REPORT OF THE WSCUC TEAM
For Reaffirmation of Accreditation

To
Touro University California (TUC)

April 16 – 18, 2018

Team Roster

Stanley Maloy (Chair)
Associate Vice President for Research and Innovation
San Diego State University

Stephanie Bangert (Assistant Chair)
Executive Director, Communications and External Relations, ALO
Samuel Merritt University

Elizabeth Bossert
Dean, School of Nursing
Loma Linda University

Steven Garcia
Retired VPAA and CFO
Cal Poly Pomona

Donna Redman-Bentley
Associate Dean of Research, College of Allied Health Professionals
Western University of Health Sciences

Mark Goor (Institutional Liaison)
WSCUC Vice President

TABLE OF CONTENTS

Page

TOURO UNIVERSITY CALIFORNIA
TEAM REPORT - ACCREDITATION VISIT APRIL 16-18, 2018

SECTION I – OVERVIEW AND CONTEXT

A. Description of Institution and Accreditation History

Touro University California (TUC) is a private, nonprofit institution of higher education offering graduate degrees in osteopathic medicine, pharmacy, physician assistant studies, nursing, public health, and education. TUC was established in 1997 as an institution within the Touro College and University System (TCUS). TCUS, headquartered in New York, is a Jewish-sponsored nonprofit system of undergraduate and graduate professional educational institutions. Its primary mission is to enrich the Jewish heritage and to serve the larger American community. The mission of TUC is:

To provide graduate and professional educational excellence in the fields of Health Sciences, Public Health, and Education. The TUC learning experience is student-centered, enriched by focused research and scholarship, and prepares professionals for rewarding lives in service to others both locally and around the globe.

The university community shares a strong sense of values around its core pillars of social justice, intellectual pursuit and service to humanity. The mission and values clearly inform a vibrant learning culture where students are at the center of the educational experience.

TCUS created Touro University Nevada (TUN) in 2004. TUN is labeled a branch campus of TUC, and together TUC and TUN comprise the Touro Western Division (TWD) of TCUS. The focus of the

accreditation review is on TUC, however, the report of the team will comment on the relationships between TUC and TUN, TWD, and TCUS respectively.

Since 1999, the university has been located on a 44-acre historic naval base on Mare Island, Vallejo, California, on a hillside campus with commanding views of the San Francisco Bay. TUC occupies seven renovated buildings and rents two additional facilities. Student enrollment (2017) at the California campus is 1,465. TUN is located in Henderson, Nevada adjacent to Las Vegas and has a student body (2017) of 1,414.

In 2005, the WSCUC Commission ratified action of the structural change panel and transferred accreditation from Middle States Accrediting Commission on Higher Education (MSACHE) to WSCUC for both TUC and its branch campus in Nevada. The 2005 Commission action stipulated that new program approval following the transfer would require approval through the WSCUC substantive change process. Approximately fifteen substantive change proposals have been submitted to WSCUC since 2005. TUC was placed on the regular WSCUC review cycle, conducting a Capacity and Preparatory Review (CPR) in 2008 and the Educational Effectiveness Review (EER) in 2009.

The 2010 Commission action letter following the EER granted TUC an eight year reaccreditation with a request for an interim report in 2014. Five issues were noted as areas to be addressed: clinical education, institutional outcomes, program review, relationship with the Touro System (TCUS), and faculty development.

The Interim Report Committee (IRC) acted to receive the institution's interim report and scheduled the Offsite Review (OSR) in 2017 and the Accreditation Visit (AV) in 2018. The April 16-18, 2018 AV at the

California campus was organized around the lines of inquiry (LOI) developed by the team during its November 2017 OSR. As per WSCUC guidelines, a site visit was scheduled to the branch campus. The team decided to send three members to the Nevada branch campus in March 2018 to further its understanding of TUN and its relationship with TUC. The visit to TUN is described in I.C below, and the *Off-Campus Location Review Report* can be found in the Appendices.

B. Description of Team's Review Process

Members of the team carefully studied the institutional report and supporting documents, additional materials requested by the team following the OSR, Commission and substantive change action letters, TUC and TUN websites, supplemental documents following the AV team conference call, and confidential emails sent to the team at both campuses. The team met with over 50 members of the TUC community during the AV visit. Three members of the team conducted the TUN branch campus site visit, and met with over 30 individuals. Comprehensive tours were provided for the team at both locations.

As noted, the team organized its review around the LOIs: 1) the TCUS-TUC relationship; 2) TUC-TUN relationship; 3) financial resources; 4) leadership; 5) sustainability; 6) professional accreditation; 7) shared governance; 8) professional development; and 9) clinical education.

C. Description of the Off-Campus Visit: Touro University Nevada (TUN)

On March 12-13, 2018, three members of the visiting team, Stephanie Bangert, Elizabeth Bossert and Steven Garcia, visited the Henderson, Nevada branch campus. The visit was organized around the LOIs, team questions raised during further examination of TUN documents following the OSR, Commission areas for institutional engagement noted in the 2010 action letter, and requirements of the WSCUC *Off-Campus Review Report* form.

The team appreciated the excellent preparation and organization of the March visit by the TUN associate vice president of institutional effectiveness. The visit included a day and a half of scheduled meetings with senior administrators, faculty, staff and students, and a tour of the (large scale warehouse) building accommodating all teaching and learning, office, library, laboratory and recreational spaces. The TUC Accreditation Liaison Officer (ALO), who is also an associate vice president of institutional effectiveness, was a member of the TUN coordinating team. She and the new TUC provost were present during the visit. The team concluded its visit with the TUC ALO and her TUN counterpart discussing plans for the April AV visit to the California campus.

The visit to the Nevada campus was for the purpose of clarifying for the team the relationship between TUC, TUN, TCUS and the Touro Western Division (TWD). In interviews conducted during the visit, several issues were explained. Some of those issues were:

- The CEO/Senior Provost, whose primary residence is Nevada, was hired by TCUS to establish TWD and reports to the TCUS President located in New York.

- TWD is comprised of TUC and TUN. The CFO and CIO are members of the senior administrative team of TWD, serving both TUC and TUN.

- The CEO/Senior Provost, CFO and CIO seek counsel and/or approval from the TCUS system on matters within their authority.

- TUC and TUN each have its own provost, both reporting to the CEO/Senior Provost.

Sections II.B and II.7 provide additional analysis with respect to organizational relationships and governance.

D. Institution's Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence

The TUC institutional report was well-written, responsive to WSCUC requirements, and intentional in its reflection on educational effectiveness and alignment with mission. The university organized a comprehensive internal planning process that engaged the TUC and TUN communities in the important issues of the review. Leadership at all levels participated and provided ample evidence during onsite visits that individuals and groups including board members, faculty, staff, students and alumni had invested substantial time and effort in preparing for the review. Evidence captured during the AV demonstrated that both campuses engaged in resolution and action on what was learned during the self-study process.

However, the team shared with the institution that TUC and TUN appeared to be two parallel institutions leading to an inadvertently complex and multi-layered report. For example, the report detailed two missions, two organizational charts, two strategic plans and two institutional effectiveness systems. While the onsite visits clarified the similarities and differences of processes and structures between the two campuses, the team reflected on the independence of TUC and TUN from each other as it formulated its evaluation of TUC with regard to the WSCUC Standards and policies.

The team expresses its appreciation to the TUC and the Nevada branch campus communities for their openness, candor and hospitality throughout the review process. The team especially appreciated the willingness of TUC and TUN staff to provide revised and new documents and additional materials for clarifying questions.

SECTION II – EVALUATION OF INSTITUTIONAL ESSAYS

Component 1: Response to previous Commission actions

The institutional report provided a summary of responses to previous Commission actions including its 2014 Interim Report that detailed progress. The 2014 action letter of the IRC commended TUC for its "fine work in all areas reviewed": clinical education, institutional outcomes, program review, relationship with the Touro System (TCUS), and faculty development.

Clinical Education

In its institutional report, TUC reported that four additional positions have been funded to support clinical education and student rotation experiences. The team found that the number of local clinical rotations for the College of Osteopathic Medicine (COM) has been increased since the last review from 268 in 2104 to 353 in 2017. No other programs were reported. The report further describes development of an innovative practice in COM whereby students evaluate their rotation experiences. Data gathered from this process is used to inform faculty development and to provide opportunities for further analysis and improvement in student performance with respect to the national Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

The team examined a 24-page document listing TUC clinical sites used for the DO, PharmD, Nursing and PA programs. The list is extensive, but there was no tally of the clinical sites provided nor any indication of the increase over recent years. It should be noted that the TUN Clinical Education – Rotation supplemental document showed a clear increase in the number of clinical sites. Discussion with the clinical education group during the AV revealed that clinical faculty were interested in the issue of evaluating the number and quality of clinical sites for each program but there was little mention of improvement goals or action. (CFRs 2.4, 2.7, 3.1, 3.2, 4.4)

Institutional Outcomes

The team noted that assessment of student learning outcomes has developed into an effective and sophisticated component of TUC's institutional effectiveness (IE) system. California and Nevada offices of IE are active, display best practice in higher education, and play leadership roles at both TUC and TUN. These offices are led by associate vice presidents of IE, and each has adequate, skilled staff. Academic programs and student affairs have engaged in a comprehensive review of the former eight institutional student learning outcomes (ISLOs). In 2015 those eight ISLOs were reduced to four. Assessment of fewer ISLOs has focused effort on deeper analysis of results and greater effectiveness of action taken. (CFRs 2.2b, 2.3, 2.4, 2.6, 4.1)

Program Review

Program review has developed into an explicit, systematic, mission- and strategically-driven process within the assessment of student learning outcomes at TUC and TUN. Institutional research was integrated into the TUC office of IE for more effective coordination between data gathering and learning outcome results. The team noted a sufficient number of representative committees dedicated to assessment and program review with appropriate involvement of IE staff. The Program Review Committee (PRC) is responsible for overseeing the program review cycle in a systematic manner with emphasis on evidence and integration with institutional planning. The process ensures that recommendations are considered by the appropriate dean and ultimately forwarded to the provost for action and resource allocation where pertinent. (CFRs 2.4, 2.7, 4.1, 4.2)

Relationship with the Touro System

The Commission noted in its July 2010 action letter that "further steps be taken [by the Touro system, or TCUS] to delegate more authority to the TUC leadership, particularly in relation to budget and policy matters". The TUC institutional report, and as evidenced by data gathered during interviews and within

supporting documents provided during the AV, accurately described progress leading to more organizational clarity of delegated authority.

The team dedicated considerable effort during the TUC and TUN visits to understand the nature of organizational structures, executive roles and responsibilities, and the relationship between and among administrators and staff who comprise TWD, TUC and TUN leadership. A description of these relationships can be found in Section II.G.

In general, the team found that TCUS including its president has taken and continues to take seriously the need for delegated authority to TUC through its officers to comply with WSCUC requirements for governance, policies, resource allocation, and institutional effectiveness. (CFRs 1.3, 1.6, 3.8, 4.6)

Faculty Development

Evidence from student interviews across academic programs during both the TUC and the TUN visits showed high levels of satisfaction with the quality, effectiveness and personal attention of faculty. Active student affairs offices conduct annual student surveys where the anecdotal evidence is confirmed by data. The institutional ethos of service to others clearly informs the integrity of faculty-student relationships. Faculty appear to set a high priority on supporting students and their learning. During the open meeting with faculty during the AV, there was no mention of faculty development among the over 40 people in attendance.

While the 2014 IRC letter noted that administrative support for faculty (cross-campus partnerships in research activities, additional funding, and renovated physical spaces) had strengthened faculty

development in general, the AV visit did not confirm that recent or focused faculty development

activities had taken place. (CFR 3.3, 3.4)

**Component 2: Compliance: Review under WSCUC Standards and compliance with federal
requirements; Inventory of Educational Effectiveness**

The team's finding, which is subject to Commission review, is that the institution has provided sufficient

evidence to determine compliance with the WSCUC Standards and CFRs. The team also found TUC to be

in compliance with federal requirements as described below, and completed a comprehensive and

reflective IEEI for the California and Nevada campuses and for TWD.

Standard 1

Institutional Purposes

Touro University California and Touro University Nevada have well developed mission statements that

guide their work and are evident in their commitments and allocation of resources. It is interesting to

note that TUC and TUN have mission statements that are similar in theme but different in wording. (CFR

1.1) TUC and TUN have worked very hard to refine their educational objectives and to assess student

progress through a wide variety of assessment tools including national professional exams. (CFR 1.2)

Integrity and Transparency

Policies and practices that ensure academic freedom are in the online catalogs and systems manuals.

(CRF 1.3) TUC and TUN have a strong commitment to diversity and inclusivity, diversifying the faculty

and student population. In addition, students are prepared to work effectively in different cultural

settings. (CFR 1.4) Preparing students for excellence in health sciences, public health and education is

the primary mission of both campuses. Students spoke glowingly of their preparation from excellent

faculty and opportunities to practice in real-life settings within the community. (CFR 1.5) There are

honest and informative statements on the website and in promotional material about the support for

students and the necessary commitment to complete programs. (CFR 1.6) Business practices are

overseen by the national system and applied with integrity in the Western Division. All audits and

documents were well presented. (CFR 1.7) Touro administrative staff have participated as WSCUC

reviewers and have communicated openly with WSCUC to ensure a strong working relationship. The

leadership has embraced on WSCUC recommendations and used them to continuously improve. (CFR

1.8)

Standard 2

Teaching and Learning

TUC offers graduate degree programs through the College of Osteopathic Medicine, College of

Education and Health Sciences and College of Pharmacy. (CFR 2.2 b) The PA, MPH, DO, MSN, Pharm D,

and GSOE degree programs are each approved by the appropriate professional accreditation

organization. Letters from the accrediting organizations were provided confirming the accreditation

status; evidence was given of college and department progress in areas noted as needing remediation.

(CFR 2.1) The exception to this is the DNP degree, which had the initial review by the Commission on

Collegiate Nursing Education (CCNE) in April 2018 with a reported exit summary of no recommendations

or citations. The CCNE action letter for the DNP will not be available until November 2018.

In addition, all programs are reviewed by the PRC every 5-7 years. The schedules occur in concert with

the accreditation visit. The two programs without professional accreditation are the MSMHS-COM

within the College of Osteopathic Medicine, and the MSMHS-COM within the College of Pharmacy.

These programs participate in internal program review. The MSMHS-COM was reviewed in 2012-2013

and is due for the next review in 2018-19. The MSMHS – COP was reviewed in 2017-18 and is due for the next review in 2025-26.   The program review process includes student learning outcomes, achievement data, review by an external expert, summary of data and recommendations for improvement and/or resource allocation leading to an approved Memorandum of Understanding (MOU) if deemed appropriate by the provost. (CFR 2.7)

Professional accreditation reviews and internal program reviews ensure that the programs are appropriate in content, standards, rigor and nomenclature, and have sufficient faculty. Additionally, the meaning, quality, and integrity of the degrees is evident by the approval of the degree programs by the professional accreditation organizations.

The TUC Catalog presents ISLOs and PSLOs for the degree requirements for programs offered. (CRF 2.3) Additionally, TUC provided crosswalks of the alignment between PSLOs and ISLOs for each degree program, and program curriculum mapping for the PSLOs and the required courses in each program. Faculty are responsible for determining the student learning outcomes for each degree program as well as congruency with the ISLOs standards and competencies of each professional accreditation program. This process ensures that students will meet national standards for licensure and practice. (CFR 2.4) The team also notes that of the course syllabi reviewed, 10 used the concept of outcomes, 17 used the concept of objectives, two used the concept of goals, and in the remaining syllabi the outcomes/objectives/goals were not identified.

All degree programs include both didactic and clinical or lab work, thus requiring new knowledge and experiential learning by the students. (CFR 2.5) Course syllabi provided include:

    College of Medicine

        Doctor of Osteopathic Medicine: 5

        Masters Science of Medical Health Science: 3

College of Pharmacy:

Doctor of Pharmacy: 5

Masters Science of Medical Health Science: 3

College of Education and Health Sciences:

Graduate School of Education: 3

Masters of Public Health: 3

Physician Assistant: 3

Master of Science in Nursing: 3

Doctor of Nurse Practitioner: 5

Examples of learning modalities include (one example from each degree program): lectures, team-based learning, discussion groups and clinical experience (MEDC 641). Additional methods of assessment of student learning include: quizzes, assignments, exams and practice labs (MSMHS Neuroscience); lectures, problem sets, service learning activities, clinical portfolios, laboratory, exams, quizzes, essays, and case studies (PRMC 620); self- and team-based learning, in-class applications, lectures (HSPC 601); research papers, class presentations, observations, role-playing (EDUC 601); quizzes, exams, practical exams (PASC 602A); and quizzes, research papers, county-needs assessments, and class presentations (NRSC 610). (CFR 2.5)

The achievement of graduates is demonstrated by pass rates on national exams and time to first employment. For the most recent year reported, the graduation rates were 76% DO (the longest program), 78% MSMHS-COP, 88% MSMHS-C0M; 89% PharmD; 92% MSN; 93% GSOE; 93% MSPAS/MPH; and 100% MPH. (CFR 2.2, 2.6, WSCUC Offsite Reviews, Additional Documents, February 6, 2018). The national license or certification rate is: Level 3 DO pass rate of 89% (national 92%); Doctor of Pharmacy NAPLEX 90% (national 86%); California Practice Standards and Jurisprudent Exam for Pharmacists 84%

(national 60%); and Physician Assistant National Certifying Examination (PANCE) 95% (national 96%), and Master of Science Clinical Nurse Leader (CNL) certification 82% (national 74%). The role of the CNL developed about 15 years ago and the standards and exams are still being refined. (CFR 2.2, 2.6)

Scholarship and Creative Activity

Scholarship and research are not explicitly included in TUC student learning outcomes. These requirements could be viewed as an unwritten component of each of the outcomes. The appendix on Faculty/Student Research provides a list of the scholarly work done by students and faculty in the last 5 years. This includes publications, abstracts, presentations, and posters disseminated at national and local events. The document, TUC *Extramural Grant Report* for 2010-2017, provides information on funded work, which includes both research grants and training grants. The 99-page document "TUC-2012-2016 Faculty Publications" submitted on February 6, 2018 listed all the faculty publications from each college for the last 5 years. Of the student representatives interviewed, none were participating in research. In the tour of the metabolic lab, the researcher was asked about how students were selected to work with him, and he was unclear on the process. The team did learn that COM has 10-15% student participation, MSMHS-COP has a 100% student participation rate due to its research intensive focus, and 20-30% for the Pharmacy program. The institution provided information on student dissertations and projects in the submitted documentation. (CFRs 2.8, 2.9)

Standard 3

TUC is incorporated in the state of California, and TUN is incorporated in the state of Nevada. Organizationally, TUN is represented as a branch campus of TUC. The TWD was established in Nevada to oversee the operational and academic management of both campuses. This fact and the presence of its leadership with accountability to TCUS partially explained why TUN appeared to be the main campus rather than TUC.

In a letter dated February 24, 2016 from TUN Provost Raymond Alden to WSCUC VP Goeff Chase, it was confirmed that the Nevada campus fulfilled the three criteria given by WSCUC to maintain its status as a branch campus of TUC: that the Nevada-based CEO/Senior Provost reside at least 40% in California, the ALO for the institution be based in California, and the financial officer at TUC have decision making authority. The team confirmed that these criteria have been met. There is a concern, however, that since TUC's top leaders (CEO/Senior Provost; Chief Financial Officer; Chief Information Officer) are members of the TWD, a division of TCUS, there remains uncertainly as to whether TUC meets WSCUC Standards and policies as a main campus. More discussion can be found in Component 2 and Section II.G.

Faculty and Staff

The TUC *Five Year Strategic Plan* identifies the promotion of employee achievement and excellence as a priority. Their stated objective is to examine data annually on employee turnover and identify factors which need to be addressed to ensure retention of outstanding faculty and staff. Through interviews with staff and administration, competitive salaries are an impediment to the effective recruitment and retention of qualified faculty and staff. This lack of competitiveness in an environment with a high cost of living has led to low morale and turnover, often impacting programs with minimal staffing situations. When a one-staff operation loses an employee, faculty and administration must pick up the work load until the position is filled. In addition, staff expressed frustration with a lack of opportunity for salary raises or promotional opportunities. The administration has made strides in recent years to increase salaries and improve benefits but remains challenged to identify the resources necessary to fully address the problem. The administration has committed to conducting a salary equity and position classification study to more clearly define and identify the magnitude of the problem. It is recommended that the

institution complete the salary equity study in a timely manner, establish criteria for classification, and implement compensation adjustments as appropriate. (CFR 3.1)

Faculty evaluation policies are established and published in the TCUS *Policy Manual*. Evaluations are conducted annually, with the goal of ensuring the continued development of all faculty members. Staff members are also evaluated annually, and are provided with professional development opportunities. TUC provides new hires with an employee handbook and orientation training. Faculty and staff hiring at TUC are aligned with the institutional purposes and educational objectives as demonstrated through an 11.5% increase in employees between FY 2012-13 and FY 2016-17. Although there has been demonstrated growth, the staff members at TUC do not have a mechanism similar to a faculty senate, where staff can collectively voice concerns regarding workload and work environment. It is recommended that TUC establish a staff council to facilitate communication between staff and administration and to improve morale. (CFR 3.2)

TUC provides faculty and staff with annual funds dedicated to professional development and leadership opportunities. Professional development activities in the form of workshops and seminars occurs on-campus, and funds are budgeted for off-campus activities. There are more growth opportunities for faculty than for staff, which may be a contributing factor to staff attrition. Exit interviews are conducted with all departing staff, and the data collected should inform the institution the extent to which insufficient professional development opportunities and other factors might contribute to the decision to leave. (CFR 3.3)

Fiscal, Physical, and Information Resources

TUC and TUN have both demonstrated steady revenue growth over the last three years. The source of revenues for the operating budget is tuition and fees, and neither campus has experienced budget deficits in any of those years. Financial audits are conducted on both campuses, and have resulted in unqualified opinions in all material respects. It is important to note that both campuses have related-party financial transactions with Touro College and University System (TCUS), the accredited parent organization. Annually, both institutions are assessed an overhead fee for central services provided by the system office. The fee is based on approximately 15% of relative revenue amounts. Additionally, the institutions annually forgive advances due from the TCUS to assist other institutions in the system. The remainder of the revenue generated is retained by the institutions for the operating budget. (CFR 3.4)

The California and Nevada campuses have each established budget processes. Budget funding proposals for operations and expansion are developed at the department and program level. These proposals are submitted to the senior leadership; final decisions are forwarded to TCUS for consideration. Proposals are generally in alignment with the institutional strategic plans articulating priorities. Considerations of enrollment growth, program expansion, and new programs are all factors, often determined by physical space capacity. (CFR 3.4)

The TUC *Five Year Strategic Plan* was developed with full campus participation. It identified seven priorities, including facilities and technology improvements. The campus is located at a former naval station. Many facilities are abandoned and in major disrepair. One building (H1) has been designated as a historical building, and other buildings have been designated as notable buildings. These designations add challenges of converting them to functional use. The campus has made some progress toward renovation for program use. The campus, however, has insufficient facilities capacity to accommodate academic program growth and has had to lease off-campus space in the short term. There is also a

significant deferred maintenance problem in existing facilities that cannot be fully funded due to competing resource demands. The campus is currently in negotiations with a private developer to build on-campus student housing. This should help with student recruitment and retention. The new facility would also include significant other square footage. The additional space would accelerate meeting the institutional priority of expanding office, research and academic space. It is recommended that TUC invest in facilities to meet the institutional goal of advancing research. (CFR 3.5)

A concerted effort has been made to improve information and technology resources across the Touro system and within TUC. At the system level, a recent effort was made to transition to a new ERP software system (Banner) in an effort to modernize and consolidate student, financial, and human resource data. Its implementation created some challenges across TCUS, particularly in providing local access to institutional data. Efforts are underway to eliminate that challenge through the implementation of a software program that can accommodate data analytical reporting requirements. Another system-wide technology initiative involves the learning management system. The Touro system is currently using Blackboard, but is testing Canvas, a web based platform that is more user friendly. On both campuses, technology infrastructure has been identified as a strategic priority. As a result, budget decisions have been aligned to fund more technology initiatives to meet increased demands from students and faculty. (CFR 3.5)

Organizational Structures and Decision-Making Processes

The CEO/Senior Provost and VP Administration/CFO are both represented in the organizational charts as leaders for the TWD. Documents presented in the self-study, and follow-up interviews with senior leadership confirm that both administrators (as well as the Chief Information Officer) reside in Nevada and spend a minimum of two days a week on the California campus. Their time varies, however,

depending on issues and required levels of activity at either campus. On average, however, they are on the TUC campus at least 40% of their work week, and 60% at the Nevada campus. It is recommended that TUC hire a dedicated full-time CEO and full-time CFO to be located at the California campus. (CFR 3.8)

The governing board of TUC and the governing board of Touro College and University System (TCUS) in New York are created as separate entities legally, but the Board of Trustee members of each legal entity are the same individuals for each campus. Through interviews with the president of the system and two members of the TUC Board of Trustees, it was confirmed that the president of the system is also the president of TUC. The CEO/Senior Provost of TWD reports to the president and is evaluated by the president, not the Board of Trustees. The CEO/Senior Provost does participate in TUC Board of Trustees meetings, and the Board does provide feedback to the president about the CEO's performance during evaluation. It is recommended that the TUC Board of Trustees annually evaluate the CEO to fulfill its operations oversight responsibility in accordance with WSCUS Standards. Further, it is recommended that a full-time CEO be hired for TUC. (CFR 3.9)

Based on campus organizational charts and through interviews, there appears to be sufficient staff on each campus to support the daily operational activities. At times, system support staffs are available for high effort projects such as IT systems implementations. The bulk of the annual financial statements are prepared at the system office which otherwise would place a significant burden on existing TUC and TUN staff. The CEO, CFO and CIO split their time on each campus, and the part-time presence (absence) is generally manageable, although the TUC campus staff indicated that the arrangement does occasionally cause delays in processing transactions. These delays result in sub-optimal performance and create some level of frustration on the campus. This may contribute to issues of low morale. The

existing operational model is not sustainable, but would be addressed by having a full-time CEO and full-time CFO. (CFRs 3.6, 3.7, 3.8)

TUC has established clear guidelines to define the faculty roles and these guidelines are published in the faculty handbook. There is an elected faculty senate executive committee that communicates with its respective college and programs. The faculty senate meetings have been closed to administration, although the chair of the senate attends the Provost's Academic Leadership Team meetings. There is recognition that institutional policies and decisions would benefit from faculty input through efforts to include appropriate administrators are under discussion. It is recommended that collaboration and communication between the faculty senate and administration be strengthened to enhance shared governance. (CFR 3.10)

Standard 4

Quality Assurance Processes

TUC has a deliberate quality assurance system in both academic and non-academic areas, as does TUN. The respective systems include comprehensive and sophisticated processes of curriculum and program review and approval, and assessment of student learning. Learning outcomes at institutional, program and course levels are regularly and robustly assessed. Institutional research capacity is appropriate and effective. (CFR 4.1, 4.2)

In its July 2010 action letter following the EER, the Commission noted that the institution had established a promising foundation for establishing and assessing learning outcomes; it encouraged TUC to include student affairs staff in defining outcomes. The Commission commended the institution's progress and urged that program review be extended to all programs. Four years later, the IRC noted that the institution had "provided evidence of comprehensive and longitudinal engagement of key

constituents" of ISLOs. The institution was also commended for its deep assessment of these outcomes, and that results of program review were being used actively in closing the loop between analysis and action. (CFRs 4.3, 4.4)

Institutional Learning and Improvement

The team found that TUC and TUN assessment and program review processes had been further strengthened and refined as evidenced by explicit organizational structures that support assessment activities and results. For example, the WSCUC Executive Committee (WET), comprised of representatives from both TUC and TUN, serves as the strategic quality assurance standing committee. The institutional IEEI report describes WET's function as the committee that analyzes student learning outcome data, program review recommendations and other institutional data (student and employee satisfaction, enrollment, and external benchmarking). This fact was confirmed during the AV in the interview with the committee.

TUC has an Institutional Assessment Committee (IAC) and a Program Review Committee (PRC). Committee membership includes deans, associate deans, and program faculty; the associate vice president of institutional effectiveness serves as chair. The IAC is responsible for the review of ISLOs on a periodical cycle. ISLO assessment is informed by explicit and best practice guidelines, rubrics and mapping methods. In meeting with the PRC, the program review process was described: (1) a program self- study is conducted (informed by a SWOT and discussed at a faculty retreat), (2) PRC reviews the study and generates a report including recommendations, (3) an external review is conducted, and (4) findings are forwarded to the program dean and provost. Decisions regarding action steps and resource allocation are determined by the provost. The assessment and program review process and committee structure is similarly well-structured with some differences.

Both the California and Nevada campuses have well-organized and proactive offices of institutional effectiveness. In addition to supporting assessment and program review processes, these offices also serve institutional strategic planning initiatives and regional accreditation. It was clear to the team that institutional effectiveness staff were considered to be valued members of the quality assurance system. (CFRs 4.3, 4.4, 4.5, 4.6)

TUC has concluded a yearlong strategic planning process resulting in *2015-2020 Strategic Action Plan: Crossroads of Opportunity*. The planning was comprehensive and included the goal of integrating the plan's goals with the budget and resource allocation processes. Supporting material in the institutional report documented how decision-making practices were in alignment with strategic priorities. It should be noted that TUN also has its own strategic plan that is similar but distinct from the TUC plan. (CFR 4.6)

During the AV, the team met with alumni and community (both service organizations and employers) partners. Those discussions provided strong evidence that TUC was actively engaged with multiple constituencies. Individuals in those groups were knowledgeable and inspired by the institution's mission and values, especially with regard to student, faculty and staff service to the underserved. The team heard numerous accolades about TUC student skill levels, compassion and competence. (CFR 1.4, 4.6)

Final determination of compliance with the Standards rests with the Commission.

Federal Requirements

The team found TUC to be in compliance with federal requirements for credit hour, marketing and recruitment, student complaints, and transfer policy. The Credit Hour and Program Length Review

Report, Marketing and Recruitment Review Report, Student Complaints Review Report, and the Transfer

Policy Review Report forms can be found in the Appendices.

Inventory of Educational Effectiveness Indicators

The Inventory of Educational Effectiveness Indicators (IEEI) was completed for both TUC and TUN at the

institutional level and for all programs on the California and Nevada campuses. Both campuses

demonstrate quality assurance systems to assess, track, and improve student learning. TUC summarizes

the number of learning outcomes that are mapped to the professional accreditation requirements

where appropriate. Information on outcomes is published on the websites, in student handbooks,

catalogs, course syllabi, and other relevant sources. Student achievement data are collected from a wide

variety of sources for all programs. As an example, the TUC DO program not only provides outcome

measures for each PSLO but also maps the PSLOs to ISLOs to demonstrate achievement at all levels.

Primarily program faculty and administrators interpret the data, which are then forwarded to the IAC,

PRC and academic deans for further review. During the AV, each program provided detailed examples of

how the results are used including for some examples of implementation results. All programs indicate

the dates of their last or upcoming review process.

An IEEI document was prepared by TUC and TUN respectively. These IEEIs described student learning

outcomes, assessment methods used to define student achievement, and how the results are

interpreted, reviewed and used to improve student learning. The contents of the TUC and TUN IEEI were

supported by detailed evidence provided in the institutional report and supporting material. This was

confirmed during the AV.

Component 3: Degree Programs: Meaning, quality and integrity of the degrees

The degrees offered by TUC, with the exception of two, are all focused on health care or educational professions each requiring a program review by the professional organization to ensure the graduates will 1) meet national standards; 2) successfully complete the program; and earn national and/or state licensure or certification by passing a standardized examination. TUC claims that its graduates move into the work force with a degree that meets a public need and provides a quality skill set that ensures a sound knowledge and practice-ready competencies. The team's review of evidence generally supports this fact. TUC provided Board and Licensure Exam Pass Rates for the DO, Pharm D, Physician Assistant and Clinical Nurse Leader examinations. All were higher or within 1 percent of the national average pass rate, with the exception of the Clinical Nurse Leader. For the CNL the 2016 pass rate was 65%, 3 points below the national average of 68%. For 2017 the pass rate was 82%, considerably higher than the national pass rate of 74%. The reason provided was that this is a new role and the national outcomes for the role are still in development. A faculty member in the nursing program is now a member of the national organization's team writing the exam questions; this experience provides insights into the objectives and standards of the professional organization and how PSLOs should be expressed. The 14% improvement on the exam outcome demonstrates this approach is effective.

Upon request TUC provided the "Crosswalk Summary of Professional Accreditation Recommendations and Action Taken" and copies of the most recent letters of accreditation from the professional accreditation organizations. These documents supported the accreditation status of the programs and gave detail to the current status of progress toward meeting any recommendations that were given. It is evident that professional accreditation recommendations are taken seriously by programs and the institution. TUC appears to be making progress in responding to those recommendations.

The two programs without professional accreditation are the Master of Science in Medical Health Sciences programs in the COM and the COP. The purpose is to strengthen the knowledge necessary for acceptance into the DO and PharmD programs or other science programs. In the TUC-TUN document,

"Meaning of Individual TUC and TUN Degrees," data is provided demonstrating how the program learning outcomes for these two programs have been developed to strengthen student readiness for degree requirements and expectations in related fields.

The distinctive outcomes of the TUC graduate are related to the Jewish values of social justice, intellectual pursuit, and service to humanity. The first TUC ISLO, "use knowledge, skills and effective communication to benefit diverse communities" is evident. During interviews with students and faculty it was clear that a major focus of TUC is the outreach to community with a focus toward those living in poverty. In conversations with students, one stated that student ideas for enhancing community outreach would be supported by the faculty without hesitation. For the remaining three ISLOs, outcomes include: 1) collaboration across disciplines toward a common goal, 2) critical thinking for making evidence-informed decisions, and 3) professional and ethical behavior informed by Jewish values.

Component 4: Educational Quality: Student learning, core competencies, and standards of performance at graduation

The quality of the degree is defined by each program preparing graduates to enter a designated profession. Accordingly, core competencies are well developed to prepare the graduate for practice/teaching as well as to meet the program's specialized accreditation requirements. Programs including osteopathic medicine, nursing, pharmacy, physician assistant, public health, physical therapy, and occupational therapy hold accreditation from an external accrediting agency. Graduate education programs are recognized by the appropriate state agencies. Other graduate programs (Masters in Medical Health Sciences), not related to specialized medical or educational fields, appear to undergo their own rigorous development and review to affirm that high quality educational opportunities are available to students. To ensure that all students are prepared to fulfill their roles upon graduation, faculty assess student achievement throughout the program using a variety of methods.

Program faculty are actively involved in the development of PSLOs that represent the required core competencies and are aligned with ISLOs. The programs follow the expected standards of performance set by external accreditors or regulatory agencies and are reflected in the ISLOs. The standards are communicated through the catalog and course syllabi. Many programs use rubrics to set performance standards with the primary performance set as the licensure pass rate. Results of licensure exams are used in setting 'benchmarks'. (CFRs 2.2b, 2.3, 2.4, 2.6)

Student assessment at both campuses appears to be extensive, on-going and faculty driven. The IEEI provides a comprehensive list of student assessment methods for programs on both campuses. Assessments comprising written and oral, practice based, behavioral, communication, observation of internship/clinical, capstone projects, and national standardized tests are only a few examples of the measures used. Students in medicine, nursing, pharmacy, and allied health programs must successfully complete licensure exams upon graduation. Prior to graduation, programs implement assessments including standardized tests, clinical simulation exams, and completion of clinical experiences. For example, the Osteopathic Medicine programs administer Comprehensive Osteopathic Medical Licensing Examinations (COMLEX) at three points during the program prior to graduation. The ultimate demonstration of achievement of performance standards is success on licensure or board exams, residency matches, success in clinical/internship experiences, measurement of ISLO outcomes for each program, assessment of terminal projects/research, and success in the workplace. (CFRs 2.4, 2.6)

The institution has three committees that oversee the program's curriculum and conduct ongoing review to ensure that standards of performance are met and students receive a high-quality education. Members of individual program Curriculum Committees review, approve and evaluate all course syllabi

for content and quality. Samples of course syllabi from each program exhibit thorough and relevant information presented to students, and are appropriate to the type of course (lecture, lab, clinical). The IAC is a university committee, reporting to the provost, and responsible for the sustainability and leadership in developing and implementing institution-wide assessment policies, procedures and activities. It appears that this committee is successful in encouraging a culture of assessment on both campuses based on the level and amount of student assessment conducted throughout all programs. (CFRs 2.3, 2.4)

As previously noted, the IAC works together with the PRC. PRC is a faculty-driven institutional committee. Members of PRC are approved by the Faculty Senate. The committee chair reports annually to the Faculty Senate. The program review process plays a significant role in assessing and improving educational quality. Up to two programs are reviewed annually. For programs that require external accreditation, the institutional reviews occur in concert with the accreditation visit. Programs analyze data to determine both the fit with the institution's mission and the effectiveness of the curriculum. In addition to student assessments, data is triangulated with surveys administered to continuing and graduating students and alumni. Faculty meet regularly as part of the program review process to discuss and determine changes required to fill gaps in curriculum, improve assessment measures, and/or recommend curricular changes to improve educational experiences. Several examples of specific curricular changes made because of the review process are provided by the MSMHS-COM and MSMHS-COP, DO and Education. Examples of the final program review reports and recommendations as well as MOUs developed for review by the provost were available to the team. Program review involves mostly program faculty and administrators; it was less clear the degree to which external stakeholders (students, alumni, partners, and employers) provided input. (CFRs 2.7, 4.1, 4.3, 4.4)

Additional contributions to program quality include a strong student-centered philosophy, service learning mission, and focus on research and scholarship. Student learning is a primary component of the TUC mission. Faculty, staff and administrators are dedicated to the students' success. Faculty update curricula and introduce innovative strategies as well as provide mentoring to students. Several support systems, such as those provided by student affairs, library and IT, are available to further ensure student success. Both campuses provide impressive evidence of service opportunities locally and globally. For example, students in both DO programs have opportunities to develop their skills while providing services to local community health organizations. Students from all programs are actively engaged in a wide variety of activities through partnerships within the local area as well as in other countries. Such programs appear to be highly successful according to data collected on hours of student participation and patients served. However, there is no indication whether the programs are evaluated on a regular basis or assessed in terms of how they enhance student achievement of ILOs and overall effectiveness to the community. In keeping with the institution's mission, research and scholarship is another area that provides students enhanced educational experiences. Research is strong on both campuses for faculty and students. With the opening of the Metabolic Research Center (MRC) at TUC in 2016 and successful extramural funding on both campuses, faculty involve students in clinically focused research. Not only does the MRC assist students in their intellectual pursuits, but also provides them an opportunity to complete program requirements and add to their portfolio at graduation. Many of the projects are conducted with community partners and therefore have a direct effect on the community. (CFRs 2.3, 2.5, 2.8, 2.9, 2.10)

A wealth of evidence reveals a successful program review process involving extensive assessment of student achievement. As will be reported in Component 5, students are successful in achieving the ultimate goals of licensure and employment after graduation.

Component 5: Student Success: Student learning, retention, and graduation

Student Learning and Success

The *2016 Student Climate Survey Report* presented aggregate data from 736 students (52% of the student body). Major categories included physical environment, learning environment, inter-professional education, dining and catering services, campus technology and student service. Survey results indicated that students felt safe during the day but would like better lighting and security presence in the evening. Students also find interactions with staff and faculty positive and there exists a culture of collaboration and respect. Classrooms are clean but availability of space for study is limited. Librarians are knowledgeable and provide good service; campus connectivity is limited. Student health services have improved by availability of a change in health insurance although students reported it is limited and expensive. (CFR 2.10)

A *2016 Student Affairs Report* queried student's knowledge of academic support, bursar, financial aid, student health, Jewish life, registrar, counseling services and student activities. Overall, students were not familiar with many of the services offered by these resources. In an interview with student representatives, only the library was mentioned as a positive resource because it serves as a study area and meeting place for students. Other positive factors mentioned were the hybrid programs, faculty as mentors, professors who know their subject matter well, and the community service programs. These programs were also praised for the chance to give back and learn from the experience. The students were appreciative of faculty participation in the community events, faculty as advisors, the monthly meeting with the provost, and responsiveness to requests such as the need for outdoor exercise areas and private spaces for breastfeeding. (CFRs 2.11, 2.12, 2.13)

Information on student transfer policies can be found in the University Catalog. No students

interviewed discussed any issues with transfer policies. (CFR 2.14)

Component 6: Quality Assurance and Improvement: Program review, assessment, use of data and evidence

Program review has improved and strengthened at TUC and TUN since the previous WSCUC visit. The

PRC has clear and documented guidelines, and the rigor and critical thinking dedicated to programs

reviews are impressive. Both campuses have well developed but separate PRCs, endorsed and/or

aligned with the faculty senate/organization. Committees are comprised of faculty representatives from

each program and are chaired by the respective associate vice president of institutional effectiveness.

(CFR 2.7, 4.1, 4.3, 4.4)

Reviews are synchronized with professional accreditation schedules which vary from five to seven years.

Examples of program reviews for non-professionally and professionally accredited programs (MSMHS-

COM, DO and DPT) include the following components: self-study, external review, PRC findings and

recommendations, and Provost's memorandum of understanding (MOU). The Provost MOU mechanism

is best practice in that it connects evidence and analysis with leadership and decision-making. Follow-up

to recommendations and program changes is tracked via the annual reviews. The examples provided

present evidence of a thorough, reflective review process. For example, the MSMHS-COM review

resulted in increased student enrollment thus provided opportunities for accepting a more diverse

student population. (CFRs 2.7, 4.1, 4.4, 4.6)

As described in Standard 4 and Component 4, TUC (and TUN) established an extensive assessment

process which appears to be guiding curricular decision-making at both campuses. The IAC is responsible

for the overall sustainability and meaningfulness of the assessment process. In addition to developing

and recommending university wide assessment policies, the committee reviews and documents all

reports and recommends improvements based on the student learning outcomes assessment. The

committee also facilitates dissemination of data, information and results to the university and external

parties as appropriate. This committee shares its reports with the WSCUC Executive Team (WET) for

"institutional assessment decision-making". Discussion with members of WET representing both the

California and Nevada campuses clarified the charge of this group, namely, that it serves as a cross-

campus information-sharing and recommending body to the academic and administrative leadership.

(CFRs 4.3, 4.5, 4.6)

Each year the two campuses determine which ISLOs will be reviewed. Faculty identify the appropriate

program and course objectives that are related to the ISLO under review and use a wide variety of

assessment methods as measures of student achievement. Data gathered from the assessments are

reviewed and recommendations for improving the assessment methods and/or curriculum are made.

Program reports are submitted to the IAC for its review and recommendations. Final results are

submitted to the provost. (CFRs 2.3, 2.4, 4.1-4.4)

The office of institutional effectiveness provides leadership and management of data analysis and

reporting to support academic and environmental changes on the TUC campuses, as well as at TUN. The

AVP of IE provides services to support planning, management, operation, evaluation, and decision-

making. These services include tasks such as data analysis/reporting and developing and/or

administering surveys, outcomes assessments, and electronic course evaluations. An example of the use

of data in guiding decision-making is the application of annual course and faculty teaching evaluations.

The data are reviewed and used to improve both the curriculum as well as teaching methods. Several

examples are provided in the self-study report and on the IEEI to illustrate the decisions made regarding curricular changes. TUC and TUN are currently using ComplianceAssist database to manage data for assessment, program review, strategic planning and accreditation. The institution is currently exploring alternative tools. (CFRs 4.2-4.7)

Component 7: Sustainability: Financial viability, preparing for the changing higher education environment

Adequacy of Financial Resources

According to audited financial statements submitted by TUC, the institution has generated healthy net income surpluses. Since FY 2010, these statements do not include system institutional expenses.

A more detailed operating budget document, which includes system institutional support, shows a healthy surplus in net income for the past three fiscal years. Revenues, which consist almost entirely of tuition and fees, have increased by around 2.5% each year. Alternative revenue sources, i.e. fundraising, extramural funding, represent only a small fraction of the total revenues. Increased activity in these areas could help offset tuition increases in the future. The overall surplus in the most recent year was 31.2% less than the prior year, but is explained by a nearly 6% increase in total expenditures for instruction and research, academic support, and student services. System institutional expenses represent approximately 15% of the overall expenses each year. These figures do not reflect the annual forgiveness of advances to TCUS as described earlier. (CFR 3.4)

Alignment of Financial Resources

TUC established a five year *Strategic Action Plan* (2015-2020) and identified seven strategic goals that address the highest priorities for the campus. The plan focuses on three items: (1) to improve facilities

and technology, (2) increase research and scholarship opportunities, and (3) promote student and employee achievement and excellence. Since its adoption, it appears that budget and resource allocations have been in line with the goals identified. As is typical in most institutions, the challenge is to balance the increased demands against resource availability. (CFR 3.4)

Recent renovations at TUC have slowly improved its historically designated facilities. The institution remains challenged by the lack of adequate space for existing and new programs. TUC has had to lease off-campus space to accommodate current program needs. Additionally, the original features of the facilities inhibit the use of technology, although progress is being made in this area. Faculty and staff salaries increased by 22% during 2013-2016, while the number of full-time faculty and staff increased by 12% during the same time period. While these improvements have helped, TUC is still confronted with recruiting and retaining qualified faculty and staff in a high cost of living environment. A human resources salary study is planned, and the results should facilitate a focused strategy to address an issue that is impacting staff morale and program stability. (CFR 3.1, 3.5)

Adding to the challenge is the natural competition for resources within a larger system of institutions. The TCUS must be concerned with ensuring the financial health of all its institutions. However, the system needs to allow TUC to bolster its facilities, technology and human resource infrastructure to support existing academic programs and future growth as well as to ensure sustainability. (CFR 3.4)

Evaluating the Changing Higher Education Landscape and Anticipating Potential Changes
TUC was established in 1997; TCUS established TUN as a branch campus of TUC in 2004. Together TUC and TUN comprise the Touro University Western Division (TWD). The TWD is an administrative unit located in Nevada. Senior leadership is comprised of a CEO/Senior Provost, CFO, and CIO. The

administrative team of TWD splits its time between the two campuses (40% at TUC, 60% at TUN), with the provosts on each campus also functioning as chief operating officers. The president of TCUS in New York is also president of TUC and TUN (CFR 3.7, 3.8).

TUN has grown rapidly since its inception and has established a strong presence in its local environment. In some respects, and for various reasons, TUN has outpaced the growth and development of TUC, and in effect functions as an institution independent of TUC. The administrative leadership of TUC described the institution's first twenty years of existence as being in a growth mode and is now contemplating what the future phase of its existence might be. While the strategic plan has identified its priorities within a five-year time frame, it is critical that the long-term future be considered in a contextual landscape different from the current circumstance. In order to be compliant with WSCUC Standards, TCUS needs to modify the current administrative structure at TUC to include a full-time CEO and full-time CFO located on the campus. The appointment of full-time administrators located at TUC would necessitate a reconfiguration of the current TWD administrative structure and the likely establishment of TUN as a separate institution (CFR 3.7, 3.8, 3.9).

A full-time focus on the TUC campus will address concerns recently expressed by faculty and staff regarding the competition for attention at both campuses. It will also address the perception that the TCUS is insufficiently responsive to campus resource allocation needs. Additionally, a full-time CEO would be able to focus more on diversifying sources of revenue such as fund raising and extramural funding. Enhancing financial sustainability is the key for any institution to carry out its mission of supporting student learning and success (CFR 3.4).

Component 8: Optional essay on institutional specific themes

TUC did not choose institutional themes to frame its reaccreditation review.

Component 9: Reflection and plans for improvement

TUC is an engaged and thriving health sciences institution of higher education dedicated to social justice, intellectual pursuit, and service to humanity. The institution is focused on student learning and achievement and motivated by its Judaic values. TUC and TUN demonstrate commitment and influence in their respective communities, and each possesses unique differences in the manner and priority of accomplishing organizational goals.

Based on laudatory and numerous comments by community partners, employers and alumni, the team gained a positive perspective of TUC's importance to Vallejo, an economically-challenged community that is focusing energy and resources to build and strengthen the quality of life and health of its citizens. At the onset of the visit, the new TUC provost described a vision of TUC to be "an anchor for the community".

The institution took the accreditation review seriously, noting in the conclusion of its institutional report that the self-evaluation process "helped unite the TUC and TUN institutions within a successful [Touro] Western Division organizational structure". The team observed how the cultures of the two campuses complemented and supported one another. At the same time, this positive and distinctive institutional attribute also raised questions about sustainability with the current organizational structure of two campuses. (CFR 3.8) The team is optimistic, however, about the commitment of TUC (and TWD and TUN) leadership to address this critical issue.

SECTION III – OTHER TOPICS

All issues pertinent to the TUC accreditation review are addressed elsewhere in the report.

SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

Commendations

The team commends Touro University California (TUC) and Touro University Nevada (TUN) for the following:

1. The culture of faculty, staff, administration, and students that reflects your core value of service learning as described in the university's mission.

2. A commitment to enhance diversity and inclusivity.

3. A profound positive impact in the local community with a focus on underserved populations.

4. The robust and authentic student-centered focus of faculty, staff and administration.

5. Excellent outcomes of student learning as demonstrated by retention, pass rates on national exams, and student employment post-graduation.

6. The collaboration between TUC colleges and departments, and increased interaction between the California and Nevada campuses.

Recommendations

The team identified six recommendations for on-going and future efforts:

1. Establish a Staff Council to facilitate communication between staff and administration, and to improve morale. (CFR 3.2)

2. Enhance shared governance by strengthening the effectiveness of collaboration and communication between the Faculty Senate and administration. (CFR 3.2)

3. Complete the salary equity study in a timely manner, establish criteria for position classifications, and implement compensation adjustments as appropriate. (CFRs 1.7, 3.1)

4. Invest in facilities and faculty development to meet the institutional goal of advancing research. (CFRs 2.8, 2,9, 3.3, 3.5)

5. Establish TUC and TUN as separate, independent institutions with a dedicated full-time CEO and full-time CFO located at the California campus within three years. (CFR 3.8)

6. The full-time CEO at TUC will be evaluated by the TUC governing board to fulfill its operations oversight responsibility in compliance with WSCUC Standards. (CFR 3.9)

APPENDICES

1 - CREDIT HOUR AND PROGRAM LENGTH REVIEW REPORT (completed by E. Bossert, April 2018)

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? X☐ YES ☐ NO
	If so, where is the policy located? TUC Catalog, pp 64
	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)? X☐ YES ☐ NO
	If so, does the institution adhere to this procedure? X☐ YES ☐ NO
	Comments: Every program is reviewed by the Program Review Committee every 5 years, or more frequently if the Professional accreditation occurs before 5 years
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? X☐ YES ☐ NO
	Comments: In course syllabi
Sample syllabi or equivalent for online and hybrid courses *Please review at least 1 - 2 from each degree level.*	How many syllabi were reviewed?4
	What kind of courses (online or hybrid or both)? Hybrid
	What degree level(s)? ☐ AA/AS ☐ BA/BS X ☐ MA Xx☐ Doctoral
	What discipline(s)? Education, Nursing, Physicians Assistant
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? X☐ YES ☐ 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) *Please review at least 1 - 2 from each degree level.*	How many syllabi were reviewed? 2
	What kinds of courses? Clinical Practicum
	What degree level(s)? ☐ AA/AS ☐ BA/BS ☐ MA X☐ Doctoral
	What discipline(s)? Nursing, Pharmacy
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? X☐ YES ☐ NO
	Comments:
Sample program information (catalog, website, or other program materials)	How many programs were reviewed? 4
	What kinds of programs were reviewed? Face to Face, Hybrid, Clinical Practicum
	What degree level(s)? ☐ AA/AS ☐ BA/BS X☐ MA X☐ Doctoral
	What discipline(s)? Education, Nursing, Pharmacy, Physician Assistant
	Does this material show that the programs offered at the institution are of a generally acceptable length? X ☐ YES ☐ NO

2 - MARKETING AND RECRUITMENT REVIEW REPORT (completed by S. Garcia, S. Bangert, April 2018)

Under federal regulation*, WSCUC 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.
**Federal regulations	Does the institution follow federal regulations on recruiting students? X❑ YES ❑ NO
	Comments:
Degree completion and cost	Does the institution provide information about the typical length of time to degree? X❑ YES ❑ NO
	Does the institution provide information about the overall cost of the degree? X❑ YES ❑ NO
	Comments:
Careers and employment	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? X❑ YES ❑ NO
	Does the institution provide information about the employment of its graduates, as applicable? X ❑ YES ❑ NO
	Comments: Information and analysis provided in "WSCUC Offsite Review: Additional Documents and Information" submitted February 6, 2018.

*§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.

3 - STUDENT COMPLAINTS REVIEW REPORT (completed By: D. Redman-Bentley, April 2018)

Under federal regulation*, WSCUC 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.)
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints? X YES ❑ NO
	If so, is the policy or procedure easily accessible? Is so, where? Information on various types of complaints is in the catalog text and appendices.
	Comments: Types of complaints described in the catalog include consumer complaints, sexual harassment, FERPA violations, accommodations for students with disabilities, and student conduct code. Complaints regarding academic issues (grading, etc.) are not presented in the catalog and are handled within each program.
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? X YES ❑ NO If so, please describe briefly: The procedure depends upon the type of complaint. Students may report complaints to either the Dean of Student Affairs, institution's compliance officer or Title IX coordinator. Complaints are handled either informally or through a formal process as described in the catalog appendices. The same process that is used for student conduct issues is used for complaints, except those involving grade or other academic disputes as noted above.
	If so, does the institution adhere to this procedure? X YES ❑ NO
	Comments: The institution appears to adhere to procedures. However, 23 of 24 cases in which investigations were completed over the past three years were listed as 'no violations found'. Nevertheless, on five of those cases actions were taken. The explanation provided was that students are instructed to complete a 90 minute video course on policies regarding Title IX during the first semester. Those who do not complete the course cannot proceed to second semester without doing so.
Records	Does the institution maintain records of student complaints? X YES ❑ NO If so, where? Compliance Office at Touro University California
	Does the institution have an effective way of tracking and monitoring student complaints over time? X YES ❑ NO If so, please describe briefly: unknown
	Comments: According to the institution, there is an effective tracking and monitoring system in place. However, no description of the methods used to track and monitor student complaints was reported nor could be found in available documentation.

*§602-16(1)(1)(ix)
See also WASC Senior College and University Commission's Complaints and Third Party Comment Policy.

4 – TRANSFER CREDIT POLICY REVIEW REPORT (completed by S. Garcia, April 2018)

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

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Transfer Credit Policy(s)	Does the institution have a policy or formal procedure for receiving transfer credit? X❒ YES ❒ NO
	If so, is the policy publically available? X❒ YES ❒ NO If so, where?
	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? X❒ YES ❒ NO
	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.

OFF-CAMPUS LOCATIONS REVIEW-TEAM REPORT

Institution: Touro University California (Touro University Nevada)
Type of Visit: TUC Comprehensive Visit/ TUN Branch Campus
Name of reviewer/s: Stephanie Bangert, Becky Bossert, Steve Garcia
Date/s of review: March 12-13, 2018

1. **Site Name and Address**

   Touro University Nevada (TUN)
   874 American Pacific Drive
   Henderson, NV 89014

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 branch campus standalone location, or satellite location by WSCUC)**

   TUN site established in 2004. Marketing literature describes TUN as "a private, non-profit, Jewish-sponsored institution established to help address critical needs in health care and education in the state of Nevada and to provide services to the community". It states that TUN is accredited by WSCUC but does not mention that it is a branch campus of Touro University California (the institution that is accredited by WSCUC). Also licensed in Nevada by the Commission on Post-Secondary Education.

   Total Enrollment (2017 census) = 1414 (Nevada residents=706; out of state=708).
   FTE Faculty (2016) = 95 (employs additional 1200 adjunct faculty); FTE Staff (2016) = 130.
   7 disciplines; 10 degree programs (B,M,D); 2 Colleges: Osteopathic Medicine and Health and Human Services (education; nursing; OT; PT; PAS).

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

   In its Off-Site Review, the TUC team determined that the relationship between TUC and TUN, and TUN with the New York based system known as TCUS (Touro College and University System), and TUN and TUC with TWD (Touro Western Division) needed exploration. In documentation submitted for the review by TUC, it was clear that TUN was a stand-alone institution with its own processes, strategic planning, and focus on a Nevada-based mission.

   Three members of the TUC team conducted a day and a half visit to the Henderson campus. The AV schedule was developed by the TUN Associate VP for Institutional Effectiveness in consultation with the Team Assistant Chair. The TUC Accreditation Liaison Officer attended as well as the newly appointed Provost for TUC (TUN has its own Provost). Approximately 30 individuals were interviewed including faculty, staff, students, and administrators. A campus tour was provided to the team. The visit was well organized and generous in its accommodation to team requests.

Lines of Inquiry	Observations and Findings	Follow-up Required (identify the issues)
For a recently approved site. Has the institution followed up on the recommendations from the substantive change committee that approved this new site?	NA	NA
Fit with Mission. How does the institution conceive of this and other off-campus sites relative to its mission, operations, and administrative structure? How is the site planned and operationalized? (CFRs 1.2, 3.1, 3.5, 4.1)	TUN has its own unique mission and does not directly organize its planning and institutional goals around those of TUC. Site planning and operations are organized and implemented independently from TUC.	Follow lines of inquiry when conducting TUC visit. Identify and confirm where processes, structures and decision-making have explicit alignment and connection between TUC-TUN.
Connection to the Institution. 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)	The TUC culture is not visible or deep at the Nevada campus. Students appear engaged and integrated into the unique life and culture of TUN with little to no connection to TUC nor do they appear influenced in their learning by the California campus.	Compare open student feedback for TUC and compare to that of TUN to establish whether there is any presence of the TUC culture in Nevada.
Quality of the Learning Site. How does the physical environment foster learning and faculty-student contact? What kind of oversight ensures that the off-campus site is well managed? (CFRs 1.8, 2.1, 2.5, 3.1, 3.5)	The quality of the TUN learning site is excellent. In a large single building, the team found a thriving environment for learning, and evidence of robust faculty-student contact was present. Students spoke very highly of the excellence of their learning, TUC faculty and satisfaction with the education received.	

Student Support Services. What is the site's capacity for providing advising, counseling, library, computing services and other appropriate student services? Or how are these otherwise provided? What do data show about the effectiveness of these services? (CFRs 2.11-2.13, 3.6, 3.7)	TUN has well developed and student-centered student support services. Student feedback was effusive about the quality, effectiveness and frequency of support service staff. Co-curricular outcomes are developed and measured.	Evaluate the quality and effectiveness of the TUC student support services. How are services sustained to ensure quality across both campuses?
Faculty. Who teaches the courses, e.g., full-time, part-time, adjunct? In what ways does the institution ensure that off-campus faculty is involved in the academic oversight of the programs at this site? How do these faculty members participate in curriculum development and assessment of student learning? (CFRs 2.4, 3.1-3.4, 4.6)	TUN faculty are responsible for the campus' curriculum, teaching, evaluation and oversight. Faculty committees are well organized and demonstrate appropriate processes for the assessment of student learning.	
Curriculum and Delivery. 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)	Academic programs are responsible for developing their curriculum reviewed by a faculty committee. Content and outcomes of programs and courses are not intentionally developed at TUC. Quality assurance is sustained by rigorous assessment and program review processes, owned and administered at the TUN campus.	Explore the development of online curriculum, and accountability for its delivery, at the TUC campus. How does TUN and TUC collaborate to ensure quality online learning?
Retention and Graduation. 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)	TUN and TUC have separate offices of institutional effectiveness. These offices collect appropriate R&G data, and processes for regular review of effectiveness. At TUN, the graduation rate tracks a cohort of student from their time of initial enrollment until they complete their program	The TUC visit should explore whether disparities in R&G data exist between the two campuses, review the analysis included in the institutional report, and comment on the nature of these results and whether action are taken to improve these results.

	within 100% of a normal program length. No concerns were evident.	
Student Learning. How does the institution assess student learning at off-campus sites? Is this process comparable to that used on the main campus? What are the results of student learning assessment? How do these compare with learning results from the main campus? (CFRs 2.6, 4.6, 4.7)	Student learning is assessed through rigorous processes, defined at TUN by faculty and the office of institutional effectiveness. Institutional student learning outcomes, program outcomes, and course outcomes are explicit, measured, and documented. TUN, like TUC, align ISLOs and PSLO, do curricular mapping, and require faculty to track student learning results for review and action.	The TUN team noted that the professional exam for license/certifications is very high.
Quality Assurance Processes: How are the institution's quality assurance processes designed or modified to cover off-campus sites? What evidence is provided that off-campus programs and courses are educationally effective? (CFRs 4.4-4.8)	Quality assurance processes designed at TUC are not intended for TUN. TUN develops its own. The effectiveness of learning at the Nevada site is measured and evaluated at TUN that provided ample evidence of results, evidence and improvement.	

Confidential Emails:

The team received two confidential emails, both from students.

One student email was effusive about the quality and rigor of the academic program (DO), the accessibility to faculty, and the effectiveness of support services. The second student commented that they would like to share comments with the team but felt it would negatively impact their future as a Physician Assistant.