



Accreditation Review Commission on Education
for the Physician Assistant, Inc.

March 24, 2014

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Mark Perry
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Re: Notice of Adverse Action

Dear Mr. Perry:

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has **withdrawn accreditation** from the **San Joaquin Valley College Primary Care Physician Assistant Program**. The basis for the decision was the information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team, the program response to site visitor observations and the program accreditation history.

The commission's conclusion was that the program is not in compliance with the educational standards required to be recognized as an accredited physician assistant program.

During its review of the program, the ARC-PA noted the following citations related to noncompliance with the *Standards* (4th edition).

As you read the information below, please keep in mind the following: the ARC-PA defines "findings" as explanations that may accompany a citation. In addition, there may be "comments." Their purpose is to clarify the issue of noncompliance, but not to specify how a problem may be resolved.

1. **Standard A1.03** The sponsoring institution is responsible for:
 - a) supporting the planning by program faculty of curriculum design, course selection and program assessment

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Collaborating Organizations: American Academy of Family Physicians • American Academy of Pediatrics • American Academy of Physician Assistants • American College of Physicians • American College of Surgeons • American Medical Association • Physician Assistant Education Association

Member: Association of Specialized and Professional Accreditors (ASPA)

Recognized by: Council for Higher Education Accreditation (CHEA)

Findings: The sponsoring institution does not support the planning by program faculty of program assessment.

Comment: The commission does not expect micromanagement of a program by its sponsoring institution. It does, however expect responsible oversight. There has been a recurrent theme over the majority of this program's history of marginal and inconsistent verifiable institutional oversight and guidance for program planning and management. There appears to be inconsistent and non-verifiable documentation of institutional oversight for program planning and management. Although efforts have been made to establish a structured system of oversight by the Ongoing Program Self-Assessment (OPSA) committee, there has been a pervasive sense of confusion around leadership of this group, documentation of the group's activities and the development of a regular meeting schedule.

2. **Standard A1.03** The sponsoring institution is responsible for:
- c) complying with ARC-PA accreditation *Standards* and policies

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The lack of responsible institutional oversight of the program was a contributing factor in the program's demonstration of noncompliance with some of the ARC-PA accreditation *Standards* below.

Comment: Due to a **pattern of noncompliance with** ARC-PA accreditation *Standards*, the program has been evaluated by the ARC-PA every two to three years since it was granted provisional accreditation. The sponsoring institution's explicit commitment to the success of the program is suspect given repeated requests for reports and the need for serial site visits. The program has been on probation since 2009 (first administrative probation and then accreditation-probation). The current application addresses the sponsoring institution's support of the program self-assessment process but based upon program history, these issues are not new concerns and should have been more thoroughly addressed by administration prior to this evaluation. The sponsoring institution has not been able to bring the program into compliance with ARC-PA accreditation *Standards*, especially those related to self-assessment, so critical to quality improvement of the program.

3. **Standard A1.11** The sponsoring institution *must* support the program in securing clinical sites and *preceptors* in *sufficient* numbers for program-required clinical practice experiences.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The sponsoring institution does not support the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences.

Comment: The institutional response to this site visitor observation gives clarity about how the sponsoring institution supports the program in securing clinical sites, yet sites were insufficient for program–required clinical practice experiences. Despite “extenuating circumstances” noted in the response, the fact remains that at the time of the site visit at least two students graduated without gaining required experience because the requisite clinical sites were not available. The program’s response indicates that the sponsoring institution historically provided adequate support, but now provides support “as needed.” No mechanism was noted by which the sponsoring institution can be made aware that support is actually needed. At a minimum, the institution failed to provide adequate support to ensure that the two students who were affected actually were able to obtain the education required of them.

4. **Standard A2.02** The program *must* have *program faculty* that include the program director, medical director and at least three FTE *principal faculty* positions and *instructional faculty*.

- b) Two FTE *principal faculty* positions *must* be filled by PA faculty who currently are NCCPA-certified.

ANNOTATION: If counted as *principal faculty*, the medical director does not substitute for currently certified PA principal faculty.

Citation: Based on a review of the program data management portal two weeks before the site visit, the program has not demonstrated compliance with this standard.

Findings: The portal identifies only one 100% PA-C principal faculty, Mr. Andrey Siderenko, and one non-PA-C principal faculty, Dr. Abdul Massaquoi. There must be three principal faculty members, who of whom must be hold current NCCPA certification.

5. **Standard A2.08** The program director *must* provide effective leadership and management.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program director does not provide effective leadership and management.

Comment: Evidence of poor organization and a lack of consistent documentation was obvious in the application and the self-study report. Review of program files by site visitors to assess program outcomes and progress was hampered by inconsistent documentation of ongoing or completed program work. The program conducts departmental faculty meetings, but without a standard agenda or the routine recording of minutes. The information provided by the program director and faculty indicated the faculty meet weekly to cover a variety of topics. At the visit, the program director was unable to describe clearly which meetings were for which purposes.

The program response to site visitor observations notes that the program director “did not fully take advantage of” the institutional support offered him. They also agree that he did not ensure

adequate documentation of program activities. The evidence of a lack of effective leadership and management from the program director in place at the time of the visit was apparent.

6. **Standard** A2.09 The program director *must* be knowledgeable about and responsible for program:

- a) organization,
- b) administration,
- c) fiscal management,
- d) continuous review and *analysis*,
- e) planning,
- f) development

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program director was not knowledgeable about and responsible for the various components of this standard.

Comment: As seen during the site visit, evidence of program accomplishments resulting from continuous review and analysis were poorly documented for tracking purposes. The program director lacked a systematic approach to organizing and documenting ongoing self-study activities. There was a lack of evidence to support engagement of other program faculty in the self-study processes. Based on interviews with faculty and institutional officials, activities related to program review appeared to be occurring; however, they were mostly focused on past citations. Documentation of activities did not demonstrate sufficient attention to other ongoing continuous review processes.

The program response to site visitor observations did not address the performance of the program director.

7. **Standard** A3.14 The program *must* define, publish and make *readily available* to enrolled and *prospective students* general program information to include:

- a) first time *PANCE* rates for the five most recent graduating classes,

ANNOTATION: The program is expected to publish on its web site the *PANCE* performance data of its graduates by publishing the *NCCPA PANCE* Pass Rate Summary Report, as provided by the NCCPA through its program portal, of the most recent five-year first time graduate performance. The program is expected to update this performance data in a *timely* manner.

Citation: Based on a review of the program's website, the program has not demonstrated compliance with the standard.

Findings: The program NCCPA Pass Rate Summary Report is not readily available. To be in compliance the information must be:

- Available on the home page of the PA program (as a link)

- Easily recognized (Graduate Performance on Certification Exam), not hidden within other categories
- Linked to either a pdf document or other section within the website that directly presents the information
- The NCCPA PANCE Pass Rate Summary Report, as provided by the NCCPA through its program portal

8. **Standard A3.17** The program *must* define, publish and make *readily available* to students upon admission academic performance and progression information to include:

- f) policies and procedures for *remediation* and *deceleration*

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: At the time of the visit, and as acknowledged in the program response to observations, the program did not publish a policy on student deceleration.

9. **Standard A3.19** Student files kept by the program *must* include documentation:

- d) of *remediation* efforts and outcomes

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: Student files kept by the program did not include documentation of remediation efforts and outcomes.

Comment: At the time of the visit, student files included summaries of tutoring activities but did not contain several additional remediation activities that were noted to be assigned to students based on information contained in the Student Performance Ethics Committee (SPEC) minutes and reports. These documents showed numerous remediation requirements that were not included in the student files. Outcomes of remediation activities were not documented in the student files. Student files did not include other documents from CampusVue and faculty emails relating to remediation as seen by the site visitors.

The program response to site visitor observations indicates that “remediation information has been maintained in multiple locations, and one location does not always contain all information on the remediation effort.” The program indicates that this is more a case of organization of remediation information rather than the documentation not existing. The standard requires that documentation be kept in student files.

10. **Standard B3.03** *Supervised clinical practice* experiences *must* provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking:

- c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: SCPEs do not provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking care for conditions requiring surgical management to include pre-operative, intra-operative, post-operative care.

Comment: Review of student's Typhon logs by a site visitor revealed that not all students gained pre-operative, intra-operative, and post-operative experiences prior to graduation. In the self-study report, the program indicated that four graduates in the last cohort received no general surgical experience. A review of the student files of these graduates revealed that one of the four completed an OB/Gyn rotation that included observation of two surgery cases, but with no evidence of other peri-operative care experiences. Another student file noted the completion of trauma surgery, but with no evidence of pre-operative, intra-operative or post-operative management experiences. Two other files had no documentation of any surgical management experiences.

A further review of August 2013 graduates' files revealed that 10 of 22 students completing the clinical year did not record any pre-operative, intra-operative, or post-operative experiences during the supervised clinical practice experiences. Three of 22 students reported five or fewer post-operative experiences and no pre-operative or intra-operative experiences. Only nine of 22 students in the cohort reported care for conditions requiring surgical management.

The program response acknowledges the lack of evidence to support that all students had surgery related experiences as included in the standard and notes "that there was a lack of program oversight and tight monitoring" related to the evidence of surgical related experiences.

11. **Standard B3.03** *Supervised clinical practice experiences must provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking:*

- d) care for behavioral and mental health conditions

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program could not demonstrate that SCPEs occurred in the operating room setting as required by the standard.

Comment: The site visitor review of student files revealed that several students did not complete a rotation with experiences in the operating room. The program response to site visitor observations indicates that this lack of evidence likely was due to a documentation matter resulting from student error.

12. **Standard B3.07** *Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:*

c) general surgery

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program could not provide evidence that SCPEs occurred with preceptors practicing in general surgery. The program gave provided no compelling evidence as to why it was unable to provide SCPEs with preceptors practicing in general surgery.

Comment: Review of student files by the site visitors revealed that several students did not complete a rotation with preceptors practicing in General Surgery. Some students obtained surgical experiences through interactions at various surgical specialties (e.g. orthopedics, OB/Gyn, and trauma surgery) but the program did not provide any rationale as to why general surgery was not used for the SCPE.

The program response to site visitor observations indicated that its noncompliance was “reflective of questionable judgment by the Program Director,” who interpreted the “should” standard too liberally.

13. **Standard C1.01** The program *must* implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.

ANNOTATION: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of student learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence that the program gives careful thought to data collection, management and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program has not implemented an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.

Comment: The program described the formation of an On-going Program Self-Assessment (OPSA) committee made up of program and administrative stakeholders. The committee is to evaluate data and provide the program with information to make decisions. The program indicates that data sources were identified but the application is not clear about whether this is the role of the OPSA or some other body or person. The program also indicates that individuals were made responsible for collecting and reviewing data; again the application is unclear as to who these individual are. The programs indicates analysis is provided and action items are

identified, again, however it is unclear from the materials who performs these functions. The program description of the Institutional Program Review process does not address how that process interfaces with the PA program self-assessment.

The program did not provide a graphic representation of the self-assessment process in Appendix 13 as required by the application.

The description of the self-assessment process is really just a description of a committee with no information about processes, data collection, interpretation of evidence, critical analysis, outcome measures, evaluation, application or monitoring.

14. **Standard C1.02** The program *must* apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program does not apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.

Comment: Discussions occurring at the time of the visit with faculty and the program director supported that data collection was superficial and analysis too limited to effectively foster change necessary for program improvements. The program fails to systematically measure outcomes, analyze the results, draw conclusions, implement change as a result and complete the evaluation cycle by re-measuring the outcomes/results after change.

NOTE: The following comment relates to all citations related to standard C2.01

No evidence of activities and analysis tied to ongoing self-assessment could be validated based on the data and information presented in the self-study report. Many of the narratives addressed only descriptive reports of the data. The few activities described were not clearly tied to these results. There was inadequate information in the report to address interpretations or conclusions related to the data or to show cause-and-effect relationships with program outcomes and activities

15. **Standard C2.01** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- a) the program process of ongoing self- assessment

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program,

the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program SSR does not document the program process of ongoing self-assessment.

Comment: The program describes the committee charged with program assessment. The program also lists tasks involved in self-assessment but it is not clear what processes are in place. Absent a robust, ongoing self-assessment process, it is difficult to apply results of program assessments to the program. There are changes in courses and other dimensions of the program, but what is lacking is evidence of the intermediate steps leading up to those changes. Additionally, in several cases the program describes modifications resulting from analysis as planned for the future indicating a lack of a routine and timely analysis and implementation of program improvements.

16. **Standard C2.01** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- b) results of critical *analysis* from the ongoing self-assessment

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The SSR did not document results of critical analysis from the ongoing self-assessment.

Comment: Information presented in the self-study report provided no evidence of the occurrence of critical analysis. Many of the narratives addressed only descriptive reports of the data. There was inadequate information in the report to address interpretations or conclusions related to the data or to show cause-and-effect relationships related to program outcomes and activities.

As an example, the program provided data about course evaluations and benchmarks for evaluation scores. Pharmacology evaluations were noted to fall below the benchmark consistently. The program indicated student surveys, discussions, PACKRAT scores, and PANCE scores "supported the need to implement modifications for this course." The program actions

detail intervention with the pharmacology instructor. However, it is not clear how the data reported lead to this conclusion.

Additionally, after analysis of course grades, the program concluded that students who earn low grades in certain courses did poorly on PANCE. The resulting conclusion and action plan was to tutor students who score less than 70% on exams in the identified courses. No other analysis was described (i.e., evaluation of admission data, course data, or remediation outcomes).

Several examples related to PANCE performance were included in the SSR. The program described four failures in 2008 which lead the program to “look at” student selection, preparedness, program curriculum and student support. The SSR included some details on analysis but there was no clear connection from analysis to the modifications which included increasing the entering science GPA and previous health care experience and reviewing the “relevancy and currency of all medicine topics.” Additionally, no outcomes from these modifications were reported as evaluated.

The program response to site visitor observations expresses the belief that there has been improvement in program data collection and critical analysis since the previous self-study and acknowledges that “this may not have been fully reflected in the latest re-accreditation and self-study application submitted nor through the presentations made during the site visit.”

17. **Standard C2.01** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- c) faculty evaluation of the curricular and administrative aspects of the program

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students’ preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The SSR did not document faculty evaluation of the curricular and administrative aspects of the program.

Comment: The SSR only addressed faculty evaluation of courses. There is no information about a process for faculty evaluation of the curriculum as a whole or evaluation of the administrative aspects of the program.

The program indicated faculty complete end of course reports to assess courses taught each semester. The program has set an 85% satisfaction benchmark but it is not clear how this is measured. The program describes two conclusions as a result of its analysis which have to do with alignment of courses. The program does not provide enough information to demonstrate it has an adequate process nor how data collected lead to the conclusions made. In the section regarding the sufficiency in number and effectiveness of program faculty, the program described a faculty survey used but indicates the tool was not specific to program curriculum or program administration and needs to be revised.

The program response to site visitor observations did not present any evidence to contradict this citation. The response indicated that the program is “aware of the ARC-PAs expectations.”

18. **Standard C2.01** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- d) modifications that occurred as a result of self-assessment

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition*.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The SSR did not document modifications that occurred as a result of self-assessment.

Comment: The SSR documents a disconnect between self-assessment and modifications that occurred. For example, the program noted a declining trend in student evaluation of clinical sites over the past three years. No modifications were noted in the SSR and the described plan is to continue to monitor score trends and then examine sites that receive low scores.

Another example related to changes in the pharmacology course. The program determined that the pharmacology course needed to be restructured with additional contact hours and additional content on pharmacological management. The program action was to hire a new instructor who was coached on application of pharmacology in PA practice. A pharmacology review was completed in 2012 and pharmacology content was “enhanced” during the *PANCE* review. No information was provided about changes in the course.

The program response to site visitor observations expresses the belief that there has been improvement in program data collection and critical analysis since the previous self-study and acknowledges that “this may not have been fully reflected in the latest re-accreditation and self-study application submitted nor through the presentations made during the site visit.”

19. **Standard C2.01** The program *must* prepare a self-study report as part of the application for continuing accreditation that *accurately* and *succinctly* documents the process and results of ongoing program self-assessment. The report *must* follow the guidelines provided by the ARC-PA and, at a minimum, *must* document:

- e) self-identified program strengths and areas in need of improvement

ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical *analysis* of student evaluations for each course and *rotation*, student evaluations of faculty, failure rates for each course and *rotation*, student *remediation*, student *attrition*, *preceptor* evaluations of students' preparedness for *rotations*, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the *PANCE*, sufficiency and effectiveness of faculty and staff, faculty and staff *attrition.e*

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The SSR did not document completely self-identified program strengths and areas in need of improvement. The program's self-study report identified three strengths and five areas of weakness. The strengths related primarily to the mission of the program. Throughout the document the program described plans for needed improvement. The final list of five did not address some of the self-identified issues including PANCE outcomes, curricular development (other than in public health) or clinical sites. The self-study report provided no validating evidence that the identified strengths and weaknesses were tied to data collection and analysis. The disconnect between data collection, analysis, conclusions and modifications does not guide the program to well thought out actions. Without a well-designed self-assessment process where outcome measures are used in concert with thoughtful evaluation about the results, plans for change appear to be random.

Comment: The response included that the program "agree that the self-study lacked evidence that the identified strengths and weaknesses were tied to data collection and analysis," and expressed confidence that "future self-study reports will include more measurable statements of strengths and weaknesses, including the quantitative course and rotation, outcome and achievement data on which these were analyzed."

20. **Standard C3.03** The program *must* monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for *remediation*.

Citation: Based on information contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team and the program response, the program has not demonstrated compliance with the standard.

Findings: The program does monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation.

As noted in other citations, the program did not identify all students who had deficiencies related to completion of surgery rotation requirements in a timely fashion. For those who were identified in time for remediation, corrective actions were not taken.

General Comment:

The application for the October 24-25 site visit was due in the ARC-PA offices August 29, 2013. It was received late on September 11, 2013.

Most distressing to the commission is the long history of this program related to ongoing self-analysis. After the 2010 special visit to focus on data collection and analysis, the program and institution seemed to understand the issues related to citations and past reports and expectations of the ARC-PA. Yet after the March 2012 review, the program remained unable to satisfactorily critically analyze data it had collected. This resulted in the program being placed on Accreditation-Probation.

Accreditation –Probation affords an institution and program an opportunity to demonstrate compliance in areas of the *Standards* with which they have been struggling for some time. The institution and program should have both been well aware of the importance of this comprehensive review. Submitting materials for the visit past the date upon which they were due and being poorly prepared with materials at the time of the visit do not reflect favorably on the program's appreciation of the importance of complying with the *Standards*. The fact that the response to site visitor observations from this review includes comments about the program and institution appreciating what the ARC-PA expects, with assurances and confidence that future reports will be better, yet again, holds little merit.

Additional Comments Related to Continued Noncompliance

The commission is extremely troubled that over the six past years, after a visit focused on the program's persistent inability to demonstrate compliance with standards related to ongoing self-analysis, and after the March 2012 commission review which resulted in probation, the institution and program still have not been able to implement and document an effective ongoing program self-assessment process designed to demonstrate program effectiveness and foster program improvement.

The history of the program's noncompliance was clear in ARC-PA correspondence to the program as noted in excerpts below.

March 2008 accreditation letter quotes from citations:

- It is not clear that a regular and ongoing process of collection and analysis is occurring.
- The critical analysis required to meaningfully address the challenges of student attrition, deceleration or remediation is not documented.
- The program's process of evaluation of student failures in individual courses and rotations appears largely descriptive and does not demonstrate an ongoing process of analysis across individual courses over time.
- Site visitors were not able to determine if any trends exist or if areas needing improvement for specific courses, clinical experiences or faculty have been identified.
- There is no analysis of data, it is descriptive in nature.

March 2009 response to citations submitted by the program was found unacceptable, with quotes:

- The program response did not address the citation for C1.01f regarding preceptor evaluations of student performance.
- The C2.01 standards citations were addressed by responding with an excessive amount of data tables and graphs and minimal analysis. There were solutions implemented without supporting evidence as to what issue this was addressing based on their data.
- There was no information addressing C2.01b3 (analysis of student failure rates in individual courses and rotations).
- The response that addressed Standard C2.01b4 (student evaluations of individual courses and faculty) again gave evidence that the data are collected. However, no analysis was provided. The proposed "correction" of a clinical problem (addition of Neurology rotation) was not substantiated as an identified need.
- The graduate survey issue seems to be partially solved (C2.01b5), but again the analysis is superficial at best.

March 2010 follow up report

The report was a follow up report on a previous unacceptable report. It was again found unacceptable and resulted in a focused visit being scheduled. Feedback to the program from this unacceptable report included the following:

- The response to the first three *Standards* did not provide the information requested. It does not detail "the processes, completeness and findings of the comprehensive work that was subsequently done" to demonstrate compliance with the Standards as required. Instead, the program presented a plan for what will be done. This leads the commission to conclude that nothing was done to demonstrate compliance other than a plan.
- The response to the fourth Standard demonstrates that the program does not adequately understand the processes (data collection, analysis, conclusions, plans for improvement) for self-study required by the Standards.
- In conclusion, the response to the current request is inadequate and presents a continuation of the program's failure to understand and apply the self-study process and to demonstrate that understanding through the Self-Study Report and ultimately that the program can manage itself.

May 2010 letter to program after focused visit informed the program:

- Based on the visit, the ARC-PA believed "the institution and program now fully appreciate the concerns of the commission. The issues discussed this past May and all the other elements of compliance required by the Standards will be critically reviewed during the course of the program's next comprehensive review in March 2012."
- The result was that the program was removed from administrative probation and that no further reports was sought from the program prior to its next application for continuing accreditation, site visit and commission review March 2012.

March 2012 notice of probation:

The program was given the opportunity to respond to the site visitor observations from the site visit, but chose not to respond to 9 of the 10 observations. Five of the ten citations were related to program self-analysis and the self-study process or document. The letter back to the program included:

- The commission remains troubled by the fact that the program has not satisfactorily analyzed even the preliminary data it has collected about the program.

May 2012 Reconsideration:

The materials for reconsideration provided no evidence to warrant reversal of any citation. Five of the ten citations were related to program self-analysis and the self-study process or document.

If the program wishes to appeal the ARC-PA's decision, it must send a written Notice of Appeal to me at the above address within thirty (30) calendar days after the date of this letter. If a Notice of Appeal is not received, this decision is final and not subject to appeal. A copy of the ARC-PA Appeal Procedure is enclosed for your information.

Unless an appeal is initiated, a detailed description of the process used to notify students and applicants of its probationary status must be sent to the ARC-PA office within 30 days. The program listing on the ARC-PA web site will reflect the program's Probationary status. If an appeal is initiated, the program accreditation status on the ARC-PA web site will not change until outcome of the appeal has been resolved.

Alternatively, the program may voluntarily withdraw from the accreditation process. The timeframe to do so is the same as above.

If you have questions or concerns, do not hesitate to call.

Sincerely,



John E. McCarty
Executive Director

c: Don Wright, MBA; Campus Director; Email: don.wright@sjvc.edu
Jed Grant, PA-C; Program Director; Email: JedG@sjvc.edu
Grace P. Landel, MEd, PA-C; Chair, ARC-PA
Lynn D. Fleisher, PhD, JD; Legal Counsel, ARC-PA

Attached: Appeal Procedure