



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

May 27, 2014

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Re: Reconsideration of Adverse Action

Dear Mr. Perry:

This letter is to advise you of the action taken by the Reconsideration Review Panel ("RRP") of the Accreditation Review Commission on Education for the Physician Assistant ("ARC-PA" or the "commission"). The RRP has reviewed the request and supporting materials submitted by the Physician Assistant Program sponsored by **San Joaquin Valley College** ("SJVC" or "Institution") in response to the commission's March 6-8, 2014 action to withdraw accreditation from the Physician Assistant Program ("SJVC-PA or the "Program").

The process involves review of the facts and circumstances that triggered the ARC-PA adverse action -- in light of the letter and documentation submitted by SJVC and relevant ARC-PA policies.

Based on its review, the RRP upheld 19 of the 20 citations for noncompliance with the ARC-PA's Accreditation Standards for Physician Assistant Education 4th Edition (the "*Standards*") that led to the initial decision to withdraw accreditation. Specifically, the RRC found that 19 citations were supported by substantial credible evidence and that the decision to withdraw accreditation was made in accordance with ARC-PA policies and procedures. It has therefore upheld the decision to withdraw accreditation of the SJVC program.

The reasons for this determination with respect to each citation are set forth below, beginning with a review of each of the 20 citations made by the commission in light of the points made by SJVC in its appeal. The letter then addresses each of the general arguments advanced by SJVC in the appeal. It concludes with a description of procedures available to SJVC at this point.

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)

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.

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 of 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.

Comments from Reconsideration Review Panel:

The reconsideration documents provided by SJVC validated the commission's initial citation. Although it appears the institution interacted with the program, the process of ongoing program self-assessment was grossly inadequate as noted in the commentary for multiple citations below. This conclusion is confirmed with respect to the lack of ongoing self-assessment by the statement in SJVC's submission that "The College recognizes its past failure to meet Standards in this area."

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.

Comments from Reconsideration Review Panel:

The information provided by the program for reconsideration indicated SJVC officials allowed the Program Director, Mr. Howard, to bear responsibility for compliance with the Standards, despite the program's persistent history of non-compliance with standards related to ongoing self-analysis and the March 2012 commission review which resulted in probation. The sworn statement of Jed Grant in Appendix 9 states that the PD "ran the program himself" which indicates that SJVC was not in compliance with A1.03. On page 6, the reconsideration document states, "It was only in the last several weeks, in the course of preparing this appeal, that the College learned disturbing facts concerning Mr. Howard's demeanor and conduct in the 18 months prior to the October 2013 Site Visit." This statement lends additional credence to the conclusion that the institution was not providing oversight to, or taking responsibility for, compliance with the Standards. Rather, it appears that the Program Director was allowed to proceed unsupported and unsupervised while apparently impaired for 18 months and despite at least one annual performance evaluation (per Std A2.08 and A2.09).

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.

Comments from Reconsideration Review Panel:

The RRP determined that lack of oversight by the institution led to some students not completing required SCPEs in surgery, resulting primarily from the lack of surgical sites at the time they were needed.

Note: Lack of institutional oversight for securing clinical sites further led to some students graduating despite not meeting requirements for program completion. The response appears to absolve the institution of its oversight responsibility by conferring a credential of completion to students who did not

satisfactorily complete the SJVC-PA program required experiences. This violates standard A1.03e that obligates the institution to confer a credential to those who have satisfactorily completed the program.

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.

Comments from Reconsideration Review Panel:

In light of facts detailed in the response of SJVC, the RRP has reversed citation number 4.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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

- c) 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

Comments from Reconsideration Review Panel:

The material for reconsideration provided no evidence to warrant reversal of the citation. The citation is related to the PANCE scores being “readily available” as the ARC-PA informed all programs in its Spring 2013 Notes to Programs. Additionally, this requirement was on the Program Management Portal (Portal) and thus readily available to any program or institutional staff with Portal access.

Note: The institution attests this citation resulted from “egregious procedural violations” on the part of the ARC-PA when in fact, this citation was entered after a review of the program’s data as found on the Portal. Such reviews of all programs on any commission agenda are an ongoing part of the Portal review process. The Portal has been operational for all programs since 2012. Review of Portal data occurs routinely for all programs on each commission meeting agenda. Programs on the agenda are reminded of this fact by individual email to the program director indicating when the review will begin. The SJVC program was notified that the review of its Portal would begin as early as February 2014. Since the ARC-PA’s expectation of programs is that the Portal data is accurate and up to date at any point, the added alert is provided to programs as a courtesy. Any program found not to be in compliance with any component related to the Standards or policies receives a citation related to that content. In this case, the program’s web site was accessed and reviewed via the url in the Portal, as entered by the program. The program was not in compliance with the standard as noted above. Of note is the fact that as late as the RRP review, the program was still not in compliance with the standard. The review occurred on May 9, which was after the April publication of the most recent Notes to Programs (Spring 2014) reiterating the criteria for compliance. Any program found at any time to be out of compliance with a standard will receive a notice from the ARC-PA that it is out of compliance with the standard.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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.

Comments from Reconsideration Review Panel:

The material for reconsideration provided no evidence to warrant reversal of the citation. The response to observations noted that the Assistant Program Director, who was the most thoroughly trained in using the documentation system, was away from campus due to a family emergency out-of-state. Apparently she is the only person in the institution/program able to document compliance with this standard. The site visitors were not able to determine how the program tracks remediation efforts and outcomes. Therefore, the program/institution was not able to demonstrate compliance with this standard at the time of the site visit. The onus of demonstrating compliance with the Standards resides with the sponsoring institution and program.

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.

Comments from Reconsideration Review Panel:

The material for reconsideration provided no evidence to warrant reversal of the citation. The SJVC response stated, "Although we are confident that students have pre-op, intraoperative and post-op exposure during a surgical rotation, we recognize that this confidence is based on anecdotal evidence from students and preceptors. We acknowledge that there was a lack of program oversight and tight monitoring of these issues through lack of documentation by the student and the Clinical Coordinator."

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.

Comments from Reconsideration Review Panel:

The ARC-PA incorrectly cited the standard B3.03d in the accreditation letter of March 24, 2014. The correct standard is:

- B3.04 Supervised clinical practice experiences must occur in the following settings:*
- d) operating room.

This correction correlates to the original “Findings and Comments” of the Citation number 11 and what had previously been provided the program in the “Observations” document for response after the visit.

The SJVC response did address the correct standard. However, the material for reconsideration provided no evidence to warrant reversal of the citation. The reconsideration document states, “These citations, in short, are not based on the actual lack of clinical experience in the relevant surgical areas but instead issues of recordkeeping.” The response appears to absolve the institution of its oversight responsibility of program leadership and principal faculty to manage the program. Again, the onus of demonstrating compliance with the Standards resides with the sponsoring institution and program.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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 individuals are. The program 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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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."

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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."

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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."

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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*.

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."

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

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.

Comments from Reconsideration Review Panel:

The SJVC did not appear to dispute this citation. Accordingly, the material for reconsideration provided no evidence to warrant reversal of the citation.

Response to Arguments Presented in the Request for Reconsideration

1. Extenuating Circumstances Concerning The Program Director

The heading (IIC)“Under Mr. Howard’s Leadership, The College’s Efforts To Support and Ensure Compliance With ARC-PA Standards Were Thwarted” seems to place the “blame” for the program’s lack of compliance on the program director. However, SJVC, as the sponsoring institution, bears ultimate responsibility for the program, as noted in the *Standards*. SJVC had been aware of the many problems of the program dating back to the recent comprehensive review in 2008 as summarized in the “General Comments” in the accreditation letter of March 24, 2014.

Institutional representative, Michael Perry, CEO, attesting to the completeness and accuracy of the information provided in the application and supporting documents, signed the application documents. The facts that the Program Director “did not provide the Senior Executive Team a copy of the entire report until after its submission,” or that others in the institution discovered that the documents were incomplete, or that the PD had not “followed ... guidance or developed data and other information as directed by the Senior Executive Team and its staff” are not acceptable excuses for non-compliance and do not warrant reversal of the initial decision. If anything, these facts serve only to confirm the lack of ongoing institutional involvement in the program.

In section II C. 1, the appeal indicates that prior to the August 29, 2013 deadline for the application and self-study report, Mr. Howard had requested an extension of time due to extenuating circumstances. The appeal further indicates that the ARC-PA never responded to the extension request. Significantly, however, as noted in the email below, the request from Mr. Howard was one day before the documents were due in the ARC-PA office. A response to the request to Mr. Howard with copy to Mr. Wright occurred the next day.

E-mail received –

From: Les Howard [mailto:LesH@sjvc.edu]
Sent: Wednesday, August 28, 2013 10:14 AM
To: John McCarty
Subject: SJVC PA Program

Hello John

Sorry to bother you but I really need to talk with you possible. We have a SSR due tomorrow. I am afraid that it is not going to be where I would like it to be. After attending the workshop in St Louis we wanted to try and incorporate all that we have learned into application.

Long story short it has taken longer than we anticipated. I respectfully request an extension of submission of materials until Sept 3, 2013. I can't tell you how much it would be appreciated and hope that you would give us this opportunity to accurately reflect the program, especially after attending the ARC-PA workshop. I accept full responsibility for this delay as Program Director. Please know I am not making this request lightly. We just want to try and present the program in the most accurate way possible for review.

Thank you for your consideration of this matter.

Thanks

Les Howard, PA
SJVC Primary Care PA program Visalia California

Response from ARC-PA

From: John M [johnmccarty@arc-pa.org]
Sent: Thursday, August 29, 2013 12:32 PM
To: Les Howard
Cc: Don Wright; LEMON KAREN; Heather@arc-pa.org
Subject: RE: SJVC PA Program

Les

Sorry for the brief delay, send in when it is ready, it will be noted that the deadline for its submission was missed.

2. Alleged Site Visit Team Bias

Although the program faculty may have “concluded that the Site Visit Team’s mission was to close down the PA program, rather than to gather relevant information,” there is no evidence to support this conclusion.

The statement that “... during this meeting, Dr. Lemke abandoned his script of questions...” presumes that site visitors are given, and follow, a “script.” However, there is no script that site visitors follow in their attempt to verify, validate and clarify information provided by the program. Moreover, the fact that Dr. Lemke asked various questions does not demonstrate bias on the part of the Site Visit Team. Further, we have reviewed the record and have found no suggestion of any bias on the part of the site visit team.

In this connection, it is notable that, in the December 6, 2013 cover letter in response to the site visit observations, Mr. Perry stated as follows on behalf of SJVC, “We would like to thank the team, and especially the team chair, for their observations and recommendations.” He did not refer to any purported bias on the part of the team. This fact fairly raises the inference that the allegations of bias are an after-the-fact argument lacking any substance.

All programs are given the opportunity after a site visit to complete a web based evaluation about the visit process and the visitors. The SJVC program chose not to provide any such feedback after its visit. This is further evidence that the allegations of bias lack any merit.

Further, the Request for Reconsideration also implies that the site visit team opted not to review data available through Typhon. In fact, this implication seems unwarranted. The team did review data and clarified areas with the program director when needed. Additionally, the Assistant Program Director was accessible by phone on the second day of the visit to discuss clinical coordination and rotation-grading processes.

Finally, it should also be noted that the site visit is only one component of the assessment of a program. The site visit team does not have the authority to speak on behalf of the ARC-PA regarding a program’s compliance with the *Standards*. Moreover, it does not make accreditation actions. Rather, those decisions rest exclusively with the ARC-PA, which has the sole and exclusive right to determine whether accreditation is to be granted or continued. As noted in all accreditation letters, “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.”

3. Alleged Significant and Egregious Procedural Errors

- The Citation Relating To Faculty Composition Required By Standard A2.02 Raises an Entirely New Issue and Is Based On Events Occurring Well After The Site Visit and Site Report.

SJVC was found to be out of compliance with standard A2.02b, citation 4, which on reconsideration was dropped and therefore is not the basis for the decision of the RRP.

- The Citation Relating To Publication of PANCE Pass Rates Is A New Citation With An After-the-Fact Interpretation of the Standards

The program was out of compliance with standard A3.14c, citation 7, which was upheld on reconsideration. As noted in reference to the citation specifically in this document, the program was well informed of the requirement and knew it would be assessed at the commission meeting.

- Citations Reflecting Lack of Institutional Oversight Are New Citations To Which SJVC Has Not Had an Opportunity to Respond

The appeal asserted that the process was unfair because there were citations to which the program had no opportunity to respond. We do not agree. We believe that the program had ample opportunity to respond to the observations which are one component for the decision to withdraw accreditation.

As noted elsewhere, 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 is reviewed in detail by the commissioners who give careful and deliberate thought to the accreditation action taken. The commission may, based on its review, add citations at a commission meeting related to ongoing requirements placed on all programs, as related to the *Standards*. Any program found at any time to be out of compliance with a standard will receive a notice from the ARC-PA that it is out of compliance with the standard.

A premise for the request for reconsideration was that Citations 1 and 2 appear for the first time in the Notice. Given the correlation between a program that continuously fails to demonstrate compliance with the standards and capably manage itself and ineffectual institutional oversight of that program, there was an obligatory adverse outcome of the review as it is a shared failure of all parties at the institution.

The appropriateness of the added citations is further supported within the institution's reconsideration document by the statement that "The College does not dispute the Commissions finding of noncompliance with the following ARC-PA Standards." The Standards referenced are critical components to support a successful program and which require a concerted effort by the sponsor and the program.

4. Inaccurate Facts and Misapplication of the *Standards*

The final contention of the appeal is that the decision to withdraw accreditation was based on "clearly inaccurate facts" and the "misapplication of the *Standards*." However, the RRP finds that the decision to withdraw accreditation was based on 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. It also finds that the *Standards* were applied appropriately based on the facts as supplied by the program in its application, as signed by the

institution CEO attesting to its completeness and accuracy, the report of the site visit team, and the program's response to observations.

Conclusion of the Reconsideration Review Panel

- i. *The fact that the Program Director was responsible for the failure of the program to comply with applicable standards for accreditation does not excuse the fact that the program does not meet those standards. Responsibility rests ultimately with the institution, not with one individual. The allegation of bias of the Site Visit Team "that the team had already decided that the Program should lose accreditation and were on a mission to ensure that occurred" is not supported by the facts. The program was given the opportunity to respond to the findings contained in the summary of the site visit in order to eliminate errors of fact or challenge perceived ambiguities and misperceptions. The program and institutional response and actions after the site visit supported most of the conclusions of the Site Visit Team.*

Additionally, a number of the citations are recurring themes during the program's relative short history and have been before the same institutional officials for a number of years.

- ii. *The RRP concludes that the SJVC did not present a convincing case for modification of the decision of the commission. The comments of the commission conveyed in the accreditation letter accurately summarize the program/institution status of program management.*

Next Steps

The timeframe to declare the program/institution intention regarding the following options is within **ten (10) days** of receipt of this notification.

- 1) The program may voluntarily withdraw from the accreditation process.
- 2) The program may request a Formal Appeal hearing before the ARC-PA. Such a request must be received in writing by the ARC-PA. The Appeal process accompanies this letter as a pdf.
- 3) Notwithstanding the above, however, and solely in order to bring this matter to closure while supporting the College's primary concern, the commission offers a third option.

As stated in the SJVC request for reconsideration:

"The College's primary concern has been and remains the protection of current Program students, who are scheduled to graduate in August 2014 and August 2015. If the Program loses its accreditation prior to August 2015, these students will lose necessary opportunities for clinical experience. [Grant Decl., App. 9.] In addition, they have a strong interest in graduating from an accredited PA Program, an interest that would be materially prejudiced should accreditation be withdrawn. Thus, the College's primary goal in submitting this appeal is the continuation of its accreditation through at least August 2015."

Additionally, "...the College has already suspended Program enrollments until matters raised by the Commission can be resolved."

The ARC-PA will extend accreditation – probation status of the SJVC-PA program until September 30, 2015 for students currently in the program – subject to the following conditions:

- (a) The institution will not enroll any more students into the PA program.
- (b) The institution agrees to voluntarily withdraw from the accreditation process by no later than September 30, 2015. Failure to do such will be cause for the ARC-PA to withdraw the accreditation of the program with no further opportunity to appeal.
- (c) On September 30, 2015, the ARC-PA web site will be updated to reflect the program status is as a previously accredited program.
- (d) The institution/program will Teach-Out the current students in accordance and compliance with the *Standards*. Failure to comply may be cause for withdrawal of accreditation.

The institution may, following the withdrawal of its accreditation, reapply for accreditation. The ARC-PA cannot, of course, predict what future accreditation requirements may be. However, if in the future, the program decides to reapply for accreditation, it will be required to apply via the provisional accreditation pathway, and it will be required to **meet all requirements for entry into the accreditation process** that may be in place at such time.

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

Sincerely,



John E. McCarty
Executive Director

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