

REPORT OF THE WASC SPECIAL VISIT TEAM

To Western University of Health Sciences

March 6-8, 2013

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The team evaluated the institution under the WASC Standards of Accreditation and prepared this report containing its collective evaluation for consideration and action by the institution and by the Accrediting Commission for Senior Colleges and Universities. The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. This report and the Commission letter are made available to the public by publication on the WASC website.

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SECTION I – OVERVIEW AND CONTEXT

A. Description of the Institution and Visit

History of Western University of Health Sciences

Western University of Health Sciences (WUHS) is a graduate institution of higher education with a focus on health sciences and the health professions. The institution was established in 1977 by Philip Pumerantz (founding president) as the College of Osteopathic Medicine of the Pacific (COMP). In January 1978, COMP received pre-accreditation status from the American Osteopathic Association (AOA). Provisional accreditation was attained in July 1978, just before COMP welcomed its charter class of 36 students later that fall; full accreditation was received from the AOA in February 1982.

After establishing the College of Allied Health Professions to house its three newest programs, COMP sought and was granted WASC accreditation in March 1996. With WASC accreditation in place, the institution was renamed Western University of Health Sciences (WUHS) in August 1996.

Description and Growth

WUHS has grown into a comprehensive health sciences institution. Grounded by its founding principle of humanistic care, WUHS currently consists of nine colleges with 14 degree programs. Of these programs two are online: Doctor of Nursing Practice, and Master of Family Nurse Practitioner. One recently developed program is not only off-campus but is also out of state: Doctor of Osteopathic Medicine (COMP-NW, Lebanon, Oregon). WUHS has over 3,600 students, and to date, it has trained and graduated nearly

10,000 students. Graduates of WUHS professional program have an excellent record in terms of licensure results, and on-time graduation rates are from 76%-96.8% for all but two programs; one is an online program and the other a master's program with small enrollment (*WUHS Special Visit Report, Appendix 13 - BOT Reports*).

WASC Commission Concerns

WUHS's accreditation was continued by WASC in March 2010. In the action letter, WUHS was commended by the WASC Commission for its commitment to humanistic care, the development of an interprofessional education (IPE) program, its use of technological advances aimed at improving student learning, its plans to recruit underrepresented students, and the commitment of faculty and staff to student learning and success.

However, the March 3, 2010, WASC Commission action letter also outlined five areas of concern, which led directly to the special visit, including: developing and implementing program review, moving to the next level on student learning assessment, building support for a culture of evidence, planning and providing resources for institutional change and growth, and the collective voice of faculty in governance. Furthermore, several of these problems are longterm. The July 3, 2001, WASC Commission letter to WUHS also urged the University to address program review, assessment, and faculty governance. However, the University has struggled with virtually-autonomous colleges, so the weaknesses outlined by the WASC Commission in both 2001 and 2010 speak to the relative absence of an institutional identity that is separate from the individual colleges and their programs. Efforts such as the development of the eight institutional outcomes, modifications to the Academic Senate, the initiation

of program review, and the IPE have helped establish University processes that reach beyond program boundaries.

B. Quality of the Special Visit Report and Supporting Evidence

The WASC Steering Panel that guided the *WUHS Special Visit Report* had six members from University offices and services while five members came from the colleges. There was broad input on developing their largely descriptive report; however, the report had an insufficient focus on evidence and analysis, which exacerbated the team's efforts to find and analyze pertinent evidence showing growth in the WASC Commission's five areas of concern.

C. Description of the Team Review Process

A four-member team conducted the Special Visit to WUHS's main campus on March 6-8, 2013; while there, two team members interviewed representatives from the Lebanon, Oregon, the off-campus site of the University. The Interim Dean participated in the interview with the team representatives in Pomona while other members of the Lebanon start-up team participated via videoconference (see "Off-campus program: Doctor of Osteopathy Medicine, COMP-NW," Appendix A). The team examined the University's evidence to support its Special Visit Report, conducted extensive interviews (23 group meetings in addition to meetings with the President, Provost, and Board of Trustees), reviewed documents and exhibits on site, and authored the following Special Visit site team report, which represents the consolidated findings of the team.

SECTION II – EVALUATION OF ISSUES UNDER THE STANDARDS

A. Developing and Implementing Program Review

The 2001, 2008, and 2010 WASC Commission’s action letters each included recommendations concerning developing and implementing program review processes. Since 2010, the University has not only developed its program review processes that include a Program Review Guide (document reviewed on site) but has also had three of its 14 programs complete their reviews: MSHS, MSPA, and MSPS. (CFRs 2.7 and 4.4)

Program Review Processes

Because WUHS is a health sciences university, it has some unique challenges to meet. Most of its programs have professional accreditation, which in the past sufficed for the program review. However, after WUHS understood it needed its own program review processes in addition to the various professional accreditation reviews, it moved forward to develop them. The University’s new program review processes include six milestones (*WUHS Special Visit Report*, p. 15). At the completion of reviews, the Program Review and Assessment Committee examines the reports before sending them to the Provost who analyzes each program’s materials (self-study report and external review report), and writes a response to the program director. This letter includes commendations and recommendations, and often it also includes required deliverables with timelines to demonstrate improvement in specific areas (*WUHS Special Visit Report*, Appendices 29, 20, and 21: Provost’s letters to the program directors). The external review reports and the Provost’s letters are then presented to the Board of Trustees. When the programs receive the Provost’s review letter, they develop the Memorandum of Understanding and action plan accordingly (*WUHS Special Visit Report*, p. 15).

Professionally Accredited Programs

There was a need for professionally accredited programs to demonstrate what is referred to as a “crosswalk” between the self-study developed for professional accreditation and WUHS’s program review expectations based on WASC’s standards. Therefore, a Crosswalk Template (document reviewed on site) was developed for programs so they could provide page and section numbers for each area in their professional accreditation self-reports to match the WUHS program review self-study requirements. The crosswalk document enables reviewers to easily move through the professional accreditation self-study while focusing on WUHS’s program review requirements. If there are any areas in a program’s WUHS crosswalk document that are not covered in the self-study for professional accreditation, the program must complete that section with the appropriate information. The schedule for the University’s program reviews is based on the professional accreditation schedule for each of the externally accredited programs.

The University also conducts its own internal review. At this time only professionally accredited programs may have an external-to-WUHS, discipline-specific reviewer; the non-professionally accredited programs only have WUHS reviewers who are external to their colleges.

Programs are encouraged to use the results of their program’s professional accreditation process including self-studies, reviewers’ reports, action letters, and action plans. The team found evidence in some of the self-studies and the meeting with the three reviewed programs’ directors that some of the programs have made both small and a few

large changes based on the program review process. However, the team was deeply concerned that there were no mechanisms in place for the completed program reviews' data to inform WUHS strategic planning and budgeting when appropriate. Consequently, the team urges WUHS to set up the necessary processes for program review data to be shared as appropriate with the University strategic planning and budgeting groups. (CFRs 2.7, 4.2, 4.3, and 4.4)

Co-Curricular Program Review

WUHS's review process for academic programs has been amended for co-curricular programs and units. The first co-curricular program to be reviewed through this process is Student Clubs; the review process was launched in July 2012, and the self-study is due on July 15, 2013. In addition to the Student Clubs program, Interprofessional Education Program is another co-curricular program on the Program Review Calendar whose self-study is due in summer 2014. While the team appreciates that these two co-curricular programs are on the schedule, they are concerned that from 2009 through 2018 only two co-curricular programs will be reviewed even though the WUHS Program Review Guide describes a more robust review of co-curricular programs. Therefore, the team strongly encourages WUHS to set up a more aggressive review calendar for co-curricular programs and departments that fulfills their own Program Review Process Guide. (CFRs 2.7, 2.11, 4.4, and 4.6)

Areas of Concern

Based on interviews and review of the documents, the team identified three areas of the program review processes needing to be strengthened. First, initially neither the directions were clear nor was the guidance adequate for writing the self-study report.

Since then, however, the Program Review Process Guide has been developed; although it is a positive improvement, WUHS needs to update their Guide regularly based on a systematic feedback process from program directors and faculty at the conclusion of each year. Second, the internal review process needs to be strengthened. Both the reviewers and programs were unclear about the reviewers' roles and responsibilities in the initial three program reviews. Third, after the programs completed a program review and received action letters from the Provost, they were not debriefed about either their process or roles in the process so program directors were not sure about how effective they had been or what could be improved.

Program Review, Strategic Planning, and Budgeting

The 2010 WASC Commission letter stated that the efficacy of the program review process could not be evaluated at that time because no programs had been reviewed yet; cycles for review were not clear, and the utilization of results of program reviews for improvement had not been established. Reviewing documents on site and the 2009-2018 Program Review Calendar, the team verified that a cycle for review is now in place—every five to seven years according to the Program Review Process Guide. In addition, interviews with program directors and staff from Institutional Research and Effectiveness (IRE) indicate that the colleges are reviewing program review results, and the team confirms that at least some are using these results appropriately. (CFRs 4.2, 4.3, and 4.6)

Nevertheless, the team could find no evidence that the University had yet set up a process that would ensure the use of the program review results in regular strategic planning and budgeting processes or that the data and any resulting decisions were tracked and stored centrally to provide documentation demonstrating the University's

commitment and ability to build a culture of evidence. Therefore, the team strongly recommends that the University demonstrate and record how results of program review are integrated into college and institutional planning and budgeting. (CFRs 3.8, 4.2, 4.3, and 4.6)

B. Moving to the Next Level of Student Learning Outcomes Assessment

The EER site visit in 2010 revealed that there were several issues slowing the progress of WUHS in moving forward to raise its assessment efforts to a higher level. The University has addressed a number of the issues of concern noted during the EER visit.

Infrastructure Issues

Faculty Development. Following the EER site visit, the University provided support for members of the Program Review and Assessment Committee to attend the WASC Program Review Workshop, and the participants have shared their learning across campus. Faculty development is also being addressed by the Center for Academic and Professional Enhancement (CAPE), which offers regular faculty development programs on topics such as qualitative research methods and development of rubrics. A full-time director has been hired for this position since the EER visit and is planning a four-course series of workshops on assessment and evidenced-based quality improvement for faculty in the coming months of the spring term. (CFRs 2.10, 3.1, 4.4, 4.5, and 4.6)

Strengthening of Institutional Research. The IRE has been reorganized during the past year and an additional staff member, a programmer analyst, has been hired to help extract data from the WUHS institutional database. Efforts have also been made to improve the availability of standard and custom reports from the Banner database and to

increase the knowledge of users about the availability of this information. Interviews with users across campus indicated that significant progress has been made in making reliable data available when needed. Although the *WUHS Special Visit Report* indicates that issues with the Banner system continue to cause problems with infrastructure support for research, the site team was able to confirm that the Banner Consulting Group (Ellusian) was brought on board and issued a report in September 2012 recommending solutions to resolve ongoing problems. (CFR 4.5)

Another step taken to improve access to data was the adoption of an Operational Data Store to house Banner data. Although this change is recent (December, 2012), the institution asserts that this resource will simplify retrieval of data for users, as will the use of Cognos, a new end-user query software that enables users to retrieve data, assemble reports, and create data dashboards using simple drag and drop methods. Interviews with constituents across campus indicate that this added investment has improved utilization of data for decision-making. (CFR 4.5)

Capacity of the Institutional Research and Effectiveness office has clearly improved since the EER visit based on interviews across campus, but there is still a need for this office to assist Colleges and programs with analysis and use of data for quality improvement. While the team was able to identify several examples of where change has resulted because of assessment and evaluation, often there was little evidence that programs were “closing the loop.” Tracking of changes made as a result of evaluation is scant, and there was little evidence that program evaluation or program reviews yield findings that shape budget requests or strategic planning. The team recommends that

efforts be made to track evaluations findings, recommendations, and action plans through implementation. (CFRs 2.10, 3.1, 4.1, 4.4, 4.5, 4.6, and 4.7)

Data Standards Committee. A long-standing issue in effective collection and use of data has been the lack of common definitions and standards across the University. This issue was identified by the WASC Steering Committee and was addressed with the creation of a Data Standards Committee that was formed in December 2012. (CFRs 2.10, 4.1, 4.3, and 4.4)

University Learning Outcomes

The Program Review and Assessment Committee determined that rather than trying to evaluate all eight University outcomes at once, it will focus on two outcomes each year in a four-year cycle. The Committee's first step was to establish the process and template for evaluating institutional learning outcomes. Once the process was outlined, two University outcomes were identified for initial evaluation and data was collected on these outcomes (interpersonal communication and evidenced-based practice). Results have been summarized and the Provost indicates that he will share results with Deans and program directors later this month to begin to address action plans. However, the Program Review and Assessment Committee found there were many challenges in their initial attempt to assess the first two competency areas. Although there was agreement that this assessment would be imbedded within what were identified as signature assignments, some assignments did not lend themselves to good outcome data for comparison across programs. (CFRs 2.3, 2.6, 2.11, 4.4, 4.6, and 4.7)

Interviews indicated that a number of lessons have been learned in the attempt to evaluate the University learning outcomes. The evaluation of the first two outcomes will

be repeated this year in order to gather more actionable data. Although WUHS has not arrived at its final destination in evaluation of institutional learning outcomes, the team determined that a good deal of progress has been made. The team recommends that a definitive timeline be developed to ensure rapid progress in the next steps for reviewing University learning outcomes. (CFRs 2.3, 2.6, 2.11, 4.4, 4.6, and 4.7)

The Academic Senate has approved the use of a new course syllabus template across the University that requires all course learning outcomes be mapped to program and institutional learning outcomes. Interviews with students confirmed that the new syllabus template is being adopted in their programs. Students were also readily able to identify the institutional learning outcomes when queried by the site team. Overall, while there continues to be heavy reliance on licensure results, graduation rates, and employment statistics, particularly within the individual colleges, the site team can confirm that the University is committed to the evaluation of overarching learning outcomes across programs and Colleges and is making slow but steady progress towards this end. (CFRs 2.3, 2.6, 2.11, 4.4, 4.6, and 4.7)

Board of Trustees Quarterly Reporting

In its efforts to develop a culture of evidence at the University, the IRE, in collaboration with program directors and Deans, provides reports to the Board of Trustees on a quarterly basis for the purposes of monitoring program status. A meeting with the Board of Trustees representatives confirmed that the Board had determined that the next five years will be focused on strengthening existing programs and infrastructures, rather than aggressive new program development. A team review of the new strategic plan affirmed this direction. (CFRs 1.2, 3.2, 3.11, 4.6, and 4.7)

C. Building Support for a Culture of Evidence

In response to the WASC Commission's recommendations, WUHS has improved infrastructures and has developed and implemented policies and procedures involving data-driven decision making to demonstrate a culture of evidence.

Data Collection and Management

In order to better address data collection and management issues WUHS enhanced the scope and capacity of the IRE by reorganizing its structure (*WUHS Special Visit Report*, Figure 1) and adding one FTE to support and promote campus-wide data-driven decision making (*WUHS Special Visit Report*, Appendices 11, 12, 13). In addition, the newly formed Data Standards Team (DST) chaired by the IRE Director is expected to oversee and maintain the integrity of data stored in Banner (*WUHS Special Visit Report*, Appendix 14). The DST plans to assess the current status of reporting, and evaluate reporting needs, quality of data, and strength and weaknesses of data collection. As noted earlier in this report, WUHS added an Operational Data Store, to facilitate the storage and retrieval of data, and purchased Cognos, to simplify retrieval of data and to assemble reports in a user-friendly manner. However, some of these steps have been taken just in the past month or year; thus, results are still nascent. (CFRs 2.10, 4.2, 4.3, and 4.4)

Culture of Evidence

Since the EER visit, data provided to the Board of Trustees in quarterly BOT reports has improved both the quantity and quality of data available for key decision makers. Unfortunately, the samples initially provided to the team included only data with

no analysis. Upon request, samples of completed BOT reports, which included analysis of the data by Deans and program directors, were reviewed on site and provided evidence that this new tool can be useful in planning and operations.

Interviews also confirmed that there are other examples of data-driven decisions on campus. Surveys of students were used to assess need, facility preferences, price sensitivity (in terms of rent), and type of accommodations preferred by students in a plan to build the first residence hall at the University. Plans for construction are being guided by the collection of relevant data. The team was particularly impressed with the relatively young master's degree program in medical sciences. Interviews and a review of curriculum and program review materials indicate this program has closely evaluated its strengths and weaknesses and has made curriculum changes designed to further enhance student success. (CFRs 2.3, 2.4, 2.6, 2.7, 2.10, 4.3, and 4.4)

While it is promising that some programs and departments in each college are actively making evidence-based decisions, there is a lack of sharing information across the University including best practices in a culture of evidence. A key role for the IRE department is to lead the way in developing tracking mechanisms for data-driven recommendations and follow-up. (CFRs 2.3, 2.4, 2.6, 2.7, 2.10, 4.3, and 4.4)

In summary, recent changes in infrastructure, implementation of program review processes, development of new formal reports for the Board of Trustees, and initial evidence of planning documents that indicate the use of data make it evident that WUHS is beginning to develop a culture of evidence across the organization. Progress is being made, albeit slowly. The team urges the Board to support these efforts as it proceeds with its new strategic plan. (CFRs 4.2, 4.3, 4.4, and 4.6)

D. Planning and Providing Resources for Institutional Change and Growth

In recent years, WUHS has experienced tremendous growth. Since 2003, the University has added five colleges with a total of seven new programs. The student body and employee counts have more than doubled during this time. In addition, WUHS has recently expanded its mission to include an emphasis on scholarly research. As indicated in the 2009 *WASC EER Site Visit Report*, the visiting team left with the realization that WUHS was “consumed with continued growth and new program development” (p. 31). Further, the team was concerned that this would lead to significant strain on academic and nonacademic support units.

In response to Commission concerns about constant growth, WUHS in its *WASC 2013 Special Visit Report* noted that it has several systems in place that are designed to assist planning at both the unit and institutional level. Processes such as BOT reports, program preview, professional accreditation, student and employee surveys, and assessment are designed to foster a culture of evidence at the unit level. Academic and nonacademic units are obligated to make data-driven analyses of their units on a regular basis, while intermittent activities, such as WUHS’s ongoing strategic planning initiative, provide a mechanism for institution-level reflection.

The Budgeting Process

At the center of WUHS’s planning activities is the budgeting process, which supports institutional goals by integrating demands from colleges and departments. The allocation of resources consists of two major phases, beginning with Phase I—review and approval of requests for critical needs funds—in the fall of each year and culminating

with Phase II—allocation of critical needs funds—in the spring, when the new, approved budget is allocated for the next fiscal year. (CFR 3.5)

Addressing Demands for Support Services

Data from the WUHS BOT reports indicate that support numbers have generally kept pace with institutional growth. Data from the 2012 WUHS November BOT report indicates that its student-faculty ratio is lower today than it was five years ago. Examination of faculty-to-academic support ratio reveals a similar story. In 2008 there were 2.5 faculty members to 1 academic support staff. In 2012 this ratio has been improved to 1.4 faculty to 1 academic support staff. Overall, the academic support staff is growing at a slightly faster rate than faculty. (CFRs 3.1 and 3.2).

Research Infrastructure

In the EER Visiting Team Report, the team recognized that WUHS had successfully advanced its agenda by demonstrating an increase in funded research. Internal analysis of the issue suggested that research activities were being stalled by human resources, purchasing, grants administration, and business processes that were ill prepared to support an enhanced research agenda. Space for faculty research labs was also inadequate, with some faculty who were promised research space on hire waiting two years or more for these commitments to be met.

In 2010, a Research Infrastructure Task Force was formed by the Provost to look at streamlining business processes to support research. The primary goals of this team were to evaluate and assist with WUHS's transformation from an institution whose business was teaching to one that also can support a developing research-oriented culture. The general conclusion drawn during Phase I was that WUHS's infrastructure was in

need of significant improvement in order to achieve the “climate necessary for the scale of biomedical research necessary to fulfill its institutional mission” (*WUHS Special Visit Report*, p. 31). Discussion with members of the Board of Trustees during the site visit indicate they are well aware of the need to continue to address space and infrastructure needs to support the institutional research agenda.

Strategic Planning

In late 2011, WUHS embarked on a new institutional strategic planning initiative to reflect on its mission, values, and short- and long-range goals, and to ultimately enable WUHS to better serve its membership and constituencies. The Board of Trustees reviewed a draft of WUHS’s Strategic Plan by the Strategic Planning Committee of in December 2012 (*WUHS Special Visit Report*, Appendix 36). Following development of the Strategic Plan draft, the WUHS community was invited to submit proposals aimed at addressing one or more of the outlined strategic goals and objectives. Proposals were evaluated for funding by the Academic Affairs team (including the Provost) and the President with plans to fund selected proposals beginning in the 2013 fiscal year. A discussion with members of the Board during the current site visit, confirmed that the new strategic planning cycle will focus on strengthening institutional infrastructures and program quality, rather than growth. (CFR 4.1)

Current Status of Strategic Planning Initiative

WUHS’s new strategic plan addresses concerns expressed in the WASC action letter. Chief among them is the Internal Fitness goal, which outlines objectives stressing the importance of operations units, financial resources, and infrastructure. Objectives also target the importance of processes like human resource development and enhancement of

WUHS's identity (inwardly and outwardly). On the whole, WUHS's strategic planning activities are designed to assist with planning on all levels. Although the team has recommended better alignment of program review findings within strategic planning, it concurs that the proposed strategic planning process will foster unit alignment and help establish institutional priorities. (CFRs 4.1, 4.3)

E. The Collective Voice of Faculty in Governance

Since 2001, WASC has made recommendations on faculty governance at WUHS. Over its history the institution has developed rapidly, college by college, with strategic decisions made at the administrative and board level with minimal faculty involvement. Academic policies and curriculum have been largely the purview of each college. Regrettably, during this visit, the team found that while some modest progress has been made over the last three years, it appears that a slow approach has been taken to address the need to "create a culture of inclusiveness and effective governance structures and processes" (2010 WASC Commission action letter, p. 2).

The faculty governance structure includes an Academic Assembly, composed of faculty who have at least a .5 FTE status, and a representative body, the Academic Senate, composed of senators elected by each college. The number of senators per college is determined by the size of the faculty. The Academic Assembly meets once each semester and the Academic Senate meets monthly. Committees of the Faculty Assembly, include: Facilities Planning and Safety, Grievance, Humanism in Health Sciences, and others. The Faculty Handbook Committee is a subcommittee of the Academic Senate. The University also has what they deem as Administrative Committees with significant faculty input which include: the Institutional Animal Care and Use

Committee (IACUC), Institutional Biosafety Committee, and Radiation Safety, all reporting to the Vice President for Research. Administrative committees reporting to the Provost include the Assessment/Program Review Committee, Awards Committee, and the Institutional Review Board. Interviews indicated that there are no formal committee charters for either the Faculty Assembly or Administrative committees.

In response to Commission recommendations, an Organizational Roles Panel comprised of faculty and staff conducted a study over two years and produced a set of recommendations on best practices for faculty governance (*WUHS Special Report*, Appendix 38). This resulted in adjustments of the governance structure including revision of the Faculty Handbook, a name change for one of WUHS's faculty governance bodies (from Faculty Senate to Academic Senate), and adding an administrative associate in Provost's Office to support Senate activities. As a result, trust and communication across campus have improved, but evidence of faculty leadership in curriculum and academic standards quality assurance across the University remains minimal. (CFR 3.11)

The Academic Senate conducted a study that reviewed faculty survey data, work of the Organizational Roles Panel, and additional review of existing literature, and other sources, to implement the following objectives: 1. "Assure faculty governance is democratic and inclusive, 2. Improve the efficiency of the Academic Senate and 3. Improve trust and communication with the non-faculty constituents, administration, and Board of Trustees" (*WUHS Special Visit Report*, p. 34). These objectives helped the Senate to become more organized with scheduled meetings and to become more functionally effective in communicating with the administration. The President of the Senate attends meetings of the Board of Trustees. The Academic Senate also extended its

membership to include an alternate from each College to broaden representation and to increase attendance and participation.

In spite of these changes, the team was disappointed with the slow progress in developing a system to ensure faculty engagement in shared governance. The team determined that this effort may be hampered by several factors, including:

- A long history of strong, top down administrative decision making.
- A long history of autonomy among the health science Colleges.
- Rapid growth with increasing demands related to development of new Colleges and programs, as well as recent emphasis on research and a required interdisciplinary core curriculum.
- Apparent lack of space to accommodate faculty meetings that occur during a 50-minute lunch hour in a classroom.
- Absence of a published annual calendar of Academic Senate and Academic Assembly meetings.
- A University climate of less than optimal trust and job security in which a large proportion of the faculty are hired with annual contracts that can be non-renewed as late as March 1, even for faculty who have been employees for many years.

Interviews with faculty reveal that the recent appointment of the current Provost is welcomed by the academic community and that he has already begun to involve the faculty in appropriate domains of decision making and has encouraged the restructuring of the Program Review and Assessment Committee to become a committee of the Academic Senate.

Discussions with the President and the BOT indicate issues of space and development of a formal calendar of meetings for faculty can be quickly resolved. The team recommends that this be done with some urgency. It is also clear that current provisions in annual faculty contracts should be studied and that regular faculty climate surveys should be considered to assess barriers to faculty engagement and satisfaction. Interviews with faculty, as well as confidential emails to the team suggest that the current climate for faculty does not engender the trust, confidence, or perception of job security

needed to support active faculty participation in shared governance.

The team noted that the new Academic Senate's Bylaws are weak in terms of demonstrating faculty leadership in academic oversight and fail to establish standing committees charged with a leadership role in setting expectations for institutional curricula, academic policies, or peer review. Interviews also indicated that some of the current Faculty Assembly committees may not be active. The team observed that while WUHS requires students to engage in a University core curriculum in interprofessional education and to achieve a set of eight University outcomes, there is no overarching Academic Senate Curriculum Committee or Academic Affairs Committee to consider or evaluate these initiatives. By and large, the Colleges continue to function quite autonomously resulting in few, if any, institution-wide guidelines for the establishment of new degrees, standards for current degrees, and disparate grading policies, academic calendars, and academic standards across the institution. In addition, a review of a recently approved policy on approval of new academic programs reviewed onsite revealed there is no required review or oversight of new programs by the Academic Senate. (CFR 4.2)

On a positive note, the Academic Senate had begun to do some meaningful work in the past year in terms of policies, largely through ad hoc committees and has produced a new syllabus template to be used across the University that requires all courses to have learning outcomes which are mapped with program and institutional learning outcomes. The Academic Senate has also developed a credit hour policy and is working on an intellectual property policy and others. This work is commendable but fails to address broader academic leadership responsibilities in setting curriculum and academic

standards across the university.

In summary, the team was disappointed to see the limited progress made in development of a more robust faculty governance system during the three years since the EER visit. The team concurred that faculty are not engaged in the expected leadership role in academic quality assurance expected by WASC and typical in higher education. While it is not uncommon for health sciences faculty to be very busy because they are engaged not only in the usual faculty roles but also in the requirement to maintain clinical competence, the lack of oversight in setting institutional academic standards for curricula, academic policies, and peer review is a continuing and serious concern to the team. The fact that the team had to request basic information on the Bylaws, committee structures, and minutes of Faculty Senate meetings, as well as formal committee charters, which had not been developed, is somewhat indicative of the perceived lack of a sense of urgency or institutional will to address the long-term issue of shared governance. In contrast, the team was impressed by the apparent active engagement of students in governance and the clear policies and procedures that seem to ensure their participation.

A united effort of faculty and administration is required to establish a more aggressive timeline to achieve a functional faculty leadership system. The community may be somewhat complacent about academic quality assurance due to its track record of positive licensure results and graduation rates. But as it continues to develop new programs, particularly programs not requiring specialized accreditation, academic quality assurance will become an even greater issue. It is time for WUHS to develop a system in which faculty can exert leadership in quality assurance through establishing standards for

degrees, programs, curricula, and academic policies with clear committee structures and charters. (CFR 4.6)

SECTION III – FINDINGS AND RECOMMENDATIONS

FINDINGS

The University is to be commended for:

1. Improvements in systems for data retrieval, reporting, and management with enhanced utilization of the Banner system, purchase of a data warehouse and a software interface to increase accessibility and use of data for planning and assessment.
2. Development of a program review process and completion of three program reviews.
3. Progress in moving towards a culture of evidence through improved data reporting, beginning efforts to use data for decision making, and appointment of a Provost committed to building a culture of evidence.
4. Supporting an effective student governance system with student leaders actively engaged to improve their educational experience.

RECOMMENDATIONS

1. Mobilize faculty and administrators in an *urgent and united effort* to create an effective system of shared governance in which faculty exercise leadership and act consistently to ensure both academic quality and appropriate maintenance of the institution's educational purposes and character, including curriculum, academic policies, peer review, and grievance policies at the University level.

(CFRs 1.3, 3.8, and 3.11)

2. That the University defer further development of new programs in order to address significant resource needs (space, equipment, and infrastructure) related to commitments made to colleges and faculty to support the University's goal. (CFRs 1.8, 2.8, 3.5, and 4.2)
3. Continue to refine program review processes including directions for writing program review reports, clarify roles and responsibilities of reviewers, and strengthen feedback and mechanisms for all participants in the program review process. Furthermore, demonstrate and record how results of program review are integrated into college and institutional planning and budgeting. (CFRs 1.3, 4.4, 4.6; and 4.7)
4. Enhance the existing data warehouse by adding information that may reside in individual colleges to support institutional decision making (e.g., data on alumni employment and facilities and space-planning data across all of the University's colleges). (CFRs 3.6, 3.7, 4.2, and 4.3)

Team Report Appendix A

Institution: Western University
of Health Sciences

OFF-CAMPUS SITE

Kind of Visit: Special Visit

Date: March 5-8

A completed copy of this form should be appended to the team report for all visits in which off-campus sites were reviewed¹. One form should be used for each site visited. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report.

1. Site Name and Address

Western University of Health Sciences
College of Osteopathic Medicine of the Pacific- Northwest
200 Mullins Dr.
Lebanon, OR 97355
(541) 259-0200

2. Background Information (number of programs offered at this site; degree levels; FTE of faculty and enrollment; brief history at this site; designation as a regional center or off-campus site by WASC)

COMP-Northwest is the second medical school campus of the College of Osteopathic Medicine of the Pacific (COMP), the medical school of WUHS. COMP-NW operates from a newly constructed 55,000-square-foot Medical Education and Research Building on the Samaritan Health Sciences Campus in Lebanon Oregon. The building was built in partnership with the Samaritan Health System, owner of the building which is leased by WUHS. This latest expansion of WUHS continues the commitment of COMP to medical education in the Northwest, which was enhanced with the development of the Northwest Track in previous years, providing medical students with clinical externships in the region.

COMP-Northwest enrolled its first 100 medical students in 2011 and a second class in 2012. This is the only program currently offered on this site. Additional faculty members were hired to teach on this campus, though faculty members on both campuses teach across the two campuses. This is an expansion site of COMP in Pomona, and as such follows the same established curriculum developed at COMP during the past 35 years. Two members of the team met with the Interim Dean of COMP and nine other faculty and staff for the program on the Pomona campus and through a videoconference connection between the two campuses. Interviews with the start-up team indicated that the University has provided resources fairly comparable to the home campus for students on the new campus. University support services have hired staff to work on the Lebanon campus and interact with them weekly by phone or teleconference. Faculty travel regularly across the two campuses and teach their areas of expertise at both. The Dean and her staff are responsible for both campuses and operate out of both locations.

Interviews with the Provost indicate that though the implementation of the new campus has not been without some bumps in the road, classes are well underway and students appears to be receiving a comparable education on the two campuses. Effective use of technology and the availability of an experienced faculty on the Pomona campus have been strengths upon which the program can draw. The team concurs that a site visit should be made to this campus during the next regular CPR and EE visits.

¹ See Protocol for Review of Off-Campus Sites to determine whether and how many sites will be visited.

3. Nature of the Review (material examined and persons/committees interviewed)

No special materials were reviewed on this program with the exception of the letter from the Commission regarding the Substantive Change proposal at the time of initial approval. Two team members interviewed the Dean and a few faculty and staff on the Pomona site concurrent with a teleconference with approximately ten staff and faculty on the Lebanon campus. Discussion indicated students are receiving the same curriculum, being taught by the same faculty, have access to similar facilities, and are being served by the same student services support staff. Planning for the program seems to have been thoughtful and implementation has gone fairly smoothly. The completion of the new building and ongoing completion of research labs for faculty have provided adequate facilities for the operation.

Observations and Findings

Lines of Inquiry	Observations and Findings	Follow-up Required (identify the issues)
<i>Fit with Mission.</i> How does the institution conceive of this and other off-campus sites relative to its mission, operations, and administrative structure? How is the site planned and operationalized? (CFRs 1.2, 3.1, 3.5, 4.1)	Complete fit with mission.	None
<i>Connection to the Institution.</i> How visible and deep is the presence of the institution at the off-campus site? In what ways does the institution integrate off-campus students into the life and culture of the institution? (CFRs 1.2, 2.10)	Good connections with the aid of technology and frequent travel by faculty and staff between campuses.	Less clear. Will need evaluation.
<i>Quality of the Learning Site.</i> How does the physical environment foster learning and faculty-student contact? What kind of oversight ensures that the off-campus site is well managed? (CFRs 1.8, 2.1, 2.5, 3.1, 3.5)	New facilities have been built an designed to meet needs of the program and faculty. The Provost provides oversight.	Evaluation will be needed. Develop of research labs for faculty was somewhat slower than desirable.
<i>Student Support Services.</i> <i>CPR:</i> What is the site's capacity for providing advising, counseling, library, computing services and other appropriate student services? Or how are these otherwise provided? <i>EER:</i> What do data show about the effectiveness of these services? (CFRs 2.11-2.13, 3.6, 3.7)	Student Services staff at Pomona have bridged the gap to provide comparable services on this campus.	Evaluation will be needed.
<i>Faculty.</i> Who teaches the courses, e.g., full-time, part-time, adjunct? In what ways does the institution ensure that off-campus faculty members are involved in the academic oversight of the programs at this site? How do these faculty members participate in curriculum development and assessment of student learning? (CFRs 2.4, 3.1-3.4, 4.6)	Same faculty across the two sites. Technology used for meetings.	Current collaborative efforts appear to be working but assessment will be needed over time.
<i>Curriculum and Delivery.</i> Who designs the programs and courses at this site? How are they approved and evaluated? Are the programs and courses comparable in content, outcomes and quality to those on the main campus? (CFR 2.1-2.3, 4.6) [Also submit credit hour report.]	Same courses, academic requirements, and faculty.	Evaluation needed over time
<i>Retention and Graduation.</i> What data on retention and graduation are collected on students enrolled at this off-campus site? What do these data show? What disparities are evident? Are rates comparable to programs at the main campus? If any concerns exist, how are these being addressed? (CFRs 2.6, 2.10)	Not yet available. Retention of first class appears to be very good.	Evaluation needed over time

<p><i>Student Learning. CPR:</i> How does the institution assess student learning at off-campus sites? Is this process comparable to that used on the main campus? <i>EER:</i> What are the results of student learning assessment? How do these compare with learning results from the main campus? (CFRs 2.6, 4.6, 4.7)</p>	<p>The program will evaluate students with the same tools as the Pomona campus: exams, assignments, clinical evaluations, and clinical simulations.</p>	<p>Evaluation needed over time.</p>
<p><i>Quality Assurance Processes. CPR:</i> How are the institution's quality assurance processes designed or modified to cover off-campus sites? <i>EER:</i> What evidence is provided that off-campus programs and courses are educationally effective? (CFRs 4.4-4.8)</p>	<p>Same processes to be used across both campuses.</p>	<p>Evaluation needed over time.</p>