

REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 3

To Pacific College of Oriental Medicine

Date of visit

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In Partial Fulfillment of the Requirements for

Initial Accreditation

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The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WSCUC Senior College and University Commission. 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 WSCUC website.

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SECTION I – OVERVIEW AND CONTEXT

A. Description of the Institution and Visit

Pacific College of Oriental Medicine (PCOM) is a for-profit specialized institution that educates health care practitioners in fields associated with East Asian medicine: acupuncture, herbal therapies, massage, and holistic nursing. A revised mission statement adopted in May 2014 commits the institution to “improve lives by educating and inspiring compassionate, skilled leaders of patient-centered, traditional East Asian and integrative healthcare.”

The institution’s tripartite vision holds that the college is:

1. “the recognized leader in delivering integrative and holistic healthcare education to practitioners and the public;
2. “a catalyst for the adoption and expansion of integrative and holistic health care principles, practices, and research, empowering individuals to gain and maintain health and enjoy life,” and
3. “revolutionizing the structure and economics of healthcare by bringing education and integrative healthcare to where people live, learn, and play.” (SAR, p. 16)

PCOM was founded by a group of acupuncture professionals in 1986 as a for-profit enterprise to offer graduate-level education in acupuncture. The Masters of Science in Traditional Oriental Medicine (MSTOM) was approved by the state of California, and in 1990 the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) granted programmatic accreditation for the MSTOM degree. As originally designed, the MSTOM provided credentialing that satisfied state licensure requirements for acupuncture, herbology, nutrition, and lifestyle management. Campuses were opened in San Diego (1987), New York (1993) and Chicago (2000). Early on in the MSTOM program, PCOM featured off-campus clinical internships with established multi-disciplinary clinics.

The college enrolls 1,316 students over its three campuses with the majority of its students enrolled in the MSTOM (n=829); the BS Professional Studies-Acupuncture, a dual degree program located in New York (n=131); and the Associate of Occupational Studies (n=110). Campus enrollment is as follows: San Diego – 522; New York – 578; Chicago – 216.

A post-graduate doctoral program, the Doctor of Acupuncture and Oriental Medicine (DAOM), was launched in 2004 and granted accreditation by ACAOM in 2008. As with similar post-

graduate disciplinary-centered doctorates (e.g., EdD, DBA, DrPH), the research component culminates in a published capstone project.

PCOM has offered or currently offers 9 degree programs with programmatic and/or other accreditation:

- DAOM (post-graduate, post-licensure, research oriented) – San Diego campus
- MSTOM – San Diego and Chicago campuses
- BS Professional Studies/MSTOM (Dual degree, “identical to MSTOM”) – New York campus
- BS Professional Studies/MS Acupuncture (MSTOM without herbology content) – New York campus
- Bachelor of Health Sciences in Asian Holistic Health and Massage – not currently offered; was offered at San Diego and Chicago
- BSN in Holistic Nursing (RN to BSN completion program) – New York campus
- AAS in Holistic Health Science – San Diego and Chicago campuses
- Associate of Occupational Studies – San Diego and Chicago campuses
- Associate in Science Massage Therapy – New York campus

PCOM was granted WASC Candidacy in February 2013 through Spring 2017 following a CPR visit in March 2011 and an EER visit in October 2012. The institution received approval from the Commission in May 2014 of a substantive change to offer an entry-level or first professional doctorate (FPD) in acupuncture and oriental medicine, the Doctor of Acupuncture and Oriental Medicine (DAOM). Although the degree title is the same as the post-graduate, research-oriented degree, it is clearly differentiated and separately subject to accreditation by the programmatic accreditor. In fall 2015 the institution will accept the first cohort in this degree program, which, according to comments made to the team during the site visit, may replace the MSTOM.

This visit was designated as a *Seeking Accreditation Visit 3* and was preceded by one-half day visits by the team Chair (Fassett) to the New York campus (September 16) and the Chicago campus (October 10). The primary purpose of these visits was to observe the facilities for faculty, staff, and students at each campus. Although the Chair had meetings with faculty and staff, the discussions were limited to issues related to facilities and faculty governance issues. The Chair met with some of the institution’s trustees as well. Pictures of the facilities at each campus were taken and shared with the full team.

B. The Institution Seeking Accreditation Visit Report: Quality and Rigor of the Review and Report

PCOM decided to undergo this visit and prepare its report in accordance with WASC's 2013 *Standards of Accreditation*. The institution's report reflected adequate self-reflection, provided the team with evidence for each Standard and relevant CFRs, and allowed the team to validate the conclusions of the report. Overall, the team found that the report responded fully and clearly to the guidelines for a *Seeking Accreditation Visit 3 Report* and believes that the format and presentation of the written report could serve as an exemplar for other institutions applying the new standards.

Except as noted elsewhere in this report, the institution's visit report in general accurately portrayed the condition of the institution. It was evident during the visit that administrators, trustees, staff, and faculty were fully conversant with the report and with the significant areas of progress the institution has made in preparation for this visit. The college reported broad-based participation in the production of the report, which included both faculty and faculty governance leadership, and these claims were validated based on the team's conversations with these groups. Students demonstrated a strong understanding of the rationale for regional accreditation and volunteered during our meeting that many of them chose PCOM over other programs because the institution had achieved WASC Candidacy. The team also notes these students confirmed that during their recruitment process the Admissions staff did not over-promise the likelihood the college would eventually obtain regional accreditation or otherwise inappropriately promote PCOM's pursuit of accreditation as an enticement to enroll, but rather used good judgment in communicating this process when recruiting them.

It was clear to the team that the institution and its constituents have invested significantly in the self-study related to seeking accreditation. As noted and commended below, while still facing various challenges to meet all four standards for accreditation, PCOM's commitment to self-review, planning, and resource allocation over the last five years has resulted in improvements in facilities, technological and decision-support infrastructure, faculty resources, teaching methods, assessment, and developing evidence for student learning.

C. Response to Issues Raised in Past Commission Letters

Following the EER visit in 2012, the Commission recommended that PCOM address the following five areas of institutional functioning:

1. Faculty Governance

2. Faculty Qualifications and Development
3. Full-time Faculty
4. Data Management and Infrastructure
5. Faculty Office Space

Faculty Governance

In its March 2013 action letter, the Commission recognized PCOM's ongoing investment and commitment to strengthen faculty governance but noted the college needed to demonstrate further progress in operationalizing a governance structure by the time of its next site visit. The team found that the full-time faculty have enthusiastically embraced faculty governance, and commendably so. All three campuses have two primary faculty governance committees which oversee curriculum and program review and faculty development, and these committees have a designated faculty chair. Governance-related activities such as faculty hiring, training, and development are now work categories included in institutional definitions of full-time faculty. The team notes, however, that few of the faculty members who are leading the governance system have prior experience or training relevant to their new leadership roles. As noted later in the report, the team recommends that PCOM take its next step in establishing a governance structure by providing training opportunities to support faculty as they step into these new roles. In addition, a procedural discrepancy and an apparent ambiguity in the governance charter resulted in a team recommendation.

The team was also encouraged to learn of PCOM's plans to hire doctoral faculty with degrees related to and in some instances outside of traditional Chinese medicine, including bioscience, general education, and nursing. In addition to the obvious gains of bolstering their full-time ranks and diversifying the content expertise of their professoriate, the team believes the college will benefit from faculty who are experienced working within more traditional or established governance structures.

Overall, however, the team found the institution to have responded appropriately to the Commission's letter.

Faculty Qualifications and Development

PCOM was encouraged by the Commission to continue efforts to develop models for hiring full-time, qualified faculty and to grow the proportion of faculty teaching at the graduate level who have earned doctorates. The Commission also noted that faculty development beyond doctoral

study, in particular that which involves the promotion of research, publication, and attendance at meetings, is essential to creating a graduate culture. The team notes that PCOM demonstrated in its report that it has made commitments to and progress towards these objectives. For example, the college states that the total percentage of faculty with doctorates is now 39%, an increase of over 10% from 2012. The college also received a \$669,000 grant from the National Institutes of Health intended to provide faculty development in evidence-based practice. PCOM is also developing a faculty ranking system which will include research and scholarship activity among its evaluation criteria.

While the team recognizes these signs of progress, they also found the institution's programs for faculty development to be nascent and has made recommendations that the college commit to develop a plan and structure to support and promote faculty professional development. This plan would also provide training in faculty leadership to support them in their new role in governance. The team also notes that much of the effort on faculty growth and development has been expended on full-time faculty roles and resources and has formulated a recommendation regarding continued efforts related to non-full-time faculty.

Full-time Faculty

The Commission noted that PCOM's definition of "full-time faculty" was not adequate to meet accreditation expectations with regard to faculty roles and responsibilities at the institution. The college's definition of full-time at that time appeared limited to the practice of teaching and did not provide opportunities for faculty involvement in other key institutional activities, such as setting and revising academic policy, perform student advising, and conduct period program review. A definition of faculty roles in addition to teaching and implementation of these roles was to be demonstrated in Visit 3.

As detailed below, the institution responded significantly to these recommendations by expanding the number of full-time faculty from 11 to 25, increasing the minimum number of hours per week from 15 to 25, diversifying the categories of faculty work to include various governance-related activities, and publishing a revised faculty handbook with clear statements on academic freedom and reference to faculty roles in governance. The institution's efforts to include faculty development and scholarship activity in this new definition, however, are a work in progress. For example, the team observed that criteria for obtaining funds from the Faculty Development Committee conflate attendance at meetings (faculty development) with presentation at meetings (scholarship), and members of the Committee reported uncertainty as

to how to obtain additional funding. The team has made recommendations for continued improvements in these areas (see below).

Data Management and Infrastructure

The Commission found that PCOM needed to replace an “antiquated” data management system and upgrade its information technology (IT) structure. During its visit the team found the institution has made a significant effort to respond to these recommendations. Over the last 18 months, the college exercised due diligence to identify a student information system (SIS) and recently made a significant capital investment by purchasing CampusVue. At the time of the visit the institution was in the throes of data transfer and validation to implement the new system and have done admirable work thus far in stabilizing their data management infrastructure. The team is hopeful this new system will support the type of high level analytical work and evidenced-based decision support the college needs to exercise over the coming years (see elsewhere in this report for a discussion of the position of Director of Institutional Research and the team’s recommendation regarding his continued role in supporting and informing decision making).

Faculty Office Space

PCOM was urged by the Commission to invest in more office space for faculty not only as a practical matter of providing accommodations for private meetings, class preparation, and research, but also as a signal or symbolic gesture to the community that faculty at the college are valued. The team was pleased to see significant improvements were made at all campuses in the provision of this office space. Almost 1,100 square feet has been leased at PCOM’s San Diego campus and additional 600 square feet at the New York facility. The Chicago campus has been relocated since the 2012 visit, and 7 full-time faculty offices and 5 private spaces for adjunct faculty use were included in the initial design. The Chair observed additional space which could be converted to faculty space at both the Chicago and New York campuses. Designated offices or cubicle areas for faculty have been created for full-time faculty and program chairs. During its campus tour, the team also saw private meeting spaces for students and faculty, treatment rooms, student meeting rooms, and additional classroom space.

SECTION II – EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC’S STANDARDS

STANDARD 1: DEFINING INSTITUTIONAL PURPOSES AND ENSURING EDUCATIONAL OBJECTIVES

Institutional Purposes

PCOM has a clearly defined statement describing its institutional Mission, Core Value, and Vision (CFR 1.1) which appears to be widely disseminated. These elements of the college’s institutional ethos do not remain static but instead have been revised based on both internal and external factors affecting PCOM. The college for example has actively sought to validate and revise these statements within its institutional community. In 2011, they administered the Noel Levitz College Employer Satisfaction Survey and found that employees mostly agreed that the mission, vision, and values were appropriate for the type of education PCOM provides. A more recent in-house survey showed that the statements were still generally supported and understood, although the mission itself went through minor but meaningful revisions. These revisions emphasized the college’s commitment to produce “skilled leaders” (and not just providers) of patient-centered healthcare and to achieve a higher purpose to “improve lives.”

The team also finds as noteworthy that the college’s institutional values find expression not only in official statements but also on the material level as well. Although housed within what are otherwise conventional business office suites, the college takes great care in selecting the images, cultural objects, artifacts, and emblems that populate their buildings as well as organizing and structuring its work, teaching, and treatment facilities. The team found this intentional design of space an embodiment of the philosophical and spiritual values that are meaningful and relevant to PCOM’s mission.

Alignment of educational objectives with the stated purposes of the college is evident in both learning outcomes, methods of assessment, and co-curricular processes. Through developed assessment activity and more nascent program review processes, the Program Advisory Committee and external reviewers evaluate educational objectives, while student achievement data (e.g., completion, placement, and examination rates) are published on the college’s website (CFR 1.2).

Integrity and Transparency

The college’s commitment to academic freedom is made explicit in its faculty manual and college catalog (CFR 1.3), and faculty verified they feel to have the appropriate academic

freedom needed in their roles. The college's diversity statement supports a strong commitment to diversity within the employee and student body demographics (CFR 1.4). This commitment is supported by evidence generated from 2011 Noel-Levitz CESS Institutional Results survey related to employee diversity. While the commitment to diversity is evident, both the faculty and student body composition is only moderately represented by minority populations.

PCOM is a for-profit institution and majority owned by Quad Partners. An independent board of trustees governs the college and supports the autonomous nature of the institution (CFR 1.5). Trustees called to the team's attention (as confirmed by financial information) that Quad Partners has invested surpluses into the institution, and expressed their belief that such reinvestment is likely to continue. In addition to their collective recognition of the role of these financial investments, each trustee demonstrated familiarity with PCOM's missions and vision, an understanding of the college's long-term aspirations, and a commitment to realize these aspirations. The team found it commendable that the Board of Trustees evinces a significant commitment to the success of the institution and is engaged in and accepts responsibility for the quality of the education provided by the institution.

It appears the institution truthfully represents its academic goals, services, and costs to students and the public, and demonstrates their programs can be completed in a timely fashion (CFR 1.6). A group of students meeting with the team confirmed that the college faculty and administrators do a good job of listening and responding to their needs, and that they have appropriate outlets and communication channels to communicate with the administration, such as surveys, town hall meetings, and advisory committee work.

The institution provided evidence of appropriate accounting practices and annual external financial audits (CFR 1.7). Policies are in place describing grievance procedures for faculty and staff. The team noted that the identity of the chief financial officer was unclear, as were the specific responsibilities of the CFO, although there was no evidence that appropriate financial controls were not in place. The team formulated a recommendation related to Standard 3 and CFR 3.8, regarding the role, structure, and identity of the CFO (see section on Standard 3).

The team was encouraged by the institution's response to previous recommendations regarding information technology, and recognizes that new systems are currently being implemented that will facilitate evaluation of institutional performance (CFR 1.7). A recommendation was formulated regarding the continued role of institutional research in driving and informing decision making (see discussion under Standard 4, CFR 4.2).

Overall, the team found the institution fully understands the need for transparency, integrity, and financial sustainability (CFR 1.7) and is developing and implementing the relevant structures and processes to ensure that these are characteristics which define the college. The team concluded that the institutional report and communications with the team at multiple levels within the organization demonstrated candor and an appreciation of the seriousness of the accreditation process (CFR 1.8). The team commends the faculty, administration, staff, and students throughout the organization for their meaningful engagement with the accreditation process.

STANDARD 2: ACHIEVING EDUCATIONAL OBJECTIVES THROUGH CORE FUNCTIONS

Teaching and Learning

PCOM's educational programs are appropriate in content, standards of performance, rigor, and nomenclature for the degrees they award (CFR 2.1). The college is institutionally accredited by the Accrediting Commission of Career Schools and Colleges (ACCSC), and programmatically accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). These accreditations help ensure curriculum conform to and are designed to meet disciplinary or professional standards, subject to regular peer review from programmatic accreditation teams. Peer review also takes place internally through periodic program review. In addition, descriptors from Bloom's Taxonomy and criteria-based course rubrics differentiate between higher levels of cognitive, psycho-motor, and affective skills and functioning and are in line with educational best practices.

Entry-level requirements and level of student achievement necessary for graduation are clearly defined for PCOM's undergraduate and graduate degrees. The college also has a coherent educational philosophy deeply rooted within and informed by the principles of Chinese medicine. This philosophy is expressive of its mission, animates the teaching and learning of programs, and guides the meaning of its degrees and the processes that function to ensure the quality and integrity of its degrees (CFR 2.2).

General Education courses at the college support WASC's five Core Competencies of written communication, oral communication, quantitative reasoning, information literacy, and critical thinking. These five competencies are being defined and assessed by faculty and in some instances with the input of students through three governing bodies: the General Education (GE) Department, Curriculum and Program Review, and the Curriculum Advisory Committee. The team notes that the GE course curriculum map identifies achievement of program learning

outcomes only at the emerging level, and that faculty assured they are looking at ways to design GE courses to support higher level learning achievement (i.e., developed and highly developed). Faculty are also using Lumina's *Degree Qualification Profile* (DQP) to align the curriculum and the AAC&U's Values Rubrics to assess student work.

PCOM's undergraduate degrees include in-depth study in given areas of knowledge, an integrated course of study, and general education coursework intended to support life-long learning (CFR 2.2a). The College's graduate programs establish stated objectives that are clearly differentiated from undergraduate programs in terms of admissions, curricula, standards of performance, and student learning outcomes. Master's and doctoral programs provide opportunities for students to engage with the literature in their respective field, such as through case studies and capstone projects. From a sample review of course syllabi, it also appears that this engagement is ongoing and serves to create and support a learning environment at the college that promotes the importance of scholarship and/or professional practice (CFR 2.2b).

PCOM relies heavily on adjunct faculty to support its programs, many of whom are practicing professionals in their respective fields. These adjuncts serve as teachers who bring not only real world experience and expertise to classroom discussions and activities but also an understanding of the conditions of professional life students will encounter as they develop and progress in their careers.

The team echoes the concerns from the 2012 Educational Effectiveness Report in that PCOM continues to operate on the good will of the adjunct faculty. Adjuncts currently comprise 89% of the college's faculty, and most are drawn from what the team presumes to be a small pool of professionals who are qualified to teach in their programs. PCOM's reliance on adjunct faculty to deliver their programs should inspire the institution to pay great attention to the status this faculty group holds within the college as compared to the growing cadre of full-time appointees. Until recently, very few of the total teaching faculty had the opportunity to obtain full-time employment and associated benefits. However, the institution will be well-served by being mindful that the increased possibility of becoming a full-time faculty member may work to raise the aspirations of non-full-time faculty members.

During the site visit, the team received some input that the compensation rates for adjunct faculty have not changed in some time and may not reflect the full extent of the adjunct faculty member's total time commitment to the institution. Also, as discussed in the Standard 3 section

of this report, team members share a concern that the college may seek to accommodate full-time faculty's private practices by asking adjunct faculty to fulfill the roles and responsibilities normally assumed by full-time faculty (CFR 3.1). While the long tenure of many of the adjunct faculty may indicate that adjunct faculty compensation is not a pressing issue for the college, the institution would be ill-advised to take for granted the complacency of the adjunct faculty. However the institution chooses to respond to the needs of the adjunct faculty over time, the institution would be wise to continue to assure that, because adjuncts are paid on an hourly basis, they are compensated for advising, office hours, and committee work outside the scope of their classroom teaching.

It also appears the college's mechanisms to ensure adjunct faculty have ample opportunity to participate in governance activity are underdeveloped. The team observed that only a small core group of full-time faculty seem to be involved in governance, and it was not evident how involved or how much the college encourages adjunct faculty to participate. For example, both the Curriculum and Program Review and the Curriculum Advisory Committees, two key governance groups, do not require adjunct faculty membership but rather only recommend participation. Given the significant role these faculty play in delivering programs, the team believes there should be adequate representation from this body of faculty, and that the college needs to do more to encourage and support their participation.

Student Learning Outcomes and Assessment

Student learning outcomes and performance standards at the course and program level are published and widely disseminated by the college. These outcomes and standards communicate the mission, vision, and values of the college and are reflected in academic programs and curricula (CFR 2.3). Learning outcomes and standards are developed by both full-time and adjunct faculty and shared among faculty, students, staff and external stakeholders (CFR 3.5). Course learning outcomes are published in each course syllabi, while program learning outcomes (PLO) are published in catalogs made available via the website.

The team was not able to identify published institutional learning outcomes (ILOs), at least in a recognized formulation, although the "Academic Goals" document contains elements that imply ILOs for specific programs. The absence of ILOs will be a challenge when the college must address the meaning, quality, and integrity of their degrees during their next accreditation self-review. Without clear and operationally defined statements about the knowledge and skills that PCOM graduates are expected to develop, irrespective of the degree they complete, the college may find it difficult to address this critical area of institutional self-review. The team therefore

suggests that PCOM use the processes outlined in Section 6 of its report to begin institutional-wide dialogue about the types of learning outcomes that are general enough to relate to all programs and which also account for the attributes that make PCOM's degrees singular, distinct, and characteristic of their institution.

PCOM's faculty have established appropriate student performance standards and rely upon a fairly robust system to define, review, and revise these standards and to assess learning to determine whether students are achieving these standards (CFR 2.4). Standing committees such as the Program Advisory, Curriculum Advisory, and Curriculum and Program Review Committees play an active role in defining and developing learning outcomes and performance standards. Course-level learning outcomes are clearly outlined in the syllabi, various types of student performance data are collected and analyzed, and rubrics are used to help evaluate student learning and achievement. The college has a strong externship program to ensure that out-of-class learning experiences are adequately resourced, well developed, and subject to appropriate oversight. PCOM's continued relationship with the community bodes well to contributing to external learning opportunities for its students.

PCOM's program curricula are designed to allow students to progress and develop toward greater and higher levels of clinical competencies. Faculty model excellent individualized and collective support of their students and have reputations among the students as caring people, competent teachers, and highly accessible when needed for advising or support (CFR 2.5). Students report feeling engaged by the faculty and that the program curricula are sufficiently rigorous. Students also report they take advantage of opportunities to discuss the curricular or programmatic issues through forums such as the Curriculum Advisory Committee. Faculty use numerous types of assessment data to determine that graduates are achieving course and program outcomes, including course exams, clinical evaluations, comprehensive exams, and capstone projects, and appear to be using valid and reliable measures to evaluate student performance (CFR 2.6).

In order to demonstrate that PCOM graduates consistently achieve its stated learning outcomes and established standards of performance, the college should continue its work in ensuring expectations for student learning are embedded in the standards that faculty use to evaluate student work, such as course assignment rubrics (CFR 2.6). Also, key assessment leaders within the college should continue expanding their assessment knowledge through reading, training opportunities with assessment experts, affiliation with assessment organizations, and by participating in conferences, list-serves, and other learning opportunities (CFR 3.3, 4.3, 4.4).

Program Review

The program review process for all campuses began prior to the college's 2012 visit, and a schedule for upcoming reviews has been created. The 2012 site team had found some good work being done by the administration in helping to build an infrastructure to support program review, and that faculty were conscientious, for example, when closely evaluating the efficacy of their courses, developing course alignment matrices, and ensuring the integrity of their program learning outcomes. The college's next step then was to delve more deeply into student assessment data to draw meaningful, evidence-based conclusions about student learning in their programs.

Based on the evidence of three reports recently completed by the college, the current team concludes that faculty continue to leverage their strength to use program review to evaluate and improve their assessment system. As an example, the team notes that PCOM uses appropriate measures to evaluate student attainment of learning outcomes and objectives, including course exams, clinical evaluations, comprehensive exams, and capstone projects (CFR 2.4, 2.6, 2.7). Within its program review activity, faculty give thoughtful attention to the alignment of course and program learning outcomes, the measurability and relevance of outcomes (course or program), and the validity of both assessment measures such as exams as well as the rubrics and other tools used to assess student learning. They also continue to take great care in evaluating the efficacy of the tools and methods of learning and are very conscientious about making changes that will improve their system for assessment.

However, while these practices are an integral part of program review, it appears to the team that faculty committees continue to struggle with the analytical functions of program review. Recent program reviews evinced little by way of analyzing the student learning results which this assessment activity produces. The program review reports under review provided no evidence or documentation that faculty actually analyzed these assessment data nor did they summarize or describe the analytical activity which led to their conclusion, for example, that an exam is less reliable or valid than what is needed. While these reports include recommendations, they do not appear to be tied to any data analysis and seem to only indirectly relate to student learning.

Another case in point can be found in the San Diego MSTOM Winter 2014 program review report. Having read through the entire San Diego MSTOM Winter 2014 report, the team cannot conclude whether these students are achieving, succeeding, at what level, or whether there are differences or gaps or meaningful trends in student performance. In another instance, we

learned in the MSAOM Assessment Plan that, while the current MSTOM program learning outcomes “address the evaluation of patients and the recognition of signs and symptoms to formulate a clinical treatment protocol, none of these PLOs address the successful execution of a clinical treatment protocol.” However, there is no analysis or determination made regarding the level of achievement of PLOs 2, 5, and 6, or from what basis (i.e., evidence) they made these judgments about alignment. The team would have liked to know, for example, whether the findings from the indirect measures (e.g., exit interviews) correlate with direct measures of student learning or triangulated with other measures. The focus of their analyses, in other words, is on whether the PLOs are appropriate to the types of learning they intend for their students to achieve rather than on whether or not the students are actually learning (and thereby achieving these outcomes).

Program review at PCOM thus remains primarily descriptive with no apparent analysis of student learning data and no conclusions regarding student achievement or levels of achievement. There also appears to be little consideration as to whether differences exist among students regarding achievement, and their self-reviews are absent any substantive insight regarding retention and graduation rates (CFR 1.2, 2.6). Faculty involved in program review need to be clear on the distinctions between assessment planning and program review. Whereas assessment describes a system for evaluating student learning, program review in part looks at the results of student learning and uses the findings from these analyses to improve teaching, learning, and the assessment system as a whole.

As the college imbeds more rigorous analytical activity in its reviews, the institution will benefit from documenting carefully the results of these analyses in their program review reports. This should include more direct analyses of student learning assessment data and outcome measures such as retention and graduation rates. PCOM might also consider expanding the depth and breadth of their program reviews. Additional areas of program evaluation may include descriptive summaries of faculty characteristics and qualifications, conclusions regarding quality based on results of licensing examination pass rates and placement rates, and the relevance or insight that student, employer and constituent feedback provide about program quality (CFR 4.1, 4.6).

The team is pleased to report that, during its meeting with the Curriculum and Program Review Committee, the faculty leading program review continue to express interest and excitement in taking this next step. More importantly, they appear to be moving beyond a compliance mindset and toward a clear and shared vision of what this next step will look like. On a micro or

tactical level, faculty seem to readily understand the need for deeper analyses of student performance data and of documenting this analytical activity. On a broader macro or strategic level, this group envisions program review being embraced by the faculty over time for its intrinsic value of supporting incremental program improvement, of faculty learning from each other through the processes of program evaluation, and of faculty taking greater ownership over program quality.

Faculty also noted that they would like to learn more about the program review process, including more training about best practices. They would also welcome more collaboration and training from the Director of Institutional Research on how to perform quantitative analyses of data and more training on how to use their assessment software (TaskStream).

Scholarship and Creative Activity

Since its previous visit in 2012, PCOM has taken steps to create systems and resources whereby research, scholarship, and creative activity are supported in its students and faculty. These include a first professional doctoral degree which emphasizes research as it relates to the development of clinical skills and clinical practice. The College was also recently awarded a grant from the National Institutes of Health to provide faculty development in evidenced-based medicine and evidenced-informed practice. In another example, PCOM's new proposal for a faculty ranking system associates higher ranking levels with research productivity.

While they note in their report they “expect to see an increasing level of research literacy through evidence-informed practice, funding support, and research participation overall” (p. 43), the college does not yet appear to have clearly defined expectations for research, scholarship, and creative activity for its faculty (CPR 2.8, 3.2). For example, when outlining its policy on faculty evaluation and professional development (see Exhibit 8.C.14), the college provides general or vague descriptions of expectations regarding scholarship and research productivity (e.g., “faculty members are expected to be current in the field and to work on improving their effectiveness as faculty”) and note that professional development “may include” activities such as writing, research, and book reviews. PCOM's proposal for faculty ranking levels also does not note the frequency which a faculty needs to publish in order to obtain a higher ranking. Does a faculty member, for example, only publish one peer review article or book to achieve an associate or full professor ranking or is research productivity an ongoing expectation?

Student Learning and Success

PCOM is demonstrating students are making timely progress toward the completion of their degrees and that an acceptable proportion of students complete their degrees in a timely fashion. PCOM tracks achievement, satisfaction, and the extent to which the campus climate supports student success (CFR 2.10).

The college has improved its tracking of student completion data by developing a cohort retention tracking worksheet (CFR 2.10). Retention, graduation, and time to degree data are reported to program and institution accreditors, reviewed by various committees, and disaggregated by program and campus. While the college collects and analyzes student data, these data are not disaggregated by student characteristics, which limit the college's capacity to determine whether meaningful differences exist among student segments with respect to these outcomes. The team also did not see instances in which the college compares itself to other peer or aspirational institutions. As noted elsewhere in this report, program review provides the best opportunity for the college to conduct these types of analyses (CFR 4.1).

PCOM reports that the college provides students with various opportunities to provide feedback to faculty and administrators. This feedback is solicited through common methods such as course and clinical evaluations but also through venues such as town hall meetings, focus groups, and student surveys like the Noel-Levitz Student Satisfaction Inventory. During its meeting with a sample of the college's students, the team received assurance that the administration is doing a commendable job of listening to students. They also noted students have representation on the Curriculum Assessment Committee meetings to communicate their concerns about the program or speak about their own learning experience, and that this input is incorporated into decisions about changes or modifications to the curriculum.

The Student Success Committee began in the Spring of 2014 and has brought together key service areas to ensure that students are receiving the support they need (CFR 2.13). The physical relocation of offices bode well for the "one stop" effort for student services, thus reducing the runaround that students can experience on campuses. Students voiced their concern about PCOM's paper-driven records and would like to see digitized student records to alleviate miscommunication when being advised.

PCOM provides students with several co-curricular programs to support learning and development. These include both academic and non-academic offerings, including self-care courses, which intend to support both professional development and personal well-being.

These co-curricular programs are consistent with PCOM's purposes, aligned with its academic goals, and reflective of its institutional values (CFR 1.1, 2.11).

Building on the work the college began in 2012, PCOM has attempted to develop clear co-curricular departmental missions and objectives that align with the college's mission along with additional opportunities in which departments may be assessed (e.g., departmental evaluations). They have conducted departmental SWOT analyses, which have been used to help align individual or departmental planning goals with important institutional outcomes, such as student learning, retention, and student satisfaction (CFR 4.2). The college also states in its reports that these SWOT analyses will be replicated every two years. Finally, as they note in Section 6 of their report, the college plans to use their assessment software system, Taskstream, to manage their co-curricular unit assessment processes.

The team encourages the college to continue the important work it has recently started in conducting co-curricular program assessments and departmental reviews and to integrate the findings from these inquiries into academic program reviews and other opportunities for program planning (CFR 2.11, 4.3, 4.4, 4.5).

College and program catalogs provide detailed information regarding program requirements and expected learning outcomes (CFR 2.12), and transfer policies are published in both catalogs and on the college's admission's website (CFR 2.14). PCOM appears to be conscientious in creating systems whereby incoming students are cognizant of these requirements and the cost of the programs, while faculty and staff spend a great deal of time advising and supporting their students both in and out of the classroom (CFR 2.12).

STANDARD 3: DEVELOPING AND APPLYING RESOURCES AND ORGANIZATIONAL STRUCTURES TO ENSURE QUALITY AND SUSTAINABILITY

Faculty and Staff

PCOM continues to demonstrate its commitment to institutional effectiveness and growth by making additional investments in full-time faculty as well as key staff level positions within the school (CFR 3.1). In addition to 19 Department Chairs, the college has since 2012 increased its full-time faculty from 11 to 25, and this segment (spread across all three campuses) now comprises approximately 12% of all faculty. PCOM has also invested in numerous leadership positions over the years, including a Director of Institutional Research, Director of Human Resources, VP of Program Development, and a VP of eLearning. The team makes special note of the fact that PCOM also recently benefitted from the support of a member of the Quad Partners leadership team who has a professional background directing student information systems (SIS). As a member of the team implementing PCOM's new SIS software, this director provided consultation on the selection of the new SIS (CampusVue) and guidance in the configuration process as the college moves through stages of data migration and validation.

Interviews with faculty, however, left the team with the impression that while full-time appointments have been made, many of the faculty now identified as full-time are still maintaining full private practices. The concern that arises for the team is whether this arrangement compromises PCOM's need to have a dedicated cadre of faculty who are committed not only to teaching and governance but also to research, scholarship, professional development, and other activities in which they fulfill their roles and responsibilities to the college. Even with a proposed ranking system that will presumably reward faculty for their participation and productivity in these areas, it remains unclear to the team what impact this arrangement has or will have on faculty involvement in typical institutional affairs moving forward.

The team is also concerned that, in order to accommodate these full-time faculty, the college may look to part-time and adjunct faculty to fulfill these roles and responsibilities. This may be a challenging prospect for the college to manage when defining or outlining part-time and adjunct faculty workload expectations. This matter is further complicated by the apparent undeveloped mechanisms which insure both adjunct and part-time faculty have ample opportunity to participate in governance activity. PCOM then clearly needs to examine its lines of communication and representation of adjunct faculty such that expectations, evaluations,

incentives, and rewards, are aligned with the college’s need to ensure sufficient number of faculty qualified for the type and level of curriculum offered.

PCOM has hired a full time Director of Human Resources who has systematized standard HR processes, including hiring procedures, new employee orientation, and annual performance reviews (CFR 3.2). Regarding the latter item, the team inquired about faculty and staff performance reviews and merit increases and was informed that performance reviews are conducted annually and that merit/cost of living increases were evaluated at that time. The team was also provided the following information as it specifically relate to faculty compensation. The table below shows the hourly rate of pay for faculty for the time period from 2011 to 2014:

Year	Rate	YOY Δ
2011	\$ 48.00	
2012	\$ 49.00	2%
2013	\$ 49.00	0%
2014	\$ 49.00	0%

The last pay rate increase awarded faculty was in 2012 at which time faculty at the highest level were given a 2% increase. The team was also told by the administration there have been no increases since 2012 for either faculty or staff (see discussion under Standard 2 regarding team concerns over adjunct faculty pay and workload responsibilities).

During its review of faculty contracts, the team noted that many of the existing full-time faculty are on one-semester extensions to a previous one or two year contract. When inquiring about this with the college’s HR department, the team was led to believe those extensions were provided so that all faculty contract renewals would be aligned with and renewed concurrently in the spring 2015. Upon review of the contracts provided, it appears that there are numerous expiration dates of the existing faculty contracts, and that the reference made to the spring 2015 contract renewal date may have applied only to the faculty at the San Diego campus. Any subsequent visit to college should carefully review this matter to ensure that all full-time faculty from all campuses do in fact have annual contracts.

PCOM recognizes the need for and benefit of supporting faculty and staff development (CFR 3.3). Over the years the college has allocated funds and created numerous learning opportunities for their faculty and staff, and most recently have identified faculty and staff training and development as action items within their *2015-2020 Strategic Plan*.

The team believes, however, that the college needs to take a more targeted approach in its work of developing its personnel, in particular developing faculty leadership. While faculty fully embrace their new and expanding role within the organization with regard to governance and overall leadership within the organization, it was also clear to the team that they are learning about governance and leadership as they go along. Faculty's enthusiasm and readiness to govern should be coupled with and supported by training that will adequately prepare them for their new roles and help the organization create the conditions for success. This is to say that while faculty governance has been further operationalized over the last two years, it is still a fairly new concept to PCOM; absent outside expertise or perspectives of how faculty governance functions within a regionally accredited school, the college may be "pooling their inexperience" and needlessly delaying their growth in this area of professional development.

Administrative leadership also wisely point out the need to develop clear criteria that will enable them to make good decisions regarding the allocation of these funds for training and development. In addition to developing these criteria, the administration is encouraged to develop a clear process that describes how faculty and staff may be funded to pursue training opportunities.

The team also notes that both faculty and administrative leadership have some learning edges to explore regarding technology as they begin using their new student information system, Campus Vue. Training in the use of this new technology will be needed to develop PCOM's analytical function and to continue their work of developing a culture at the college that uses data for planning and decision-making. In addition, faculty involved in program review note the need for more training on how not only to use but also leverage their assessment software, Taskstream, for assessing student learning outcomes and for the higher level analytical work expected of them in doing program review.

Fiscal, Physical, and Information Resources

PCOM is financially stable and its current and projected enrollment is sufficient to support its ongoing operations and financial commitments (CFR 3.4). PCOM has a well-defined budget process and appears to be effective in developing realistic budgets and forecasts and managing its operational expenditures. Financial reports were provided on PCOM's year-to-date financial performance for the six months ending June 2014, and total net financial results were within 1% of budget for Revenue, Operating Expense, and cash flow. In an effort to promote better financial understanding and accountability within the organization, PCOM has implemented a

new process whereby it now distributes monthly Profit & Loss (P&L) reviews to the Campus Directors and conducts monthly P&L review meetings to review campus performance.

PCOM currently outsources its general ledger, Accounts Payable and Accounts Receivable, and payroll functions to the accounting firm of Steve Wendroff, CPA, and this arrangement appears to be working well for the school. In addition, all year-end audits are completed by *Weworski and Associates*. Copies of the most recently completed audits were provided and reviewed, and there are no material matters of concern.

The team inquired about Department of Education Composite Scores, and the school's official 3-Year default rate is 9.8%, which is well below the national average of 13.7%.

In its 2013 accreditation action letter, PCOM was encouraged by the Commission to take the necessary steps to ensure that students and faculty have adequate meeting space for advising, consultation, and for other meeting purposes (CFR 3.5). During its site visits, the team noted significant improvements in the space provided for faculty and staff at all three campuses. The space improvements included additional faculty offices, meeting rooms, treatment rooms, student meeting rooms, and additional classroom space. Many of these additional accommodations are based in a new nearby office space the college has started to rent which is conveniently located right next to the main offices and clinics. The team was impressed not only with how responsive the college has been in addressing the Commission's recommendations but also the care and intention they paid in designing this space. PCOM has also invested in an eLearning platform, Moodle, and the personnel needed to support the online learning modality for its students, faculty, and staff.

Organizational Structures and Decision-Making Processes

PCOM's administrative and faculty leadership appear genuinely and deeply connected to the college's mission and vision and strive to exercise their leadership in alignment with its core values (CFR 3.6). This impression was reinforced in the team's meetings with the PCOM leadership and confirmed in the feedback received from the students with whom the team had the opportunity to meet. These students made a special point of emphasizing the quality of care and regard they feel from the faculty and administration.

The PCOM team provided an organization chart that provided some illustration regarding information and decision-making flow and responsibility (CFR 3.7). While somewhat useful, it was not clear, based on what was documented nor from the team's conversation with the

President's Council, precisely where decision-making responsibility exists within the administration or how policies are proposed and ultimately approved. For key processes like the annual budget and their strategic plan, it was clear that the development of those deliverables is an integrated process ultimately approved by the president and board of trustees. For other instances like policy creation, review, and approval, however, it was not as evident to the team how those processes work within the organization. The team's conversations with both the President's Council and faculty led them to believe that PCOM does not have a well-documented process and procedure for the creation, review, and ultimate approval for new policies. It also was not clear whether the Faculty Council is a decision making group or if they are simply a group that facilitates the development and review process or the extent of their authority as a decision-making group. As PCOM continues to develop and grow, especially as faculty governance continues to take root at the college, this will be an area where they will benefit from more refined and developed policies and procedures.

From an accountability perspective, the PCOM team has implemented new procedures to engage better the Campus Directors, including monthly P&L reviews as well as periodic President's Council meetings, where each functional area reports out on activities and progress on key deliverables. In addition, each Campus Director is responsible for preparing and presenting a quarterly campus report to the leadership team providing updates on key projects and operational metrics.

While PCOM has the accounting and financial planning support in place through the Quad Partners management team and Steve Wendroff's CPA firm, the organization will benefit from having a well-defined structure for the CFO role (CFR 3.8). Such a defined structure would include a clear delineation about who the CFO is, how that person commits their time to PCOM and for the key functions of the Office of the CFO (e.g., Strategic Planning, FP&A, accounting, Facilities, IT), and how and by whom those key functional areas are supported. Moreover, by advising the president and the board of any issues or conflicts of interest, a strong CFO would help to put into place a "checks and balances" process for the college. Those checks and balances do not exist today, and it appears that advisement for all financial matters are provided by the Quad team. Steve Wendroff's team serves a functional purpose but should not be seen as a "decision maker." A CFO committed to PCOM would also be very immersed in the day to day operations of the school and would be able to provide key insights that would inform decision making.

PCOM has a fully independent Board of Trustees (BOT) that provides oversight, guidance, and approval authority over the school's operations (CFR 3.9). There is a Board of Directors comprised of the Quad Partners ownership team, but for all intents and purposes, the college's BOT serves as the ultimate decision making group for the school. The board provides the president with an annual performance review and holds complete purview over his continued employment as the President. While the president does hold a 2% minority share in the school, this ownership does not preclude the BOT from exercising its authority to remove him as the president of the school.

Through its conversations with the administration and with trustees themselves, the team found the BOT highly invested in the success of the college and committed to ensuring that PCOM delivers the quality education it seeks to provide its students.

Faculty Governance

PCOM has taken great strides to create a meaningful faculty governance structure that defines their scope of authority and allows them to exercise effective leadership in establishing and overseeing academic policies and ensuring the integrity and quality of their programs (CFR 3.6). Each program and department have full-time Program Chairs, and two faculty governance committees, the Curriculum and Program Review Committee and the Faculty Professional Development Committee, have been established at each campus along with charters to guide the activity of these committees. In addition, each campus has a faculty governance chair along with a senior faculty who oversees all three campus governance chairs.

As noted in CFR 3.3, however, PCOM has arrived at a critical juncture in its transition to becoming an institution with a firmly established governance structure. Most if not the entire faculty are new to this type of leadership role and are understandably still climbing the steep learning curve associated with taking on such a leadership position. As such, and as noted above, it will be imperative for their individual success as well as the collective success of each campus' Faculty Governance Committee that faculty receive the training, guidance, and feedback so that a) their roles are fully understood and b) they know how they are expected to execute their authority and contribute to the success and continued development of the school (CFR 3.3, 3.6, 3.10).

In addition to professional training opportunities, there appear to be at least two other opportunities for the college to begin transitioning toward a more mature form of faculty governance. This first of these may come in the election of faculty chairs and the length of his

or her term. The team learned that the faculty governance chair who oversees the three campus chairs was appointed by the administration rather than elected by the faculty, a decision that, while likely expedient, violates Article 3 Section 3 of the college's Faculty Governance Charter but also appears remnant of a type of "top-down" decision-making process from which the college is slowly moving away. The team notes that Article III Section 1 of the Charter states that the term of office for the chair shall be two years, while Article III Section 3 indicates that the term of the chair shall be from July 1st to June 30, possibly ambiguously implying a 1-year term. The team suggests then that both the election of a chair as well as the potential ambiguity in Article III Sections 1 and 3 regarding the term of office of the chair be clarified in accordance with guidelines for CFR 3.10.

Secondly, if the primary goal of a charter is to establish clear and tangible expectations or outcomes of a working group and clearly delineated lines of authority, PCOM faculty should also consider revising its faculty governance charters so that the scope of its authority is more clearly defined, explicated, and reinforced. This notion of defining and reinforcing the basis, value, and scope or limitation of its decision-making authority seems especially important for PCOM's fledgling faculty governance system and would moreover help the college further define and clarify its decision-making processes (CFR 3.7).

STANDARD 4: CREATING AND ORGANIZATION COMMITTED TO QUALITY ASSURANCE, INSTITUTIONAL LEARNING, AND IMPROVEMENT

Quality Assurance Processes

PCOM has developed and implemented a variety of new processes, procedures and committees to help the organization grow in the area of quality assurance, continued process improvement, and institutional learning (CFR 4.1). These include a curriculum and program approval process and recently adopted periodic program review process, both of which are further supported by a number of key committees (CFR 2.7). The Curriculum and Program Review and the Curriculum Advisory Committees, for example, along with various enrollment management committees focusing on retention, advising, and graduate success, have been defined, formed, and convened to support the institutions larger goals of continuous improvement. The college also continues to make progress in developing a robust system for assessing student learning (CFR 2.4, 2.10, 4.3, 4.4).

The organization is to be commended for taking the steps necessary to put in place these new processes and structures, and the team encourages them to provide each new committee with the resources needed to be successful. This would include providing dedicated time for faculty and staff to make participation in these committees a priority and to allow them to participate in a meaningful way. PCOM has already signaled an awareness of this need by identifying committee work as a category for full-time faculty. As noted earlier, the leadership roles that come with these committees are new “territory” for some of the faculty, and they will therefore need time, guidance, support, and in some cases coaching and or training to set up themselves and the committees they lead for success (CFR 3.3).

Since the institutional research function and the tools that make it possible are relatively new for the organization, the data and research infrastructure to support the college’s quality assurance systems is still developing. As noted below, PCOM is in the process of migrating to a new student information system (SIS) that should improve data quality and streamline reporting. Once this new SIS becomes established, the team suggests that PCOM focus on a limited number of reports that are seen as the most critical to facilitate accountability, support decision making, and drive quality assurance.

Institutional Research

Overall, PCOM’s institutional research (IR) function continues to develop and mature as it addresses the data and research needs of the college (CFR 4.2). The institution clearly

understands the need for and benefit of IR, has the leadership and proper organizational mindset to develop this function, and has the mechanisms in place which ensure data are being used for planning, assessment, evaluation, and decision-making. For example, most committee charters, such as the Curriculum and Program Review, Curriculum Advisory, and the Program Advisory, make note of the particular data reviewed in their group work. The college also appears to have benefitted from a consultation with an IR expert of the college's systems for data access and availability, data integrity, IR workload, roles, and responsibilities (CFR 4.2). Moreover, as they note in their institutional report, PCOM has attempted to make the most of its current (and soon to be retired) legacy system, AdminEase. Through the efforts and leadership of the Director of IR (DIR), the college has sought to create efficient systems for data entry, extraction, and cleaning and which ensure data are valid and reliable. The DIR also produces standardized reports that inform enrollment planning and program review analyses. These standardized reports in particular provide strong evidence that PCOM has progressed in the area of data management and data-informed decision-making.

As the IR function continues to evolve within the institution, the team recommends that the team maintain its commitment to using data and analysis to drive and inform decision-making, more specifically in the data and analytical support for program review, student learning outcome assessment, and strategic planning.

Data Management

The college's most pressing need has been investing in a new database system. Following its Educational Effectiveness Review, the Commission provided in its action letter clear direction that the college invest in a data management system that "expedites and ensures the timely access to and reporting of accurate data and to support the many new initiatives in which critical analyses of institutional data are being used for planning, assessment, program review, and decision making." Since that time the college has made significant progress responding to these recommendations. For the last 18 months, PCOM has gone through a due diligence process of evaluating the effectiveness of its current Student Information System (SIS), AdminEase. During this time the organization, led by PCOM's Director of Institutional Research, quickly came to the conclusion that, while the college has been making the most of its current legacy system, this system would not meet the growing needs of the organization for timely, reliable, and valid data.

Following that decision came an investigatory period where the work group evaluated other options for a new system. Ultimately, the team decided on Campus Management's CampusVue

as the new SIS the institution would adopt. Over several months prior to the visit, PCOM expended a good deal of time and energy painstakingly transferring over all existing student record data to its new SIS through the slow and deliberate effort of manually entering in all records and validating these entries. The college is now in the final stages of the process of data migration and preparing to “go live” with the new system in early 2015.

One significant issue with which the college is contending is that only current data within AdminEase is being transferred over to CampusVue. This will mean that any meaningful longitudinal research the college wishes to conduct (e.g., retention, graduation, time to degree) will rely upon the current highly laborious process of extracting, cleaning, formatting, and validating the data that comes from AdminEase. This process, as highlighted by a consultant who conducted an external review of the college’s IR function, is highly inefficient and depletes the college’s analytical capacity.

PCOM is to be commended for making the decision to convert to a new SIS as is Quad Partners for supporting and funding the multi-year commitment and investment. The SIS working group is also to be commended for the approach they have taken to stage the implementation and the attention to detail in making sure that the data conversion and the resulting database will produce valid and reliable data. Data will serve as the basis for all future analytics they will perform and use to drive decision making. The team also recognizes that PCOM will be working with data from two separate systems and recognizes the challenges that will come with that arrangement. Nevertheless, leadership fully understands the importance of the new SIS system and how it can and will be used going forward to manage student level data, help them understand their student population, and how it will be used to analyze, assess, and manage their operations going forward.

Institutional Learning and Improvement

PCOM clearly understands the need and benefit of a well-defined teaching and learning outcome assessment process and the value of soliciting stakeholder input as part of its evidenced-based planning and decision-making process (CFR 4.3). This commitment is evidenced by the investments made in the new SIS (CampusVue), CRM (TargetX), and assessment and work flow (TaskStream) software systems. The organization now needs to leverage these new tools to help support better understanding of operating results and fully utilize them to drive and support informed decision making processes.

PCOM engages in different practices to inquire about and improve the teaching and learning process (CFR 4.4). These include evaluating faculty performance by way of classroom observations and course evaluations and using the results of these evaluations to inform faculty training and development activity. The college's new faculty ranking system also uses as one its performance criteria "teaching effectiveness," which emphasizes (i.e., rewards) faculty contributions to improving or enhancing practices to assess student learning and improving learning outcomes.

PCOM has established a formal Program Review process that continues to evolve as the organization uses the process to learn about its students as well as its faculty and programs. As noted earlier, the college's next step in its evolution must include analyzing student learning data to ensure students are achieving the performance standards set by the college. This process may also benefit from incorporating the results of its teaching evaluation practices into program review self-studies to learn if meaningful correlations exist, for example, between teaching effectiveness or innovations in assessment and student learning outcomes. Overall, PCOM appears to be highly committed to its students and their learning outcomes and motivated to use the results of its ongoing inquiry into the process of teaching and learning.

PCOM has a clear understanding of who its key stakeholders are and how they may be used to align curriculum with program educational goals and objectives and assess student learning outcomes (CFR 4.5). Ongoing committees and processes have been put in place in order to make full use of these stakeholder resources. These include a Program Advisory Committee made up of employers, practitioners, and higher education specialists who provide input on program outcome measures such as graduation, licensure, and employment rates, and guidance on a variety of programmatic issues, including the appropriateness of program learning objectives, the adequacy of learning resources, and the quality of clinical facilities and equipment. Their Curriculum Advisory Committee provides a forum for academic deans, faculty, and student council representatives to discuss curriculum changes and the effectiveness of individual courses or series of courses. PCOM has also administered a survey to its alumni designed to evaluate the post-graduate services provided to them. This survey serves as one of many indicators of the college's intention to maintain and cultivate strong ties with these stakeholders.

As of fall 2014, PCOM embarked on a process to review, update, and refine their strategic plan. This process engaged all levels of the organization and resulted in a draft plan for 2015-2020 that identifies key initiatives the organization will focus on to become more effective as an

organization and competitive in the three geographic areas where they operate (CFR 4.6). The team was especially pleased to see student learning and achievement as strategic foci within their plan, which reflects the college's growing commitment to support and ensure educational effectiveness.

The team, however, found the planning agenda set forth by the college in its 2015-2020 plan to be highly ambitious, and possibly overly so. In addition, the institution may benefit from attention to the overall design of its planning document. The team notes that over 80 action items populate their plan with many scheduled to be executed during the 2015 calendar year. There were also few to no clear performance targets or more global key performance indicators to help the college evaluate its progress and effectiveness in executing its plan. Despite these issues, the team took this particular plan for what the college presented it to be, a draft, and believe adequate planning processes are in place and that the college has strong leadership with sufficient experience to revise further and better organize their planning document. Strategic planning continues to be an evolving process for the institution, one they see as critical to the college's success and one the team believes PCOM will continue to support and refine over time.

The PCOM team is aware of the external threats and opportunities that exist within higher education as a whole which pose significant challenges to them (CFR 4.7). For instance, the leadership team is aware and taking appropriate steps to ensure continued compliance with current and proposed new regulations with the Department of Education around gainful employment. They also report that revisions to their institutional mission and values were done in part as a response to the growth of integrative medicine in the field of health and wellness. The college is also aware how regional accreditation will enhance the credibility and reputation of the institution in the marketplace and of the material benefits their students will expect by attending a regionally accredited school.

From a curriculum standpoint, the college is mindful of how their current program offerings need to diversify or evolve in response to changes in the medical and healthcare industries and are taking decisive actions now to prepare for the changes. An example of this is a plan to create a First Professional Doctorate (FPD) degree in Acupuncture. The FPD will emphasize preparation of graduates to be fully integrated members of the modern health care team; among its features is an increased preparation of students to understand the foundations of allopathic medicine, so as to enable them to better engage with other health care providers. At the same time, the FPD option has significant advantages for students who wish to practice in

the emerging health care system. As it was explained to the team, the FPD will enable students to move directly into a “pre-med” degree as opposed to completing a traditional degree sequencing of bachelors to masters to doctoral degree. The FPD will in a sense “fast track” students to become practicing doctors much more quickly than the traditional route. This offering will be much more attractive to students who do not want to wait the extended period of time to complete their education and start practicing in the field of Oriental Medicine. The college is also in the process of modifying their MSTOM program to allow for a modified (i.e., shorter) degree that focuses on massage education and reduces the time and cost for licensure for students.

SECTION III – PREPARATION FOR REAFFIRMATION UNDER THE 2013 HANDBOOK OF ACCREDITATION

As part of its long-term planning for reaffirmation of accreditation in the coming years, PCOM intends to commit to several key initiatives to address the three components of its institutional report: 1) *Degree Programs*, 2) *Educational Quality*, and 3) *Sustainability*. These initiatives are summarized by the team below based on its review of PCOM’s institutional report (see pp. 81-82):

Degrees Programs: Meaning, Quality, and Integrity of Degrees

1. The college will administer a survey to students, faculty, and staff to solicit their perceptions and expectations of the college degrees. Through departmental and committee meetings, faculty will “review these perceptions and assess student learning.”
2. Drawing upon the expertise of both external reviewers and college faculty, PCOM will “drill down into varying outcomes.”
3. Faculty will study and use Lumina’s Degree Qualification Profile as a framework to “differentiate and define” the meaning of their degrees.
4. Use their assessment software system, Taskstream, to collect and analyze student performance data and align existing course learning outcomes with DQP proficiencies.
5. Using Bloom’s Taxonomy as a reference, program and course level outcomes will be “compared for increasing levels of competency”
6. Students, alumni, and employees will assess the quality of degrees through the curriculum and program advisory committees.

Educational Quality: Core Competencies, and Standards of Performance at Graduation

1. Faculty and students define and assess the core competencies through the GE Department, Curriculum and Program Review Committee, and the Curriculum Advisory Committee.
2. Faculty will review and use validated student self-assessment instruments and nationally developed rubrics, such as the Valid Assessment of Learning in Undergraduate Education (VALUE).
3. Ensure graduation requirements are aligned with core competencies
4. Use Taskstream while conducting their assessment of core competencies

Sustainability: Preparing for the Changing Higher Education Environment

1. Partner with Columbia College Chicago to use the Sustainability Tracking, Assessment, and Rating System (STAR) to collect institutional data. This data will be analyzed by the President's Council and used for planning purposes.

The team finds it difficult to determine whether these initiatives as currently described represent an appropriate course for PCOM as it prepares for reaccreditation. Given the relatively proscribed line of inquiry and type of self-review the three report components represent, the team was unclear in most instances how these proposed processes will help the college engage the questions that will help them define the meaning of their degrees, ensure educational quality, and plan for the future. Defining the meaning of their degrees and determining educational quality, for instance, calls for institutions to engage deeply in broad-based reflection and discussion about the distinct educational experience they provide to students, how they operationalize and measure quality and attainment, what competencies their students develop, and an account of the institutional mechanisms that ensure students are developing these competencies.

The processes enumerated above to address these two particular report components, however, mostly describe general assessment activity, and it is not clear whether this activity will be used to elicit or evoke the high-level analysis and deliberation the Commission expects. For example, while a survey may yield valuable data about community members' perceptions and expectations of degrees, PCOM does not account for how this data will be organized, analyzed, and used to help them define or substantiate the meaning of their degrees. Will they conduct a content analysis of this survey data to surface common or divergent themes pertaining to this meaning? If so, will these themes be compared against learning outcome data to validate or otherwise find agreement between expectations and results?

The team also notes the apparent lack of consideration the college is providing to the third area to be explored more fully during reaccreditation: sustainability. PCOM describes only one process they will develop as they plan to address this key theme while listing a number of "anticipated benefits of increasing our awareness of sustainability."

As noted elsewhere in the report regarding program review and other types of data-informed inquiry and self-study, PCOM's lack of clarity in describing their planning processes may both accurately reflect the college's current level of or capacity for analytical thinking and provide another occasion in which they are challenged to develop this capacity. Based on the team's

numerous conversations with both administrative and faculty leadership, their review of PCOM's established and developing planning and assessment processes and its commitment to function as a data-informed learning organization, and mindful of the developmental trajectory the college has been on over the last four years, they remain highly confident in PCOM's ability and resolve to take this next step.

SECTION IV – INVENTORY OF EDUCATIONAL EFFECTIVENESS INDICATORS

Establishing Learning Outcomes

PCOM has well defined and efficient processes to establish learning outcomes for their programs (CFR 2.4). These processes ensure outcomes are aligned with learning objectives established by programmatic accreditors and state licensing agencies and responsive to emerging trends within the profession as well as changes imposed by industry or regulatory bodies (CFR 4.7).

Assessing Learning Outcomes

The college relies upon a robust system it has developed over the years to assess student learning outcomes (CFR 4.1). Course-level outcomes are well-defined and clearly outlined in syllabi, and the college uses appropriate measures to evaluate student attainment of learning outcomes and objectives. Advisory committees that support program evaluation, curriculum review and development, and program enhancement focus on student achievement and draw upon the findings of learning outcomes assessments (CFR 4.3).

Using the Results of Assessment

The team found evidence of PCOM exerting significant time and effort into using the results of its assessment activity (CFR 4.3). Assessment data include course exams, clinical evaluations, and capstone projects, and the review of these and other student performance data are used to make judgments concerning student achievement, improve assessment methods, and inform decisions to align curriculum and revise or change learning outcomes (CFR 4.4).

Conducting Program Review

PCOM has established a system for program review that includes well defined policies and procedures, a timeline and review schedule, and a chartered committee of faculty leadership and external stakeholders to guide and support this process (CFR 2.7). Having already completed seven reviews with more slated in the coming years, the college has invested a significant amount of time and resources into developing this system and overall takes seriously the goals and objectives of program review to improve the quality, effectiveness, and sustainability of its programs and support student achievement (CFR 4.7).

Faculty leading program review, however, continues to struggle with the analytical functions of this evaluative work. Program review reports do not appear to examine student learning results or document faculty analyses of student achievement of program learning outcomes. These

reports also lack a substantive review of retention and graduation rates and do not appear to analyze results based on student characteristics (CFR 2.10).

SECTION V – FINDINGS AND RECOMMENDATIONS

Commendations

1. For the significant improvement of facilities at each of the three campuses and for the manner in which the design of these facilities not only reflects but embodies the deeply rooted philosophical and spiritual principles of the college
2. For the Board of Trustees for their significant commitment to the success of PCOM and for strong evidence they are both engaged in and accept responsibility for the quality education the college seeks to provide its students;
3. For the faculty for enthusiastically embracing their role and responsibility for faculty governance
4. For Quad Partners for their leadership in support of the accreditation process and the subsequent significant investment in PCOM's infrastructure and personnel
5. For the faculty, administration, staff, and students throughout the organization for their meaningful engagement with the accreditation process

Recommendations

1. That PCOM further refine and document a well-developed process and structure to support and promote faculty professional development. This plan would include clearly defined criteria to be used for the allocation of funding to support faculty development, a clear process whereby faculty knows how they can participate, and what the criteria or requirements are. (CFR 3.3). This plan would also include mechanisms which support training that enhance the skills of faculty to deliver effective faculty leadership and be successful in their new roles.
2. That PCOM develop a comprehensive plan to promote research, scholarship, and creative activity for all categories of faculty (full-time, part time, adjunct) that clearly defines how those key functions are supported and promoted within the organization. The plan or charter should include the institutional resources that are dedicated to this on an annual basis and incentives geared toward promoting scholarly work. (CFR 2.8)
3. Recommend that the institution assure that the faculty governance chair be elected in accordance with the terms of the faculty charter and that a potential ambiguity in Article 3 regarding the term of office of the chair be clarified in accordance with guidelines for CFR 3.10.

4. The institution carefully examine its lines of communication and representation of adjunct faculty such that expectations, evaluations, incentives, and rewards, are aligned with the need to ensure sufficient number of faculty qualified for the type and level of curriculum offered.
5. The team recommends that the function of IR as it evolves continue to drive and inform decision-making, most directly in the data and analytical support for program review, student learning outcome assessment, and strategic planning.
6. The team recommends program reviews currently underway or scheduled include more explicit and formal documentation of their processes for analyzing student performance data, including data on retention and graduation disaggregated by race/ethnicity, gender, and any other student characteristic category meaningful to the college. The reports should also provide evaluations by the faculty as to whether students are achieving their program learning outcomes and at what level of attainment, and whether their analyses have revealed difference among their students regarding achievement. Also, the Curriculum and Program Review Committee issue a formal summary that details how their findings from these analyses informed particular instances of program planning and development.
7. That PCOM have a well-defined structure for the CFO role, including a clear delineation on who the CFO is, how that person commits their time to PCOM and for the key functions of the Office of the CFO, how and by whom, those key functional areas are supported (CFR 3.8)

APPENDICES

- A. Report on off-campus programs
 - 1. Chicago Campus
 - 2. New York Campus

- B. Four Federal Compliance Checklists
 - 1. Credit Hour and Program Length
 - 2. Marketing and Recruitment Review
 - 3. Students Complaint Review
 - 4. Transfer Credit Review

APPENDIX A-1: OFF-CAMPUS LOCATIONS REVIEW – TEAM REPORT APPENDIX (2013 Standards)

Institution: Pacific College of Oriental Medicine

Type of Visit: SAV 3

Name of reviewer/s: William E. Fassett

Date/s of review: October 10, 2014

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
Pacific College of Oriental Medicine

Chicago, Illinois
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)

See SAV 3 team report

3. Nature of the Review (material examined and persons/committees interviewed)
This visit was a one-half day physical visit by the team chair to the Chicago campus for the purpose of confirming the additions and revisions to the physical facilities in response to the 2010 Commission Action.
Although the chair did meet with faculty, staff, and administrators at the site, the review was limited to confirming the creation of faculty and student spaces as described in the institutional SAV 3 report. The chair took photographs of the facilities which were shared with the team for the purposes of its SAV 3 report to the Commission.

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, 3.4, 4.6)	n/a – see SAV 3 Team Report	
<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)	n/a – see SAV 3 Team Report	

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

<p><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 1.7, 2.1, 2.5, 3.1, 3.4)</p>	<p>The physical plant revisions were consistent with those described in the institution report and fully support the mission of the institution and foster learning and faculty-student contact.</p>	
<p><i>Student Support Services. 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, 3.5)</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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 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, 3.1-3.3, 4.3)</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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.]</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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)</p>	<p>n/a – see SAV 3 Team Report</p>	
<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, 4.3, 4.4)</p>	<p>n/a – see SAV 3 Team Report</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 4.1-4.7)</p>	<p>n/a – see SAV 3 Team Report</p>	

APPENDIX A-2: OFF-CAMPUS LOCATIONS REVIEW – TEAM REPORT APPENDIX (2013 Standards)

Institution: Pacific College of Oriental Medicine

Type of Visit: SAV 3

Name of reviewer/s: William E. Fassett

Date/s of review: September 16, 2014

A completed copy of this form should be appended to the team report for all visits in which off-campus sites were reviewed². 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
Pacific College of Oriental Medicine

New York, NY
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)

See SAV 3 team report

3. Nature of the Review (material examined and persons/committees interviewed)
This visit was a one-half day physical visit by the team chair to the New York campus for the purpose of confirming the additions and revisions to the physical facilities in response to the 2010 Commission Action.
Although the chair did meet with faculty, staff, and administrators at the site, the review was limited to confirming the creation of faculty and student spaces as described in the institutional SAV 3 report. The chair took photographs of the facilities which were shared with the team for the purposes of its SAV 3 report to the Commission.

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, 3.4, 4.6)	n/a – see SAV 3 Team Report	
<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)	n/a – see SAV 3 Team Report	

² See Protocol for Review of Off-Campus Sites to determine whether and how many sites will be visited.

<p><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 1.7, 2.1, 2.5, 3.1, 3.4)</p>	<p>The physical plant revisions were consistent with those described in the institution report and fully support the mission of the institution and foster learning and faculty-student contact.</p>	
<p><i>Student Support Services. 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, 3.5)</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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 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, 3.1-3.3, 4.3)</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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.]</p>	<p>n/a – see SAV 3 Team Report</p>	
<p><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)</p>	<p>n/a – see SAV 3 Team Report</p>	
<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, 4.3, 4.4)</p>	<p>n/a – see SAV 3 Team Report</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 4.1-4.7)</p>	<p>n/a – see SAV 3 Team Report</p>	

APPENDIX B-1: CREDIT HOUR AND PROGRAM LENGTH REVIEW – TEAM REPORT APPENDIX

Institution: Pacific College of Oriental Medicine

Date: November 19-21, 2014

Overview:

Under federal regulations, WASC is required to demonstrate that it monitors the institution's credit hour policy and processes as well as the lengths of its programs.

Credit hour is defined by the Department of Education as follows:

A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

(1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or

(2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

Program length may be seen as one of several measures of quality and as a proxy measure for scope of the objectives of degrees or credentials offered. Traditionally offered degree programs are generally approximately 120 semester credit hours for a bachelor's degree, and 30 semester credit hours for a master's degree; there is greater variation at the doctoral level depending on the type of program. For programs offered in non-traditional formats, for which program length is not a relevant and/or reliable quality measure, reviewers should ensure that available information clearly defines desired program outcomes and graduation requirements, that institutions are ensuring that program outcomes are achieved, and that there is a reasonable correlation between the scope of these outcomes and requirements and those typically found in traditionally offered degrees or programs tied to program length.

A completed copy of this form should be appended to the team report. Teams are not required to include a narrative about this matter in the team report but may include recommendations, as appropriate, in the Findings, Commendations, and Recommendations section of the team report.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Where is the policy located? Catalog "schedule of classes" p 120
	Comments:
Process(es)/ periodic review of credit hour	Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Does the institution adhere to this procedure? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample syllabi or equivalent for online and hybrid courses <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? 3
	What kind of courses (online or hybrid or both)? both
	What degree level(s)? AA/AS and Doctoral
	What discipline(s)? Massage and Oriental Medicine
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated) <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? 1
	What kinds of courses? Clinic shift
	What degree level(s)? MA
	What discipline(s)? Oriental medicine
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:
Sample program information (catalog, website, or other program materials)	How many programs were reviewed? 3
	What kinds of programs were reviewed?
	What degree level(s)? AA/AS, MA, DAOM
	What discipline(s)? Massage and Oriental Medicine
	Does this material show that the programs offered at the institution are of a generally acceptable length? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Comments:

Review Completed By: William Fassett, WASC Evaluator
Date: 11/20/2014

APPENDIX B-2: MARKETING AND RECRUITMENT REVIEW CHECKLIST

Under federal regulation*, WASC is required to demonstrate that it monitors the institution's recruiting and admissions practices.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.	Verified Yes/No
**Federal regulations	Does the institution follow federal regulations on recruiting students?	Yes
	Comments:	
Degree completion and cost	Does the institution provide accurate information about the typical length of time to degree?	Yes
	Does the institution provide accurate information about the overall cost of the degree?	Yes
	Comments: The college presents their programs accurately and is meeting a minimum standard of integrity and transparency. PCOM appears to be conscientious in creating systems whereby incoming students are cognizant of these requirements and the cost of the programs. Protocols are in place in which marketing materials are reviewed for accuracy.	
Careers and employment	Does the institution provide accurate information about the kinds of jobs for which its graduates are qualified, as applicable?	Yes
	Does the institution provide accurate information about the employment of its graduates, as applicable?	Yes
	Comments: PCOM provides information on its website about the profession for which they are preparing their students. This information includes national employment figures of acupuncture practitioners, trends regarding the growing public demand for Oriental medicine, and the overall development and professionalization of the field.	

*§602.16(a)(1)(vii)

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

Review Completed By: John Hofmann, WASC Evaluator
Date: 11/20/2014

APPENDIX B-3: STUDENT COMPLAINTS REVIEW CHECKLIST

Under federal regulation*, WASC is required to demonstrate that it monitors the institution's student complaints policies, procedures, and records.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)	Verified Yes/No
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints?	Yes
	Is the policy or procedure easily accessible? Where? College catalogs	Yes
	Comments: 1) Complaint Procedure: Sexual Harassment/Discrimination; 2) Other complaint policy and procedure is located under, " Disciplinary Procedures" and "Grievance Committee"	
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? Please describe briefly: Levels of Resolution for Sexual Harassment/Discrimination complaints include "Consultation", "Direct", and "Formal Resolution" as outlined in the catalog. For other complaints that are not resolved by consultation or direct resolution with the parties involved, the Campus Director may convene a Grievance Committee. Grievance Committee members typically include student, faculty, and administrative representatives uninformed in the related issue	Yes
	Does the institution adhere to this procedure?	Yes
	Comments:	
Records	Does the institution maintain records of student complaints? Where?	Yes
	Does the institution have an effective way of tracking and monitoring student complaints over time? Please describe briefly: All complaints and documents associated with them are kept in a binder, organized by type of complaint for each chronological year. The complaints are kept in the Campus Director Office for security.	Yes
	Comments:	

*§602-16(1)(1)(ix)

See also WASC Senior College and University Commission's Complaints and Third Party Comment Policy.

Review Completed By: J. Elaine Gates-Milner, VP Operations/Compliance Date: 8/3/14

Verified by: Dr. Shawna Lafreniere, WASC Evaluator Date: 11/20/14

APPENDIX B-4: TRANSFER CREDIT REVIEW CHECKLIST - TEAM REPORT APPENDIX

Institution: Pacific College of Oriental Medicine

Date: November 19-21, 2014

A completed copy of this form should be appended to the team report. 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.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.	Verified Yes/No
Transfer Credit Policy (s)	Does the institution have a policy or formal procedure for reviewing and receiving transfer credit?	Yes
	Is the policy publicly available?	Yes
	If so, where? Pacific College's General Transfer Credit Policy is publicly available. It can be found in each of the College's catalogs under "General Transfer Credit Policy" and under the "Credit and Transfer Policy" link (found under the Admissions Tab) on the College's website.	
	Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education?	Yes
Comments:		

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

(1) Are publicly disclosed in accordance with 668.43(a)(11); and

(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

See also WSCUC Senior College and University Commission's Transfer of Credit Policy.

Review Completed By: William Fassett, WASC Evaluator

Date: 11/20/2014