

# Agenda Item #7.B.1.



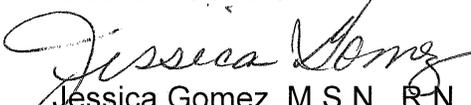
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**Board of Vocational Nursing and Psychiatric Technicians**  
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DATE: April 28, 2015

TO: Board Members

FROM:   
Jessica Gomez, M.S.N., R.N.  
Nursing Education Consultant

SUBJECT: American College of Nursing Psychiatric Technician Program –  
Consideration of Placement on Provisional Approval (Director: Sheryl  
Milton, Concord, Contra Costa County, Private).

In accordance with Section 2581.1(c) of the Psychiatric Technician Rules and Regulations,

“The Board may place any program on provisional approval when a program does not meet all requirements as set forth in this chapter and in Section 2581...”

On September 24, 2014, the Board received electronic correspondence from the school's Interim Administrator regarding the termination of the Director, effective immediately, and the planned appointment of a new director the following day. Subsequently, the Board received several complaints regarding the program.

On October 14 – 15 2014, Board representatives conducted an unannounced onsite survey of the American College of Nursing Psychiatric Technician Program. Eleven (11) violations were identified.

On November 19, 2014, the Board forwarded notification to the administrator, via certified mail, regarding the program's lack of a Board – approved director.

On February 25, 2015, the Executive Officer denied the program's request to admit additional students. In addition, the Executive Officer required the Director to correct the previously identified violations and submit correspondence confirming their correction by March 15, 2015.

On March 2, 2015, the director submitted to the Board, a response to the violations for consideration of correction. Eight (8) violations remain uncorrected.

The program is presented to the Board for consideration of placement on provisional approval.

## **History of Prior Board Actions**

(See Attachment A, History of Prior Board Actions)

## Enrollment

The full-time program is 52 weeks in length and divided into four (4) terms. Theory and clinical classes are offered during the day, evening, and on weekends. The program requires Board approval prior to the admission of each class.

The following table represents **current and projected** student enrollment based on current class starts and completions. The table indicates a **maximum enrollment of 18 students** for the period of **September 2010 through June 2015**.

ENROLLMENT DATA				
CLASS DATES		#Students Admitted	#Students Current or Completed	Total Enrolled
Start	Complete			
9/10		8	6	6
	11/11 (9/10 Class)		-6	6 - 6 = 0
5/12		11	4	0 + 4 = 4
	6/13 (5/12 Class)		-4	4 - 4 = 0
12/13		9	12	0 + 12 = 12
6/14		6	6	12 + 6 = 18
	2/15 (12/13 Class)		-12	18 - 12 = 6
	6/15 (6/14 Class)		-6	6 - 6 = 0

## Licensing Examination Statistics

The following statistics, published by Psychological Services, LLC (PSI), for the period January 2012 through March 2015, specify the pass rate statistics for graduates of the American College of Nursing Psychiatric Technician Program on the California Psychiatric Technician Licensure Examination (CAPTLE) and variances from state average annual pass rates.

Psychiatric Technician Licensure Examination Data							
Quarterly					Annual Statistics*		
Quarter	# Candidates	# Passed	% Passed	State Average Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate [CCR §2585 (I)]	Variance From State Average Annual Pass Rate
Jan - Mar 2012	1	1	100%	80%	100%	79%	+ 21
Apr - Jun 2012	1	1	100%	80%	100%	79%	+ 21
Jul - Sep 2012	1	0	0%	84%	67%	82%	-15
Oct - Dec 2012	No Candidates Tested			77%	67%	81%	-14

Psychiatric Technician Licensure Examination Data							
Quarterly				Annual Statistics*			
Quarter	# Candidates	# Passed	% Passed	State Average Pass Rate	Program Average Annual Pass Rate	State Average Annual Pass Rate [CCR §2585 (I)]	Variance From State Average Annual Pass Rate
Jan - Mar 2013	No Candidates Tested			88%	50%	82%	-32
Apr - Jun 2013	No Candidates Tested			89%	0%	85%	-85
Jul - Sep 2013	1	1	100%	84%	100%	86%	+14
Oct - Dec 2013	1	1	100%	84%	100%	86%	+14
Jan - Mar 2014	No Candidates Tested			86%	100%	86%	+14
Apr - Jun 2014	1	1	100%	74%	100%	83%	+17
Jul - Sep 2014	1	1	100%	77%	100%	82%	+18
Oct - Dec 2014	No Candidates Tested			77%	100%	80%	+20
Jan - Mar 2015	No Candidates Tested			84%	100%	79%	+21

\*The Annual Pass Rate changes every quarterly period. It is calculated by dividing the number of candidates who passed during the current and previous quarters by the number of candidates who tested during the same period. If no data is available for the relevant period, the statistic is carried over from the last quarter for which data is available.

California Code of Regulations (Code), section 2585(I) states:

“The program shall maintain a yearly average minimum pass rate on the licensure examination that does not fall below 10 percentage points of the state average pass rate for first time candidates of approved psychiatric technician schools for the same period.”

This data substantiates the program’s compliance with Section 2585 (I) of the Code for the most recent seven (7) consecutive quarters.

Based on the most recent data available (January - March 2015), the program's average annual pass rate is **100%**. The California average annual pass rate for graduates from approved psychiatric technician programs who took the California Psychiatric Technician Licensure Examination for the first time during the same period is 79%. The annual average pass rate for the American College of Nursing Psychiatric Technician program is **20** percentage points **above** the state annual average pass rate. However, it is important to note that the program’s average annual pass rate **represents statistics for two (2) program graduates**.

**Faculty and Facilities**

Section 2588(c) of the Psychiatric Technician Rules and Regulations states:

“For supervision of clinical experience, there shall be a maximum of 15 students for each instructor.”

The program's Board-approved faculty totals ten (10). Of the total faculty, six (6) are approved to teach in the clinical area. The director has a 60% teaching and 40% administrative work assignment.

For a maximum enrollment of 18 students, two (2) instructors are required. Therefore, the current number of clinical faculty is **adequate** for the existing enrollment.

Section 2588(b) of the Psychiatric Technician Rules and Regulations states, in part:

"Schools shall have clinical facilities adequate as to number, type, and variety of patients treated, to provide clinical experience for all students in the areas specified by Section 2588. There must be available for student assignment, an adequate daily census of patients to afford a variety of clinical experiences consistent with competency-based objectives and theory being taught."

Clinical sites are **adequate** as to number, type and variety of patients treated to enable current students to achieve the clinical objectives.

### **Other Considerations**

On September 24, 2014, the Board received correspondence via email from the interim school administrator advising of the termination of the program's Director, effective immediately. The email, containing the letter, specifically stated a new director would be in place the following day. As noted previously, the program subsequently received a number of complaints regarding the program.

On October 14 and 15, 2014, Board representatives conducted an unannounced onsite inspection of the program. During the survey, eleven (11) violations were identified, including violation of Section 2584(b) of the Psychiatric Technician Rules and Regulations. Specifically, the program lacked a faculty member designated as director.

On November 19, 2014 the Board forwarded notification to the administrator, via certified mail, regarding the violation of no faculty member designated as director of the program. The administrator was requested to submit a report by December 5, 2014, regarding program resources and enrolled classes as follows (see Attachment B):

- a. List of currently enrolled classes
- b. Instructional calendar for each enrolled class
- c. List of current faculty and assignments
- d. List of clinical facilities to which students are assigned.

On December 5, 2014, the Board received a response to the letter of violation from the interim administrator. The letter addressed reasons why a director had not been hired to date (see Attachment C).

On December 10, 2014, the Board forwarded correspondence per certified mail to the interim school administrator advising of program violations identified during the onsite inspection by Board representatives (see Attachment D).

**On December 16, 2014, the Board approved a new program director.**

On March 13, 2015, the director responded to the violations as required. (See Violations and Attachment E)

**On April 7, 2015, the Board received electronic correspondence advising of the termination of the program director, effective April 6, 2015 at 10:00 P.M.**

On April 7, 2015, the assigned consultant and Supervising Nursing Education Consultant met with the school administrator and newly appointed assistant director relative to the status of the program. Board representatives discussed the program's responses, to date, addressing previously identified violations. Of particular note, Board representatives discussed the instability in program administration since September 24, 2014, during a time when students were enrolled. Due to the lack of correction of identified violations, program representatives were advised of the program's placement on the Board's agenda for consideration of placement on provisional approval.

**On April 13, 2015 the Board approved a new program director.**

On April 13, 2015, the Board received the new director's response to the violations consisting of forms, policies, attendance records, and remediation forms, each previously submitted by the former director. A detailed report was not included, and no information was provided to indicate any changes in the status of the violations.

### **Violations**

The following summarizes previously identified violations and the status of corrective actions by the program.

#### **Section 2581(a)(4) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (4) Curriculum Objectives."

**Violation #1:** Board files confirm that the program has Board – approved curriculum objectives. However, the program was unable to provide a copy of the approved curriculum objectives or confirm that instruction provided students is consistent with the approved objectives and results in the completion of the approved program of instruction.

**Status #1:** This violation is **corrected**. On January 5, 2015, the program director submitted documentation confirming implementation of the Board - approved curriculum objectives for all theory and clinical courses.

#### **Section 2581(a)(7) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (7) Instructional Plan.”

**Violation #2:** Board files confirm that the program has a Board – approved Instructional Plan. However, program administration and staff were unable to produce a copy of the Board – approved Instructional Plan or provide evidence of its implementation.

**Status #2:** This violation is **corrected**. On January 5, 2015, the director submitted documentation confirming utilization of the approved Instructional Plan and dissemination to each faculty member. Further, the director stated that the program’s approved instructional plan is available to each faculty member on the school computers.

**Section 2581(a)(8) of the Psychiatric Technician Rules and Regulations states:**

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (8) Evaluation methodology for curriculum.”

**Violation #3:** Board files confirm that the program has an approved methodology and procedure for evaluation of the curriculum. However, the program provided no evidence that the curriculum had been evaluated to determine its effectiveness, currency, or need for revision.

**Status #3:** This violation is **not corrected**. The director provided evidence of staff meeting minutes stating the evaluation of the program curriculum was discussed. On April 13, 2015, for the ten (10) faculty members, the new director submitted six (6) curriculum evaluation forms dated April 10, 2015, each to represent a different instructor’s evaluation. The information provided reflected the opinions and contained signatures of two faculty members only. The forms had large areas redacted.

To date, the program failed to submit findings from the evaluation of the curriculum, including, but not limited to, its effectiveness, correlation of theory and clinical content, revisions, etc. Further, a timeline and plan for future evaluations was not submitted.

**Section 2581(a)(11) of the Psychiatric Technician Rules and Regulations states:**

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (10) Evaluation methodology for clinical facilities.”

**Violation #4:** Program representatives were unable to provide documentation confirming implementation of its approved methodology for the evaluation of clinical facilities.

**Status #4:** This violation is **not corrected**. The program has a Board approved methodology for evaluation of clinical sites. The director has submitted a

plan for implementation of the approved evaluation methodology. According to the draft supplied by the director the evaluation form was introduced at the January 2015 faculty meeting, student evaluation forms were introduced to students on Feb 9, 2015. However, to date, the program has failed to submit a timeline of implementation, or evidence that any clinical sites have been evaluated by the director, or faculty members.

**Section 2581(a)(16) of the Psychiatric Technician Rules and Regulation states:**

“The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (16) Resources for provision of counseling and tutoring services for students.”

**Violation #5:** The program failed to provide evidence confirming resources for the provision of counseling and tutoring services either listed on campus or in the student handbook.

**Status #5:** This violation is **corrected**. A list of counseling resources available at the college and within the community was developed and hung in the student lounge, and library. Photos of the list were submitted to the Board as verification.

**Section 2582(b) of the Psychiatric Technician Rules and Regulations states:**

“A school shall report to the Board within ten days of the termination of a faculty member.”

**Violation #6:** According to the interim administrator, since September 2014, several instructors were terminated or have resigned. The program failed to notify the Board of such terminations within the time prescribed by regulations. Further, the Program was unable to provide a list of current Board approved faculty.

**Status #6:** This violation is **not corrected**. The program has submitted a list of current faculty and their utilization. The director submitted a plan to evaluate faculty status **monthly** and notify the Board of any changes. As presented, the plan is noncompliant with the regulatory requirement to notify the Board within 10 days of the termination or resignation of a faculty member.

On April 7, 2015, the administrator verbally informed the Board of the termination of the psychiatric technician program director on April 6, 2015. The terminated director submitted a notice of her resignation to the Board on April 13, 2015.

On April 13, 2015, the newly approved director submitted a plan specifying that each employee will submit in writing their intentions to

continue teaching at the American College of Nursing **weekly**. To date, the director has failed to indicate how the information and forms would be handled or when the Board would be notified of terminations or resignations.

It is important to note that reported weekly notification of faculty intentions to continue teaching **does not** support the development of a consistent schedule for instruction and may negatively impact the delivery of quality education for enrolled students

**Section 2585(e) of the Psychiatric Technician Rules and Regulation states:**

“Each instructor shall have a daily lesson plan which correlates the theory and practice offered to the student. A copy of this plan shall be available to the director.”

**Violation #7:** The program was unable to provide lesson plans as required by regulation. Program staff and the interim administrator provided binders of purchased content and course descriptions. No lesson plans correlating theory and practice were provided.

**Status #7:** This violation is **corrected**. On March 13, 2015 the director submitted lesson plans for all classes taught in the program.

**Section 2585(i) of the Psychiatric Technicians Rules and Regulations states:**

“The school shall evaluate student performance to determine the need for remediation or removal from the program.”

**Violation #8:** While the program has an approved remediation plan, during the survey visit, the program was unable to provide evidence confirming its implementation by student files or by the interim administrator.

**Status #8:** This violation is **not corrected**. On April 13, 2015, the new director submitted one remediation form dated March 28, 2015. The reason for remediation was identified as “*clinical absence due to instructor absence*.” The student’s assigned remediation consisted of completing a case study. The instructor signed the remediation form on April 4, 2015. The form was not signed by the student. (See Attachment F)

To date, the program has failed to submit documentation confirming the evaluation of the document submitted by the student and reevaluation of the student by the instructor to ensure that objectives missed as a result of the absence were met in accordance with an established schedule.

**Section 2585(h) of the Psychiatric Technician Rules and Regulations states:**

“Each school shall have an attendance policy approved by the Board. The policy shall include but not be limited to, criteria for attendance and the specific course objectives for which make-up times is required. . .”

**Violation #9:** The program has an attendance policy published in the student handbook. However, the interim administrator confirmed that accurate attendance records have not been kept for students in the psychiatric technician program and stated a new plan has been developed. An examination of program documents during and since the onsite inspection produced no evidence of follow-up for student absences from clinical or theory hours.

**Status #9:** The violation is **not corrected**. On December 13, 2014, the director submitted to the Board a revised attendance policy. The Director resubmitted the revised attendance policy on March 3, 2015; however, the director failed to submit supporting documentation confirming implementation of the policy.

On April 13, 2015, the new director submitted the original Board approved attendance policy. The director provided the attendance sign-in sheets for the PTE-D614 class, for a one - month period. It was noted that one student missed 2.5 days (20 hours) of theory classes. One *Remediation Plan* form was submitted for that student, which was dated prior to the attendance sheets submitted. The written reason for the deficiency: “*Pre Paid tickets at of tain prior to starting program.*” [sic]. The form indicated the student was absent on February 14, 2015, missing a clinical day of eight (8) hours. A total of 2.25 hours of clinical was made up by, *listening to the “NA” meeting and writing a report.* The student signed the form on February 14, 2015, the instructor signed the form on April 6, 2015. The form was not signed by director. (See Attachment G)

Evidence the program is following the attendance policy was not provided.

**Section 2588(d) of the Psychiatric Technician Rules and Regulations states:**

“Schools are responsible for the continuous review of clinical facilities to determine if the student’s clinical objectives for each facility are being met.”

**Violation #10:** As Noted in Violation #4, program representatives were unable to provide documentation substantiating the evaluation of clinical facilities.

**Status #10:** This violations is **not corrected**. The director reports that a clinical site evaluation calendar has been developed. However, to date, the director has failed to submit evidence that any clinical facilities have been evaluated.

**Section 2584(b) of the Psychiatric Technician Rules and Regulations states:**

“Each psychiatric technician program shall have one faculty member, designated as director who meets the requirement of subsection (c)(1) herein who shall actively administer the program. The director is responsible for compliance with all regulations in Chapter 2, Article 5 (commencing with Section 2580 et seq.).”

**Violation #11:** On September 24, 2014, the Board was notified of the termination of the program director. The program had no Board – approved director actively administering the program from that time through December 16, 2014, when a new director was approved. The director was terminated on April 6, 2015.

On April 7, 2015 the Assistant Director and Administrator met with the Supervising Nursing Education Consultant and the assigned Nursing Education Consultant. The Assistant Director introduced herself as the Dean of Nursing. Neither of the American College of Nursing representatives could identify the number of current students in the program. On April 13, 2015, the Assistant Director was approved by the Board as director of the psychiatric technician program.

Observations during the onsite program inspection, evaluation of critical elements, and documents and information submitted subsequent to the onsite inspection confirm the lack of active program administration by a Board – approved director.

**Status #11:** This violation is **not corrected**. The program has failed to demonstrate consistent and active administration of the program by a Board – approved director. The new director was supplied the standard *New Director Orientation Packet*. The director stated that the orientation packet was inadequate and she would like to have at least a week of one-on-one orientation.

In summary, the program has corrected four (4) of the eleven (11) identified violations, seven (7) violations remain uncorrected.

**Recommendations:**

1. Place the American College of Nursing Psychiatric Technician Program on provisional approval for the two (2) year period from May 15, 2015 through May 31, 2017.
2. Require the program to admit no additional students without prior approval by the full Board.
3. Require the program director to submit, under penalty of perjury, the names of all enrolled students, date of admission, placement in the curriculum, and expected date of graduation by **June 1, 2015**.

4. Require the program to correct existing violations identified during the onsite inspection, and submit a report identifying implemented interventions no later than **June 30, 2015**. The report shall include the following.
  - a. Implementation of the approved methodology, including timeline for initial and ongoing evaluation of the curriculum
  - b. Implementation of the approved methodology for evaluation of the clinical facilities.
  - c. Plan to ensure maintenance of accurate faculty data and Board notification of faculty terminations as prescribed by Section 2582 (b) of the Psychiatric Technician Rules and Regulations.
  - d. Evaluation of student performance to determine the need for remediation or removal from the program.
  - e. Implementation of the approved attendance policy to include identification of students for whom absences are identified and assigned follow-up.
  - f. Implementation of the program's approved methodology including timeline for initial and ongoing evaluation of clinical facilities utilized for student clinical experiences.
  - g. Implementation of program's remediation policy to include identification of students who are at risk of failure from either academic or code of conduct issues, identification of deficiencies, remediation plan, **and** follow-up.
  - h. Active administration by a Board - approved director.
5. Require the program to submit a follow-up report regarding the effectiveness of all implemented interventions no later than **August 30, 2015**.
6. Required the program to submit follow-up reports in ten (10) months, but no later than **March 1, 2016**, and 22 months, but no later than **March 1, 2017**. The reports shall include a comprehensive analysis of the program, specific actions taken to improve program pass rates, timeline for implementation, and the effect of employed interventions. The following elements must be addressed in the analysis.
  - a. Admission Criteria.
  - b. Screening and Selection Criteria.
  - c. Terminal Objectives.
  - d. Curriculum Objectives.
  - e. Instructional Plan.
  - f. Theory and Clinical Objectives for Each Course.
  - g. Lesson Plans for Each Course.
  - h. Textbooks.
  - i. Attendance Policy.
  - j. Remediation Policy.
  - k. Evaluations of Theory and Clinical Faculty.
  - l. Evaluations of Theory Presentations.
  - m. Evaluations of Clinical Rotations and Their Correlation to Theory Presentations.
  - n. Evaluation of Student Achievement.

o. Current Enrollment.

7. Require the program to comply with all approval standards in Article 4 of the Psychiatric Technician Law, commencing at Business and Professions Code Section 4530, and Article 5 of the Psychiatric Technician Rules and Regulations, commencing at California Code of Regulations, Title 16, section 2580.
8. Require the program to demonstrate correction and sustain corrections in relation to the violations.
9. Failure to make any of these corrective actions may cause the full Board to revoke the program's approval.
10. Place the program on the **May 2017** Board agenda for reconsideration of provisional approval

**Rationale:** Board representatives conducted an unannounced onsite inspection of the program on October 14 and 15, 2014. Eleven (11) were identified.

Since September 23, 2014, American College of Nursing Psychiatric Technician program has failed to provide consistent active leadership. That failure is evidenced by the termination of the director on September 23, 2014; a period of three months without a director; Board approval of a new program director on December, 16, 2014; terminated of the new director on April 6, 2015; and Board approval of a new program director on April 13, 2015.

As of April 16, 2015, five (5) of the eleven (11) violations have been corrected; six (6) violations remain uncorrected.

American College of Nursing Psychiatric Technician Program's annual average pass rate is 100%. The program has consistently had compliant pass rates for the last seven (7) quarters, averaging 14 to 20 percentage points **above** State average annual pass rates. However, the number of program graduates tested is very small. The NCLEX pass for the last four (4) most recent quarters (April 2014 through March 2015) reflects the results of two (2) candidates only.

Given the foregoing, placement of the program on provisional approval is recommended.

Board staff will continue to monitor the program by tracking its licensure examination pass rate quarterly, and analyzing the program's resources and progress in correcting current violations.

Attachment A: History of Prior Board Actions.

Attachment B: Board Correspondence Sent Per Certified Mail Re. Violation, Dated November 19, 2014.

- Attachment C: Program Correspondence from Interim Administrator Re. PT Director Vacancy, Dated December 5, 2014; Received December 5, 2014.
- Attachment D: Board Correspondence Sent Per Certified Mail Re. Violations, Dated December 10, 2014.
- Attachment E: Program Correspondence Re. Response to Violations, Dated March 13, 2015.
- Attachment F: Program Remediation Plan, Received April 13, 2015.
- Attachment G: Program Remediation Plan, Received April 13, 2015.

# Agenda Item # 7.B.1., Attachment A

## AMERICAN COLLEGE OF NURSING PSYCHIATRIC TECHNICIAN PROGRAM

### History of Prior Board Actions

- On February 4, 2009, the Board approved the school's request to begin a 12-month psychiatric technician program with an initial class of 30 students to commence on March 15, 2009 and to graduate on March 20, 2010. The Board also approved the curriculum for 1560 hours, including 601 theory and 959 clinical hours.
- On May 5, 2010 the program notified the Board that first class would begin on September 22, 2010 and completing on October 21, 2012.
- On March 20, 2012, the Executive Officer approved full approval for the American College of Nursing Psychiatric Technician Program for the four-year period from November 1, 2011, through October 31, 2015, and the Board issued a certificate accordingly; approved the program's request to admit 30 students on April 23, 2012, with a projected graduation date of April 27, 2013, only, to **replace** students who graduated on November 9, 2011; and, required the program to obtain Board approval prior to the admission of each class.
- On December 6, 2012, the executive officer approved the program's request to admit a day class of 30 students and 3 alternates on January 28, 2013, **only**, with a graduation date of February 8, 2014, to **replace** students graduating on January 24, 2013; and, continue to require the program to obtain Board approval prior to the admission of each class.
- On January 22, 2013, the Executive Officer approved the program's request to admit an additional class of 30 students with three alternates on May 13, 2013, only, with a projected graduation date of May 16, 2014; **and**, required the program to obtain Board approval prior to the admission of each class; **and**, required the director to submit a report by June 1, 2013, including, but not limited to, the following issues:
  - a. Actions being taken by the program to assure that graduates take the licensure examination in a timely manner, including mechanisms for following up with graduates of prior classes who have not yet taken the licensure examination.
  - b. Assessment of admission criteria to determine if they adequately screen candidates for the program in order to decrease attrition from the program.
- On November 25, 2013, The Executive Officer approved the program's request to admit an additional class of 30 students with three alternates on December 2, 2013, **only**, with a projected graduation date of January 15, 2015; **and**, required the program to obtain Board approval prior to the admission of each class.

- On May 22, 2014 the Executive Officer **approved** the program's request to admit an additional class of 30 students with three alternates on June 9, 2014, **only**, with a projected graduation date of June 26, 2015; **and required** the program to obtain Board approval prior to the admission of each class; **and, required** the director to conduct a complete analysis of the action plan submitted June 14, 2013 regarding the program's attrition rate and graduates not testing for licensure after completion of the program and submit a written report by June 30, 2014. That report must include a complete analysis the program, factors contributing to the program's attrition rate, plan to reduce the attrition rate, timeline for implementation, effect of employed interventions.
- On September 24, 2014, the Board received correspondence regarding the termination of the program effective immediately.
- On October 14 and 15, 2014, Board representatives conducted an onsite inspection of the program. Eleven (11) violations were identified.
- On November 19, 2014, the program was notified of violation of no administration of the program.
- On December 10, 2014, the program was notified of the eleven (11) violations identified during the unannounced program visit.
- **On December 16, 2014, the Board approved a new director.**
- On January 15, 2015, the Board received program corresponding regarding its response to identified violations.
- On February 25, 2015, the Executive Officer **denied** the program's request to admit a class of 20 students on March 9, 2015, only, with a projected graduation date of July 5, 2016. **Continued** to require the program to obtain Board approval prior to the admission of each class. **Required** the program to correct deficiencies identified during the onsite visit and submit documentation confirming correction no later than **March 15, 2015**, to include the following:
  - a. Implementation of the program's approved methodology including timeline for initial and ongoing evaluation of the curriculum.
  - b. Names of program faculty terminated since September 1, 2014, including dates of approval, utilization, and dates of termination.
  - c. Plan to ensure maintenance of accurate faculty data and Board notification of faculty terminations as prescribed by Section 2527 (b) of the Psychiatric Technician Rules and Regulations.
  - d. Lesson plans for the approved curriculum
  - e. Implementation of the program's attendance policy to include identification of students for whom absences are identified and assigned follow-up.
    - 1) Implementation of the program's approved methodology including timeline for initial and ongoing evaluation of clinical facilities utilized for student clinical experiences.

- 2) Implementation of program's remediation policy to include identification of students who are at risk of failure from either academic or code of conduct issues, identification of deficiencies, remediation plan, **and** follow-up.

Failure to correct identified violations may result in the program being placed on the May 2015 Board meeting agenda, for consideration of placement on provisional approval.



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## CERTIFIED MAIL

November 19, 2014

Diane Rames, Interim Administrator  
American College of Nursing  
1855 Gateway Blvd., Tower 2, Suite 180  
Concord, CA 94520

***Subject: Notice of Violation***

Dear Ms. Rames:

On September 24, 2014, the Board received electronic correspondence advising of the termination of Laura Smith McKenna as director for the American College of Nursing Vocational Nursing and Psychiatric Technician Programs. On October 8, 2014, Board records specify the approval of Cynthia Albana Illicito as director of the vocational nursing program.

The Board has confirmed that students are currently enrolled in the psychiatric technician program and that the program continues to hold classes. However, to date, the program has failed to submit an application to the Board requesting approval of a director of the American College of Nursing Psychiatric Technician Program.

You are advised that the continuation of the American College of Nursing Psychiatric Technician Program without an approved director constitutes a violation of California Code of Regulations Section 2584 (b), which reads:

“Each psychiatric technician program shall have one faculty member, designated as director who meets the requirements of subsection (c)(1) herein who shall actively administer the program. The director is responsible for compliance with all regulations in Chapter 2, Article 5 (commencing with Section 2580 et seq.)”

The Board strongly recommends that violations of this nature be avoided. Such violations jeopardize your program's continued approval. Moreover, such violations seriously jeopardize the education of students. The Board is mandated to ensure the protection of the health, safety, and welfare of California consumers. Students in your program are consumers.

The following information is requested no later than **Friday, December 5, 2014**

1. A detailed plan for administration of the American College of Nursing Psychiatric Technician Program that is compliant with requirements specified in the cited regulation.

2. List of currently enrolled classes, including the following:
  - a. Date of class commencement;
  - b. Number of students admitted;
  - c. Number of students currently enrolled; and
  - d. Date of projected graduation.
3. Instructional calendar for each enrolled class specifying theory and clinical content for each enrolled class.
4. List of current faculty and assignment.
5. List of clinical facilities to which students are assigned, including the following:
  - a. Classification of experience offered.
  - b. Theory content to which the clinical experience is correlated.
  - c. Level of student assigned.

Should further clarification be needed, please feel free to contact the Board at (916) 263-7843.

Sincerely,

*Cheryl C. Anderson*

**CHERYL C. ANDERSON, M.S., R.N.**  
Supervising Nursing Education Consultant

cc: Todd D'Braunstein, P.T.  
Board President

Teresa Bello-Jones, J.D., M.S.N., R.N.  
Executive Officer

# Agenda Item #7.B.1., Attachment C



Rcd. 12/5/14  
via Email JG

1855 Gateway Blvd. Suite 180, Tower II  
Concord, CA 94520  
Tel 925-689-9900 Fax 925-689-9909

December 5, 2014

Ms. Cheryl C. Anderson, MSN, RN  
Supervising Nursing Education Consultant

Ms Jessica Gomez, MSN, RN  
Nursing Education Consultant

Board of Vocational Nursing & Psychiatric Technicians  
2535 Capitol Oaks Drive, Suite 205  
Sacramento, CA 95833

Delivered by email and US Mail (registered)  
[Cheryl.Anderson@dca.ca.gov](mailto:Cheryl.Anderson@dca.ca.gov)  
[Jessica.Gomez@dca.ca.gov](mailto:Jessica.Gomez@dca.ca.gov)

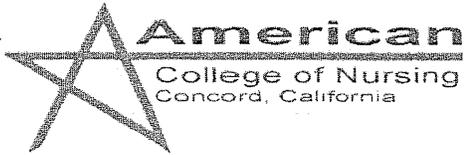
Dear Ms. Anderson and Ms. Gomez,

The purpose of this letter is to respond in part to your letter of November 19, 2014 concerning the Psychiatric Technician Program at the American College of Nursing (ACN), Concord, CA.

Two days following the September 24, 2014 dismissal for cause of Laura Smith McKenna (VN and PT Program Director for ACN), we had in place an academic leadership team comprised of Ms. Cynthia Illicito, RN, BSN, MSN, and now serving as ACN's current VN Program Director (Fully approved in both VN and PT); Ms. Brenda Beall, RN, EDD/ET (c), ADN, MBA/HCM, BS/BA, and LNC (Fully approved in both VN and PT); Elizabeth Coles, RN, Hemodialysis Program Director; Ms. Doris Diener BSC Accounting, Admissions and Compliance Director; and myself, Diane Rames, BA Psychology, (focus on developmental disabilities in adults), Interim Administrator.

While we have the talent and credentials on staff to have presented one of our qualified faculty members as our PT Program Director to the BVNPT, we chose instead to do a search to recruit a strong candidate who would diversify our leadership team, both in scope of experience, credentials, and skills.

The professional to whom we initially offered the PT Director's role, subsequently had a major change in family circumstances which caused her to withdraw from consideration.



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Concord, CA 94520  
Tel 925-689-9900 Fax 925-689-9909

The interview team conducted numerous rounds of interviews and ended up offering faculty positions to several of the candidates who had initially expressed interest in the PT Director's role.

Ms. Jessica Gomez, MSN, RN, shall shortly be receiving 3 BVNPT applications: Ms. Holly Short, RN; Ms. Joe Mercy Lingan, BSN, RN; and Ms. Dodie Corpuz, RN.

Our candidate for BVNPT consideration as the PT Program Director is Mr. Norman A. Factora, BSN, RN #684822. His packet is being prepared now. Mr. Factora is a Family Practice MD from the Philippines. He is presently having his credentials evaluated and has one exam remaining for him to participate in a medical residency program.

We have modified the timeframe for him to complete the BVNPT paperwork in order to accommodate his previously scheduled travel plans to the East Coast. He returns this Sunday and is scheduled to finish his application packet with Ms. Doris Diener on Monday, December 8, 2014.

I am enclosing a copy of the request to admit packet which we submitted to our BVNPT Consultant, Ms. Jessica Gomez, on November 25, 2014.

I will continue to personally lead the PT team defined in my opening 2<sup>nd</sup> paragraph while Mr. Factora's application is still in process and will take responsibility to oversee, that if accepted as the PT Program Director, that Mr. Factora is allowed the time and resources to quickly get up to speed on our entire PT program. Mr. Factora will be provided with the Online New Director Orientation packet and a complete copy of the PT Law with Rules and Regulations, and a complete copy of the PT Program Instructional Plan.

We shall put together the remaining items requested within your letter of November 19<sup>th</sup> by the requisite deadline of December 15, 2014. Our goal is to utilize the packet responding to your inquiry as a training and orientation tool for Mr. Factora.

Please do not hesitate to contact me directly with any additional questions,

Sincerely yours,

Diane Rames  
Interim Administrator

# Agenda Item #7.B.1., Attachment D



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945  
Phone 916-263-7800 Fax 916-263-7855 Web www.bvnpt.ca.gov



## Certified Mail

December 10, 2014

Ms. Diane Rimes  
Interim Administrator  
American College of Nursing-Concord  
1855 Gateway Boulevard Tower II Suite 180  
Concord, CA 94520

### *Subject: Psychiatric Technician Program Notice of Violation*

Dear Ms. Rimes:

On October 14 and 15, 2014, the Board of Vocational Nursing and Psychiatric Technicians (Board) conducted an unannounced program survey visit to American College of Nursing, Concord, Psychiatric Technician Program.

Based on the program survey visit and analysis of submitted documents, the following preliminary list of violations were identified:

#### **Section 2581(a)(4) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (4) Curriculum Objectives."

**Violation #1:** Board files confirm that the program has Board – approved curriculum objectives. The program was unable to provide a copy of the approved curriculum objectives.

**Required Action:** Provide the Board with a copy of the curriculum objectives.  
Due no later than January 5, 2015.

#### **Section 2581(a)(7) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (7) Instructional Plan."

**Violation #2:** Board files confirm that the program has a Board – approved Instructional Plan. Program administration and staff were not able to produce a copy of the Board – approved Instructional Plan.

**Required Action:** Provide the Board with a copy of the Board approved Instructional Plan.  
Due no later than January 5, 2015.

**Section 2581(a)(8) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (8) Evaluation methodology for curriculum."

**Violation #3:** Board files confirm that the program has an approved methodology and procedure for evaluation of the curriculum. However, during the visit the interim administrator produced no evidence that the curriculum had been evaluated to determine its effectiveness, currency, or need for revision.

**Required Action:** Provide a plan for evaluation of the curriculum, and a timeline which the curriculum evaluation will be accomplished, and the results of the evaluation.  
**Due no later than January 5, 2015.**

**Section 2581(a)(11) of the Psychiatric Technician Rules and Regulations states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:  
... (10) Evaluation methodology for clinical facilities."

**Violation #4:** Board files confirm that the program has a methodology and procedure for evaluation of clinical facilities. However, program representatives were unable to provide documentation substantiating that clinical facilities had been evaluated.

**Required Action:** Provide documentation of evaluation of clinical facilities and a proposed timeline for ongoing evaluation of clinical facilities. Evaluation of clinical facilities should include, but not be limited to:

- 1) Term of the program the facility is utilized by students;
- 2) Describe the types of experience available as related to the ability of the students to meet the program's stated clinical objectives;
- 3) Description of observed evidence of correlation of theory to clinical;
- 4) Description of evidence of correlation of theory to clinical;
- 5) Dates students are assigned to the clinical site;
- 6) Identified problems;
- 7) Plan to correct identified problems.

**Due no later than January 5, 2015.**

**Section 2581(a)(16) of the Psychiatric Technician Rules and Regulation states:**

"The institution shall apply to the Board for approval. Written documentation shall be prepared by the director and shall include:

... (16) Resources for provision of counseling and tutoring services for students."

**Violation #5:** No list of resources was found on campus or in the student handbook.

**Required Action:** Provide a list of resources for tutoring and counseling services. Provide evidence of how list is made available to students.  
**Due no later than January 5, 2015.**

**Section 2582(b) of the Psychiatric Technician Rules and Regulations states:**

"A school shall report to the Board within ten days of the termination of a faculty member."

**Violation #6:** According to the interim administrator, since September 2014, several instructors were terminated or resigned. The Board has not been notified. The Program was unable to provide a list of current faculty.

**Required Action:** Provide a list of all faculty used within the last twelve (12) months. Include the date of hire and current status.  
**Due no later than January 5, 2015.**

**Section 2585(e) of the Psychiatric Technician Rules and Regulation states:**

"Each instructor shall have a daily lesson plan which correlates the theory and practice offered to the student. A copy of this plan shall be available to the director."

**Violation #7:** The program was unable to provide lesson plans as required by regulation. Program staff and the interim administrator provided binders of purchased content and course descriptions. No lesson plans correlating theory and practice were provided.

**Required Action:** Provide lesson plans in accordance with the Board – approved instructional plan.  
**Due no later than January 15, 2015.**

**Notice of Violations**

December 10, 2014

Page 4 of 6

**Section 2585(i) of the Psychiatric Technicians Rules and Regulations states:**

“The school shall evaluate student performance to determine the need for remediation or removal from the program.”

**Violation #8:** Where the program has an approved remediation plan, during the survey visit, no confirmation of remediation was provided in the student files or by the interim administrator.

**Required Action:** Submit a plan and timeline to evaluate the enrolled Psychiatric Technician students and the results of the evaluation.

**Due no later than January 5, 2015**

**Section 2585(h) of the Psychiatric Technician Rules and Regulations states:**

“Each school shall have an attendance policy approved by the Board. The policy shall include but not be limited to, criteria for attendance and the specific course objectives for which make-up times is required. . .”

**Violation #9:** The program has an attendance policy published in the student handbook. However, the interim administrator confirmed that accurate attendance records had not been kept for students in the Psychiatric Technician program and stated a new plan had been developed. An examination of program documents produced no evidence of follow-up for student absences from clinical or theory hours.

**Required Action:** Submit the reported attendance plan developed by the interim administrator in July, 2014. The attendance plan shall include appropriate make up time for absences in clinical and theory. Provide documentation that each individual associated with the program has received training –regarding the critical necessity of accurate attendance data as related to verification of eligibility for licensure after graduation from the Vocational Nursing program.

**Due no later than January 5, 2015.**

**Section 2588(d) of the Psychiatric Technician Rules and Regulations states:**

“Schools are responsible for the continuous review of clinical facilities to determine if the student’s clinical objectives for each facility are being met.”

**Violation #10:** As Noted in Violation #4, program representatives were unable to provide documentation substantiating the evaluation of clinical facilities

**Required Action:** Provide documentation of evaluation of clinical facilities, proposed timeline and results of the evaluation of clinical facilities. Evaluation of clinical facilities should include, but not be limited to:

- 1) When in the program the facility is utilized by students;
- 2) Describe the types of experience available as related to the ability of the students to meet the program's stated clinical objectives;
- 3) Description of observed evidence of correlation of theory to clinical;
- 4) Description of evidence of correlation of theory to clinical;
- 5) Dates students are in the clinical site;
- 6) Identified problems;
- 7) Plan to correct problems.

**Due no later than January 5, 2015.**

**Section 2584(b) of the Psychiatric Technician Rules and Regulations states:**

"Each psychiatric technician program shall have one faculty member, designated as director who meets the requirement of subsection (c)(1) herein who shall actively administer the program. The director is responsible for compliance with all regulations in Chapter 2, Article 5 (commencing with Section 2580 et seq.).

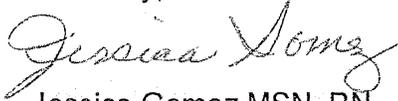
**Violation #11:** On September 24, 2014, the Board was notified of the termination of the program director. The program has had no Board – approved director actively administering the program since that time. Onsite observation and evaluation of critical elements demonstrate the lack of active program administration by a Board – approved director.

**Required Action:** Submit an application for and obtain Board – approval of director of the Psychiatric Technician program **no later than December 15, 2014**

**Notice of Violations**  
December 10, 2014  
Page 6 of 6

Should further information be needed, please feel free to contact me at (916) 263-7839.

Sincerely,



Jessica Gomez MSN, RN  
Nursing Education Consultant



Board of Vocational Nursing and Psychiatric Technicians  
2535 Capitol Oaks Drive Suite 205, Sacramento, CA 95833-2945  
Phone 916-263-7800 Fax 916-263-7855 www.bvnpt.ca.gov



### DECLARATION OF SERVICE BY MAIL

Program Name: Angeles College, Vocational Nursing Program

Provider Name: Diane Rimes

Fax #: \_\_\_\_\_ Email Address \_\_\_\_\_

Address: 1855 Gateway Boulevard Tower II Suite 180, Concord, CA. 94520

I declare:

I am employed in the County of Sacramento, California, I am over the age of 18, and not a party to the within action. My business address is 2535 Capitol Oaks Drive, Suite 205, Sacramento, California 95833-2945.

On 12/10/2014, I served the following document(s) described as:

***ELECTRONIC TRANSMISSION: Cynthia Illicito, American College of Nursing,  
Vocational Nursing Program  
RE. Notice of Violations***

By causing to be delivered a true and correct copy thereof to the addressee(s) as follows:

  x   VIA U.S. MAIL:

By placing a copy in each of two separate sealed envelopes with postage thereon fully prepaid and causing them to be deposited in the mail at Sacramento, California for delivery by way of Certified Mail and First Class Mail.

Certified Mail Number:

\_\_\_\_\_ VIA PERSONAL SERVICE:

I myself, or a designated courier, delivered such document(s) by hand to the offices of the addressee.

\_\_\_\_\_ VIA FACSIMILE:

Such document(s) were transmitted to the facsimile number(s) listed above. The facsimile machine I used was in working order and no communication or delivery error was reported by the machine.

\_\_\_\_\_ VIA ELECTRONIC TRANSMISSION:

I caused the documents to be sent to the persons at the e-mail address listed above. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that my transmission was unsuccessful.

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration was executed at Sacramento, California on 12/10/2014.*

Jessica Gomez  
(Typed Staff Name)

Jessica Gomez  
(Staff Signature)



# Agenda Item #7.B.1., Attachment E

1855 Gateway Blvd. Suite 180, Tower II  
Concord, CA 94520  
Tel 925-689-9900 Fax 925-689-9909

Rec'd via Email

3/12/15 JG

March 13, 2015

Jessica Gomez, MSN, RN  
Nursing Education Consultant  
Board of Vocational Nursing & Psychiatric Technicians  
2535 Capital Oaks Drive, Suite 205  
Sacramento, CA. 95833

Dear Ms. Gomez,

The purpose of this letter is to respond to the PT Program Violations from the Board of Vocational Nursing and Psychiatric Technicians for the Violations at the American College of Nursing, Concord, CA.

3. Require the program to correct deficiencies identified during the onsite visit and submit documentation confirming correction no later than **March 15, 2015**, to include the following:
  - a. **Implementation of the program's approved methodology including timeline for initial and ongoing evaluation of the curriculum.**

**PT Director RESPONSE and Insertion of Graphic:**

PT Faculty Meeting Introduce & Initiate Faculty to new Faculty Curriculum evaluation forms and expectations.	Jan. 22, 2015 PT Faculty Meeting with acknowledgement page.	Continual process. Meeting minutes attached.
Introduce & Initiate Level II students to new Student Curriculum evaluation forms and expectations.	January 23, 2015; responses reviewed/signed and sent to Student Services for filing.	Continual process. Student sample attached.
Introduce & Initiate Level I students to new Student Curriculum evaluation forms and expectations.	Feb. 9 <sup>th</sup> , 2105 during first day Level II at Orientation.  April 2 <sup>nd</sup> , 2014	----- -  Revisit Student Curriculum Evaluation of MH-1 at the

		end of Mental Health-1 course.
Individual & small group faculty Curriculum discussion of research into DD, ID, and Mental Retardation content.	March 3 <sup>rd</sup> & 4 <sup>th</sup> , 2015	<b>Goal:</b> Each faculty to choose topic, research, copy notes to Director. Director doing compilation & distribution via email.
<b>PT Curriculum Meeting</b> @ 1600- 1800	<b>March 17<sup>th</sup>, 2015</b>	Individual faculty & Director reports to group. Secondary compilation of information and start development of revised Level II course outline in 3 sections: MH-1, MH-2, and DD, ID, MR.
<b>Faculty Meeting</b> @1600- 1800	<b>April 7<sup>th</sup>, 2015</b>	Continual Curriculum evaluation & course outline progress.

\*Attachments: Sample copies of initial Student Curriculum Evaluation.

January 22<sup>nd</sup>, 2015 PT Faculty Meeting minutes (copy) & Flyer.

Faculty curriculum ideas, research into other PT programs, and discussion document compilation.

Curriculum Meeting Flyer for meeting on March 17<sup>th</sup>, 2015.

b. Names of program faculty terminated since September 1, 2014, including dates of approval, utilization, and dates of termination.

PT Director RESPONSE:

As ACN does not have a Human Resources department, the Organizational Business Manager and the accounting department were requested to comply with a full list of names and dates of new hires and terminated faculty since September 2014. Following receipt of this information, the approved Faculty List was updated as much as possible with one

possible discrepancy (i.e. unable to find hiring paperwork, employee file, or BVNPT approval for Hilda Smith, RN whose name appears on a few PT Attendance Sheets.)

\*Attachments: Updated Psychiatric Technician Faculty List.

- c. Plan to ensure maintenance of accurate faculty data and Board notification of faculty terminations as prescribed by Section 2527 (b) of the Vocational Nursing Rules and Regulations.

**PT Director RESPONSE:**

A routine accounting and update of the Faculty List will be accomplished on (a.) a monthly basis as well as with new any applications and at time of each "pending" and approved faculty member sent to the BVNPT by the Program Director, (b.) with personal or medical leave of absences longer than 30 days, (c.) resignations, (d.) inclusive of change in status issues i.e. FT to PT or Substitute unless termination or resignation and/or (e.) termination of employment occurs. Information to correct the current Approved Faculty list was obtained with the cooperation of the Operations Manager, accounting department/payroll, from prior records, and after viewing certain employee employment files.

\*Inserted: Change of Status Graph for corrections to Approved Faculty list.

Name of Faculty & Changes	Date of Status Change	Faculty List Updated Y/N
Erickson Arado RN	Approved VN & PT	Yes- 6/6/14
Dennis Jvillonar (Term)	Approved VN & PT Last day worked 12/4/13	Term-12/4/13
Mabelle Joy Viera RN	Approved VN & PT PT to Substitute 2/27/15	Yes- 2/27/13
Hatice Genc RN	Approved VN & PT	Yes- 9/15/14
Norman Factora RN	Approved VN & PT	Yes- 01/12/15 corrected date
Mercedes Pilonas RN	Approved VN & PT PT to Substitute	Yes- 2/27/15
Erlinda Lopez LVN	PT to Substitute	Yes- Removed from PT Faculty List on 2/27/15
Dr. Carolyn Harris-Muchell PhD RN	Approved VN & PT Last day worked 10/1/14	Term/Resigned Yes- 10/1/14
	Approved VN & PT	

Brenda Beall-Boyer RN	Status Change to Director	Yes- 12/16/14
Hilda Smith RN	Unable to locate PT Approval.	Oct. 2014 Not found on any list!

\*Attachments: Updated Psychiatric Technician Faculty List.

d. Lesson plans for the approved curriculum.

**PT Director RESPONSE:**

BVNPT Education Consultant has acknowledged receipt of Level I and Level II Lesson Plans with the March 1, 2015 response submission.

e. Implementation of the program's attendance policy to include identification of students for whom absences are identified and assigned follow-up.

**PT Director RESPONSE:**

\*Attachments: Attendance Policy

f. Implementation of the program's approved methodology including timeline for initial and ongoing evaluation of clinical facilities utilized for student clinical experiences.

**PT Director RESPONSE:**

Please refer to the time guides listed below in graphic form and to comments made about specific qualifications of the clinical site as described in the attached faculty and Director Clinical Site Evaluations.

\*Inserted: Time Line for On-going Clinical Evaluation & Site Visit.

Introduce & Initiate new Clinical Evaluation form for Faculty and expectations.	Jan. 22, 2015 at PT Faculty Meeting with acknowledgement page.	Continual monthly process.
Introduce & Initiate to Student Clinical evaluation forms and expectations.	Feb. 9 <sup>th</sup> , 2105 during Level II Orientation roll-out process completed.  April 2 <sup>nd</sup> , 2015	Anticipated Revisit: At the end of the first course (Mental Health-1)
PT students will receive complete clinical orientation, given copies of the clinical objectives and an explanation (by instructor) how each pertains to the theory content.	Initiated with weekend clinical site on February 21 <sup>st</sup> .	On-going weekly process.  Goals: <ul style="list-style-type: none"> <li>• Provide a basis for effectively determining the Pass/Fail status of each student</li> <li>• assist in identifying students "at risk"</li> <li>• PT Program Director, with the assistance of the PT faculty, will help define the best clinical site for achieving the experiences desired for each cohort and individual student.</li> </ul>

\*Insertion: Graphic Representation of PT Clinical Site research during the past month:

Name of Psych Tech Facility	Month/Year	Contract Outcome: Yes/No
San Miguel Villa (Skilled Nursing Home) Concord, Ca.	February 2015	Yes- Current.

		Available only once weekly but has Alzheimer's Unit.
John Muir Acute Psych Unit Concord, Ca.	March 2015	Pending Renewal for use in April 2015.
Chateau at Poets Corner Pleasant Hill, Ca.	March 2015	No- pending site visit.
Aegis of Pleasant Hill	March 2015	No- pending site visit.
Montecito Concord, Ca.	March 2015	No- pending site visit.

\*Attachments: Revised Director/Faculty Clinical Site Evaluation form; recent completed Faculty evaluation of clinical site (old form).

- g. Implementation of program's remediation policy to include identification of students who are at risk of failure from either academic or code of conduct issues, identification of deficiencies, remediation plan, and follow-up.**

**PT Director RESPONSE:**

The "Need Help?" posters were placed into plastic sleeves and hung in classrooms, the library, break room(s), Student Services and the Skills Lab. They are also available as a free-standing flyer at the front desk. A picture of the "Need Help?" poster is attached.

The Student Handbook is currently in revision solely by the ACN Administrator, Dr. Nieto. As PT Program Director, certain steps have put into place with PT faculty members to ensure that our department can have the strictest control of our "routine" paperwork. One example is the use of texting/phone e-mailing the Attendance to the Student Services email addresses and Director at the beginning of each clinical shift; Theory and Skills faculty make photo copies of every Attendance Sheet and Grade records for their binder, the Director, and students are encouraged to keep a personal record of attendance and absences in their Reflection Log or class Journal.

As of March 2<sup>nd</sup>, 2105 and per PT Program Director: The Student Services staff were requested to resume weekly attendance and grade reports to all cohorts (PT&VN) as this practice was discontinued since January 2015. Student Services was additionally requested to send the weekly electronic copy to the appropriate Director and faculty member so

review of absences/excessive absences becomes significantly and immediately obvious to all parties involved.

**\*Insertion #1: Graphic of Introduction PT Tutoring and Remediation Process.**

Initiate faculty to Tutoring and Remediation process at New Faculty Orientation; begin with PT Faculty Meeting. Refer to Student Handbook & Policy.	Jan. 22, 2015 at PT Faculty Meeting with acknowledgement page.	Continual process.
Initiate students to Tutoring and Remediation process at Student Orientation Level I and again at Level II. Refer to Student Handbook & Policy.	PT Level II on Jan. 26 <sup>th</sup> , 2015.  VN Level II on Feb. 9 <sup>th</sup> , 2015; copies reviewed and sent to Student Services for filing.	Continual process every 2 Quizzes or weekly as needed to maintain >75% GPA.  Remediation form & policy follow-up by faculty and Director.

**Insertion#2: Graphic of Director/Faculty Initiated Remediation Plan Goals.**

Initiate active PT student engagement.  Faculty & Program Director Office hours written in Orientation and Level II Syllabus packet.	February 9 <sup>th</sup> , 2015.	Plan: Continual process.  Reassess for updates.
Initiate weekly visits to PT classroom to observe/evaluate faculty-student interactions.	February 12 <sup>th</sup> , 17 <sup>th</sup> (Skills), 20 <sup>th</sup> , 24 <sup>th</sup> , 25 <sup>th</sup> (Skills) March 5 <sup>th</sup> , and 6 <sup>th</sup> .  Continual process inclusive of :	Projected Goals:  Continual process monthly if no problems noted.  Receipt of weekly electronic attendance and grade reports directly from

	<ul style="list-style-type: none"> <li>• lecture content check</li> <li>• weekly grade check</li> <li>• weekly attendance</li> <li>• weekly remediation check &amp; follow-up</li> </ul>	<p>Student Services effective 3/2/2015.</p> <p>Projected revision of Student Handbook per ACN Administrator-Due Date unknown.</p>
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**Insertion#3: Graphic of Remediation Plan of Action.**

Weekly Remediation	Faculty	Initiate & Outcomes
<ol style="list-style-type: none"> <li>1. Faculty determines at-risk students thru weekly test scores.</li> <li>2. Student offered advice &amp; counseling after each score of &lt; 75%.</li> <li>3. Remediation test offered per every two (2) failed tests.</li> <li>4. Faculty to give weekly updates to Program Director and provide copy grade sheet.</li> <li>5. Student to meet with Program Director prior to</li> </ol>	<p>List of at-risk (High and Low) to Program Director asap problem is evident.</p> <p>Continual update of list.</p> <p>Remedial scores to Program Director as they occur with notes on progress or lack of progress and prior to 10% of course content per Student Handbook.</p> <p>Director meeting with faculty to discuss progress and other possible alternatives to assist student.</p> <p>Official meeting with Director to determine viability or approach possible dismissal from program, tuition return, etc.</p>	<ol style="list-style-type: none"> <li>a. Introduce during course Orientation day.</li> <li>b. Initiate Remediation form and use of Student Violation form when necessary.</li> </ol>

\*Attachments: BVNPT approved Remediation form.

**Student Handbook Policy (Remediation).**

**Copies of two (2) current PT student Remediation progress & follow-up.**

PT Director RESPONSE-- Updated from 3/1/15:

The Attendance policy enables students, faculty and program directors to stay current with remediation plans. In January, I would like the PT program to integrate faculty-ready secondary attendance records and student Reflection Logs or Journaling with the Level II cohort. Studies have shown that students are capable of writing thoughts, reminders of missed lecture/clinical rotation, along with learning difficulties and successes.

<p><b>Initiate Director weekly assessment and re-evaluation of PT course grades.</b></p>	<p><b>Began on Feb. 9<sup>th</sup>, 2015.</b></p> <ul style="list-style-type: none"> <li>• Students encouraged to maintain a Reflection Log and/or progress log on either cell phone calendar or personal notebook.</li> <li>• Students receive weekly attendance hours and Grade report from Student Services.</li> <li>• Secondary reports provided by course Instructor.</li> <li>• Instructor responsible for maintaining binder, forms, and copy of student attendance and grade sheets as back-up to Student Services.</li> </ul>	<p><b>Continual weekly process.</b></p> <p>Activate weekly verbal &amp; written reports from theory and clinical faculty on student progress.</p>
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<p>Acquaint Faculty and students with use of Reflection Logs or Journaling notebooks.</p>	<p>Begin with PT Level II January 26<sup>th</sup>, 2015</p>	<p>Continual process.  Reassess for revisions or updates as needed and/or end of Mental Health I course, Mental Health II, and Leadership course and end of program in September 2015.</p>
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**\*Attachments: Student Handbook Attendance Policy.**

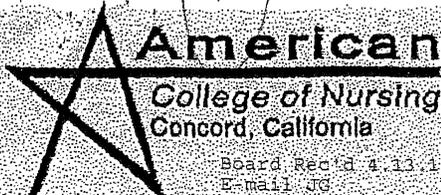
Your time and attention to this body of work and progress is very much appreciated. Thank-you BVNPT follow-up comments, information, or additional requests are important to continued progress of the PT Program at American College of Nursing. The additional file information is attached to this email as a pdf. file. A flash drive will be prepared for mailing on Monday March 16<sup>th</sup>, 2015 with the assistance of our IT technician.

Sincerely,

***Brenda D. Beall-Boyer***

Brenda D. Beall-Boyer, EDD/ET(c) RN LNC  
Director Psychiatric Technician & Online Curriculum  
1855 Gateway Blvd., Ste. 180  
Concord, CA 94520

925.689.9900



Step 1 of 2

# Remediation Plan

(Use only Blue INK)

RECORDED

Student Name: \_\_\_\_\_

COHORT: PT-CC-1212 PTG-DB14

Date of Deficiency: 3/28/15

<input type="checkbox"/> Theory	<input type="checkbox"/> Skills	<input checked="" type="checkbox"/> Clinical
<input type="checkbox"/> Attendance		<input type="checkbox"/> Behavioral

Reason for Deficiency: Clinical absence due to instructor absence

Instructor's Name(Print): Gail Greiner-Marcotte

If Absent, list Course/Chapter Number/Topics Discussed/Exam/Quiz/Skills Objectives required: PT-CC-1212  
MH case study

If Behavioral (List noted behavior): N/A

Instructor's Directions (Identify Problems & Plan of Action for make-up or deficiency): PT-CC-1212  
MH case study

Student (Correction/Improvement Requirements): completed

Student will:	Practice Skills <input type="checkbox"/>	Return Demo <input type="checkbox"/>	Tutoring <input type="checkbox"/>
Make-up Hours <input checked="" type="checkbox"/>	Re-Test <input type="checkbox"/>	Correct Behavior <input type="checkbox"/>	Homework case study <input checked="" type="checkbox"/>

Follow up date Deficiency is assigned: at Guilford 9/4/15 make up 8 hours missed on 3/28/15 due to instructor absence

Date of Directors Remediation Evaluation meeting: (Step 2) \_\_\_/\_\_\_/\_\_\_  
Target Completion Date \_\_\_/\_\_\_/\_\_\_

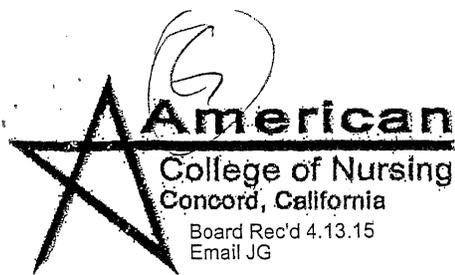
Student (Print) \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Instructor(Print) Gail Greiner-Marcotte Sign: Gail Greiner-Marcotte Date: 4/4/15

Director (Print) \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Successful: Yes  No   
Original to Student File  
Copy to Student

# Agenda Item #7.B.1., Attachment G



Step 1 of 2

## Remediation Plan

(Use only Blue INK)

RECORDED

Student Name:  CoHort: PTED 014

Date of Deficiency: 2/14/15

<input type="checkbox"/> Theory	<input type="checkbox"/> Skills	<input checked="" type="checkbox"/> Clinical
<input type="checkbox"/> Attendance	<input type="checkbox"/>	<input type="checkbox"/> Behavioral

clinical absence

Reason for Deficiency: Pre paid tickets at of town price  
no starting program.

Instructor's Name(Print): Gail Greiner-Morris

If Absent, list Course/Chapter Number/Topics Discussed/Exam/Quiz/Skills Objectives required: Clinical Day,  
pt. report

If Behavioral (List noted behavior): N/A

Instructor's Directions (Identify Problems & Plan of Action for make-up or deficiency): #1 absence  
student attend NA meeting write  
written report.

Student (Correction/Improvement Requirements): completed

Student will:	Practice Skills <input type="checkbox"/>	Return Demo <input type="checkbox"/>	Tutoring <input type="checkbox"/>
Make-up Hours <u>10</u>	Re-Test <input type="checkbox"/>	Correct Behavior <input type="checkbox"/>	

Follow up date Deficiency is assigned: 2.25 hours for clinical make-up

Date of Directors Remediation Evaluation meeting: (Step 2) \_\_\_/\_\_\_/\_\_\_

Target Completion Date \_\_\_/\_\_\_/\_\_\_

Student (Print)  Sign:  Date: 2/27/15

Instructor(Print) Gail Greiner-Morris Sign: Gail Greiner-Morris Date: 4/6/15

Director (Print) \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Successful: Yes  No

Original to Student File  
Copy to Student