant Medical Librarian, and Attachment: CFR 3.6.04 Resume of Librarian Lyn Fischback).

Students may also use any one of the Kaiser Permanente branch locations during regular business hours to access print resources, access the Clinical Library, or secure personal assistance from the librarian.

The librarian maintains a website for the KPSAHS Stockton location, which contains information tailored to students, including writing and formatting guidelines, tutorials, and image databases. The KPSAHS library website is linked in with the other websites within kpLibraries as well as connected to the research databases, electronic journals, and ebooks.

The KPSAHS Stockton site also has full access to the same online resources and is supported by the KPSAHS librarian by phone, email or in person at KPSAHS in Richmond. Kaiser Permanente library branches can be contacted for details on library locations and hours of operation.

In Orientation, conducted for all newly enrolled students, the Librarian provides detail on library support services, and access to assistance with information literacy detail.

The School's degree programs are at the baccalaureate level. In order to determine the appropriate resources needed to support the programs, syllabi are systematically reviewed for course content, assignments and other elements. As applicable, the Librarian works with the Assessment Officer, Program Directors and instructional faculty to support currently-offered courses, and in support of courses developed to offer upper division general education options. Attachment: CFR 3.6.05 Syllabus Example – UD GE Course.

The information resources also extend beyond those of the library. KPSAHS is fortunate to have access to a Learning Management System (LMS), KPScholar, developed by the Director of Training as an amalgamation two open source software pieces: *Moodle* and *Drupal*.

The integration of these two systems, actually a Learning Content Management System (LCMS), allows faculty, students, healthcare practitioners and community groups of share academic or project materials, and facilitates distance or hybrid learning environments. In summary, the merged software facilitate: technology enhanced instruction; hybrid instruction; and asynchronous learning. While this system has been in place and used for some time, KPSAHS specifically now also supports academic requirements for students enrolled in the degree programs.

Beginning October 2012, the School began to offer upper division general education coursework via KPScholar. The benefits for students are significant. The GE curricula was created by School faculty, consistent with the School's educational objectives, and aligned with student learning outcomes. Instructional delivery, via KPScholar, allows the enrolled degree student to maintain the rigorous schedule for completion of program-specific courses, while completing upper division GE requirements, in an asynchronous and online modality. Students who have completed all subject-specific courses now have the flexibility of the KPScholar for the GE coursework while off-site. Attachment: CFR 3.6.09 Detail on KPScholar.

#### CFR 3.6 Attachments

[Attachment: CFR 3.6.01 kpLibraries: Reference Shelf](#)

[Attachment: CFR 3.6.02 NCAL Libraries and Library List SCAL](#)

[Attachment: CFR 3.6.03 Librarian Job Description](#)

[Attachment: CFR 3.6.04 Librarian Resume of Qualifications](#)

[Attachment: CFR 3.6.05 Syllabus Example – UD GE Course under development](#)

[Attachment: CFR 3.6.07 Future Planning](#)

[Attachment: CFR 3.6.08 Plan for Development of Library Services](#)

[Attachment: CFR 3.6.09 Detail on KPScholar](#)

#### **CFR 3.7**

*The institution's information technology resources are sufficiently coordinated and supported to fulfill its educational purposes and to provide key academic and administrative functions.*

#### Training & Development of Information Literacy Skills

Students are given an introduction to the library services and instructions on how to access the Clinical Library databases during new student orientation. They receive more in-depth training in the form of classroom instruction by the librarian on an individual class basis when research projects are assigned, as designated by instructors.

Online tutorials and handouts are also available for additional instruction. Students are taught to distinguish these scholarly resources, and those evaluated by professional librarians through the Clinical Library, from many of those found on the World Wide Web and how to recognize their currency, accuracy, and completeness (i.e. full-text vs. abstract).

They are then expected to use and cite this information appropriately in the classroom setting through various projects and papers (literature reviews, case-studies, term papers, etc.). In addition, students can drop-by, make appointments, call or email the librarian for additional one-on-one tutoring in search methods, writing services, or project-specific research training or tutoring.

Coordination takes place between the Librarian and the Program Director when specific course outlines and syllabi identify research needs and or the benefit of information literacy detail.

#### Future Planning

Recently the school installed additional computer terminals to keep up with the growing student population and program expansion of the School. The usage will be reevaluated next year to determine if the resources are adequate.

Finally, as a part of the Outcomes Assessment of co-curricular efforts, the School examines how the library supports the various programs and courses and evaluates how to integrate future use of library resources with program curriculum. The intent is to increase and document information literacy as a learning objective in particular courses, and to increase information literacy skills among students (Attachment 3.7.01 Library Assessment Examples).

#### Computing Facilities

The primary campus site in Richmond has a computer lab that contains 22 computers on the Kaiser intranet and is primarily for classroom use. All computers are maintained by Kaiser Permanente's IT department. All computers have basic internet capabilities and the Microsoft Office Suite. The library at KPSAHS maintains 10 computers specifically for student use in the library setting. The Strategic Plan for the School also intends to address Wi-Fi access and additional upgrade of technology.

Stockton facility students have use of the computer lab located at that site. Computer labs have 20 accessible computers, and six additional dedicated-KPSAHS computers have been acquired. Students can access the Kaiser Clinical Library through remote access using their passwords from these computers as well as gain access to the Kaiser intranet at any of the medical center sites.

#### CFR 3.7 Attachments

[Attachment: CFR 3.7.01 Library Assessment Examples](#)

#### **CFR 3.8**

*The institution's organizational structures and decision-making processes are clear, consistent with its purposes, support effective decision making, and place priority on sustaining effective academic programs.*

*Guidelines: The institution establishes clear roles, responsibilities, and lines of authority which are reflected in an organization chart.*

The School's organizational structures and decision-making processes confirming the structures and processes are clear, consistent with its purposes, support effective decision making, and place priority on sustaining effective academic programs were presented with Attachment: CFR 1.3.02 Updated Organizational Chart.

The Leadership Team reviews all policies and procedures, moving forward to the Board of Directors those policy and implementation procedures that require Board ratification. All policies and procedures are represented in the Administrative Procedure Manual, cross-referenced with the Compliance Audit Checklist, and available for on-site review.

#### CFR 3.8 Attachments

[Attachment: CFR 1.3.02 Updated Organizational Chart](#)

#### **CFR 3.9**

*The institution has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and evaluating the chief executive officer.*

*Guidelines: The governing body regularly engages in self-review and training to enhance its effectiveness*

The Board of Directors for KPSAHS acts as the independent governing board representing the breadth and depth of experience required for an institution of higher learning (Attachment: CFR 3.9.01 for Conflict of Interest Policy and Attachment: CFR 1.6.03 Board of Directors By-Laws). The Board of Directors membership list and biographic profiles are provided in Attachment: CFR 1.3.07. As the School moves forward with this independent Board, the Board Nominating Committee will implement the policy and process for adding additional independent Board members, to provide more diversity with Committee participation and to enhance the expertise available to the School, especially with inclusion of individual(s) well-versed in administration, policy-making, assessment, and strategic planning from the higher education community.

As established with the Application for Eligibility, KPSAHS has operated with a very comprehensive and cohesive Institution and Strategic Plan of Operation. A primary responsibility for the Board, is to review, modify, and contribute to the formulation, update, and assessment of that Strategic Plan (Attachment: CFR 4.1.01 KPSAHS Strategic Plan).

The Board of Directors will also work in concert with TPMG in assessing the financial needs and resources available to the School as it continues its path toward regional accreditation. (Attachments: CFR 3.5.01, 04, and 05).

The School's Strategic Plan forms the foundation for all institutional planning. This Plan was originally implemented in 2009, and is reviewed and modified annually.

The Financial Plan was established in concert with the Workforce Strategic Plan and is modified as required. The Board formally meets four times a year, and has agenda items for review to ensure ongoing awareness of progress toward the Plan as proposed (Attachments: CFR 3.9.03 Historical Board Meeting Minutes; Attachment: CFR 3.9.04 Board Meeting Minutes of Independent and Newly-Established Board).

Board training and self-review is a high priority (Attachment: CFR 3.9.05 Board Meeting Agendas Examples). Orientation to the Board role includes strategic planning, financial updates, personnel staffing, Assessment Strategies; School Performance Outcomes, and changes and trends in higher education. Board members are also invited to participate in the WASC-conducted workshop for School Presidents and Board Trustees.

The Board of Directors will conduct an annual evaluation of the Chief Executive Officer (Attachment: CFR 1.3.09 CEO Evaluation Policy and Process) in concert with the Job Performance Evaluation Process established and in place with TPMG. The first annual review by the Board of Directors will occur December 2013, following with a comprehensive review within three years.

#### CFR 3.9 Attachments

[Attachment: CFR 3.9.01 for Conflict of Interest Policy](#)

[Attachment: CFR 1.6.03 KPSAHS Board of Directors By-Laws](#)

[Attachment: CFR 4.1.01 KPSAHS Workforce Strategic Plan](#)

[Attachment: CFR 3.9.03 KPSAHS Board Meeting Minutes – Historical](#)

[Attachment: CFR 3.9.04 KPSAHS Board Meeting Minutes – Present Board](#)

[Attachment: CFR 3.9.05 Board Meeting Agendas Examples](#)

[Attachment: CFR 1.3.08 and 09 KPSAHS CEO Evaluation Policy](#)

#### **CFR 3.10**

*The institution has a full time chief executive officer whose primary or full-time responsibility is to the institution. In addition, the institution has a sufficient number of other qualified administrators to provide effective educational leadership and management.*



The CEO (Regional School Administrator) for KPSAHS focuses exclusively on leading and managing the School. His responsibilities are detailed in the Leadership Job Descriptions, see Attachment 1.3.05 Leadership Job (CEO) Descriptions. The resume for the CEO is shown in Attachment 1.3.04 Leadership Team Bios.

The CEO leads the Leadership Team consisting of the Director of Academic Affairs (CAO and ALO), the full-time Associate Director of Finance (CFO, ) Student Services Administrator, and the Director of Operations (COO). These administrators each lead a staff focused on supporting the School Mission.

An organizational chart showing the specific School roles as updated is provided in Attachment: CFR 1.3.02 Updated Organization Chart. The School has an excellent history of retention of primary administrators, contributing to the consistency of operation. In addition, one responsibility of the newly-establish the Board of Directors is the review and applicability of the organizational chart and the appropriateness of the Leadership Team to accomplish the School proposed outcomes.

#### CFR 3.10 Attachments

[Attachment: CFR 1.3.04 KPSAHS Leadership \(CEO\) Job Description](#)  
[Attachment: CFR 1.3.05 KPSAHS Leadership Administrator Resumes](#)  
[Attachment: CFR 1.3.02 KPSAHS Updated Organization Chart](#)

#### **CFR 3.11**

*The institution's faculty exercises effective academic leadership and acts consistently to ensure both academic quality and the appropriate maintenance of the institution's educational purposes and character.*

*Guidelines: The institution clearly defines the governance roles, rights, and responsibilities of the faculty.*

The School instructional faculty, through Program Directors, the Director of Academic Affairs, and the Faculty Senate, clearly confirm the history of academic leadership to represent the School. Attachment: CFR 3.11.01 Faculty Senate By-Laws

Responsibility for development and review of curriculum, and assessment of course and program learning outcomes aligned with Institutional Outcomes has been stable through School WASC eligibility, with each of the School program accreditors, and further reinforced with the proactive role of the Director of Academic Affairs and Program Directors in implementing, and expanding, the assessment strategies for KPSAHS.

#### CFR 3.11 Attachments

[Attachment: CFR 3.11.01 KPSAHS Faculty Senate By-Laws](#)

#### **Standard 4: Creating an Organization Committed to Learning and Improvement**

*The institution conducts sustained, evidence-based, and participatory discussions about how effectively it is accomplishing its purposes and achieving its educational objectives. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities at different levels of the institution and to revise institutional purposes, structures, and approaches to teaching, learning, and scholarly work.*

##### Overview

KPSAHS has the benefit of programmatic accreditation with each of the three Core Programs moved forward into degree-status. These accreditations have formed the foundation for formal and informal integrated planning at all levels, as required for and supportive of the professional roles into which successful graduates advance. These programs, leading to licensure and/or certification, are validated in the fields of Imaging, and are subject to close and continual monitoring to ensure appropriate performance. The School has enjoyed uninterrupted programmatic accreditation for the three Core programs since 2003.

With formation of the newly-established KPSAHS Board of Directors in 2011, and with Board members also professionally recognized by the allied health community, KPSAHS benefits from a tremendous advantage as an educational institution committed to learning and improvement. In preparing for confirmation of regional accreditation, the School has also brought aboard a strong team of key administrators to support the breadth and depth of expertise appropriate for an institution of higher learning. In 2009 KPSAHS appointed a new CEO, a CAO in 2010, and added the position of a new CFO in 2011. Also in 2012, the School created an administrative position as Student Services Administrator. Another modification in 2012 was transition of the position of Program Director of General Education to a full-time assignment and appointment of Director of Assessment and Institutional Research.

Oversight of the School is under the direction of Dr. Darryl Jones, Medical Director, supported and reinforced by the Assist Medical Directors that work in support of each of the three program subjects. This “physician-directed” oversight, maintains the integrity of efforts aligned with recognized needs in the service community, while reinforcing the professionally-directed programs of coursework.

Dr. Fitzgibbon, CEO for the School, has excellent academic credentials in both allied health and business, with earned degrees from regionally accredited institutions; he also brings an experiential background in fields of allied health both in the United States and internationally. Gregory Wheeler, regional accreditation ALO and School Director of Academic Affairs, has an appropriate academic background, is currently pursuing his master’s degree, and has program certification in Imaging; his experiential background with KPSAHS is from 1994 through the present time, with increasingly responsible roles within the School. Mary McDonald, the newest member of the KPSAHS administrative leadership team and full-time CFO. comes to the School with academic credentials in Health Care Management, a master’s degree from St. Mary’s College, and with background and experience in managing financial operations throughout the United States; she is well-qualified to fill this newly established role for the School. Tan Knight, COO, has been associated with KPSAHS since 1991, and has served as Director of Operations since 2000.

To support and reinforce didactic program instruction, KPSAHS has developed an extensive network of clinical sites through a diverse range of hospital facilities in the region. Kaiser medical center-specific clinical sites are supplemented with a percentage of clinical sites that are non-Kaiser locations; working with a range of clinical sites and preceptors increases the diversity of student experiences. In addition, graduates are successful in gaining employment in hospital, clinical, and medical settings within the greater allied health network, in part, based on successful verification of clinical competency. Quality assurance, monitoring for successful implementation of learning outcomes, and the ongoing challenge to maintain currency in the field of study, has been the academic and instructional backbone of the KPSAHS operation.

KPSAHS demonstrates a consistent record of student success and graduate achievement, which is complemented by the institutions relationship with the parent entity, The Permanente Medical Group (TPMG), offering a number of advantages for students.

TPMG has invested significantly over the course of KPSAHS operations in support of course delivery, quality assurance/improvement, learning outcomes, faculty development, learning technology, and physician instruction. Each of the degree core programs benefits from the expertise of dedicated assistance from program-specific Assistant Medical Directors; these physicians are experts in the area of instruction, and practicing leaders in their respective fields.

TPMG provides many resources to assist in supporting both daily operations and long-term strategic planning for the School. One of these resources is a Workforce Forecast Model that projects future medical imaging needs by service area and by individual job group; this basic information assesses the need for future program expansion, and identifies employment opportunities in the fields of study. As one of the nation's largest integrated medical systems, Kaiser Permanente operates 37 hospitals and over six-hundred and eleven medical centers, employing almost 17,000 physicians and 173,000 employees in nine states and the District of Columbia; the alignment of the School with this major health care entity gives the School immediate awareness of strategic business imperatives.

KPSAHS receives information on strategic planning and delivery methods from all of the local medical centers, and makes use of national level key information, benefiting from coordination with community leaders. All of these resources are tempered by the cautionary perspective of programmatic accreditation. All of these perspectives serve to move the School forward with critical data upon which decisions are based and priorities established.

KPSAHS and the related entity of TPMG are committed to the highest standard of education to ensure the outcome of high quality health care; the KPSAHS decision to pursue regional accreditation further exhibits this commitment. The expectation of constant evaluation and confirmation of projected learning outcomes, creates a foundation of information leading to student success.

#### **CFR 4.1**

*The institution periodically engages its multiple constituencies, including faculty, in institutional reflection and planning processes which assess its strategic position; articulate priorities; examine the alignment of its purposes, core functions and resources; and define the future direction of the institution. The institution monitors the effectiveness of its plans and planning processes and revises them as appropriate.*

Kaiser Permanente School of Allied Health Sciences is a degree-granting institution offering bachelor-level programs in fields of Imaging in allied health studies, supported by one of the largest healthcare providers in the country. The "parent" relationship of this School with the larger corporate entity of TPMG ensures KPSAHS access to an incredible array of clinical settings, in which student learning outcomes can be refined. Administrative resources in the position of a Medical Director, to whom the School reports, a well-qualified administrative team includes Medical Advisors who serve in advisory capacity to the three Core programs of study, and a Board of Directors with three practicing professionals in the fields of study provide an array of enviable resources.

Within the context of the TPMG/KPSAHS environment, an additional benefit to the School is the wealth of research avenues that provide for full examination of the future needs in the field, through assessment of Workforce Planning, and setting priorities that align with future expectations for employment options and health care needs; this fundamental information allows the School to shepherd its resources responsibly.

With Program Advisory committees that include Medical Advisors, department managers and Clinical Preceptors, meeting minutes confirm the review of academic programs, progress with admission, outcomes that relate to retention and completion and licensure/certification of program graduates. Given the priority to address expectations for regional accreditation with information new to the School environment, resources in all forms are directed to addressing the WASC expectations of both Capacity and Educational Effectiveness.

Faculty direct all assessment activity and program review. Through effective faculty committees of Curriculum, Assessment, and General Education, faculty review and contribute to the creation and updating of learning outcomes, at the level of the institution, program, and course. Course reviews, and maintaining currency with programmatic accreditors, requires an ongoing commitment from faculty to confirm learning outcomes are appropriate, are measureable, and that they align at all levels. With the newly enhanced tools of rubrics and curriculum mapping, faculty have become increasingly sophisticated in applying the tools and the concepts of assessment review in all programs.

All resources of KPSAHS, from the Board of Directors, through administration, faculty, and staff, are engaged in the institutional planning necessary to ensure strategic application of data in meeting the needs of the profession, of the health care industry, and to accomplish the outcome goals within the School setting. All activities that have qualified KPSAHS for regional recognition to this point, from the preliminary GAP analysis of eighteen months ago, to the current completion of the Self Study are employed toward the goal of securing WASC candidacy.

A review of accomplishments to date, coupled with the dedication of critical decision-making actions, to include:

- faculty engagement in enrolling and completing graduate-level degrees;
- commitment to professional development functions to develop learning outcomes at all levels;
- securing the services of additional administrative expertise in the form of a CFO, and Student Services Administrator;
- participation of the CEO and ALO in the WASC Assessment Academy;
- underwriting of necessary resources with the commitment to continue these resources for the School support; and
- formation of a Board of Directors that includes professionally relevant leaders in the programs of study
- all point to the full support and endorsement of the TPMG/KPSAHS Strategic Plan.

At a macro-level, KPSAHS administration keeps the Board of Directors informed about the focus and direction of learning outcomes, on how those outcomes are represented within the Institutional Plan of operation, and with Strategic Planning. Mindful of fiscal resources, decisions are made, priorities are established, and strategic direction occurs with full knowledge of the data upon which these decisions are based. As an example, using financial forecast data, the school is projecting a 15% increase in tuition costs, to 2014. Attachment: CFR 4.1.02 Financial Forecast to 2014 projecting 15% increase

In recognition of the need for the School to monitor the effectiveness of its plans and planning processes and revise them as appropriate, the October 2012 meeting of the Board of Directors included updates on the progress and status of the goal for institutional accreditation, and the January 2013 meeting entertained details on changes to the KPSAHS Strategic Plan.

Proposed changes to the Strategic Plan, unique and specific to KPSAHS for 2013-2014, include:  
Development of marketing efforts to increase recruitment and enrollment in School degree-programs;  
Implementation of formal plans for Program Review and Assessment Plans;  
Support of faculty and staff professional development to address the “culture of assessment”;  
Budget position 2013/14 for Senior Financial Analyst;  
Alignment between degree program development, delivery, and fiscal support;  
Increase in upper division general education coursework delivered by KPSAHS.

#### CFR 4.1 Attachments

[Attachment: CFR 4.1.01 KPSAHS Strategic Plan – Updated Plan for 2013/14](#)

[Attachment: CFR 1.3.04 Leadership Bios](#)

[Attachment: CFR 4.1.02 Financial Forecast to 2014 projecting 15% increase](#)

#### **CFR 4.2**

*Planning processes at the institution define and, to the extent possible, align academic, personnel, fiscal, physical, and technological needs with the strategic objectives and priorities of the institution.*

Prior to the fully-engaged effort of KPSAHS to move forward for regional accreditation, the onus of responsibility for institutional planning processes had been directed by the parent corporate entity of TPMG. The effort of the School to acquire institutional accreditation has been fully supported through resources dedicated to supplement, support and enhance the already acquired programmatic accreditation. (Attachment: CFR 1.6.08 = TPMG Commitment of Support). The role of KPSAHS, and its Board of Directors, has now shifted to a more active engagement in the planning process.

For the first time, the School has been challenged to identify the actual cost of program development, delivery, and accomplishment. This shift of responsibilities from TPMG to the School provides both the opportunity and the responsibility for KPSAHS to produce data that allows for a calculation of costs and benefits directed to goals and priorities. In addition, although program delivery at the degree level is new to the School, the Core programs upon which those degree programs are based form the academic and student outcome history of the School since the early 1990's.

#### CFR 4.2 Attachments

[Attachment: CFR 3.5.04 KPSAHS Financial Plan.](#)

[Attachment: CFR 4.1.02 Financial Forecast to 2014 projecting 15% increase](#)

#### **CFR 4.3**

*Planning processes are informed by appropriately defined and analyzed quantitative and qualitative data, and include consideration of evidence of educational effectiveness, including student learning.*

With the history of core programs as a foundation for future program development, planning at all levels for the academic perspective of validating learning outcomes for the School is informed by appropriately defined and analyzed quantitative and qualitative data. These data stem from assessment processes required by the CAHEEP and JRCERT-accreditors, and are supported by Assistant Medical Director participation with instructional faculty in the professional arenas of professional health care delivery.

The Permanente Medical Group contributes to the systematic planning process for the School through clearly articulated goals, expected outcomes, support for community benefits, and dedicated resources applied to validating the School's progress toward shared goals. Assessment of research data and tools for effective assessment contribute to the information upon which decisions are based. Planning occurs at the institutional level of the School through the administrative leadership team and the Board of Directors, and both curricular and co-curricular efforts are assessed. All planning is effected by decision-making relative to the fiscal impact of planning and the anticipated change.

Effective in late 2012, and projecting into 2013, KPSAHS, under direction of the Director of Assessment and Institutional Research, is actively engaged in both Program Review and the initial stages of assessment. As foundation, and supported by extensive WASC-workshops on Program Review and Assessment, the Director, working with the School Librarian, has developed both a [Program Review Manual](#) and an [Assessment Manual](#), and introduced plans for review and assessment to Program Directors and instructional faculty. These two tools employ processes and practices learned through outside instruction, and build upon the learning outcomes already established with the WASC Application for Eligibility.

Integration of the KPSAHS [Program Review Manual](#) with the [Assessment Plan](#), marries the process to the structure. This integration establishes the tools and processes used to measure, both qualitatively and quantitatively, the acquisition of competencies that comprise the learning outcomes of the programs. With this approach, faculty utilize curricular mapping, embedded assessments, longitudinal data, and rubrics to demonstrate the achievement of outcomes. Because these two documents described above speak directly to the WASC expectations, they are provided as Exhibit 2 [Program Review Manual](#) and Exhibit 4 – [Assessment Manual](#).

#### CFR 4.3 Attachments

[Attachment: CFR 1.2.04 KPSAHS Map Aligning ILOs and PLOs](#)

[Exhibit 2 Program Review Manual](#)

[Exhibit 3 KPSAHS Faculty Handbook](#)

[Exhibit 4 Assessment Manual](#)

#### **CFR 4.4**

*The institution employs a deliberate set of quality assurance processes at each level of institutional functioning, including new curriculum and program approval processes, periodic program review, ongoing evaluation, and data collection. These processes include assessing effectiveness, tracking results over time, and using comparative data from external sources and improving structures, processes, curricula, and pedagogy.*

Quality assurance has long been at the center of modification to program curricula, but it was previously directed by the programmatic accreditors. The move to secure regional accreditation has created an awareness on the part of administration, including Academic Affairs, that the role of curriculum development, review, and assessment is now the responsibility of the School itself. The intent is to maintain program accreditation recognition for programs and to enhance those programs of study, but assessment efforts are now directed with a different sense of responsibility, and with proactive measures that clearly recognize and articulate the goals, purposes, and effects on student learning, as expected by WASC.

Through Board of Director and administrative involvement, and as now directed by faculty- quality assurance of the academic programs and curricula, the School operates from a differently designed paradigm. With the inception of a Board responsible directly to KPSAHS, major policy changes, new program development, organizational changes and major system changes will be assessed and reviewed by the Board based on solid data.

The new perspective of assessment responsibility, means that program review, assessment processes, and the collection of data upon which to base change, or support ongoing direction, originates with faculty, is forwarded as recommendation in the form of an Action Plan to administration, and is then proposed to the Board of Directors by the CEO for ratification.

This new focus of review and assessment for Academic Affairs models the process being implemented for assessment of co-curricular activities with Student Services. Prior to 2011, "Student Service" functions of the School were truly an extension of academics. While Admissions, for example, was an effectively functioning operation in that only students capable of qualifying for, and benefiting from the program of enrollment were considered, it was with the focus on regional accreditation that Student Services became recognized as a significant and parallel operation of the School, equal to and supportive of academic purposes. Student Services, a new component of administration, has responsibility for the admissions process through file completion and to the point of referral to the Program Director for the interview process, prior to formal admission and enrollment.

Student Services will be expanded in the future, to address responsibility for Career Planning and Placement, while also assessing capability to provide services of workshop and individual assistance.

With fiscal and human resources now directed to enhancing Student Services, a total restructure of this component of the School occurred. By securing the resource of Campus Vue for the student information system, creating the opportunity to capture student data for use in discrete and aggregate form, co-curricular efforts are now a part of the mental set of School assessment.

The first true co-curricular assessment efforts are now underway, initially to validate the orientation process and how information is provided to students early-on in the enrollment process. This will be the first co-curricular assessment put into place by the newly-established administrative component of Student Services, followed by assessment and review of the process of admissions. The intention is that co-curricular services will be assessed regularly, tracking results over time and using comparative data as appropriate for any change.

#### CFR 4.4 Attachments

[Attachment: CFR 4.4.02 KPSAHS Orientation Assessment Plan](#)  
[Exhibit 2 Program Review Manual](#)

#### **CFR 4.5**

*The institution has institutional research capacity consistent with its purpose and objectives. Institutional research addresses strategic data needs, is disseminated in a timely manner, and is incorporated in institutional review and decision-making processes. Included in the institutional research function is the collection of appropriate data to support the assessment of student*

*learning. Periodic reviews are conducted to ensure the effectiveness of the research function and the suitability and usefulness of data.*

To date, institutional research upon which the School depends has been provided through TPMG, in its affiliation with the larger corporate entity of Kaiser Permanente. This research has been in alignment with Workforce Planning, and with assessment of future health-care needs for the greater and expanded community of health care providers and health care recipients.

Kaiser Permanente School of Allied Health Sciences is now directing its efforts to coordinate with TPMG, but to align School-specific available data with the charge of assessing and validating student learning outcomes. Assessment of student learning outcomes and academic/student service functions will be from the perspective of an institution of higher learning that offers degree programs in the fields of allied health.

Under charge of the programmatic accreditors, the school has been responsible to documentation of data relating to program enrollment, retention/attrition, graduation, licensure/certification, and employment in the field of study. The history of this data will be used to track changes with regard the degree program participation. The School has implanted CampusVue, which will be of benefit in accessing data that can be aggregated or disaggregated, and in recognition of the significance of Institutional Research to the process of assessment and review, the School has modified a prior position directed to assessment, to now also incorporate institutional research responsibilities, to develop and provide access to data upon which planning can be based.

It is the intention of the School moving forward, to apply institutional research resources and processes to better assess qualitative effectiveness of student learning. This change of focus from the quantitative perspective, and with access to secure and relevant data, will also benefit assessment of the co-curricular efforts of Student Services, with recognized responsibility for promoting student retention and persistence through high-quality research and assessment.

#### CFR 4.5 Attachments

[Attachment: CFR 4.1.01 KPSAHS Strategic Plan – Updated Plan for 2013/14](#)

#### **CFR 4.6**

*Leadership at all levels is committed to improvement based on the results of the processes of inquiry, evaluation and assessment used throughout the institution. The faculty take responsibility for evaluating the effectiveness of the teaching and learning process and use the results for improvement. Assessments of the campus environment in support of academic and co-curricular objectives are also undertaken and used, and are incorporated into institutional planning.*

Leadership at all levels of KPSAHS is committed to improvement of the institution. Overall direction of the School comes from the Board of Directors, with very close ties to the parent organization of TPMG, bringing invaluable resources in the form of Workforce Planning and providing the committed fiscal support of the total School operation. This newly engaged Board of Directors, with governance responsibilities on behalf of the School, and expertise in the programs of study, will provide future leadership through review and direction based on data collected for inquiry, evaluation, and assessment of the current operation.

The academic component of KPSAHS is transparent. Structurally, the Medical Director, Dr. Darryl Jones, has oversight of all curricular, academic, and instructional issues, with dotted line responsibility with the Director of Academic Affairs. The Director of Academic Affairs has more hand-on oversight with instructional faculty, in addition to Program Directors (PD's) for Core programs and for General Education. The role of PD for General Education has transitioned to the role of Director of Assessment and Institutional Research, so a very tight and compact unit exists for the academic component of the School.

What is not as visible is the really large infrastructure of the academic component of the School, comprised of the clinical settings, the preceptors, and Assistant Medical Directors for each of the Core Programs. The clinical assignments for each of the Core programs provide validation of all learning outcomes from didactic coursework fulfilling program learning outcome expectations. In these clinical settings, students demonstrate mastery of competencies; it is from this framework and the practical application of all theoretical components acquired in programs of enrollment that outcomes are actually evidenced.

KPSAHS also benefits from the commitment TPMG has made to the campus environment with resources directed to Student Success. Although Student Services is a recent addition to the leadership structure, review of co-curricular efforts relative to Orientation, Admissions and Student Satisfaction and Accomplishment are also well underway, as represented with implementation of the Campus Vue student information system, that supports both Student Services and Academic Affairs.

#### **CFR 4.7**

*The institution, with significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, as well as into the conditions and practices that promote the kinds and levels of learning intended by the institution. The outcomes of such inquiries are applied to the design of curricula, the design and practice of pedagogy, and to the improvement of evaluation means and methodology.*

*Guidelines: Periodic analyses of grades and evaluation procedures are conducted to assess the rigor and effectiveness of grading policies and practice.*

Assessment is not new to KPSAHS; course and program assessment is fundamental to the programmatic accreditation the School enjoys in all programs, but the concept of assessment requiring the full engagement of faculty is new. The culture of the School has long understood, appreciated, and applied assessment strategies, but for the most part these measures have been driven by the programmatic accreditor expectations, with faculty and Program Advisory Boards reporting out accomplishments from the quantitative perspective of retention, graduation, and licensure or certification pass rates.

A major change to this culture, with the move to secure WASC recognition, is that the administrative teams and faculty of the School now direct assessment efforts through critical review of courses and programs, calculated involvement in identifying student learning outcomes appropriate at each level, aligning outcomes to each successive level of instruction, and validating those outcomes. This qualitative assessment of student learning, with alignment of outcomes from the institution through programs and courses, and in concert with the mission of the School, had not previously been a part of the assessment process.

The paradigm shift to incorporate qualitative assessment with quantitative recognition, has created a new awareness of the faculty/instructor/administrator role. This shift has reinforced the investment of resources in bringing the faculty into settings where they have personal and professional involvement in the design of curricula, the design and practice of pedagogy, and in the improvement of evaluation means and methodology. Faculty and academic administration are now regular participants in assessment-directed workshops thereby continually enhancing their skills in applying assessment tools and strategies.

#### CFR 4.7 Attachments

[Exhibit 2 Program Review Manual](#)

[Exhibit 4 Assessment Manual](#)

#### **CFR 4.8**

*Appropriate stakeholders, including alumni, employers, practitioners, and others defined by the institution, are regularly involved in the assessment of the effectiveness of the educational programs.*

The professional nature of the KPSAHS degree programs, all in allied health imaging and of the School itself, housed and “parented” within the construct of the Kaiser Permanente culture, has also undergone a shift. The Kaiser Permanente focus is on Performance and Strategy, Labor Management Partnerships, and Community Benefit; this historical perspective establishes the foundation of understanding, appreciation, and support for moving the School strategically forward.

With this rich underpinning, the School now has the foundation to support building a learning organization, supporting a culture of performance, connecting the workforce to human performance, and contributing to developing tomorrow’s health care providers and leaders. The TPMG expectations translate perfectly to the future and focus of the Kaiser Permanente School of Allied Health Sciences.



Program Advisory Boards, a fundamental component of School program review and assessment of education effectiveness, provides an excellent tool for engaging employers and practitioners in the assessment of educational effectiveness within the School and the School programs. Faculty, who are themselves qualified practitioners in the field through their certification and licensure, supported with appropriate continuing education and advanced degrees in higher education, benefit the efforts to develop and support curricular activities, co-curricular support, and strategic planning with perspective and insight from the fields of study.

KPSAHS also has the unique advantage of a degree-eligible student population comprised, in large major, by students who have already successfully completed educational programs. Students come to the School fueled by the knowledge they possess, with the capacity to move forward in their newly selected field of study, and confident in their ability to complete and succeed in their programs. As a result, student feedback in “End of Course” and “End of Program” surveys will be particularly useful to instructional faculty.

Finally, at the highest levels of decision-making and in establishing School direction, the Board of Directors is comprised of experts in the fields of study, who are themselves invested in regionally accredited institutions of higher learning. These individuals are supported by others on the Board, who understand the communities being served, and the workforce and workplace needs upon which strategic decisions are founded. The Board is newly engaged in understanding, supporting, and directing the School forward.

#### CFR 4.8 Attachments

[Attachment: CFR 1.3.05 KPSAHS Board of Directors Biographies](#)

### **KPSAHS Exhibit Documents**

#### SER Exhibits

[Exhibit 1 KPSAHS Catalog](#)

[Exhibit 2 KPSAHS Program Review Manual](#)

[Exhibit 3 KPSAHS Faculty Handbook](#)

[Exhibit 4 KPSAHS Assessment Manual](#)

[Exhibit 5 KPSAHS Board of Directors Manual](#)