

REPORT OF THE WASC VISITING TEAM
EDUCATIONAL EFFECTIVENESS REVIEW

Touro University

March 23 – 26, 2010

In Partial Fulfillment of the Requirements for
Reaffirmation of Accreditation

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The evaluation team in conducting its review was able to evaluate the institution under the WASC Commission Standards and Core Commitments and therefore submits this Report to the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges for action and to the institution for consideration.

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SECTION I – OVERVIEW AND CONTEXT

A. Description of Institution and Visit

Touro University is one of 25 division campuses of Touro College (TC), a college system head-quartered in New York and accredited mainly by MSCHE. The Touro College System, chartered in New York in 1970, currently enrolls around 23,000 students on campuses in locations as wide spread as Jerusalem, Moscow, and Florida. The college system is “a Jewish sponsored not-for-profit educational system” whose vision is to educate caring professionals “to serve, to lead, to teach” and whose mission is to “provide quality educational programs in the fields of health care and education in concert with the Judaic commitment to social justice, intellectual pursuit, and service to humanity.”

Touro University, the subject of this review, is comprised of two campuses: the “main” campus in Vallejo, CA, which is called Touro University California (TUC), and the “branch” campus in Henderson, NV, referenced in this report as Touro University Nevada (TUN). The University is referenced in this report as TU when speaking of both campuses. When these two institutions transferred their accreditation from Middle States to WASC in 2005, the California campus was designated as the main campus and the Nevada campus as the branch campus so that WASC accreditation could be provided for both entities, even though Nevada is outside of the WASC geographical boundaries.

TUC is the older of the two-campus system and has four college programs: College of Osteopathic Medicine (offering the DO degree); College of Health Sciences (offering the joint MSPAS/MPH and the stand-alone MPH); College of Education (Offering Teacher Preparation and MAEd); and College of Pharmacy (offering the PharmD). TUN has two Colleges: College of Osteopathic Medicine (offering the DO and Master of Science in Medical Health Science) and also housing the School of Physician Assistant Studies (offering the MPAS); and the College of Health and Human Services (offering the BSN, MSN, DNP, MSOT, DPT, MSCAL, and MEd in School Administration, Curriculum and Instruction, Language and Literacy, Secondary Education, and Special Education Generalist, and endorsements in ESL and Autism).

The EER visit was organized to acknowledge and review each of the two-campus of TU. Two teams of four individuals were formed. Each team had a university president (Chair & Co-Chair), administrators in the health profession, administrators in assessment and institutional planning or student affairs, and experienced faculty. The WASC liaison accompanied the Nevada team for the first day and a half and the California team for the second day and a half. Each team spent a full two days visiting their respective campuses and a joint conference call was held when the teams interviewed the TC President. The overall visit was scheduled for four days to permit ample time for individual campus visits and collaboration time for site visit team members. Each team

member was responsible for assessing one WASC Standard and an Institutional Theme on his or her assigned campus, joining with the team counterpart on the other campus to draw conclusions for university wide findings and unique results for the individual campuses. Each team member was responsible for writing reports addressing assigned WASC Standards, Institutional Themes, and WASC concerns outlined in the CPR Action letter. The visit was held on March 23 – 26, 2010. In view of the fact that Touro University represents two separate institutions, this report will reflect both common findings across the institutions and unique findings at individual campus locations. The majority of the report encompasses both campuses. Individual findings will be identified TUC or TUN.

B. The Institution’s Educational Effectiveness Review Report: Alignment with the Proposal and Quality and Rigor of the Review and Report

The Touro University Educational Effectiveness report was well organized and clearly written. The institution reported an accurate portrayal of their current status in regard to assessment, program review, and strategic planning. The report cited institutional involvement in the review, which was confirmed during the team visit. Faculty were involved in the discussion of assessment and program review.

The site visit team found that the institution embraced the WASC review process as an opportunity to improve through inquiry and reflection based on evidence. It is felt that the institution’s self-review led to a greater understanding of its effectiveness, development of processes for quality improvement and student learning.

Time and again, members of the TU community expressed gratitude and appreciation for the WASC process, the internal reflection and improvement it has occasioned and the contribution to quality, a culture of evidence, and continuous improvement that have now been embraced by the university. The site team was impressed by Touro University’s positive view of the WASC review process as a vehicle to assist them in developing and sustaining continuous improvement as an institution. The TU-WASC relationship appears to be one of deep respect and integrity.

C. Response to Issues Raised in the Capacity and Preparatory Review

The CPR visit was held November 11-14, 2008. The WASC Commission action letter dated March 12, 2009 following the CPR recommended the following areas for particular focus:

1. Continued development of the clinical rotation sites, with an emphasis on the training of preceptors in the use of assessment strategies aligned with learning outcomes;
2. Development of an Office of Institutional Research (OIR), together with an up-to-date data management system that is responsive to capturing and

- disseminating measures of educational achievement, while supporting financial, library, institutional research, and strategic and academic planning functions;
3. Strengthening of support for faculty engagement in research and professional activities in order for them to remain current in their fields;
 4. Stabilization of key leadership positions and existing academic programs in the context of a coherent academic plan; and
 5. Balancing the pressures for rapid growth and the need to stabilize and ensure the quality of existing programs prior to beginning new academic programs.

The Commission expressed additional concern “that there is a need for development of a clear and effective organizational plan that creates appropriate operational autonomy between New York administration and the separately accreditable entity of Touro California.” The Commission stated that Touro University California was in the “early stages of building the infrastructure for the assessment of learning in each of its programs” and that by the time of EER visit, the team should find a more fully developed infrastructure that is consistent across all programs and assessment results being used by faculty for program improvement.

Response to these concerns has obviously been considered on campus and was included in the EER report. Adequacy of some responses was limited due to the short duration of new academic programs. Some effectiveness review has been conducted on established programs, though primarily through student performance on standardized exams. Comprehensive Program Reviews have not been conducted yet and will be commented on below.

SECTION II – EVALUATION OF EDUCATIONAL EFFECTIVENESS UNDER THE STANDARDS

A. Evaluation of the Institution’s Educational Effectiveness Inquiry and Systems for Enhancing Student Learning

Overview

Touro University (TU) espouses that at the heart of the institutional accreditation process is a commitment to educational effectiveness, demonstrated through a rigorous, sustainable plan for on-going assessment and continued enhancement of student performance. TU has set forth an institutional commitment to outcomes. It has attempted to align institutional resources to support student success through faculty and student engagement in the assessment process, self-assessment and leadership focus on institutional research.

In its proposal, TU detailed the intention to develop:

1. a culture of evidence,
2. outcomes and assessment for curricular improvement,

3. an increased use of critical data for decision making processes,
4. a culture of one university with 2 campuses, capitalizing on the benefits of collaboration, and
5. a learning community engaging faculty, students, and staff in reflective analysis and mission driven personal and professional development.

Both campuses are young and are at an important developmental point in their respective situations. Given the youth of TU, the WASC proposal was aggressive. Though much effort has clearly been expended on the EER, the report itself did not present as clear a picture of the reality of TU as was discovered during the visit. Part of this could be the developments that have taken place since the report was written. The personnel changes and additions have clearly had a positive effect.

After completing the visit, the team has a deep appreciation for the sense of how the university's faculty, staff, administrators, and students have embraced the WASC process as evidenced by the changes that have taken place in policies, procedures, and practices throughout the review process. Clearly, this is a community committed to demonstrating educational effectiveness in the future as it grows and develops. The energy and excitement on both campuses was pervasive. The positive regard that individuals had for each other and each others' programs was a testimony to the effectiveness of leadership in bringing about the rapid growth and development with minimal growing pains. It is helpful that resources have been adequate to give birth to new programs effectively, and not at the expense of other programs in their adolescence.

In its CPR review, the WASC team stated it was confident that TU was ready to provide systemic and systematic evidence to document that learning objectives are being met, that planning and resources are dedicated to continuous improvements in the educational experience, and that the institution is engaged as a learning community to become the best type of institution it can. The CPR team recommended that infrastructure be put into place to support the culture of evidence—an Institutional Research (IR) office that works with all parts of the campus. In the ensuing 18 months, there has been progress on both campuses, and the institution should feel proud.

Touro University as a Learning Institution

At the time of Capacity and Preparatory Review, TU was in the early stages of building infrastructure for assessment of learning in each of its programs. The CPR Team highlighted the less developed nature of the institutional research and assessment practices at TU. The concern about institutional data must be understood within the context of TU's relative youth. The team feels that with the hiring of additional staff in the Office of Institutional Research, including two new directors, concerns about the institution having met all threshold standards for the collection, analysis and use of data will improve over time. However, as the institution matures, the need for and relevance

of increasingly specific and sophisticated data analyses will become apparent. This will lead to an integrated use of data in decision-making and planning such that the demand for information will drive increased capacity for institutional research. As TU matures, its use of data for accountability, improvement, and planning will pay great dividends.

Quality assurance processes, assessment and tracking, and use of these results to improve learning experiences, courses, and programs were evident in all programs in various stages of detail and development. It was clear that program faculty and their leadership were committed to improvement of learning activities, courses, programs, and the institution itself. The team's concern is that the faculty, staff, and administrators may reach a point in their use of analyzed data that exceeds resources, while TU is still in the early stages of developing its personnel, routines, and systems.

Though TU is an institution clearly committed to learning and improvement, this is more developed at the programmatic rather than at the institutional level. All of the individual academic programs have set their own strategic priorities, goals, and objectives, and try to align their resources with their programmatic goals. In each of the programs, there appears to be faculty input into the development of the programs, the courses, and the assessment processes. The specialized accreditation processes required by most of the programs guide this planning and encourage strategic thinking at the program level.

TU has only just begun to collect student outcome data in a systematic way at the institutional level and is integrating programmatic review to form an institutional review process. There has been a high level of autonomy among programs and between institutions and the main campus, except financially, which is now moving toward integration. As programmatic reviews unfold during the specialized accreditation processes, the institution will learn that it can make major strides toward improvement with minimal additional effort. This will pay off in terms of student recruitment and retention, and better placements for rotations and residencies.

The EER report presents considerable educational philosophy, definitions and plans regarding becoming a learning organization, but actual progress toward meeting the WASC concerns as delineated in the CPR Review has been slow. At the time of the EER visit, these were a bit more developed, but not to the extent desired. There is an attempt to have an aligned student outcomes assessment program that is consistent across all programs with the results being considered by faculty for program improvement. The process developed seems to be an overlay on the actual assessment practices of the individual programs. It is statistically complex, probably in ways that do not add additional value. As this process was begun and implemented before the arrival of the new Director of Institutional Research at TUN, this process might be reviewed to determine its desirability and expanded if appropriate. Completing a cycle of program review will provide evidence of its effectiveness.

The WASC CPR Team recommended further development of an IR Office and data management system to assist in measuring educational achievement and planning activities. TUN has recently hired a new IR director and administrative assistant and included the IR director on the WASC Executive Team. Planning and analysis still seems to be stronger at the program than at the institutional level. It would be beneficial to review the reporting structure for the OIR and possibly move it under the Office of the Provost so it has sufficient visibility and power to affect and guide institutional change.

Theme 1: Institutional Identity

Touro University defined Institutional Identity as the “coming together of name recognition, faculty reputation, alumni contributions in their fields, institutional resources, and highlights of our strengths” (Touro Educational Effectiveness Report, December 2009, p. 3). Touro University sought to demonstrate that students would describe Touro as a Jewish-sponsored institution that emphasizes social justice, intellectual pursuit, and service to humanity in all programs. The following WASC concerns in the CPR Action letter were addressed under this theme:

- Need for development of a clear and effective organizational plan that creates appropriate operational autonomy between New York administration and the separately accreditable entity of Touro California.
- Stabilization of key leadership positions and existing academic programs in the context of coherent academic plan.
- Balancing the pressures for rapid growth and the need to stabilize and ensure the quality of existing programs prior to beginning new academic programs.

Building Identity through Branding

There is a general recognition that TUC is not well known in its local and regional communities. In response, as stated in the TU’s December 2009 EER, a very well qualified and experienced Director of External Relations has been hired and the TUC specific branding exercise described in the self study is reported to be nearing completion (though little concrete evidence of this was provided to the visiting team). Students reported in their meeting with the team that they had begun to see results from the work of the new Director for External Relations in the community. At the same time, they expressed concerns about the current website, citing its lack of sophistication as an “embarrassment” and its awkward functionality as preventing access to needed information for current students (CFR 1.1, 1.7).

TUN has undergone an externally driven branding exercise to clarify their image and standing. This has created considerable unity across faculty, staff and students and is to be commended. It is noted that this effort was campus specific, which is perhaps a necessary step and may lead to greater differentiation between the two campuses.

Governance

Touro College is a distinct educational enterprise that has developed an organizational and financial model to provide educational programs on 25 campuses. There have been both successes and concerns about how well this model functions in both Touro University California and Touro University Nevada. The election of a new President for Touro College provides an opportunity for review and discussion of ways to strengthen this educational enterprise.

Dr. Alan Kadish has been selected as president of TU's parent organization, Touro College, after the untimely death of founder Rabbi Bernard Lander. As an MD and medical researcher who has administered NIH grants, Dr. Kadish inspires both hope and confidence in both campuses that their programs will be understood and supported at very high levels in the organization. While expressing concern about the possible purchase of a New York teaching hospital and its potential to drain and redistribute resources, it is believed that Dr. Kadish intends to focus on stabilizing existing programs before building new programs. His March 2010 visit to TUC, not even two weeks into his presidency, was very well received by faculty and staff on the campus and was interpreted to mean a new interest in the west coast campuses.

TU has hired a highly qualified Provost/COO for the TUC campus, who took office full time in December 2009, reporting to the Senior Provost/CEO of TU. Her engaged leadership, inclusion and empowerment of faculty, establishment of needed reporting and operational structure and comprehensive vision for TUC are being well received by the TUC community. They see her as an effective partner to the Senior Provost/CEO, whose leadership and efficacy are highly respected by the TUC Community. The TUC community could be described as "cautiously optimistic" about these new changes in leadership, noting that it is early in their tenures.

Having a central board of trustees who make collective decisions for the TC network has led to questions about control over locally generated resources, salary levels, and academic initiatives. The recent decision to cut salaries system wide to prevent layoffs on some campuses was accepted by most, but has raised the question of interdependence and autonomy. While the level of financial decision making allowed on each campus was recently raised, the model retains tight financial control through the central office. There also remains a persistent sense at TU that "New York" exercises undo control over the western campuses, is culturally and psychologically removed and distinct from them, and often obstructs, impairs or stifles the growth, development and well being of TU. Decision making and resource allocation processes at the level of the parent organization are not well understood by the campus constituents. While the Senior Provost/CEO is seen as a highly effective advocate within the larger organization for the interests of the western campuses, there is some concern that TUC now has less advocacy than before since the CEO is full time at TUN and the TUC Provost/COO has less direct access to key decision makers.

It is clear that the Senior Provost provides an effective interface between Touro College and both TUC and TUN, but the essentiality of this critical role is raising concerns about the future and how this relationship will be maintained. While there is a general consensus that critical resources are made available when requested, the current system of remitting all profits to TC and then requesting their return for particular projects is of concern.

Theme 2: Institutional Commitment to Outcomes

Touro University chose “Institutional Commitment to Outcomes” for their second theme, emphasizing sufficiency of resources, attainment of learning, and support for teaching and learning (CFRs 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, and 3.7). Touro sought to demonstrate alignment of institutional resources to support sustainability of student success. Institutional learning outcomes, student support services, campus climate, co-curricular activities and student success indicators (e.g. retention and graduation rates and pass rates on standardized exams) were emphasized. The following WASC concern in the CPR Action letter was addressed under this theme:

- Strengthening of support for faculty engagement in research and professional activities in order for them to remain current in their fields.

Research and Professional Activities

An area slow to grow in this model has been research activities. While initial faculty have been recruited primarily for their teaching interests and skills, a growing number have research interests and recognize the value of creating a spirit of inquiry on an academic health science campus. Stronger support for faculty engagement in research and professional activities is encouraged. Faculty articulated concern about the low level of internal support for research. Control by the central TC office of grants and the need for a local TU grants office were cited in this regard. Expanding these efforts will require committed resources to recruit established researchers, develop laboratories, provide protected time, and support the development of faculty skills.

As is expected in new academic organizations, there are evolving organizational relationships on each campus. The relative roles of administration and the faculty is rapidly changing, recognizing the valuable contribution that faculty can have in reviewing curricula, assessing new degree opportunities, balancing work loads, and supporting routine processes on each campus. This evolution is giving faculty increasing administrative responsibility and is encouraged as a means of maintaining their commitment and satisfaction, which will enhance faculty retention.

The relationship between TUC and TUN is one of convenience that has served both institutions well in its early years. It is not clear if natural growth will result in increasing autonomy between the campuses. This relationship is of concern to WASC only as TC remains compliant with federal mandates and continues to support the goals of both

campuses. Having a provost on each campus is a clear improvement and a signal that most decisions need to be made locally, while some collaboration continues to be beneficial.

Development and Assessment of Institutional Student Learning Outcomes

In January of 2009, the WASC Executive Team from TU attended a WASC-sponsored retreat on assessment and began formulating university-wide graduate student learning outcomes (SLOs). A university-wide assessment plan dated 11/10/09 outlined the following:

Touro University students will demonstrate the ability to:

- 1) Apply knowledge from their discipline in a context reflecting real, complex situations in their profession.*
- 2) Think critically to make evidence-informed decisions and evaluate conclusions.*
- 3) Communicate effectively with a variety of audiences.*
- 4) Act in a professional and ethical manner.*
- 5) Serve the needs of their communities.*
- 6) Collaborate with colleagues across disciplines.*
- 7) Access and evaluate information.*
- 8) Commit to lifelong learning.*

Each program developed an Alignment Matrix which assessed how each course addressed the institutional SLOs at an introductory, developmental, or mastery level, or none of these. It is interesting to note that the matrices provided for review in Exhibit 23 and 24 reflect 7 SLOs and do not match the order of the assessment plan. The team acknowledges that the institution is in beginning stages of assessment and suggests that the overall plan be reviewed with each department to ensure alignment of the plan, sequence of SLOs, and submission of new curricular maps to include the 8th SLO.

Evidence of assessment of SLO 1 and 2 was presented for some programs. The faculty discussed their reflection upon the findings to date and their plans to use these data for curricular improvement. Faculty cited the need for assessment for program improvement. However, examples of curricular change that faculty shared during interviews were not strategically aligned with assessment evidence (e.g., students struggling in content area resulting in more stringent admissions criteria).

Faculty clearly articulated competencies and standards within their respective degree programs and showed evidence of alignment of courses/curriculum to the standards. Because of the professional accreditation required in most degree programs, faculty are accustomed to professional standards and student evidence of learning. When asked about the recent creation of the eight institutional learning outcomes and how they aligned with the current program outcomes, most faculty felt that they could align their

program specific outcomes to the generalized institutional learning outcomes. It should be noted, however, that the institution is focusing on institutional learning outcome #1 (apply knowledge of their discipline) and #2 (critical thinking) for the 2009-2010 academic year. Some faculty expressed concern over the seemingly unnecessary complexity with the extra layer of the eight institutional learning outcomes, whereas others were comfortable with the institutional SLOs and appreciated the process of aligning program outcomes. The site visit team found the majority of the assessment of student learning to be at an initial/emerging stage (CFR 2.3, 2.4, 2.6).

Institutional Commitment to Outcomes

For CPR Cluster #1, CFRs 2.1, 2.4, 3.1, 3.2, 3.3, 3.4, 3.5, and 3.7 were identified as critical to this theme. A review of Standard 2, comparing assessments from 2006 to 2009, reveals that CFR 2.1 is now rated as 1C based on the fact that all health-care programs have received professional accreditation. In addition, the Education program has accreditation and is in the process of reaccreditation this spring. Therefore all of the existing programs are accredited by relevant professional agencies. CFR 2.4 has an improved self-review rating in 2009, as compared to 2006. Academic programs and nonacademic divisions have developed assessment plans for the first two SLOs with the support of the newly hired Institutional Research professionals. The students are aware of the program expectations, as the first two learning outcomes for students are congruent with the program expectations. When the assessment plans are developed for the remaining learning outcomes, will the students be informed? This is an area that should be monitored. The TUC College of Education has included their assessment plan along with program specific assessment in their Commission on Teacher Credentialing (CTC) documentation.

In terms of Faculty and Staff, both CFR 3.1 and 3.2 have been rated 2B, which indicates that it is not as high a priority as in 2006. There has been a net gain of 77 new faculty and 61 new staff over a 5-year period, which is appropriate given the increase in enrollment. TUC College of Education, however, has one full-time faculty member for each of the programs, which may not be sufficient to handle the enrollment. As the institution engages full-time non-tenure track, adjunct, and part-time faculty in assessment and program review at the program level, the CFR has been down-graded to 2B. CFR 3.3 has been down-graded to 2B based on evaluation processes that have matured. The Faculty Handbook lists the details of the evaluation process. According to CFR 3.4, the institution provides training and support for faculty members' teaching by means of technology-mediated instruction. This instruction seems to focus primarily on faculty use of Blackboard®, suggesting that other areas for faculty development may need attention. Except for the TUC College of Education faculty, individuals who are hired to teach have little or no training in instruction and the students would be well served if the faculty had training in how students learn, methods for active learning, and other forms of pedagogy. A learning specialist professional has been hired to enhance this area. This individual may be able to provide faculty support as well. Another

approach could involve a Center for Teaching Excellence with staff to assist faculty with their instructional needs.

Particularly in the clinical disciplines, faculty are using online instruction and assessments delivered to students in their third and fourth years while away from campus. Students have indicated that this approach may not sufficiently prepare them for their board examinations or keep them connected with the University. Faculty have also reported that the system is inconsistent and does not meet their needs to deliver instruction and assess students.

1. Data use and analysis: While there has been marked improvement in the capacity to generate data and numerical analyses, including the addition of staff to the Office of Institutional Research, the review team continues to have concerns about the ways in which data are being incorporated in planning and assessment activities across the institution. The team fully appreciates the initial and necessary focus on being able to meet accreditation requirements for data submission and report preparation, but attention should now shift to proactive data collection, analysis, and dissemination as the campus moves into systematic assessments of programs, learning outcomes, administrative services, and overall institutional performance. With the help of the OIR, routine analyses and reports need to be defined for the university-wide performance indicators as well as program reviews. The team urges that these processes be accelerated and deepened, with OIR being given a leadership role for report design and development to meet the specific needs of individual units and committees.

2. Assessment of student learning: There has been significant improvement in the addition of explicit student learning outcomes to course syllabi. However, this is only the first step toward the mission-driven commitment to student learning. The team anticipates that learning objectives be further articulated beyond the course level to the program and institutional level, with clear expectations for integrated and experiential learning.

The team recommends that regular program reviews become a larger part of the fabric of the university. In addition, the institution is encouraged to identify peer institutions for benchmarking comparisons as a way to add external reviews to student learning assessment and evaluation of other important institutional indicators.

Coordinating the IR offices of both campuses would enable more progress with the small number of professionals available. Current staffing levels may not be sufficient for this stage of development. Presently, TU needs to develop measures of inputs, outputs, outcomes, quality, efficiency, and effectiveness, build databases, assist in IPEDS and other required reporting, specialized accreditation reviews, WASC, assessment of learning outcomes, and other assessment activities (such as review of admission policies and procedures to ensure best practices, alumni success, employer satisfaction surveys, etc.). The team anticipates that leadership will invest in necessary infrastructure to

ensure progress toward WASC and other requirements for accreditation and program review.

There needs to be more utilization of the data gathered in reviewing and assessing student outcomes as well as showing more specifically how these are being used in program development and improvement exercises, strategic planning activities, and even how they influence admissions criteria and processes. Developing instruments and measures, and implementing these data gathering and analysis activities is time consuming and there may be a need for additional staffing until the process is well underway.

The linkage of program review to specialized accreditation review is a good step forward, but there needs to be a completed review as part of the EER process to ensure that this system is effective for both purposes. Not all professional accrediting bodies have identically rigorous criteria for review and evaluation practices. It would also be good to get student and faculty self-evaluations to reflect on issues important to these constituents. Appendix C is very self-reflective, showing TUN understands what needs to be done. Evidence of more explicit steps to be taken and a timeline need to be developed. Leadership needs to invest in the necessary infrastructure to ensure that continued progress is made toward WASC requirements and for the benefit of the institution.

There is an identifiable system of quality assurance, but it is not well developed yet. TU is working toward full implementation. An area of continued concern for student learning is the clinical years, in which outside clinicians are used as preceptors. There is concern regarding the amount and quality of the training they get in clinical education and student evaluation. The logistics of this system make it difficult to ensure quality, both of the teaching/supervision, as well as the assessment of student outcomes. Campus leadership seems to be working diligently to develop appropriate practices. It is suggested that new processes be reviewed regularly to ensure that they are having the desired impact.

Student Support Services

The Director of Alumni at TUC is working diligently to ensure that their database serves each of the programs through regular communications with their 1,377 alumni through a variety of media. The Provost values development and recognizes that Alumni Relations is a significant part of this, particularly in the future as the increasing number of new graduates pay off student loans and develop their careers. Both campuses want to maintain relationships and cultivate loyalty through newsletters, events, lectureships, offering Continuing Medical Education and other ongoing professional development. Already, many alumni are offering to be mentors and even preceptors to current students. One very significant effort that is uniting both campuses is the annual basketball game. The campuses alternate this annual event between California and

Nevada, filling the gymnasium to capacity at the most recent game. Alumni from all over the country come to participate and faculty and administrators are engaged and enthusiastic in connecting current students and Alumni. The Dean of Student Services is ensuring that this annual event improves each year based on experience, feedback and growth of the alumni base.

The new positions in *Student Services* are welcomed by faculty and students. The Learning Specialist is able to assist students in their first two years of study. Forty students have self-identified with this Specialist. The mental health counselor supports students one-on-one for issues and sponsors workshops. A nurse practitioner provides primary health services for students at TUC. Student leaders take their positions seriously as more than 50 individuals came to the student leader session to discuss issues with WASC and discuss concerns and issues. Student clubs are sponsoring events and activities like the book sale for second-year students.

A higher satisfaction with the *Campus climate* has been found at TUN than TUC. With the hiring of a Provost/COO at TUC, future surveys may reveal progress in this area. With the additional changes with regard to IT and graduation audit, greater satisfaction may result on both campuses. Regarding student satisfaction, TU has had difficulty in obtaining responses on an institutional level. With the hiring of IR staff, greater response rates may be expected for institutional surveys. Given that the students are asked to fill out many surveys, better coordination of surveys may result from the efforts of the IR staff.

Information Technology

Advanced Curriculum Design and Educational Technologies/Knowledge Based Inference Tool has been introduced into the preclinical curriculum and is being evaluated using outcome assessments of a student survey and COMLEX L1 Board Performance (see Educational Effectiveness Poster Session 14). Information Technology has an assessment plan for all eight of the SLOs and is using this plan to analyze gaps in students' knowledge that can be supported by technology (see Educational Effectiveness Poster Session 11).

Theme 3: Learning Assessment for Self Improvement

Touro University selected "Learning Assessment for Self Improvement" for the third theme, focusing on continuous quality improvement (CQI) based on a "robust strategic planning process." TU acknowledges that this is a work in progress and that progress is maximized by the application of a process. Areas of self improvement included institutional research, development and assessment of institutional student learning outcomes (SLOs), and the program review process. The following WASC concerns in the CPR Action letter were addressed under this theme:

- Continued development of the clinical rotation sites, with an emphasis on

- training of preceptors in the use of assessment strategies aligned with learning outcomes
- Development of an office of institutional research, together with an up-to-date data management system that is responsive to capturing and disseminating measures of educational achievement, while supporting financial, library, institutional research, and strategic and academic planning functions.

Development of Institutional Program Review

Almost all Touro University programs are accredited by professional associations. In the process of accreditation, these programs have developed student learning outcomes and methods for assessing them. What is lacking is program reviews that are conducted and evaluated at the institutional level and a common set of institutional outcomes that all programs addressed. Between the Capacity Review and the EER, a considerable efforts have resulted in the development of institutional student learning outcomes. With the hiring IR leadership, the formation of a program review committee, and an assessment template, the faculty have addressed the first two of eight SLOs. The assessment data for the SLOs #1 and #2 have been analyzed (see Educational Effectiveness Poster Sessions 6-8).

As evidenced by their documentation, many of the programs had the assessments in place and were able to generate the data to complete the template, which is especially true for the COM program and the Joint MSPA/MPH program. At TUC, a program review of the MSPA/MPH program was scheduled to be completed this academic year as this program was undergoing accreditation review. The review of the PA/MPH program is scheduled for fall 2011.

As faculty members are now utilizing the findings of their self-studies from program accreditations and the recommendations that are made to inform program improvement, there is optimism that the results of the program review will be acted upon. The accreditation reviews are linked to budgeting and planning, but whether the process will link program review to budget and planning needs to be monitored when program reviews have been completed.

Evidence of Improvement through Reflection upon Outcomes

An example of reflection and use of assessment data occurred in the COM when 97% of students exceeded expectations on the SOAP Note Exercise. Another example in the MSPAS/MPH Program is how the faculty used the assessment data to improve their research methods course by building an IRB application into the course and improving their definition of the capstone project and developing clearer rubrics. An example in the College of Pharmacy (COP) occurred in 2007 when COP students began fulltime clinical rotations and the faculty received reports from the students and clinical preceptors that they were having trouble adjusting to the clinical environment. In

response, they strengthened the introduction to “SOAPing”(Subjective, Objective, Action, Plan), a systematic method for analyzing and presenting a patient’s clinical status. Practice with SOAPing was increased in the first two years with case studies, team and individual presentations and written exercises. In 2009, the clinical faculty further increased preparation with a rotations “boot camp”—a one-week course between the second and third year—to help students transition to the clinical environment. The course was completely case-based and in 2010 will become a requirement.

Clinical Education

In the March 12, 2009 Capacity and Preparatory Review (CPR) team report, the Commission emphasized, as one of five areas for particular focus, “continued development of the clinical rotation sites, with an emphasis on training of preceptors in the use of assessment strategies aligned with learning outcomes.” It was noted in the report that TUCOM “faces a challenge in arranging community training sites for their 135 students.” Problems in California include both obtaining enough clinical sites as well as ensuring that preceptors are prepared to teach. The TUC College of Pharmacy and the Physician Assistant Studies Program were felt to have adequate clinical educational experiences. At TUN, within the College of Osteopathic Medicine, the remote preceptors and their facilities, the patient mix, and instructional adequacy are not presently being directly assessed. It was noted that the clinical education sites for the OT program did not pose similar issues.

Both campuses have experienced outcomes on the clinical COMLEX examination (Parts 2 and 3) that are below national averages. For both TUC and TUN pass rates on COMLEX 2 are below 80% with TUN reporting 71.25%. The report acknowledges the challenges faced by the institution including a wide geographic distribution model of clinical education, a relative lack of knowledge concerning the DO profession in the west, the constant state of flux regarding clinical rotation sites, and the time-intensive nature of developing and maintaining quality clinical sites. It is noted that preceptor development is accomplished via manuals, regular telephone and electronic communication by the clinical education department with preceptors, use of WebEx seminars, and formal preceptor training sessions. The report indicated that the problems experienced by the COM’s in California and Nevada are not currently being experienced by other health professions programs offered by Touro.

During the site visit, meetings were held with senior leadership of the University and specifically with key individuals whose focus includes clinical education for the health professions. Specific attention was paid to efforts around clinical education in the Colleges of Osteopathic Medicine.

TUC Clinical Education

At TUC, the Clinical facilities have been improved with an expansion of the Objective Structured Clinical Examinations (OSCE) lab, the clinic in Glen Cove that is staffed with an interdisciplinary comprehensive primary care capability and provides clinical experiences for COM, PA, and COP students early in their programs, and forming the Leadership Team that has enhanced and increased the number, continuity, and consistency of clinical preceptors. The Experiential Oversight Committee includes all Colleges and this group provides oversight of such processes as background checks, drug screening, affiliation agreements, etc. They also provide support to each program's preceptor education and clinical experiences. The WASC team was impressed with the commitment and dedication that faculty and preceptor coordinators demonstrated during the meeting with clinical education leadership and preceptors. The team also validated that in clinical education nationally, and in northern California specifically, it is becoming increasingly difficult to find placements with qualified preceptors.

The self-study acknowledges that TUC faces challenges finding clinical placements closer to campus that recognize the osteopathic tradition. These are particularly exacerbated in the West where recognition of Osteopathic Medicine as a discipline is less established than in the East. Both in the self-study and during our site visit, faculty, staff, and students do agree there is still room for improving the 3rd and 4th year clinical rotations in COM. The students identify this as an area where they would like more attention, structure, and public relations, e.g., promoting the presence of Touro as a health professions school in the Bay Area. Specifically, students request more opportunities to conduct histories and physicals, better psychiatry and obstetrical preceptorships, and better alignment of expectations between faculty, preceptors, and students. One student commented: "Students don't know what we're supposed to be learning on rotations, so I don't know at the end of the month if I learned what I needed to learn for boards and as a future physician."

TUN Clinical Education

Several significant developments have occurred at TUN-COM which will improve the quality of clinical education. Three new assistant dean positions were approved by July 1, 2010 to specifically deal with perceived gaps in the delivery of clinical education at the COM. These positions include:

Assistant Dean for Clinical Education (slated to start 4/1/2010). This position will develop, implement and oversee a comprehensive didactic curriculum for students on clinical rotations. This will include lectures (via MediaSite) and small group discussions facilitated by faculty and may include additional materials and

assignments for students. This position will aid in recruitment and retention of Adjunct Faculty and assessment of clinical sites. It is the intention of the TUN-COM to share curriculum and programming with other COMs in the Touro systems.

Assistant Dean for Clinical Faculty Development (slated to start 7/1/2010). This position will monitor clinical training sites, coordinate site visits and manage data obtained through these site visits. Site visits will include assessment of the clinical site, monitoring of student performance, and evaluation of adjunct faculty. This position will be expected to provide immediate guidance and direction to students and adjunct faculty. This position will also aid in recruitment and retention of Adjunct Faculty.

Assistant Dean for Clinical Skills Training (slated to start 7/1/2010). This position will have responsibility for all COM clinical skills development, scheduling, testing, and monitoring.

Additionally, end-of-core-rotation exams (developed internally) will be required of all clinical students. Despite the grade obtained on the clinical rotation itself, a passing grade must be obtained on the examination.

Finally, the director of Human Resources (who has significant credentialing experience with the Joint Commission for the Accreditation of Hospital Organizations) has instituted a process which requires bi-annual root source verification of the credentials of almost 1,800 adjunct faculty.

It should also be noted that a close working relationship between the Associate Dean for Clinical Education and the Chief Academic Officer of Touro's Osteopathic Postgraduate Training Institute (OPTI) exists. This is an important relationship in that both individuals acknowledge that the placement of students within residency program settings (which exist within OPTI hospitals) aid in improving the quality of clinical education. Toward this end, a fruitful venture with Valley Hospital Medical Center has led to the establishment of six residency programs including the largest internal medicine program in the state (with a 100% board passage rate), family medicine, traditional rotating internship, ophthalmology, dermatology and neurology. Medical students are able to rotate locally with attending physicians and residents in these programs.

Despite these important advancements, concerns remain over TUN-COM's ability to reduce the variability that can threaten the quality of clinical education for third and fourth year COM students. These concerns include:

- The pedagogy in clinical education should be supported by evidence of effectiveness. The use of asynchronous lectures, for example, may not provide the best opportunity for improving the educational effectiveness of clinical education.
- The deployment of the new assistant deans at TUN may not be the best model for assuring strong oversight of a highly distributive clinical education model. For example, other COMs using a similar distributive strategy have appointed regional deans at distant locations who possess local knowledge and are able to interact easily and regularly with regional preceptors and clinical education sites.
- While the leaders acknowledge the importance and effectiveness of placing students within residency programs, there are insufficient opportunities within Touro's OPTI, which includes only 2 hospitals and 13 residency programs (some in niche specialties such as ophthalmology and dermatology).
- While it is laudable that human resources complete root source verifications on all adjunct faculty, it cannot be said with certainty that valid credentials are an effective proxy measure for the delivery of effective education by these faculty.
- Faculty development efforts must be driven by a strategic plan that is based on a needs assessment which identifies specific knowledge, skills, and attitudes that can inform faculty development activities.

Three additional issues are noted relative to clinical education at TUN-COM:

- It was not clear the degree to which the osteopathic philosophy was being addressed in the solutions to the clinical education issues. The associate dean is an MD (although he works closely with DO leadership who can help provide guidance on ensuring that core osteopathic principles and practices are addressed in clinical education) and a number of preceptors (including some residency program directors) are MDs. A passion for distinct osteopathic education was not articulated in the on-site meetings.
- Discussion of organizational student learning outcomes was not discussed as an important effort to gauge educational effectiveness of the clinical education effort at the COM. It is hoped that collaboration with the Director of Institutional Research/Strategic Planning will occur to provide guidance on how to assess the educational effectiveness of the new efforts in clinical education to ensure that educational outcomes consistent with institutional goals are being realized.

- Regarding the clinical programs within the College of Health and Human Services, only the occupational therapy program seems to be experiencing struggles in fieldwork experiences. There are limited opportunities for fieldwork in the region and students feel that they do not receive necessary guidance relative to selection of experiences in a timely fashion. In contrast, clinical experiences in the Physician Assistant Studies program and the Physical Therapy program seem to be solid and are meeting students' needs relative to educational effectiveness.

Other Issues Arising from the Standards and CFRs

Faculty Development

The University provided an impressive list of faculty development activities. Many of these were professional development in the faculty member's discipline and or research, while a few focused on teaching and learning.

In addition to faculty development opportunities in the discipline, the team recommends that faculty be provided opportunities for learning about pedagogy. An example occurred in the meeting with the students when they pointed out that the new Learning Specialist was helping them learn in ways that they hope can be shared in their classes and across programs. Another student provided this comment: "Assigned readings are too much, and too overwhelming. There needs to be trimmed down power points, or video lectures students can download/stream from online."

It appears that this is an ideal time to increase the support for faculty development in pedagogy, since they are enthusiastic about assessing learning. Resources for expansion of learning support are highly recommended and Centers for Teaching and Learning for faculty on both campuses could possibly be done collaboratively with learning specialists and experts in the Colleges of Education.

Faculty Advancement

Faculty cited their primary responsibilities as being teaching, service, and scholarship. Their passion for teaching and willingness to go the extra mile to ensure student success is to be applauded. Students acknowledged that their instructors were available to help them outside of the classroom in the majority of programs with the exception of COM first year students whose full day classroom time interfered with access to faculty.

While the Faculty Handbooks at both campuses outline the procedure for faculty promotion, from the team's discussions and visits with faculty at both campuses, faculty expressed interest in having clearer expectations for promotion, relative weighting of productivity and alignment of teaching workload. There are certainly programmatic differences and accreditation requirements for contact hours of classroom and clinical

teaching; it would enhance the collegiality among faculty across both campuses to increase the transparency and equity of their teaching workload across disciplines, including clinical practice. The administration and promotion committees are encouraged to recognize and reward service activities at all levels of the discipline/program, service to the University, and service to the Community. In order to sustain high quality faculty, it is critical that the institution establish incentives and rewards for scholarship, teaching, assessment, and co-curricular learning (CFRs 2.8, 2.9).

SECTION III. FINDINGS AND RECOMMENDATIONS FROM THE CAPACITY AND PREPARATORY REVIEW AND THE EDUCATIONAL EFFECTIVENESS REVIEW

Clear progress has been made on both campuses toward Educational Effectiveness. The visiting teams were impressed with the commitment and enthusiasm demonstrated by both faculty and students.

TU, as many primarily health and human service professional education institutions, has relied on specialized professional accreditation to meet its assessment and program review criteria. The lack of completed program reviews were noted in the CPR and continues to be noted at the time of the EER as the first program review using this newly developed process was not begun at the time of the EER, making it impossible to determine the effectiveness of this process at this time. (CFR's 2.7, 4.4) It is recommended that TU fully implement this process and have a number of completed program reviews within one to three years.

Regarding a comprehensive program of assessing student learning outcomes, evidence indicated that TU was in the beginning phase of this process. Touro University provided limited evidence of educational effectiveness due to their new status as an institution and recent initiation of new programs. However, Touro University demonstrated collaboration across the institution in their first ever application of SLOs to planning and practice outside the academic programs (student services) and growing collaborative efforts across programs since the establishment of institutional SLOs.

TU presented data that demonstrated the easily measured outputs and outcomes such as graduation and retention rates, COMLEX and other licensure pass rates, along with presenting the newly developed SLO process. The team understands that the assessment of student outcomes is more easily and effectively demonstrated at the programmatic level, progress needs to be made at the university level to analyze and interpret information derived from assessment activities. This is especially true in TU's student support and co-curricular activities, which have only cursorily been put on the radar screen (CFR's 2.6, 4.4, 4.6, and 4.7). It is recommended that TU fully engage in program assessment that links student learning assessment results to continuous curriculum improvement.

COMMENDATIONS: TUC and TUN

1. Touro has embraced the full spirit and intent of their membership in the WASC Community of Learning Institutions and responded to recommendations made in the CPR with integrity and regard for excellence.
2. Touro acted decisively and effectively in adding quality key leadership, both centrally and at each institution, including the Provost/COO and Directors of Institutional Research.
3. There is considerable evidence of caring and dedicated faculty, staff and students who endorse and embody the mission and values of the institution.
4. The team observed systematic empowerment of the faculty, as evidenced by the representation of the faculty senate Chair on the Executive Councils of both campuses.
5. Resource requests to TC, based on improving quality, are typically approved.
6. There have been significant capital investments, including for IT infrastructure, on both campuses.
7. Library holdings are extensive, relevant, and well supported by Touro College.
8. Moving the core functions such as graduation audits, approval for degree conferral, and application for financial aid processing to the local campuses, are clearly beneficial.
9. A Program Review committee has been constituted, a template developed, and bylaws written.
10. Improved facilities for clinical simulation at both campuses.
11. Increase opportunities for supervised clinical rotations at the Glen Cove Clinic (TUC) and Valley Hospital (TUN).
12. Assessment plans have been developed and are being implemented for SLOs #1 and #2.
13. The University has provided for the addition of qualified student affairs personnel in advising, student promotion, success, and student health (TUC).

COMMENDATIONS for TUC

1. A method for combining results from program assessment of each SLO has been developed so that institutional results can be analyzed longitudinally.
2. Empowering the Director of Institutional Research, who specifically drafted and revised the strategic plan.
3. Right-sizing the University programs and pausing to assess and improve outcomes before further program expansion.

COMMENDATION for TUN

1. The campus has developed and utilized its physical facility to provide the opportunity for collaboration among faculty, staff and students. For example, the on-site Autism clinic at TUN including observation and therapy rooms are evidence of the institutions' commitment to collaboration for faculty, staff and students in addition to providing a much needed service in the community.

RECOMMENDATIONS: TUC and TUN

1. The campus budgets appear to be overly managed by TC with resulting delays and obstructions in areas such as research and development.
2. Since processes, policies and decisions at the system/ parent organization level directly impact the administration and operations of both campuses, the team recommends that consideration be given to increasing access and representation of the TUC and TUN campuses in decision making at the system level, including on the TC Budget Committee, Hiring Committee, and Board of Trustees.
3. The team recommends continuing improvement of the strategic planning process in areas that build on alignment of mission, values, goals, and resources for institutional decision-making.
4. Institutional data for each campus needs to be expanded, analyzed, and utilized for assessment, planning, and budgeting.
5. The team recommends increased empowering and utilizing of the Office of Institutional Research for monitoring educational trends, environmental scanning, and for informing the refinement of new and existing programs.
6. The institution should continue to monitor and enhance program review process; with a view to applying it to all programs in a systematic, expeditious manner.
7. The institution should seek stronger alignments needed between faculty-developed program outcomes and institutional student learning outcomes for continuous improvement of student learning.
8. The University needs to develop a strategic approach to faculty and staff evaluation, on a regular basis, using promotion criteria including workload balance and productivity incentives.
9. The University is advised to more fully demonstrate its commitment to research and the spirit of inquiry on campus by establishing an Office of Sponsored Research and providing sufficient resources and protected faculty time to achieve these goals.
10. The University should seize this opportunity to support faculty in improving pedagogy, as requested by students and faculty, perhaps through a Center for Teaching and Learning.

11. Clinical placements in most programs still need to be refined, expanded and supervised in a manner consistent with the curricula of each program and level.
12. A faculty practice plan needs to be developed following best practices for clinical and educational effectiveness.
13. In keeping with good management practice, the University is encouraged to establish formal succession planning for institutional leadership at both campuses.

RECOMMENDATION for TUC

1. That TUC complete a web redesign as a high priority toward further establishing its presence, improving its functionality, and conveying its identity to both internal and external communities.

RECOMMENDATION for TUN

1. The new budgets committed for the deans positions need to be used to identify, implement and validate:
 - a. Evidence-based pedagogy to address inconsistencies in clinical rotations
 - b. Best practices (comparisons) in delivering clinical education in a highly distributed model