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Appendix 1

Modification of Core Theme Indicators: Year Three Compared to Year Seven
## Appendix 1: Modification of Indicators: Year Three Compared to Year Seven

### Learning Environment Core Theme

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<tr>
<th>Year Three Report Objective &amp; Indicator</th>
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<tbody>
<tr>
<td><strong>Objective 1.1</strong> Develop student pipeline to meet the health needs of an increasingly diverse Oregon and nation.</td>
<td><strong>Objective 1.1</strong> Develop student pipeline to meet the health needs of an increasingly diverse Oregon and nation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 1.1.1 Percentage of diverse students in OHSU programs, of total OHSU students.</td>
<td>Indicator 1.1.1 Percentage of underrepresented minority students in OHSU programs, of total OHSU students.</td>
<td>Underrepresented minorities (URM) represent at least 10% of total OHSU student population.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.1.2 Percentage of minority participants in STEM pipeline programs that progress to the next level of education.</td>
<td>Indicator 1.1.2 Following involvement, OnTrack participants will report increases in self-perceptions of their academic identity or motivational resilience needed to progress to post-secondary education.</td>
<td>At least 50% of OnTrack participants report increases in self-perceptions of academic identity or motivational resilience needed to progress to post-secondary education.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.1.3 Percentage of the students completing degrees within 100% of usual program time.</td>
<td><strong>New indicator 1.1.3 under revised objective 1.3</strong></td>
<td>See Objective 1.3, Indicator #1.3.3.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.1.4 Percentage of OHSU nursing BS graduates trained outside the Portland Metropolitan Area.</td>
<td>Indicator 1.1.4 Percentage of OHSU nursing BS graduates trained outside the Portland campus.</td>
<td>At least 50% of bachelor’s degrees in nursing are completed outside of the Portland campus.</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1.2</strong> Provide a supportive learning and work environment for diverse students, faculty and staff.</td>
<td><strong>Objective 1.2</strong> Provide a supportive learning and work environment for diverse students, faculty and staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 1.2.1 Percentage of students that are satisfied with (i) OHSU climate for diversity and inclusion and (ii) support services.</td>
<td>Indicator 1.2.1 Percentage of students that are satisfied with OHSU’s climate for diversity and inclusion.</td>
<td>At least 70% of students indicate they are satisfied with the climate for diversity and inclusion.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.2.2 Percentage of faculty and staff members that are satisfied with the OHSU’s climate for diversity and inclusion.</td>
<td>Indicator 1.2.2 Percentage of faculty and staff members that are satisfied with OHSU’s climate for diversity and inclusion.</td>
<td>At least 70% of faculty and staff indicate they are satisfied with the climate for diversity and inclusion.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.2.3 Percentage and distribution of diverse faculty at OHSU.</td>
<td>Indicator 1.2.3 Percentage of minority faculty at OHSU</td>
<td>Minorities represent at least 15% of total OHSU faculty population.</td>
<td></td>
</tr>
<tr>
<td><strong>Objective 1.3</strong> Ensure rigorous and effective programs through better coordination of review processes (institution-wide regional accreditation, specialized accreditation that certifies the professional quality of particular programs, institutional academic program review, and student/graduate licensure and certification).</td>
<td><strong>Objective 1.3</strong> Produce graduates in health professions, scientists, engineers and managers who meet appropriate industry standards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 1.3.1 Percentage of national licensing exams on which OHSU graduates met or exceeded the national pass rate on the first attempt.</td>
<td>Indicator 1.3.1 Percentage of OHSU graduates that meet or exceed the national pass rate on national credentialing exams on the first attempt.</td>
<td>At least 90% of OHSU graduates will meet or exceed the national pass rate on national credentialing exams on their first attempt.</td>
<td></td>
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<tr>
<td>Indicator 1.3.2 Percentage of programs with student learning outcomes, assessment plans, and assessment evidence used to improve programs.</td>
<td>Indicator 1.3.2 Percentage of programs with student learning outcomes and assessment plans.</td>
<td>100% of programs have developed student learning outcomes and assessment plans.</td>
<td></td>
</tr>
<tr>
<td>Indicator 1.3.3 Percentage of 13 programs with specialized accreditation review that do not have citations/requirements.</td>
<td></td>
<td></td>
<td><strong>Deleted</strong></td>
</tr>
<tr>
<td>Indicator 1.3.3 Percentage of students in select clinical programs completing degrees within 100% of usual program time.</td>
<td></td>
<td>At least 80% of students in select clinical programs complete degrees within 100% of usual program time.</td>
<td></td>
</tr>
<tr>
<td><strong>New Indicator 1.3.4</strong> Percentage of degree-seeking students that persist to second year.</td>
<td></td>
<td>At least 80% of degree-seeking students persist to second year.</td>
<td></td>
</tr>
<tr>
<td><strong>New Indicator 1.3.5</strong> Percentage of courses evaluated that have an average student rating of ( \geq 5 ) on a 6-point scale.</td>
<td></td>
<td>At least 80% of courses have an average student rating of ( \geq 5 ) on a 6-point scale.</td>
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</table>
### Interprofessional Education Core Theme

<table>
<thead>
<tr>
<th>Year Three Report Objective &amp; Indicator</th>
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<th>Year Seven Report Objective &amp; Indicator</th>
<th>Year Seven Report</th>
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<tr>
<td>Objective 2.1 Promote an institutional culture and infrastructure that enhances interprofessional health education.</td>
<td>Objective 2.1 Promote an institutional culture and infrastructure that enhances interprofessional health education.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Indicator 2.1.1 Percentage of schools or programs that have adopted a common academic calendar by 2013.</td>
<td>Indicator 2.1.1 Percentage of programs that adopt four common systems: academic calendar, grading, course evaluation and protected IPE time in curriculum.</td>
<td>100% of programs adopt four common systems: academic calendar, grading, course evaluation and protected IPE time in curriculum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 2.1.2 Percentage of identified interprofessional curricular activities being delivered to students.</td>
<td>Indicator 2.1.2 Student enrollment in interprofessional or multiprofessional curriculum will exceed 1000.</td>
<td>Student enrollment in interprofessional or multiprofessional curriculum will exceed 1000 in a given academic term.</td>
<td></td>
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<tr>
<td>New Indicator 2.1.3 Average faculty facilitator rating for the IPE Foundation Series is ≥ 5 on a six-point scale.</td>
<td>New Indicator 2.1.4 Average student rating of the IPE Foundation Series is ≥ 5 on a six-point scale.</td>
<td>Average faculty facilitator rating of the IPE Foundation Series is ≥ 5 on a six-point scale.</td>
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### Clinical and Translational Research Core Theme

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<tr>
<th>Year Three Report Objective &amp; Indicator</th>
<th>Year Three Report</th>
<th>Year Seven Report Objective &amp; Indicator</th>
<th>Year Seven Report</th>
<th>Metrics</th>
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</thead>
<tbody>
<tr>
<td>Objective 3.1 Promote research career development to provide “career ready” in biomedical science workforce.</td>
<td>Objective 3.1 Promote research career development to provide a “career ready” biomedical science workforce.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.1.1 Annual success rate for Career Development Awards (K Awards) applications to the National Institutes of Health.</td>
<td>Indicator 3.1.1 Annual success rate for Career Development Awards (K Awards) applications to the National Institutes of Health.</td>
<td>Annual success rate for applications to NIH for Career Development Awards (K awards) is ≥35%.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.1.2 Number of faculty, trainees, and students that complete clinical and translational research training (degrees &amp; certificates).</td>
<td>Indicator 3.1.2 Number of faculty, trainees, and students that complete clinical and translational research training (degrees &amp; certificates).</td>
<td>Number of degrees and certificates awarded in clinical and translational research training is ≥ 20 per year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.1.3 Percentage of OHSU graduates and trainees currently employed by industry sector.</td>
<td>Indicator 3.1.3 Percentage of OHSU Ph.D. graduates reporting post-graduation employment or postdoctoral study.</td>
<td>At least 65% of OHSU Ph.D. graduates report postdoctoral employment or study.</td>
<td></td>
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<tr>
<td>Objective 3.2 Maintain OHSU’s prominence as a research university.</td>
<td>Objective 3.2 Maintain OHSU’s prominence as a research university.</td>
<td></td>
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<tr>
<td>Indicator 3.2.1 Total sponsored project revenue in a given year.</td>
<td>Indicator 3.2.1 Total sponsored project revenue in a given year.</td>
<td>Total sponsored project revenue will be at least $350M per year.</td>
<td></td>
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</tr>
<tr>
<td>Indicator 3.2.2 Average annual sponsored project revenue per faculty with OHSU “Principal Investigator” status.</td>
<td>Indicator 3.2.2 Average annual sponsored project revenue per faculty with OHSU “Principal Investigator” status.</td>
<td>Average sponsored project revenue per faculty with OHSU “Principal Investigator” status is ≥ $180,000 per year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.2.3 Proportion of total sponsored projects that involve faculty from two or more departments/units.</td>
<td>Indicator 3.2.3 Proportion of total sponsored projects that involve faculty from two or more departments/units.</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator 3.2.4 Proportion of sponsored projects focusing on clinical and translational research.</td>
<td>Indicator 3.2.4 Proportion of sponsored projects focusing on clinical and translational research.</td>
<td>Deleted</td>
<td></td>
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</tr>
<tr>
<td>Indicator 3.2.5 Number of new inventions disclosed in a given year.</td>
<td>Indicator 3.2.5 Number of new inventions disclosed in a given year.</td>
<td>Number of new inventions disclosed is ≥ 115 per fiscal year.</td>
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### Health Systems and Health Policy Leadership Core Theme

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<th>Year Seven Report Objective &amp; Indicator</th>
<th>Year Seven Report</th>
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<tbody>
<tr>
<td>Objective 4.1 Ensure all OHSU students gain knowledge about population health and health policy.</td>
<td>Objective 4.1 Ensure OHSU students gain knowledge about population health and health policy.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Indicator 4.1.1 Proportion of graduating healthcare professional students who participated in formal activities to enhance understanding of population health and health policy.</td>
<td>Indicator 4.1.1 Percentage of programs that have at least one Student Learning Outcome that addresses evolving health systems, population health, health policy, resource allocation or leadership.</td>
<td>At least 65% of programs have at least one Student Learning Outcome that addresses evolving health systems, populations health, health policy, resource allocation or leadership.</td>
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</tr>
<tr>
<td>Objective 4.2 Bridge academic research, health policy, and community practice to improve public health.</td>
<td>Objective 4.2 Bridge academic research, health policy, and community practice to improve public health.</td>
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<td></td>
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</tr>
<tr>
<td>Indicator 4.2.1 Proportion of funds for sponsored projects, specifically focusing on health science research or evidence-based policy, of the total OHSU sponsored project revenues in a given year.</td>
<td>Indicator 4.2.1 Annual sponsored projects revenue specifically focusing on health systems, health science research or evidence-based policy.</td>
<td>Total sponsored projects revenue specifically focusing on health systems, health science research or evidence-based policy will be at least $30 million per year.</td>
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<tr>
<td>Indicator 4.2.2 Perception of Oregonians regarding OHSU’s (i) partnering with others to improve health and well-being of the state’s citizens and (ii) leading discussions on health care issues or health reform.</td>
<td>Indicator 4.2.2 Perception of Oregonians regarding OHSU’s partnering with others to improve the health and well-being of the state’s citizens or leading discussions on health care issues or health reform.</td>
<td>Average impression of OHSU’s performance on partnering with others to improve the health and well-being of the state’s citizens or leading discussions on health care issues or reform is ≥ 7.0 points on a ten-point scale.</td>
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Appendix 2

OHSU Organizational Chart
Appendix 3

Office of the President Overview
Office of the President

Leadership

Joseph E. Robertson Jr., M.D., M.B.A., President
Jeanette Mladenovic, M.D., M.B.A., M.A.C.P., Provost and Vice President for Academic Affairs
Mark Richardson, M.D., M.Sc.B., M.B.A., Dean, School of Medicine
Peter F. Rapp, Executive Vice President and Director, Hospitals and
Lawrence J. Furnstahl, Chief Financial Officer
Connie Seeley, Chief of Staff, Senior Vice President for Public Affairs, OHSU Board Secretary

Summary

Oregon Health & Science University’s President’s Office is comprised of the executive leadership team that reports directly to the President of OHSU. Executive leadership is charged with ensuring that OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Executive leadership also evaluates all major policies related to education, research and healthcare to ensure that OHSU remains dedicated to improving the health and quality of life for all Oregonians through excellence, innovation and leadership in health care, education and research.

Mission

By setting the example for integrity, compassion and leadership, the executive leadership at OHSU ensures that the university and hospital strives to:

- Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, whenever possible, into applications in the health and commercial sectors.
- Develop excellence in healthcare, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and healthcare missions through community service, partnerships and outreach.
- Work in alliance with the Oregon State Legislature to ensure funding support and strategies
- Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.

Major Accomplishments

- In FY14 OHSU graduated more students and trained more Residents and Fellows than at any time in its history.
- Research awards at OHSU have continued to grow reaching $355 million in FY14.
- Over the past five years OHSU has steadily grown the amount of clinical care it delivers and in FY14 the healthcare mission provided more care than at any time in OHSU’s history.
- Fund raising by the OHSU Foundation has increased significantly over the past five years, rising from $99 million in FY 2012 to $197 million in FY13 and $203 million in FY14.
- OHSU has increased its annual revenue every year since 1995 and exceeded $2.2 billion in FY14. It also had its bond rating upgraded to A1 by Moody’s and A+ by both Standard & Poor and Fitch.
• OHSU serves as an incubator of discoveries, fostering innovation with more than 3000 active research projects.
• OHSU has increased its employee base to nearly 15,000 individuals; the university and health system help to create jobs for approximately 34,000 people in Oregon and nearby states.
• Creating a new outlook on Health Education Reform through the Collaborative Life Sciences Building. This building represents a unique opportunity to build an integrated education model and to expand research and education between OHSU, Portland State University and Oregon State University.

Major Changes in Progress
• Oregon Health & Science University and Portland State University are working together to collaboratively establish a School of Public Health that builds on the success of the Oregon Master of Public Health (OMPH) program. By leveraging the unique and shared strengths of both universities, we will be poised to meet the evolving public health needs of Oregon and beyond. Over the next several months, we will be working to pursue "school" accreditation from the Council on Education in Public Health (CEPH).

• OHSU is working to establish a rural campus with flagship sites in Klamath Falls and Coos Bay/North Bend that will connect a network of clinical educational sites throughout Oregon. The core function of the campus is to provide meaningful rural learning, practice and research experiences to trainees in every OHSU professional school. OHSU's philosophy is that a team-based approach to care, where dental, nursing, medical, physician assistant, pharmacy and other providers work together, will radically improve health in rural areas.

Challenges
• Oregonians' access to medical care is increasingly in jeopardy as physicians, nurses and dentists retire from the workforce.
• Addressing the impact of healthcare reform to ensure a financially stable and successful healthcare mission.
• Addressing the impact of decreased State Appropriations and growing costs of delivering a high quality education.
• Maintaining a strong research portfolio at a time of flat federal research budgets.
• Developing a diverse pipeline of students eager to enter the healthcare and life science professions and attracting a diverse employee base that reflects the composition of the students we educate and the patients we serve.
Appendix 4

Office of the Provost Overview
Office of the Provost

Leadership

Jeanette Mladenovic, M.D., M.B.A., M.A.C.P., Executive Vice President for Academic Affairs and Provost
David Robinson, Ph.D., Executive Vice Provost
Dana Director, M.S, Ph.D., Vice President for Research Operations & Student Affairs
Cherie Honnell, Vice Provost for Enrollment Management and Academic Programs
Elizabeth Willis, MPA, Vice Provost for Finance & Administration

Summary

The Office of the Provost oversees all matters related to providing, maintaining and managing resources for the attainment of academic excellence and assuring quality in academic programs and related services on behalf of the successful achievement of students. As the chief academic officer of Oregon Health & Science University, the provost is the primary leader of the academic mission of the University. This position has responsibility for providing vision, creating strategies, prioritizing resources, and ensuring the quality of academic programs. The provost reports directly to the president along with the other members of the University’s executive leadership in an effort to provide an overarching vision and strategic leadership for all the missions of OHSU.

The executive vice provost collaborates with the vice president for research operations & student affairs, vice provost for enrollment management & academic programs, and the vice provost for finance & administration to oversee and ensure academic and student success. This collaboration assures ongoing support and oversight of support programs for academic personnel and students, academic fiscal management, maintenance of institutional accreditation, management of academic programs, inter-institutional agreements and the implementation and oversight of academic policies. In addition, the executive vice provost supports the provost in providing vision, creating strategies, prioritizing resources, and ensuring the quality of the academic mission at OHSU.

Contributions to OHSU’s Mission

The Office of Finance & Administration is charged with overseeing the fiscal and personnel management of the Schools and units that report to the Provost, which totals about $170 million and almost 1,000 employees. This office also provides support for strategic program development, space planning and development, and oversight of academic appointments and inter-institutional agreements.

The Office of Academic Programs, Policy & Accreditation provides analytic support and expertise to aid in policy development, evaluation and management of academic programs, curricular modifications, and accreditation.

Major Accomplishments:

- The Office of Academic Programs, Policy & Accreditation has completed two cycles of Academic Program Review, and has initiated a third cycle, which includes university-wide recommendations for program improvement.
- The Committee on Academic Policy has vetted and approved 23 new Academic Policies since 2012. In addition the Committee has collaborated with the Policy Advisory Committee to review existing student affairs policies in order to better serve the interests of students and faculty across OHSU.
- As part of the NWCCU regional accreditation process, the core themes and their supporting indicators have now been reviewed and revised. This work has resulted in a more complete set of indicators, data sets and targets in which to measure mission fulfillment.
Major Changes:

- In 2014, the Academic Program Review Committee initiated a process of reviewing the current evaluation rubric and utilizing reflective practice to ensure the process is serving the intent of the existing Academic Program Review Policy, and OHSU’s commitment to evaluating and identifying program and broader university needs. This review is currently in progress.

As an intellectual steward of information, the OHSU Library advances knowledge and improvement of health in partnership with the OHSU community by providing high-quality biomedical information that leads to optimal outcomes, patient satisfaction and the elimination of health disparities.

Major Accomplishments:

- Created Library Liaison Program to more closely align library services and collections with education programs.

Current Challenges:

- Supporting new education programs such as interprofessional education and the School of Public Health. Maintaining excellent services with reduced resources.

OHSU's Teaching and Learning Center (TLC) operates the Sakai course management system and hosts/supports 1000+ courses annually. Faculty and students are supported through a highly-available communications system with a high degree of end-user satisfaction. The TLC also operates the Blue course evaluation system, the Ilios curriculum mapping system and the TechSmith student recording system for multimedia project development.

Major Accomplishments:

- Launched the Blue course evaluation system and administered an enterprise-wide launch of the service to all schools and programs.

Major Changes:

- Recently established the student learning support role to directly address student learning support needs such as study skills, time management, exam preparation and other frequently requested support services. Expanding curriculum mapping to all schools for the purpose of continuous improvement and to support accreditation requirements.

Current Challenges:

- Delivering faculty development services to a faculty stretched by competing demands on their time.

EdCOMM (Educational Classroom Operations and Multimedia Services) provides professional video services, including classroom lecture capture and streaming, interactive video conferencing, event recording and AV support, and creative video production, inclusive of animation and green screen techniques. Additional services include professional photography and large-format photo printing, video conversion and hosting, and classroom and conference space scheduling.

Major Accomplishments:

- EdCOMM partnered with PSU and OSU in developing AV standards and designing conference and classroom AV technologies, while providing in-depth strategic oversight and operational guidelines and procedures, to bring the new CLSB building online in July 2014.

Major Changes:

- EdCOMM significantly increased efficiencies and laid the foundation for new services and additional customers by creating a management team and hiring staff to support OHSU’s expanding growth across multiple campuses, implementing Echo360 for lecture capture and
Meeting Planner for room reservations, and utilizing SharePoint and InfoPath forms to facilitate online customer requests as well as manage internal resource tracking and billing.

**Current Challenges:**

- EdCOMM strives to schedule conference, class and meeting places for many OHSU entities but is often limited by available or appropriate space. Common use and shared spaces are often challenging to schedule while ensuring each program or department secures the venue and AV resources required for their needs.

The **Office of Export Controls** at OHSU was established to help faculty, researchers, and staff navigate the complex environment of export regulations and laws through a program of technical assistance, education, and the direct management of controlled exports.

The **Office Science Education Opportunities (SEO)** serves the community and OHSU employees by developing and mobilizing OHSU's unique resources to increase science literacy throughout the region. SEO provides a single access point to relevant experiences and information in the health sciences for K-16 teachers, students and public.

**Major Accomplishments:**

- Launched On Track OHSU!, a longitudinal education initiative to inspire and support diverse and underrepresented youth in the sciences.

**Major Changes:**

- Increase student diversity by engaging with underrepresented youth and providing them authentic educational experiences at OHSU.
- OHSU student role models from a variety of disciplines.
- Summer learning opportunities.
- College planning and readiness supports (On Track OHSU!).

**Major Challenges:**

- Identifying resources to expand (throughout Oregon) and sustain the long-term outreach and support to underrepresented youth in the On Track OHSU! program.

**Institutional Research** creates the annual OHSU Fact Book and responds to university data requests within and outside of the institution. For example, in 2014-15, university surveys requested from U.S. News and Peterson’s were completed. In addition, student data and analysis were created to be used in the NWCCU Year Seven Self-Evaluation Report.

**Major Accomplishments:**

- Publishing the OHSU Fact Book each year.

**Major Changes:**

- In 2013, an emphasis on coordinated institutional research efforts was initiated and staff was tasked with directly focusing on this function.

**Current Challenges:**

- Satisfying competing requests for data and analysis, given current resources.
Debt Management and Financial Counseling is a student specific service that includes the review of student debt balances; review and advice on repayment options; creation of budgets and cash flow strategies; student financial forecasting to determine best strategies for balancing repayment with other financial goals; advice on profession specific loan repayment programs; explanation of a student’s credit and credit reports; debt reduction counseling; and education on topics of financial planning and literacy.

Services specific for academic programs include the creation of program specific presentations addressing the unique financial considerations for that course of study; specialty specific presentations and handouts; meetings with student body representatives to ensure programming is in line with student expectations; travel to satellite campus locations to provide student counseling and financial planning/literacy programming.

Major Accomplishments:

- Over 700 student appointments since program launch in October of 2012. Program involvement within the Schools of Medicine, Dentistry, Pharmacy and Nursing.

Major Changes:

- Creation of increased digital content to provide students 24/7 access to materials and presentations.

Current Challenges:

- Balancing increased demand from campus programs with increased demand for individualized meetings.

OHSU Global in SE Asia is a new endeavor initiated by the provost to centralize its global footprint in SE Asia by establishing an office in Bangkok where regional education, research and clinical initiatives can be leveraged and sustained over time to improve human health globally. OHSU recently formed an alliance with a top tier network of hospitals and a premier university in SE Asia in order to support this effort. Collaborative projects with Thai Hospital and university partners have been initiated in occupational health, informatics and pediatrics and will continue over the next five years.

Major Accomplishments:

- OHSU Global in SE Asia has signed two memorandums of understanding and formed an international alliance with Bangkok Dusit Medical Services and Mahidol University in order to improve health throughout SE Asia. OHSU Global in SE Asia has raised funds internationally to improve pediatric hospital care and occupational health services throughout Southeast Asia, beginning in Bangkok, Thailand.

Major Changes:

- The creation of OHSU Global in SE Asia to provide meaningful and sustainable global health opportunities for faculty, researchers and students from all disciplines at OHSU. The forming of an alliance with key healthcare partners out of Bangkok, Thailand in order to make a significant and sustainable impact on healthcare in Southeast Asia.

Current Challenges:

- There appears to have been pent-up demand for global health activities at OHSU as evidenced by many requests for participation with the newly established alliance. Meeting the demands of the many departments demonstrating an interest with participation is a current and welcomed challenge. Remaining focused and delivering on existing and funded projects with a limited number of assigned faculty will be essential in order to afford more opportunities once these efforts have proven to be successful.
The mission of the Joseph B. Trainer Health and Wellness Center is to provide students, postdoctoral scholars, and their adult dependents with high quality medical and behavioral health care with the goal of enhancing personal health and well-being thus supporting academic success. The clinic offers confidential, integrated primary and behavioral health care and is housed on the main Portland campus. The clinic collaborates with Human Resources to administer the University Sponsored Health Insurance plan for students.

**Major Accomplishments:**

- The renovation of existing facilities including addition of clinic exam room and counseling office space, expansion of behavioral health staff and behavioral health staff FTE, expansion of clinic hours, increased wellness offerings for students including mindfulness meditation, increased outreach and collaboration on campus.

**Major Changes:**

- Efforts to decrease the cost of the university sponsored health insurance plan for students by collaborating with Portland State University to offer one integrated health insurance plan and efforts are underway to offer expanded primary care hours to meet the evolving needs of students.

**Current Challenges:**

- Staffing changes in primary care, recruitment of a permanent clinic medical director and responding to the evolving needs of students with the movement of a portion of the student body to the CLSB on the South Waterfront campus.

The Office of Faculty Affairs issues the OHSU Faculty Notices of Appointment on behalf of the provost and the university after approval by the applicable university authorities for new hires as well as promotions. It also maintains a complete faculty record for all faculty employed by OHSU.

**Major Accomplishments:**

- In conjunction with the School of Medicine, Faculty Affairs has been working to create an institution-wide database for faculty information and an online system for faculty record management to replace the current paper-based system.

**Major Changes:**

- Faculty Affairs has been working with the human resources staff in all parts of the university to improve the process of notification of changes to faculty appointments to all concerned.

**Current Challenges:**

- Allocating sufficient IT resources to support the further development of online systems.

The Registrar’s Office creates and maintains the official academic record for all OHSU students; manages registration, grading and transcript processing; performs degree audits and awards the official OHSU degree; completes federal and state reports on admissions, enrollment and completions; and maintains the Banner Student Information System.

**Major accomplishments:**

- Implemented a process to enable the Tuition Promise program for the clinical programs.
- Created a process for new students to track required steps that are needed prior to obtaining a student ID/Badge.
• Implemented a course evaluation system, ‘Blue’, that allows departments to choose courses and faculty that need to be evaluated by the students using the student information system as the source for courses and faculty.
• Implemented a unified grading system for the university.
• Automated the student account creation for network access to activate new students and inactivate students that leave due to graduating or withdrawing.
• Assisted in establishing a unified academic calendar for the university.

Major Changes:

• Implementing a new electronic transcript delivery process that will enhance and speed up the transcript ordering process. This will allow students to order transcripts online and have them electronically delivered to their chosen recipients.
• Upgrades required due to new reporting requirements from the Department of Education on program length and student progress are underway.

Current Challenges:

• Shifting resources and staff to meet the needs of changes in the university.
• Allocating significant time and effort to maintain compliance and implement new regulations required by the Department of Education.
• Trying to stay up to date and current with new technology that is available for the student information system which can enhance the services provided to students.

**Student Life Services** offered at OHSU are designed to provide students with opportunities for personal growth outside the classroom and to supplement their ability to become balanced health care professionals. These services are available to students as soon as they begin classes at OHSU, and include a university orientation program as well as an annual welcome to campus social activity. The Office of Student Life provides a variety of services throughout the academic year including: a dedicated student-centered facility that provides recreational, cultural and social outlets; student leadership and involvement opportunities; wellness and animal-assisted therapy activities; as well as learning and development programs.

Major Accomplishments:

• Completion of the fourth phase of renovation to the Student Center, including gym floor replacement, and adding fire hazard equipment and seismic upgrades.
• Development of unified orientation program for new students in both summer term and fall term.
• Development of student life space in the Collaborative Life Science Building.

Major Changes:

• Textbooks and educational materials have been removed from the Campus Store and relocated to an online vendor.
• Development of a strategic plan for Student Center and student life programs.
• Development of a unified graduation ceremony and utilization of the Student Center as a central regalia distribution site for students and faculty.

Current Challenges:

• Some students perceive the location of the Student Center to be inconvenient and they do not participate in student activities conducted at the center.
OHSU Financial Aid thoroughly reviews applications for aid, and is committed to assisting students in meeting their educational costs.

**Major Accomplishments:**

- Implemented new regulations that included changes to the federally mandated Verification process, Federal Direct Subsidized Stafford awarding, Federal Pell Grant awarding, and loan origination rate changes.
- The process of requesting additional information from financial aid applicants was moved from a process that generated letters that were then sent in the mail to an automated process where the request for additional information is sent directly to students via an email. This new process also allows for an increased number of requests to be sent to students, if the necessary information continues to be outstanding.

**Major Changes:**

- Implementation of new regulations including those related to Verification, Gainful Employment, and reporting of information.
- Implementation of changes to the institutional scholarship process.

**Current Challenges:**

- Allocating significant time and effort to maintain compliance as well as implement new regulations, which leaves less time and resources for implementing other initiatives.
Appendix 5

Office of Central Administrative Services
Overview
Office of Central Administrative Services

Leadership

Dan Forbes, Vice President, Human Resources (Reports to Provost)
Mark Williams, Associate Vice President, Campus Development & Administration
Scott W. Page, Associate Vice President, Facilities & Logistics
Leslie Garcia, Assistant Vice Provost, Center for Diversity & Inclusion
Joni Eilsenpeter, Director, Human Resources
Michael V. Tom, J.D., Interim Director, Affirmative Action & Equal Opportunity
Kimberly Ovitt, APR, Vice President, Marketing and Communications

Summary

Administrative Services includes many departments that collaborate to provide safe and effective services for students, faculty, staff and other constituents to support the mission of the Oregon Health & Science University. Each department has a distinct mission, Affirmative Action Equal Opportunity; Center for Diversity and Inclusion; One Sky Center Campus Planning, Development and Real Estate; Facilities and Logistics; March Wellness and Fitness; Government Relations, Communications and Marketing, Benefits and Total Rewards and Central Human Resources.

Contributions to OHSU’s Mission

Affirmative Action/Equal Opportunity office is a resource for OHSU staff, faculty, students, patients and employment applicants in their effort to support diversity and prohibit discrimination in all facets of the university’s activities, including patient care, research, education and employment.

Center for Diversity and Inclusion serves as a university resource supporting collaboration with the academic units, hospitals, and other campus and community resources in promoting an environment that values and nurtures an inclusive environment of diversity through various resources and programs for students, staff and faculty.

The Government Relations Department advocates for OHSU at the federal, state and local levels on issues regarding education, health care, health care financing, medical research, bioscience and other areas of interest to the university. The department generates support for OHSU by mobilizing various members of the OHSU community, including faculty, staff, students, researchers, local neighborhoods and Oregon businesses to act on behalf of OHSU. The department also serves as a resource for faculty, staff and the OHSU community about current public policy issues. Advocacy and outreach programs are coordinated and directed at federal, state and locally elected representatives, agency officials, and community leaders.

Campus Planning, Development & Real Estate guides long-range facility and campus master planning efforts and provides operational support for space planning, real estate leasing and lease administration.

Facilities and Logistics provide facilities maintenance, transportation and parking, public safety, design and construction services and supply chain management services throughout the organization.

March Wellness and Fitness offers health and fitness programs, based in science, that are designed to strengthen and nurture all aspects of daily life in a safe, supportive and motivating environment, supporting wellness goals ranging from improving flexibility, managing chronic illness, recovery from surgery or training for a marathon.

Central Services Human Resources provides generalist human resources support, (i.e. employee and labor relations, recruitment, on-boarding, training, and organizational development) to Central
Services Departments. The Central Services for Human Resources department further provides institution-wide support for benefits, total rewards, AFSCME contract negotiations and administration; communications; and leadership development, staff training and career development.

**Marketing and Communications** supports OHSU’s strategic initiatives by developing and implementing internal and external communications strategies that enhance awareness, understanding and appreciation of OHSU’s patient care, research and educational programs; elevate organizational reputation; spur desired engagement, encourage use of OHSU services, and position OHSU as the preferred choice for health care. The department oversees all official communication channels for the organization. Functions include media relations, social media, employee communications, marketing, advertising, digital strategy, creative services and community engagement programs.

**Major Accomplishments**

- Secured $2.5 million funding from the State of Oregon to create the Scholars for a Healthy Oregon program. This program provides full scholarships to Oregonians who come from under-represented or under-served communities. The students, in return commit to serving in an underrepresented or underserved community in Oregon for the length of their education plus one year.
- Conducted research to benchmark/measure progress in terms of awareness and engagement among key stakeholders, including a statewide public opinion survey (December 2012 and January 2015), referring providers survey (January 2014), national brand awareness/Knight Cancer Challenge campaign survey (May 2014), consumer preference survey (September 2014) and an internal communications audit (May 2013). Highlight improvements and findings include:
  - OHSU’s public perception research shows OHSU achieved the highest total favorability ratings of any of the 13 benchmarked organizations, which included Oregon’s major healthcare systems plus two top Oregon based non-health-related brands. OHSU has seen an 8% increase in overall favorability since 2007 (when benchmarking began), and the OHSU Knight Cancer Institute has shown particularly strong gains recently, increasing 11% since 2012.
  - OHSU has the highest name recognition (aided) of any hospital in the Portland metro area, at 92%, and leads in consideration (62%) and preference (22%); with significant advances in preference over competitors for all 9 major service areas tested.
- Conducted survey of employee and student perceptions of diversity and inclusion climate.
- Provided diversity training for executive leadership; restructured CeDMA into CDI and targeted new funds to support diversity and inclusion initiatives.
- Produced culturally relevant and appropriate resources for Tribal communities, including training guidebooks and a suicide prevention guide.
- Secured $200 million in State of Oregon bonds to build a cancer research facility. The $200 million also serves as match in the Phil & Penny Knight Cancer Challenge.
- Partnered with national initiatives to coordinate development of a Tribal methamphetamine tool kit to combat substance abuse in Tribal communities.
- Completed Facilities Master Plan.
- Transitioned PERS IAP from employer paid to employee paid.
- Implemented new core competencies.
- Updated and implemented new performance review templates.
- Hired vice president of human resources.
- Enhanced leadership training to include more robust director level training and on-going cohorts.
- Implement electronic employee files in Oracle.
- Outsourced employee benefits software.
- Implemented a new PPO with a medical home.
• Selected Fidelity as the lead provider for the University Pension Plan and Voluntary Savings Plans.
• Developed on line merit pay system for unclassified employees.
• Selected MODA as OHSU’s medical third party administrator.

**Major Changes in Process**

• Benefits enrollments now handled by a new third party vendor.
• Merit pay completed on line.
• PERS IAP changing to deduction paid by the employee.

**Challenges**

• Clarifying roles and expectations for improving recruitment and retention of underrepresented minorities and enhancing cultural competency for all employees is unclear.
• Prioritizing resources for a leadership development program in the current economic environment.
• Increasing workplace flexibility and efficiency.
• Holding health benefits and pension costs to a sustainable level.
Appendix 6
Office of Central Financial Services
Overview
Summary
Central Financial Services (CFS) reports directly to the Chief Financial Officer. The department’s responsibilities include managing internal controls to mitigate risk; creating and presenting financial status and financial condition reports to internal and external parties, ensuring that the official accounting records of the university are up-to-date and accurate; safeguarding the assets of the university to minimize risk of financial loss; and developing and maintaining robust costing systems and reporting tools to provide high-quality financial information that supports the university's strategic initiatives.

CFS provides the financial infrastructure necessary to support an operating budget over $2.3 billion, net assets in excess of $2.4 billion, a physical plant with 119 buildings and 11 parking structures (covering 7.1 million square feet) and over 387 acres. In addition, CFS pays approximately 14,960 employees on a bi-weekly basis. Over the past 5 years, OHSU secured:

- $391 million in cumulative operating income
- $811 million increase in net worth
- $582 million increase in cash & investments
- Increase in employees from 12,000 to 14,960

The university strives for transparency, diversity, quality, and service excellence. The chief financial officer meets weekly with the various financial officers of the hospital and university to talk about current business and to share information and ideas among the group that may involve and or benefit all of the major units being represented.

The university places much emphasis on financial planning. Financial decisions are based on a ten year financial model linked to a more detailed five year financial plan linked to an annual operating and capital budget. The annual budget process is driven by a responsibility centered management approach. Revenues are assigned, costs are allocated, and then overhead costs are applied. The current methodology for allocating overhead costs was created by the individual finance officers working in concert with many department members. The proposed process was widely communicated and approved by a committee of faculty members and chairs.

Services
Within Central Financial Services, many teams work together to support the financial services of OHSU in the following areas: Accounts Payable, Accounts Receivable, Student Accounts Receivable, Budgets & Financial Planning, Capital Accounting, Finance & Accounting, Financial Systems, Internal Billing, Payroll/Labor Distribution, Timekeeping/Scheduling, and Treasury.

CFS Provided the Financial Infrastructure for:
- The construction of the Collaborative Life Sciences Building (CLSB) and the Skourtes Tower. This new $295 million facility places programs of OHSU, Portland State University, and Oregon State University under one roof on the South Waterfront Campus. Thousands of students across undergraduate, graduate, and professional education programs from multiple institutions will be educated at the CLSB. The approximately 500,000 square foot
facility, plus parking, includes lecture halls, classrooms, laboratories, specialty research centers, office space, and a complete replacement of the OHSU School of Dentistry.

- OHSU’s partnering with MODA Health, one of the four largest health plans in Oregon, to advance population health management within global budgets that rise at sustainable growth rates. Initial efforts include health plan offerings to the Public Employees’ Benefit Board, Oregon Educators Benefit Board and OHSU employees, and working with other Oregon health systems to develop population health management tools, analytics and care protocols.
- As part of a comprehensive bond portfolio restructuring, OHSU issued refunding Revenue Bonds, Series 2012 A, Series C, and Series D which refinanced over 50% of its currently outstanding debt portfolio in order to reduce interest expense as well as convert its previously issued auction rate mode bonds to variable rate demand bonds backed by either irrevocable Standby Letters of Credit or a Direct Placement.

**Other Major Internal Accomplishments:**

- Worked with the OHSU Board of Directors, executives and directors to establish the annual university operating and capital budgets, as well as align the 5-year financial plan with the 10-year financial model.
- Streamlined the university operating budget process to eliminate partial data entry required by departments.
- Established a Finance Forum where financial information is shared with employees across the campus. This also included input from the Office of Proposal and Award Management, Human Resources, Hospital Financial Services, and the OHSU Foundation.
- Implemented a debit card system for Clinical Trials reporting. This took the place of having to use petty cash funds as reimbursement to the participants in these studies. It greatly enhanced the reporting process and helps in meeting compliance requirements.
- A new Oracle module called iExpense was implemented OHSU-wide on August 4th, 2014. The new module will be used by all employees who: travel on OHSU business and receive mileage reimbursements, receive reimbursements for other business expenses paid using personal funds, and act as Fiscal Authorities or exercise approval authority over certain expenses.

**Major Changes in Progress**

- Construction of the Center for Radiochemistry Research. It will house a cyclotron.
- Ongoing restructure of our Debt portfolio. OHSU will issue 2015A-1 Bonds to refund the 2012-B1 bonds and 2015A-2 bonds to refund the 2012B-2 debt. The Letter of Credit on the variable rate 2012B-3 and the variable rate 2012C bonds is to be replaced with a new five year LOC.
- Automate more financial reports to users.

**Challenges**

- Funding and budget restraints, primarily for central services.
- A fast paced, quick changing environment.
- Pursuing opportunities within the academic mission that meet criteria for risk and reward.
Appendix 7

Office of Advancement Overview
OHSU Foundation and Doernbecher Children’s Hospital Foundation

Leadership

L. Keith Todd, President of OHSU Foundation
Constance French, Senior Vice President
Joy McCammon, Vice President of Talent Management and Human Resources
Mary Turina, Vice President and Chief Financial Strategist
Rebecca Auman, Assistant Vice President of Principal Gifts
Carolyn Hoyt, Assistant Vice President of Advancement Services
Drew Hungsinger, J.D., Assistant Vice President of Advancement

Summary

Philanthropic support is a significant and increasingly important factor in OHSU’s ability to carry out its missions in education, health care, biomedical research, and community outreach. To support and advance these vital missions, OHSU relies on the philanthropic contributions of individuals, private grant-making foundations, and corporations raised by two affiliated 501c(3) organizations: the Oregon Health & Science University Foundation and Doernbecher Children’s Hospital Foundation. These closely aligned non-profit foundations exist to secure vital private support, and to invest and manage gifts responsibly to honor donors’ wishes.

The OHSU Foundation and Doernbecher Foundation are overseen by separate boards of directors comprising civic and philanthropic leaders accountable for financial governance as well as for advancing fund-raising activities.

During the past five years, private giving to OHSU has increased markedly, with a corresponding degree of positive impact on OHSU’s academic mission. Empowered by a sequence of significant gifts and grants at eight- and nine-figure levels, OHSU has invested in the enrichment of its environment for scholarship and learning in pursuit of a healthier world. During this period, the OHSU and Doernbecher foundations concluded a three-year initiative to raise support for faculty-identified priorities in retention and recruiting, research, student aid, and scientific infrastructure. Raising $169 million against a goal of $100 million, the foundations helped to establish 16 endowed faculty positions, provide financial aid to students, and advance promising treatments for cancer, blindness, and AIDS. During this effort and in the years since, private support at record levels has sustained important OHSU programs through the U.S. economy’s ongoing recovery and subsequent federal austerity measures. Indeed, a number of landmark gifts have enabled OHSU to move forward with confidence on bold new initiatives in cardiovascular medicine, health care economics, cancer research, vaccine development, neuro-oncology, and other high-impact facets of health care.

Looking ahead, transformative philanthropy is at the heart of an emerging initiative with the potential to elevate OHSU and the OHSU Knight Cancer Institute to a position of undisputed preeminence among U.S. academic health centers. The Knight Cancer Challenge began with a historic 2013 pledge by Nike co-founder Phil Knight and his wife Penny to donate $500 million to the cancer institute if OHSU raises at least $500 million more in cancer-related support from other sources within two years. The $1 billion in private support will be invested in an intensive 10-year research program focused on innovation in the vital area of early cancer detection. This program will drive recruitment of hundreds of new scientists, clinicians, engineers, computer experts, and technical staff, including 20 to 30 highly distinguished faculty leaders from the nation’s foremost cancer research programs. The Challenge has generated a new level of positive national exposure for OHSU’s brand, helping to secure gifts from donors in all 50 U.S. states. Upon successful completion of this campaign, OHSU will receive $200 million from the state of Oregon for...
the purpose of constructing a state-of-the-art cancer research laboratory and clinical trials facilities required for this historic endeavor. This planned expansion will take place on OHSU’s emerging Schnitzer Campus, underscoring the powerful chain reaction of positive impact made possible by philanthropy. The new campus is taking shape on 20 acres of land donated to OHSU by MMGL Corp. (formerly Schnitzer Investment Corporation in 2004. The new facility will rise next to the recently opened OHSU/OUS Collaborative Life Science Building and Skourtes Tower complex, both of which were made possible through significant recent gifts facilitated by the OHSU Foundation.

**Services Provided**
The OHSU Foundation and Doernbecher Foundation raise private philanthropic support for OHSU, and invest and manage private gift revenue.

The foundations oversee the efforts of volunteers who participate in community-based fund-raising programs and events advancing OHSU, especially its pediatric programs.

The OHSU Foundation manages and invests assets of the OHSU Faculty Practice Plan Reserve (FPPR) fund to help OHSU’s clinical departments achieve their intermediate- and long-term investment goals.

The OHSU Foundation administers a separate grant-making program, the Medical Research Foundation, supporting biomedical research across Oregon. Additional awards honor outstanding biomedical research mentors and investigators.

**Major Accomplishments**
*Record gifts and pledges:* During the past five years (fiscal years 2011-2015 to date), total gifts and pledges to OHSU totaled more than $835 million. This represents a 60-percent increase in private support over the $510 million raised during the prior five-year period.

*Endowment recovery:* The OHSU Foundation’s investment strategies leveraged improving market conditions to grow OHSU’s endowment to a value of $563 million at the close of fiscal year 2014. This marks a 61-percent increase over fiscal year 2009’s value, which reflected the full impact of the worldwide financial crisis.

*New centers and institutes:* In 2012, OHSU established the OHSU Knight Cardiovascular Institute, made possible by a $125 million pledge from Phil and Penny Knight. Co-led by OHSU head of cardiovascular medicine Sanjiv Kaul, M.D., and legendary cardiac surgeon/inventor Albert Starr, M.D., the institute will invest the gift in clinical, research, and prevention-focused programs designed to defeat the world’s most common cause of death. In 2013, a $25 million commitment from Norman and Linda Brenden and the Colson Family Foundation established the Brenden-Colson Center for Pancreatic Care. The center connects OHSU’s top researchers and clinicians in a team-based effort to defeat pancreatic cancer and related diseases.

*Supporting students and education:* A number of philanthropy-driven programs were publicly launched to achieve multiple goals in student aid. An anonymous 2010 gift of $10 million established an endowed scholarship fund to provide financial support to medical students with unique skills, life experiences, or talents that would enrich the student body and future health care workforce. The Skourtes Tower, the new home of the OHSU School of Dentistry, was named in honor of Eugene and Bonnie Skourtes to recognize their $10 million leadership gift supporting construction.

**Changes in Progress**
The OHSU Foundation is collaborating with OHSU leadership to set priorities, timelines, and goals for a comprehensive fundraising campaign to launch following successful completion of the Knight Cancer Challenge.

The OHSU Foundation and Doernbecher Foundation continue to invest in the operational capacity necessary to complete the Knight Cancer Challenge and to support the forthcoming comprehensive campaign. A long-range strategy to engage a national audience in OHSU’s missions is taking shape. New
trustees residing in key geographic regions now serve on the OHSU Foundation board, which now holds one of its quarterly meetings in a non-Oregon location. Responsibilities of senior development staff now include managing regional/national relationships with prospective donors likely to have affinity for OHSU’s priority programs.

The Doernbecher Foundation has recently entered into a new shared services agreement with the OHSU Foundation that has streamlined key administrative and reporting functions.

**Challenges**

The OHSU Foundation must effectively leverage the remarkable success of the Knight Cancer Challenge into sustained support for a broader range of OHSU programs.

Diminished federal support of biomedical research and graduate education will further increase the need for private philanthropy to sustain core scientific and educational programs.

Ongoing risk of changes to federal tax policies that weaken current incentives for charitable giving.
As president of the OHSU Foundation, L. Keith Todd leads a comprehensive effort to support Oregon Health & Science University’s vital work for a healthier Oregon and a healthier world. Under Keith’s leadership, the OHSU Foundation and the Doernbecher Children’s Hospital Foundation work together to raise philanthropic support for the university’s core missions, and to invest and manage those funds in accordance with donors’ wishes.

Keith has elevated the foundation’s role in partnering with OHSU to expand clinical and educational opportunities in Oregon. He oversees a 50-state strategy for cultivating and stewarding private support for programs positioned for critical global impact. Currently, he is leading the foundation’s efforts to raise $500 million in less than two years to match a $500 million challenge pledge from Phil and Penny Knight to support the OHSU Knight Cancer Institute’s ambitious research initiative in early cancer detection. As the cancer campaign nears its successful completion, Keith and his team are working closely with university leaders to identify themes of a comprehensive future campaign with equally aspirational goals.

Keith balances a big-picture vision with fiscal discipline to achieve and sustain fundraising success. He brings to the OHSU Foundation more than 20 years of institutional advancement experience at premier universities and academic health centers, such as the University of Illinois, The Ohio State University and the University of North Carolina at Chapel Hill. Since his arrival at the OHSU Foundation in 2013, Keith has presided over a period of substantial growth in private support. As of early 2015, the foundation had just under $1 billion in total cash and investments under management, partly on the strength of a 61 percent year-over-year increase in fundraising performance compared to the prior year.

Keith and his wife, Elizabeth, have one daughter, Kara, and son-in-law, Graham.
Appendix 8

OHSU Healthcare Overview
OHSU Healthcare

Leadership

Peter F. Rapp – Executive Vice President, Executive Director, OHSU Healthcare
Cynthia M. Grueber – Senior Vice President, Chief Operating Officer
Diana L. Gernhart – Senior Vice President, Hospital Chief Financial Officer
Dana Bjarnason, PhD, RN, NE-BC – Vice President, Chief Nursing Officer
Charles Kilo, MD – Chief Medical Officer
Mike Bonazzola, MD – Chief Medical Officer, Faculty Practice Plan
Derek Carissimi – Vice President, Human Resources
Joe Ness, MHA, RPH, FACHE – Vice President, Professional & Support Services
Jodi Coombs, MBA, BSN, RN – Vice President, Women & Children Services
Kevin O’Boyle – Vice President, Ambulatory Care
Ann Raish, RN, BA, MA – Vice President, Oncology Services
Michael Hill – Vice President, Strategic Services
Mark Enger – Vice President, Network Operations
Thomas Yackel, MD – Vice President, Chief Clinical Integration Officer
John Dunn – Director, Healthcare Applications

Health Mission

The Clinical Enterprise is dedicated to delivering excellence in health care, emphasizing the creation and implementation of new knowledge and cutting edge technologies. OHSU will lead and advocate for programs that improve health for all Oregonians, explore sustainable new worlds, seek out new models and new populations, and go boldly where no institution has gone before.

Health Vision

OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

Services

OHSU Healthcare provides a comprehensive array of services spanning a large number of departments and operational units, with particular emphasis on quaternary and tertiary services—many of which are not offered anywhere else in the region. Key areas of focus include:

- **Cancer care.** The OHSU Knight Cancer Institute is a leading developer and provider of personalized cancer therapies. Led by Dr. Brian Druker, a pioneer in developing targeted cancer drugs, it is the only cancer center in Oregon designated by the National Cancer Institute.
- **Brain care.** The OHSU Brain Institute is among the top three institutions in the nation for NIH-funded neuroscience research projects. The OHSU Brain Institute conducts the most complex and innovative neuroscience research, and translates that research into the best brain care and community information for all Oregonians. No other place in Oregon offers such a range of expertise and specialization.
- **Women’s and children’s health.** The OHSU Doernbecher Children’s Hospital and Center for Women’s Health offer the most comprehensive range of children’s and women’s health services in the region, backed by extraordinary depth in pediatric and women’s health research.
- **Heart care.** At the Knight Cardiovascular Institute, experts are improving cardiovascular health and finding cures for cardiovascular disease through personalized care and research innovation. OHSU offers Oregon’s only comprehensive heart program - everything from preventing heart disease to performing heart transplants.
- **Spine care.** More complicated spine surgeries have been performed at OHSU than anywhere else in Oregon, with experts in every aspect of back, neck, and spine care.
• **Bone and Joint Care.** OHSU's orthopaedic specialists have expertise in all bone and joint conditions, including injury prevention, physical therapy and pain management, surgery and complementary medicine. OHSU is the only place between Sacramento and Seattle with experts who specialize in diagnosing and treating bone cancer and soft tissue tumors, and is the only place in Oregon where adults and children can receive bone-marrow transplants.

• **Trauma.** OHSU is one of only two Level 1 trauma centers in Oregon, providing the highest-level critical care to the entire state of Oregon, and played a pivotal role in the inception of the Oregon Trauma System.

**Major Accomplishments**

- Only children's hospital in Oregon ranked as one USN&WR's "Best Children's Hospitals."
- "Consumer's Choice" award (14 years running) from that National Research Corporation.
- Only hospital in Oregon to receive "Circle of Life" award from American Hospital Association, for Palliative Medicine/Comfort Care team.
- "Gold Performance Achievement Award in Stroke" from the American Heart Association and the American Stroke Association.
- "Leader in LGBT Healthcare Equality" by the Human Rights Campaign Foundation.
- Nursing staff designated the most highly educated in Oregon; achieved special recognition through the national Magnet Recognition Program.
- Cardiac & Medical ICU nurses received a national "Beacon Award for Excellence" from the American Association of Critical-Care Nurses.
- OHSU’s Center for Women’s Health is one of only 20 national Centers of Excellence for women's health.
- "Most Admired" company in Oregon in Healthcare, from the *Portland Business Journal*.
- First hospital in Oregon to begin sharing electronic health record data with providers around the state.
- First providers in Oregon to receive federal funds for “Meaningful Use” of electronic health records.

**Major Changes in Progress**

- Implementing strategic initiatives to become a national leader in performance and recognized provider of specialty care.
- Continuing to build the capacity to compete on the population health business across geographies and the full spectrum of care.
- Maximizing utilization of current facilities and create new environments that support the changing delivery model of health care.
- Committed to achieving a reduction in cost across the clinical enterprise.
- Developing external partnerships that help improve the health care delivery system.
- Creating an integrated and sustainable financial model across all OHSU missions as they intersect with the clinical enterprise.

**Challenges**

- Planning in a context of continued uncertainty about federal health care reform.
- Adjusting to and preparing for a shift from the traditional fee-for-service reimbursement model to risk-based payments tied to performance.
- Developing a response to proposed reductions in funding for graduate medical education.
- Aligning incentives, structures and planning with the OHSU Faculty Practice Plan.
- Continuing to achieve high levels of performance in order to support OHSU's missions.
- Adapting to an external context that requires simultaneous, constantly changing collaboration and competition with entities that have historically operated in fairly static relationship.
- Providing leadership and expertise in making improvements to the healthcare delivery system.
- Ensuring that OHSU Healthcare’s unique services are a vital component of employer health plans.
- Engaging with partners to ensure a low-cost, high-value safety net for the state’s most vulnerable.
- Anticipating and successfully responding to federally driven quality and cost incentives/mandates.
OHSU HEALTHCARE - 2014

Joseph Robertson, JR, M.D., M.B.A.
President - OHSU

Peter F. Rapp
Executive Vice President, OHSU
& Executive Director, OHSU Healthcare

Kimberly Ovitt
VP, Marketing & Communications

Ellen M. Rensklev
VP, Risk Management

Mark T. O’Hollaren, MD
VP, Strategic Outreach

Diana L. Gemhart, MBA, FHIMSA
SVP, Chief Financial Officer

Cynthia M. Grueber, MHSA
SVP, Chief Operating Officer

Derek Carissimi
VP, Human Resources

Michael Hill
VP, Strategic Services

Mark M. Enger
VP, Network Operations

Adrienne K. Buesa
Assistant Administrator

John L. Dunn
Director of Healthcare Applications Management/HAMD/ITG

Diana L. Gemhart, MBA, FHIMSA
SVP, Chief Financial Officer

Cynthia M. Grueber, MHSA
SVP, Chief Operating Officer

Derek Carissimi
VP, Human Resources

Michael Hill
VP, Strategic Services

Mark M. Enger
VP, Network Operations

For list of org responsibilities, refer to: X:\OHSU Shared\Public\Departments\Fiscal\OHSU Account Data Search

Shaded box indicates joint University/Healthcare oversight

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Revised:12/11
Appendix 9
Research Development & Administration
Overview
Research Development & Administration

Leadership

Daniel Dorsa, Ph.D., Senior Vice President for Research

Summary

As the state's only academic health center, OHSU's breakthrough research leads to new cures, new standards of care, and a better understanding of the basic science that drives biomedical discovery. OHSU researchers are exploring new basic, clinical, and applied research frontiers.

What sets OHSU apart from other institutions is the array of multidisciplinary and collaborative approaches OHSU researchers take to solving the most intractable problems in human health—problems such as diseases of the central nervous system, cardiovascular-related research, cancer, rare genetic disorders and infectious disease.

OHSU’s Research Development & Administration, which reports to Dr. Dorsa, supports the OHSU research community by providing the necessary infrastructure for our scientists to accomplish their work. The mission of Research Development & Administration is to promote world-class research within the OHSU community by fostering collaborative partnerships, responsible stewardship of resources, judicious policies & procedures, and effective education and skill-focused training.

Services

- Research Funding & Development Services: helps faculty seek and obtain funding, grantsmanship, research collaborations, strategic development, and research communications.

- Office of Proposal and Award Management: OHSU’s pre- and post-award office. Maintains electronic research administration infrastructure tool (InfoEd), submits and accepts awards on behalf of the institution; negotiates terms of awards. Provides post-award administration and stewardship.

- Research Administration Training & Education: provides centralized training development and training opportunities and resources for researchers, research administrators and others working in support of the research mission.

- Technology Transfer and Business Development: Technology transfer services, startup advice, licensing, Material Transfer Agreements.

- Office of Research Integrity: oversight of regulations concerning human and animal research, including the IACUC and the IRB; houses the Research Roles and Responsibilities document for the institution and is the steward of the OHSU Code of Conduct.

- Department of Comparative Medicine: OHSU’s animal research program, providing veterinary and animal husbandry services.

- University Shared Resource Program: Core services—instruments, technologies, data analysis, and other services—accessible to the entire research enterprise.

- Oregon Clinical and Translational Research Institute: Houses the Clinical Trials Office, clinical research study coordinator services and other clinical research services for faculty.

Major Accomplishments

- Successful stewardship of an average of $326 million annually in grant funding since 2006.
- Successful application for and management of major infrastructure and other institutional grants from the National Institutes of Health to improve core resource and animal research facilities.
- Creation of the Collaborative Life Sciences Building with Portland State University, Oregon State University and other university and industry partners.
• Development of state-of-the-art, low-vibration research space for the new Center for Spatial Systems Biomedicine.
• Recruitment of Dr. Kenton Gregory and establishment of the new Center for Regenerative Medicine.
• Recruitment of new director for the Center for Occupational and Environmental Toxicology.

**Major Changes in Progress**

• Undertook major research administration process improvement review to identify barriers and streamline processes, leading to new strategies for departmental research administration and to a new position to coordinate training in research administration.
• Performed systemic review of emergency preparation system and established new emergency processes.
• Performed detailed review of the IACUC office and services, leading to appointment of new position and complete overhaul of the IACUC program.
• Conducted review of the University Shared Resources program, which resulted in a new business manager position and major changes in management of core resources.
• Established Emerging Technology Fund to bring state-of-the-art instruments and other technologies to researchers faster than the typical grant cycle.
• Established new funding and collaboration tools for researchers to find funding opportunities and identify collaborators within OHSU.
• Moved four research administration departments: Technology Transfer & Business Development, Research Grants & Contracts, Sponsored Projects Administration, and the Office of Research Integrity, to a shared space in order to improve communication and streamline processes.
• Merged Research Grants & Contracts & Sponsored Projects Administration to strengthen the research administration infrastructure.
• Created processes to improve communication and collaboration with the OHSU Foundation for management of awards.
• Initiated new research collaboration endeavor with Portland State University. The goal of this project is to provide the academic and research infrastructure for OHSU and PSU faculty to collaborate seamlessly.

**Challenges**

• Ensuring consistency in training for complex research administration needs.
• Finding the right balance for OHSU University Shared Resources subsidies.
• Facing cultural change with the implementation of some of the recommendations from the process improvement project; for example, organizing local business units to serve the research administration needs of multiple departments.
• Managing ever more complex federal regulations with respect to disclosure of conflicts of interest, data management and accessibility, access to publications and education on the responsible conduct of research.
• Managing the challenges of the shifting landscape of federal funding and its shrinking payline.
OHSU Research

Daniel M Dorsa, PhD
Senior Vice President for Research

Associate VPs for Research
- Peter Barr-Gillespie, PhD
  Associate VP for Basic Research
- David Ellison, MD
  Associate VP for Clinical Science

Research Centers and Institutes
- David Ellison, MD
  Oregon Clinical and Translational Research Institute
- Nancy Haigwood, PhD
  Oregon National Primate Research Center
- Jay Nelson, PhD
  Vaccine and Gene Therapy Institute
- Kenton Gregory, MD
  Center for Regenerative Medicine
- *Larry David, PhD
  Proteomics Shared Resources
- *Chris Harrington, PhD
  Integrated Genomics Lab
- *Lev Fedorov, PhD
  Transgenic Mouse Models Core
- **Cores and University Shared Resources housed in other departments

**Cores and University Shared Resources with direct report to Dr. Dorsa
- **Advanced Computing Center, Advanced Imaging Research Center, Advanced Light Microscopy, Bioanalytical/Pharmacokinetics, Biomedical Informatics, Biomolecular Structure Laboratory, DNA Services, Electronic and Instrument Design, Flow Cytometry, Histopathology, Massively Parallel Sequencing

Research Administration
- Dana Director, PhD
  Vice President for Research Operations and Student Affairs
- Deborah Golden-Eppelein
  Associate VP, OPAM
- Andy Chitty
  Manager, University Shared Resources
- Andrew Watson, PhD
  Director, Technology Transfer
- Abhijeet Bannerjee, PhD
  Director, Business Development
- Korea O'Reilly
  Manager, Strategic Planning and Cost Analysis
- Steve Cofield
  Director, Office of Research Integrity
- Jen Ruocco, PhD
  Manager, Office of Research Development
- Rachel Dresbeck, PhD
  Director, Research Funding & Development Service, and Research and Academic Communication

Beth Willis
Vice Provost, Finance and Administration

Updated 3/11/15
Daniel Dorsa, Ph.D., received his degree in Endocrinology and Physiology at the University of California, Davis. He completed his postdoctoral training at the Rudolf Magnus Institute for Pharmacology in the Netherlands and in Reproductive Biology at Stanford University. Dr. Dorsa’s research has focused on understanding the molecular mechanisms which underlie the effects of steroid hormones in the brain and nervous system. Of particular interest have been neuroprotective and behavioral actions of estrogens and related agents.

After an extensive academic and administrative career at University of Washington, Dr. Dorsa joined OHSU in 2001 as Vice President for Research. In this role, he administers and coordinates academic research and ensures compliance at OHSU’s three schools and several free-standing research institutes and centers. He works closely with the leaders of those entities to set the agenda for building OHSU’s research capacity. His office also manages core facilities associated with university shared resources program. As senior vice president for research, Dr. Dorsa oversees several NIH-funded research entities including the Oregon Clinical and Translational Research Institute and the Oregon National Primate Research Center.

In these roles, Dr. Dorsa also serves as the key interface between investigators and OHSU’s executive leadership and represents the interests of the research community at the highest level.
Appendix 10
University Governance Table
# University Governance

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Member #</th>
<th>Chair(s)</th>
<th>Role in Institutional Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee on Academic Policy</td>
<td>8</td>
<td>David Robinson</td>
<td>Advisory to Provost</td>
</tr>
<tr>
<td>All-Hill Student Council</td>
<td>34</td>
<td>K.C. Gilbert</td>
<td>President and Academic Administration</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>10</td>
<td>Jay Waldron</td>
<td>Governs the University</td>
</tr>
<tr>
<td>Deans’ Council</td>
<td>11</td>
<td>Jeanette Mladenovic</td>
<td>Advisory to Provost</td>
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<tr>
<td>Diversity Advisory Council</td>
<td>41</td>
<td>Leslie Garcia, Michael Tom</td>
<td>President and Chief Diversity Officer</td>
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<tr>
<td>Employee Benefits Council</td>
<td>12</td>
<td>Dan Forbes</td>
<td>Advisory to Human Resources</td>
</tr>
<tr>
<td>Health System Policy Steering Committee</td>
<td>17</td>
<td>Christine Slusarenko</td>
<td>Advisory to Healthcare Leadership and Clinical Practice</td>
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<tr>
<td>Information Security &amp; Privacy Committee</td>
<td>17</td>
<td>David Stankovic</td>
<td>Advisory to Chief Information Officer</td>
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<tr>
<td>Institutional Biosafety Committee</td>
<td>24</td>
<td>Kara Manning Drolet</td>
<td>Advisory to Research Governance</td>
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<tr>
<td>Labor Management Committee</td>
<td>12</td>
<td>Joni Elsenpeter</td>
<td>Advisory to University Leadership</td>
</tr>
<tr>
<td>Medical Staff Committees</td>
<td>46</td>
<td>John Ma</td>
<td>Advisory to Healthcare Leadership</td>
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<tr>
<td>OHSU Faculty Senate</td>
<td>24</td>
<td>Norm Cohen</td>
<td>Advisory to President and Provost</td>
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<tr>
<td>Physical Access Committee</td>
<td>10</td>
<td>Kyle Majchrowski</td>
<td>Advisory to Provost</td>
</tr>
<tr>
<td>Policy Advisory Committee</td>
<td>24</td>
<td>Alice Cuprill Comas</td>
<td>Advisory to President</td>
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<tr>
<td>President's Council</td>
<td>22</td>
<td>Jeanette Mladenovic</td>
<td>Advisory to President</td>
</tr>
<tr>
<td>Professional Board</td>
<td>18</td>
<td>Matt Slater</td>
<td>Oversight of Professional Staff</td>
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<tr>
<td>Research &amp; Academic Emergency Management Committee</td>
<td>25</td>
<td>John Notis</td>
<td>Incident Commander and University Resources in case of Emergency</td>
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<tr>
<td>Student Health Advisory Committee</td>
<td>30</td>
<td>Dan Forbes, Sarah Lemley</td>
<td>Advisory to University Leadership and Students</td>
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<tr>
<td>Strategic Transportation &amp; Parking Advisory Committee</td>
<td>15</td>
<td>Brett Dodson</td>
<td>Advisory to VP of Facilities and Logistic</td>
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<tr>
<td>University Executive Leadership</td>
<td>9</td>
<td>Joe Robertson, Jr.</td>
<td>Directs and oversees University operations</td>
</tr>
<tr>
<td>Committee Name</td>
<td>Member #</td>
<td>Chair(s)</td>
<td>Role in Institutional Governance</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------</td>
<td>--------------------</td>
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<td>University Health System Board</td>
<td>8</td>
<td>Peter Rapp</td>
<td>Advisory to President</td>
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<tr>
<td>Web Strategies Advisory Committee</td>
<td>20</td>
<td>Devin Bryant</td>
<td>Web Strategic Planning</td>
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<tr>
<td>Central Waterfront Institutional Animal Care &amp; Use Committee</td>
<td>20</td>
<td>Philip Streeter</td>
<td>Advisory to Research Governance</td>
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<tr>
<td>West Campus Institutional Animal Care &amp; Use Committee</td>
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<td>Gregory Dissen</td>
<td>Advisory to Research Governance</td>
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<td>Institutional Review Board</td>
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<td>Kathryn Schuff</td>
<td>Advisory to Research Governance</td>
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<tr>
<td>Research Strategic Advisory Council</td>
<td>13</td>
<td>Dan Dorsa</td>
<td>Advisory to University Leadership</td>
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<tr>
<td>University Operations Committee</td>
<td>20</td>
<td>David Robinson</td>
<td>Leadership Roundtable</td>
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<td>Provost Operations Meeting</td>
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<td>Jeanette Mladenovic</td>
<td>Provost Administration Roundtable</td>
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<tr>
<td>Space Committee</td>
<td>18</td>
<td>David Robinson</td>
<td>University Space/Building Administration</td>
</tr>
<tr>
<td>Research Oversight Committee</td>
<td>23</td>
<td>Peter Barr-Gillespie</td>
<td>Research Governance and Advisory to RSAC</td>
</tr>
<tr>
<td>OHSU Institutional Ethics Committee</td>
<td>11</td>
<td>Jennifer Ruocco</td>
<td>Advisory to University Leadership</td>
</tr>
</tbody>
</table>
Appendix 11

OHSU Board of Director’s Bylaws and Governance Principles and Guidelines
ARTICLE ONE
Name

The legal name of this corporation is Oregon Health and Science University ("University"), an Oregon public corporation. To the extent practical, the University shall be known as “Oregon Health & Science University” or “OHSU”.

ARTICLE TWO
Purposes of Organization

The purposes for which the University is organized as a public corporation are to carry out and exercise the powers, rights and privileges expressly or impliedly conferred upon it and to pursue the missions defined for it by the Oregon Legislature.

ARTICLE THREE
Board of Directors

1. Business and Affairs. The business and affairs of the University shall be managed by the Board of Directors, which may exercise all such powers of the University as are permitted by law.

2. Number of Directors. The number of Directors of the University shall be ten (10).

3. Membership. The membership of the Board shall be as follows:
   a. One representative who is a non-student member of the Oregon State Board of Higher Education;
   b. Seven representatives who, in the discretion of the Governor, have experience in areas related to the University missions or that are important to the success of the University, including but not limited to higher education, health care, scientific research, engineering and technology and economic and business development;
   c. One representative who is a student enrolled at the University; and
   d. The President of the University.

4. Qualifications. Members of the Board must be citizens of the United States. Except for the President, no voting member of the Board may be an employee of the University.

5. Appointment of Directors. With the exception of the President of the University, the members of the Board shall be appointed by the Governor of the State of Oregon and shall be confirmed by the Senate of the State of Oregon in the manner prescribed by law. To assist the Governor in appointing the student member, the duly organized and recognized entity of student government shall submit a list of nominees to the Governor for consideration. To assist the Governor in appointing Board members other than the student member and the President, the Board shall submit a list of nominees to the Governor for consideration whenever a vacancy on the Board occurs or is announced.

6. Terms of Directors. With the exception of the President of the University and the student member of the Board, and except as otherwise provided by law or specified in the appointment or confirmation process, the term of office of each member of the Board shall be four (4) years. The term of office of the student member shall be two (2) years, except as otherwise specified in the appointment or confirmation process. The term of office of the President of the University shall be determined by the Board. A Director may be reappointed for one (1) additional term.

7. Vacancies. A vacancy on the Board shall exist upon the death, resignation, removal or expiration of the term of any member of the Board. For any vacancy other than a vacancy of the
President’s position on the Board, the Governor shall appoint a successor to fill a vacancy for the unexpired term.

8. **Removal.** The Governor may remove a member of the Board other than the President at any time for cause, after notice and public hearing, but no more than three (3) members of the Board shall be removed within a period of four (4) years, unless it is for corrupt conduct in office. The Board may remove the President as a member of the Board in the manner, on the grounds and subject to the limitations it deems necessary and appropriate.

9. **Compensation; Reimbursement of Expenses.** Except for the President, Directors will not be compensated for their services as members of the Board. Upon approval by the Board, Directors may be reimbursed for expenses incurred in connection with the performance of their official duties.

**ARTICLE FOUR**

**Meetings of the Board of Directors**

1. **Types of Board Meetings.** “Public Meeting” of the Board of Directors is the convening of the members of the Board for a purpose for which a quorum is required in order to make a decision or to deliberate toward a decision on any matter. “Public Meeting” does not include any on-site inspection of any project or program, the attendance of members of the Board of Directors at any national, regional or state association or the convening of directors for any purpose for which a quorum is not required. A “Private Meeting” of the Board is a meeting at which the Board’s decisions and deliberations concern only matters identified in Section 4 below, and those matters not requiring a quorum.

2. **Compliance with Public Meetings Law.** As used in these Bylaws, the term “Public Meeting” shall mean a meeting subject to the provisions of ORS 192.610 to 192.710, as the same shall be amended from time to time (the “Public Meetings Law”). All Public Meetings of the Board shall be conducted in compliance with the Public Meetings Law in effect from time to time, including without limitation those provisions relating to the location of meetings, notice, accessibility for the disabled, the conduct of meetings by means of telephonic or electronic communication, the preparation of minutes, and the provision of interpreters.

3. **Quorum for Public Meetings.** A quorum for the transaction of business at a Public Meeting of the Board shall be a majority of the Directors in office at the time of the meeting. A quorum is required to be present to conduct business at any Public Meeting at which the Board makes any of the following decisions but shall not otherwise be required:
   a. Approval or adoption of an annual operating budget and capital expenditure plan for the University.
   b. Approval of any of the following major changes to academic programs of the University:
      i. Creation, merger or closure of any degree program of the University;
      ii. Creation, merger or closure of any school, college, center or institute within the University; and
      iii. Creation of or significant and substantial revision of major academic policies.
   c. Approval or adoption of the personnel classification structure for academic and non-academic personnel of the University.
   d. Approval of any transaction involving the purchase or sale of real property by the University, except for transactions involving exigent circumstances and transactions described in Section 4(b) or 4(c) below.
   e. Approval of the University’s institution of condemnation proceedings.
f. Adoption, amendment or repeal of these Bylaws.

g. Any decision for which applicable law or these Bylaws require the participation of a quorum of the Board of the University

h. Any decision as to which the Board has adopted a resolution requiring the participation of a quorum of the Board.

4. Private Board Meetings. The Public Meetings Law provides that its provisions do not apply with respect to meetings of the Board or its designated committee regarding any or all of the following matters:

a. Meetings regarding candidates for the position of president of the University;

b. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures;

c. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to the sale or other disposition of, or substantial change in use of, significant real or personal property; and

d. Meetings regarding sensitive business, financial or commercial matters of the University not customarily provided to competitors related to health system strategies.

e. Decisions on any matter at a Private Meeting shall require the approval of not less than a majority of the members of the Board.

5. Adjournment. A majority of the Directors present at a meeting that is subject to the quorum requirements of this Article, although less than a quorum, may adjourn the meeting from time to time to a different time and place before the date of the next regular meeting without further notice of any adjournment. At such adjourned meeting at which a quorum is present, any business may be transacted that might have been transacted at the meeting originally held.


a. Action upon a matter for which a quorum is required shall be taken upon the approval of a majority of the Directors present at a meeting at which a quorum is present. Action upon all other matters may be taken upon the approval of a majority of the Directors present at a meeting.

b. The Board may permit any or all Directors to participate in a meeting by, or conduct the meeting through use of, any means of telephonic or other electronic communication by which all Directors participating may simultaneously hear each other or otherwise communicate with each other during the meeting. Participation in such a meeting by a Director shall constitute such Director’s presence in person at the meeting. With the conduct of a Public Meeting through such telephonic or electronic means, the Board shall make available to the public a location where the public can listen to the communication at the time it occurs by means of speakers or other devices.

7. Waiver of Notice by Director. A Director’s attendance at or participation in a meeting waives any required notice of the meeting to the Director unless the Director at the beginning of the meeting, or promptly upon the Director’s arrival, objects to the holding of the meeting or the transation of business at the meeting and does not subsequently vote for or assent to action taken at the meeting. A Director may at any time waive any notice required by law or these Bylaws, with a writing signed by the Director and specifying the meeting for which notice is waived. Any such waiver of notice shall be filed with the minutes of the meeting for which notice is waived.
ARTICLE FOUR-A
Public Meeting Procedures

1. **Regular Meetings.** Regular Public Meetings of the Board shall be held at least once every three (3) months on such dates and at such times as specified by the Chair, and on such additional dates and at such times as specified by the Chair or a majority of the Directors then in office.

2. **Special Meetings.** Subject to the notice requirement described in Section 5a. below, special Public Meetings of the Board may be called at any time by the Chair and must be called by the Chair within twenty-four (24) hours after the Chair’s receipt of a written request for a special Public Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting.

3. **Emergency Meetings.** Emergency Public Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair’s receipt of a written request for such a meeting signed by a majority of the Directors then in office, identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Public Meetings shall describe the emergency justifying the emergency Public Meeting.

4. **Place of Meetings.** All regular Public Meetings and special Public Meetings of the Board shall be held at the University or at a location owned or controlled by the University. Emergency Public Meetings necessitating immediate action may be held at other locations.

5. **Notice of Meetings.**
   a. **To the Public.** Notice of all regular Public Meetings shall be given in a manner reasonably calculated to give interested persons actual notice of the time and place of the meeting and principal subjects anticipated to be considered at the meeting. Notice of special meetings of the Board that are Public Meetings shall be given to the news media which have requested notice and to the general public, at least twenty-four (24) hours prior to the hour of the meeting. Notice of an emergency Public Meeting shall be such as is appropriate to the circumstance.

   b. **To the Directors.** Notice of a regular, special or emergency Public Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, by electronic mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director’s address on file with the Board secretary for the purpose of receiving Board correspondence, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director’s electronic mail address or, as applicable, the Director’s facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be deemed to be given when received by the Director.

6. **Minutes of Meetings.** The Board shall provide for the taking of written minutes of all Public Meetings, which minutes shall give a true reflection of the matters discussed at the Public Meetings and the views of the participants.
ARTICLE FOUR-B
Private Meeting Procedures

1. **Regular Meetings.** Regular Private Meetings of the Board shall be held on such dates and at such times as specified by the Chair or a majority of the Directors then in office.

2. **Special Meetings.** Special Private Meetings of the Board may be called at any time by the Chair and must be called by the Chair within twenty-four (24) hours after the Chair’s receipt of a written request for a special Private Meeting signed by a majority of the Directors then in office and specifying the purpose of the meeting.

3. **Emergency Meetings.** Emergency Private Meetings of the Board may be called at any time by the Chair in instances of an actual emergency and must be called by the Chair within twenty-four (24) hours after the Chair’s receipt of a written request for such a meeting signed by a majority of the Directors then in office identifying the actual emergency and specifying the purpose of the meeting. Minutes of emergency Private Meetings shall describe the emergency justifying the emergency Private Meeting.

4. **Notice of Meetings.** Notice of a regular, special or emergency Private Meeting must be given to each Director at least twenty-four (24) hours prior to the hour of the meeting. Notice of such a meeting may be given orally either in person or by telephone or may be delivered in writing, either personally, by mail, or by facsimile transmission. If mailed other than by electronic mail, notice shall be deemed to be given three (3) days after deposit in the United States mail addressed to the Director at the Director's business address, with postage thereon prepaid. If notice is sent by electronic mail or facsimile transmission, notice shall be deemed given immediately if the electronic mail notice is sent to the Director’s electronic mail address or, as applicable, the Director’s facsimile on file with the Board Secretary for the purpose of receiving such correspondence. Notice by all other means shall be deemed to be given when received by the Director.

5. **Minutes.** Minutes of all Private Meetings shall be prepared when directed by the Chair. All such minutes shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.410 through 192.505.

6. **Written Consent in Lieu of Actual Meeting.** Any action that is permitted to be taken by the Board at a Private Meeting may be taken without a meeting if a consent in writing setting forth the action so taken shall be signed by all of the Directors entitled to vote on the matter. The action shall be effective on the date when the last signature is placed on the consent or at such earlier or later time as is set forth therein. Such consent, which shall have the same effect as a unanimous vote of the Directors, shall be filed with the minutes of all Private Meetings of the Board and shall constitute and be identified as sensitive business records or financial or commercial information of the University that is not customarily provided to business competitors for purposes of the Public Records Law, ORS 192.410 through 192.505.

ARTICLE FIVE
Officers

1. **Officers of the University.** The officers of the University shall be a Chair, a Vice Chair, a President, a Secretary and such other officers and assistant officers as may be deemed necessary by the Board to conduct its business. The officers shall have such powers and duties as set out in these Bylaws, and as may be prescribed by the Board and/or by law. The Chair and Vice Chair shall not be employees of the University and shall not, as such, be considered agents of the University or authorized to bind the University.

2. **Appointment and Term of Office.** Each of the Chair and Vice Chair shall be members of the Board, and each of the Chair, Vice Chair and Secretary shall be appointed by the Board and shall
serve at the pleasure of the Board. Each Board officer shall hold office for one (1) year, or until a successor shall have been duly appointed and qualified or until the officer's death, resignation, or removal.

3. **Resignation and Removal.** An officer of the Board may resign at any time by delivering written notice to the Chair and the President of the University. Any officer appointed by the Board may be removed at any time, with or without cause.

4. **Vacancies.** A vacancy in any Board office because of death, resignation, removal, disqualification, or otherwise may be filled by the Board.

5. **Chair.** The Chair shall establish the agenda for and preside at all meetings of the Board. The Chair shall perform such other duties as assigned by the Board.

6. **Vice Chair.** In the absence of the Chair or in the event of the Chair's inability or refusal to act, the Vice Chair shall perform the duties of the Chair, and when so acting, shall have the powers of and be subject to all the restrictions upon the Chair. The Vice Chair shall perform such other duties as assigned by the Board.

7. **President of the University.** The President shall be the chief executive officer of the University and, subject to the control of the Board, shall supervise, direct and control the affairs of the University. The President shall, from time to time, report to the Board all matters within the President's knowledge affecting the University that should be brought to the attention of the Board. The President shall perform such other duties as assigned by the Board. The President may appoint other officers, who shall have such powers and duties as may be prescribed by the President.

8. **Secretary.** The Secretary shall be responsible for the giving of required notices of meetings of the Board and the preparation of the minutes of meetings of the Board. The Secretary shall perform such other duties as may be assigned by the Board.

**ARTICLE SIX**
Board Committees

Subject to the requirements of applicable law, the Board may appoint such committees as it deems appropriate or necessary from time to time and shall define the duties of such committees and the reporting requirements of such committees and its members. Any committee of the Board and the members of any such committee shall serve at the pleasure of the Board.

**ARTICLE SEVEN**
Conflicts of Interest

Subject to the requirements of law and of this Article Seven, the Board may take any action involving either a potential conflict of interest or an actual conflict of interest (as defined in ORS Chapter 244). Prior to taking any action in an official capacity on any matter involving a potential conflict of interest or an actual conflict of interest for a Director, the Director shall publicly announce the nature of the potential or actual conflict of interest. Any Director having an actual conflict of interest in a transaction with the University shall in addition (i) refrain from participating as a public official in any discussion or debate on the issue out of which the conflict arises, and (ii) refrain from voting on the issue, unless the Director's vote is necessary for Board action on the issue and is otherwise not prohibited by ORS Chapter 244.
ARTICLE EIGHT
Confidentiality of Business Records and Financial Information

Subject to the requirements of applicable law, the Board and officers of the University shall take such steps as are necessary to preserve the confidentiality of sensitive business records and financial and commercial information concerning or belonging to the University which is of a nature not customarily provided to business competitors.

ARTICLE NINE
Indemnification

1. **Indemnification.** The University shall indemnify and defend to the fullest extent not prohibited by law any Party to any Proceeding against all expenses (including attorneys’ fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by the Party in connection with such Proceeding.

2. **Advancement of Expenses.** Expenses incurred by a Director or officer of the University in defending a Proceeding shall in all cases be paid by the University in advance of the final disposition of such Proceeding at the written request of such Director or officer if:
   a. The conduct of such Director or officer was in good faith, and the Director or officer reasonably believed that such conduct was in the best interests of, or not opposed to the best interests of, the University.
   b. The Director or officer furnishes the University a written undertaking to repay such advance to the extent it is ultimately determined by a court that such Director or officer is not entitled to be indemnified by the University under this Article or under any other indemnification rights granted by the University to such Director or officer.
   c. Such advances shall be made without regard to the person’s ability to repay such advances.

3. **Definition of Proceeding.** The term "Proceeding" shall include any threatened, pending, or completed action, suit, or proceeding, whether brought in the right of the University or otherwise and whether of a civil, administrative, or investigative nature. The term “Party” shall include any person who may be or may have been involved in a Proceeding as a party or otherwise by reason of the fact that the person is or was a Director or officer of the University, or is or was serving at the request of the University as a director, officer, or fiduciary of an employee benefit plan of another corporation, partnership, joint venture, trust, or other enterprise, whether or not serving in such capacity at the time any liability or expense is incurred for which indemnification or advancement of expenses can be provided under this Article.

4. **Non-Exclusivity and Continuity of Rights.** This Article: (i) shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any statute, agreement, general or specific action of the Board or otherwise, both as to action in the official capacity of the person indemnified and as to action in another capacity while holding office, (ii) shall continue as to a person who has ceased to be a Director or officer, (iii) shall inure to the benefit of the heirs, executors, and administrators of such person.

5. **Amendments.** Any repeal of this Article shall only be prospective and no repeal or modification hereof shall adversely affect the rights under this Article in effect at the time of the alleged occurrence of any action or omission to act that is the cause of any Proceeding.
ARTICLE TEN
Miscellaneous Provisions

1. **Contracts.** The Board may authorize any officer or officers and agent or agents to enter into any contract or execute and deliver any instrument in the name of and on behalf of the University, and such authority may be general or confined to specific instances.

2. **Severability.** Any determination that any provision of these Bylaws is for any reason inapplicable, invalid, illegal, or otherwise ineffective shall not affect or invalidate any other provision of these Bylaws.

3. **Amendment of Bylaws.** These Bylaws may be altered, amended, restated or repealed and new bylaws may be adopted by the Board at any regular or special Public Meeting.
Appendix 12

Human Resources Committee Charter
Board Chair’s Authority and Role of the Committee

The Chair of the Board of Directors has been delegated the responsibility for, and has authority to, take the following actions on behalf of the full Board:

1. To assess the performance of the OHSU President;
2. To periodically review the President’s assessment of executive management’s performance and compensation and the executive management structure; and
3. To approve the President’s compensation plan, executive salary, incentive compensation plan and incentive compensation award.

The Human Resources Committee will:

4. Serve as advisors to the OHSU Board Chair on matters described above;
5. Ensure the development of a Presidential succession plan; and
6. Serve as advisors to the President on:
   a. the development of succession plans for other OHSU executives as may be appropriate;
   b. the salary structure and incentive compensation plan for the President’s direct reports or other personnel designated by the President; and on
   c. other human resources issues, including but not limited to workforce planning, employee engagement initiatives, labor relations strategies, the development of broader incentive compensation programs, and diversity initiatives.

Members of the Human Resources Committee will also serve as advisors to the OHSU Board Chair.

Committee Membership

The Human Resources Committee will consist of no fewer than three members. The Board Chair may serve as a member of the Committee in an *ex officio* capacity and the remainder shall be appointed and replaced by the Board and serve at the pleasure of the Board. The OHSU President shall not be a member of the Committee, but may attend committee meetings other than those involving the Committee’s evaluation of the performance of the President or its determination of the compensation of the president. The Board will designate one of its members to serve as Chair of the Committee, but if the Committee Chair is not designated or he or she is absent or unable to serve, Committee members may designate an acting Chair by majority vote of the full Committee membership.

Committee Meetings

The Committee will meet at least once during each fiscal year and periodically as the Committee deems necessary to fulfill its responsibilities. The Committee will keep appropriate
records of its activities. No quorum is required or necessary for Committee business and none shall be constituted regardless of the number of Committee members in attendance.

Chair Responsibilities

In addition to setting the agenda and chairing committee meetings, the Committee Chair will develop specific recommendations to the Board Chair relative to performance assessment and compensation, in consultation with other committee members. The Board Chair may consult with other members of the Board concerning performance assessment and compensation.
Appendix 13

OHSU Board of Directors Survey
### OHSU Board of Directors Survey 2011

**Rating Scale:**
- 1 – Inadequate
- 2 – Below Expectations
- 3 – Meets Expectations
- 4 – Above expectations
- 5 – Best Practice

If you lack sufficient information to answer a question, mark “Don’t Know”.

1. **Board’s understanding of Organization**

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<td>1.1 Board’s understanding of OHSU missions</td>
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<td>1.2 Board’s understanding of OHSU business model</td>
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<td>1.4 Board’s understanding of institutional strengths and challenges</td>
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<td>1.5 Board’s overall understanding of OHSU as an organization</td>
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How can the Board’s understanding of OHSU’s organization be improved?

2. **Board’s Role**

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<td>2.1 Board members’ understanding of role of the Board</td>
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<td>2.2 Board’s involvement in strategic planning and in setting long term direction for the institution</td>
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<td>2.3 Board’s exercise of fiscal oversight (review of annual budgets and long term plans, monitoring of performance against projections)</td>
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<td>2.4 Board’s avoidance of involvement in operations</td>
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In what ways can the Board’s involvement in strategic planning be improved?

3. **Board effectiveness**

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<tr>
<td>3.1 Board’s effectiveness in making informed decisions</td>
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<td>3.2 Board’s effectiveness in determining that management has effective controls/processes for safeguarding assets and managing</td>
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<td>3.3 Board’s effectiveness in addressing critical issues</td>
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<td>3.4 Board’s effectiveness in fulfilling oversight role</td>
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How can the effectiveness of the Board be improved?
### 4. Board Composition

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<tr>
<td>4.1</td>
<td>Inclusion of relevant experience, skills and background among Board members</td>
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<td>4.2</td>
<td>Adequacy of diversity represented on Board (in terms of age, ethnicity, background, gender, etc.)</td>
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What additional experience, skills and background would improve the composition of the Board?

What are your suggestions for enhancing diversity on the Board?

### 5. Board Meeting Effectiveness

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<td>5.1</td>
<td>Frequency/length of Board meetings</td>
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<td>5.2</td>
<td>Adequacy and timeliness of access to relevant information in advance of Board meetings for maximum effectiveness</td>
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<td>5.3</td>
<td>Agenda length and content</td>
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<td>5.4</td>
<td>Effectiveness of management of discussion at Board meetings</td>
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<td>5.5</td>
<td>Adequacy/value of staff presentations at Board meetings</td>
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<td>5.6</td>
<td>Overall meeting effectiveness</td>
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How can Board meetings be more effective?

### 6. Board Orientation, Education and Development

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<tr>
<td>6.1</td>
<td>Adequacy of initial orientation of Board members</td>
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<td>6.2</td>
<td>Adequacy of ongoing education of Board members on relevant topics</td>
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In what areas does the Board require education on an ongoing basis?

### 7. Board Role Relative to Executive Management

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<td>7.1</td>
<td>Evaluation of President</td>
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<td>7.2</td>
<td>Succession planning/Board’s exposure to staff with leadership potential</td>
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<td>7.3</td>
<td>Board’s understanding of executive management structure</td>
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<td>7.4</td>
<td>Adequacy and timeliness of communication from management</td>
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<td>7.5</td>
<td>Board’s communication of expectations and concerns to executive management</td>
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How can the Board’s interaction with executive management be improved?

### 8. Officer Performance

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<td>8.1</td>
<td>Board Chair oversight of agenda and effectiveness in conduct of meetings?</td>
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<td>8.2</td>
<td>Board Chair performance in seeking and considering input from Board members when appropriate during meetings and at other times?</td>
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<td>8.3</td>
<td>Same factors as applied to the Vice Chair acting in the Chair’s absence.</td>
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How can officer performance be improved?

9. Finance and Audit Committee

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<th>9.1 Composition of Committee</th>
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<td>9.2 Frequency and length of meetings</td>
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<td>9.3 Staff support and adequacy of materials for meetings</td>
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<td>9.4 Adequacy of provision of information to full Board</td>
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<td>9.5 Overall effectiveness of Committee</td>
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How can the composition, function or effectiveness of the Finance and Audit Committee be improved?

10. Governance Committee

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<th>10.1 Composition of Committee</th>
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<td>10.3 Staff support and adequacy of materials for meetings</td>
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<td>10.4 Committee’s provision of information to full Board</td>
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How can the composition, function or effectiveness of the Governance Committee be improved?
### 11. Human Resources Committee

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How can the composition, function or effectiveness of the Human Resources Committee be improved?

### 12. Integrity Program Oversight Council (IPOC)

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How can the composition, function or effectiveness of the Integrity Program Oversight Council be improved?

### 13. Survey Tool

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In what ways can this survey tool be improved?

### 14. Additional Comments

Please add any other comments that you would like to make regarding the Board or its Committees?
Appendix 14

Executive Leadership Member Profiles
Joseph E. Robertson, Jr., M.D., M.B.A.
OHSU President

Joe Robertson has been president of Oregon Health & Science University since September 2006, the culmination of a 30-plus-year career at OHSU.

As President, one of Dr. Robertson’s first actions was to lead the process for OHSU’s strategic plan, Vision 2020. The plan has put OHSU at the leading edge of academic health centers nationally in terms of readiness for health care reform and a changing economic landscape.

Vision 2020 asserts “OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.” The emphasis on partnership to leverage scarce resources and promote excellence has led to a number of achievements, including: the establishment of a strategic alliance with Portland State University; construction of the Collaborative Life Sciences Building, the first building on OHSU’s Schnitzer Campus, in conjunction with PSU, Oregon State University and the Oregon University System; a partnership with Intel Corporation to develop next-generation computing technologies that advance the field of personalized medicine; and a partnership with FEI, the Beaverton-based scientific instruments leader, to create a Living Laboratory for Cell Biology.

Philanthropy has become increasingly important to OHSU, and Dr. Robertson’s tenure as president has seen some of the biggest gifts in OHSU history, including: the $40 million anonymous gift to improve medical education; the $100 million gift from Phil and Penny Knight to bolster cancer research and treatment; the $25 million gift from Bob and Charlene Moore to improve nutrition; a subsequent $125 million gift from the Knights to advance translational cardiovascular research at OHSU; and the $10 million gift from Gene and Bonnie Skourtes – as well as gifts from ODS, A-dec, Inc., and additional donors from across the region – that made it possible to fulfill a longstanding commitment for a new facility for the OHSU School of Dentistry.

Dr. Robertson has been deeply involved in the State of Oregon’s health care Transformation project, serving on the Oregon Health Policy Board since its creation in 2009. The nine-member board is nominated by the Governor and serves as the policy-making and oversight body for the Oregon Health Authority. One of Joe’s chief priorities as OHSU President and as an OHPB board member has been addressing workforce shortages in medicine, dentistry, nursing, pharmacy and biomedical researchers. He was also one of the founding members of the Board for Health Share of Oregon, the Portland metro area’s largest coordinated care organization.

During his time as President, Dr. Robertson has also reasserted OHSU’s statewide role, serving a 96,000 square mile campus. Joe has made regular trips around the state to meet with
providers, legislators, community leaders and citizens about the health care issues that are impacting all of us, to hear from them about their concerns and how OHSU can serve as a resource. These outreach trips have led to novel approaches to clinical coordination between OHSU and providers in communities such as The Dalles, Medford and Astoria. More recently, under Dr. Robertson’s leadership, OHSU has begun to reach out to Oregon communities to explore multi-mission collaborations – involving OHSU education and research as well as patient care – based on local needs and available resources.

Before becoming OHSU’s president, Joe served as dean of the OHSU School of Medicine, where he worked on workforce issues and efforts to address the geographic mal-distribution of providers. Prior to being named dean, he was professor and chairman of ophthalmology at OHSU and director of the Casey Eye Institute.

Dr. Robertson received his bachelor’s degree in neuroscience from Yale University and earned his M.D. from Indiana University. He came to OHSU in 1979 for an ophthalmology residency and fellowships in Retina and Vitreous Disease and Surgery at OHSU and Devers Eye Institute, Legacy Good Samaritan Hospital. In 1997 he completed an executive M.B.A. program at the University of Oregon, graduating as co-valedictorian. He serves on the Boards of the Portland branch of the Federal Reserve Bank of San Francisco and the Oregon Business Council. He is also a past member of the OMSI Board.

Dr. Robertson and his wife, Patricia, live in a floating home on the Willamette River. His son C.J. recently graduated from the University of Oregon and is enrolled in the MPH program at San Diego State University.
Jenny Mladenovic, M.D., M.B.A., M.A.C.P. has 27 years of experience in academic administration, having held positions as Chair or Chief of the Department of Medicine, Dean for Education, faculty and hospital affiliations, and Director of research education and career development. An AOA graduate of the University of Washington School Of Medicine, she completed residency training at Johns Hopkins Hospital and Stanford University, and chief residency and hematology fellowship at the University of Washington. She has held leadership roles at the University of Minnesota, University of Colorado, the State University of New York, and the University of Miami, having won several teaching awards throughout her career.

For 18 years, Dr. Mladenovic directed an NIH funded laboratory focused on hematopoietic stem cell differentiation; her clinical activities have included hospital medicine and the care of patients with myeloproliferative diseases. Most recently, she was a dean at the University of Miami Miller School, where she oversaw programs for three institutions and was responsible for the strategic planning and implementation of a new regional campus in Palm Beach.

Nationally, she has served as a member of the Board of Directors of the American Board of Internal Medicine, its Executive Committee, and has chaired the Examination Committees in Internal Medicine. She has also been active as a member of the American Board of Medical Specialties, the Association of Professors of Medicine and its Board, and the American Society of Hematology, and the Accreditation Council for Graduate Medical Education. She has authored more than 90 papers and edited four books. She and her husband of 36 years have four children, currently scattered “around the world.”
Dr. Mark A. Richardson, M.D., M.Sc.B., M.B.A., was appointed Dean in the School of Medicine at the Oregon Health & Science University in July 2007. He is also President and Chair of the Board of Directors of the Faculty Practice Plan. From 2001 until he was appointed Interim Dean in 2006, Dr. Richardson served as Professor and Chair of the OHSU Department of Otolaryngology - Head and Neck Surgery.

Dr. Richardson came to OHSU from Johns Hopkins University, where he was the Bordley Professor of Otolaryngology - Head and Neck Surgery. Prior to joining Johns Hopkins in 1995, he spent 15 years on the faculty at the University of Washington in Seattle. He was instrumental in OHSU's Department of Otolaryngology/Head and Neck Surgery placing in the top five in National Institutes of Health rankings of sponsored research. Departmental funding from the NIH tripled from 2001-2005.

Dr. Richardson has received several faculty teaching awards, including the “Driftwood Award” for best faculty teaching at the University of Washington and the “Faculty Teaching Award” from Johns Hopkins Department of Otolaryngology. He is also a recipient of the American Academy of Otolaryngology - Head and Neck Surgery’s “Honors Award,” and the American Laryngological Association “Gabriel F. Tucker Award.”

Since his appointment as dean, Dr. Richardson has guided the recruitment of key new faculty leaders to the school, as well as placed a priority of faculty stability and mission integration, as the school moves through an evolutionary period in response to the many changes now underway in academic medicine. In 2008, he oversaw the reorganization of the faculty clinical practices, with the integration of the OHSU Medical Group, a previously autonomous group, into the School of Medicine as the OHSU Faculty Practice Plan. Dr. Richardson has guided the establishment and growth of the Knight Cancer Institute, the Knight Cardiovascular Institute and the Bob and Charlee Moore Institute for Nutrition & Wellness, among other new entities in the school. Over the past several years, a focus on diversification of the research portfolio has yielded new funding sources and catalyzed dynamic new partnerships, such as with Intel and FEI. Recently, the school launched its new M.D. curriculum designed to prepare future physicians to lead and thrive in the rapidly changing health care, discovery and technology landscape. Throughout this evolution, the medical school has remained steadfastly committed to the OHSU mission to improve the health and well-being of Oregonians, and to educate health care professionals for Oregon, including those who serve in rural and underserved areas.

Dr. Richardson earned his medical degree at the Medical University of South Carolina in Charleston and completed his surgical internship at the University of South Florida in Tampa. He completed his otolaryngology residency at the Medical University Hospital in Charleston, South Carolina, and a fellowship in pediatric otolaryngology at Children’s Hospital Medical Center in Cincinnati, Ohio, that included time in London, England, at The Hospital for Sick Children. Dr. Richardson earned the Master of Science in Business in 1998 and his Master of Business Administration in 2000, receiving both degrees from Johns Hopkins University.
Dr. Richardson is a member of the Blue Ridge Academic Health Group and Past-President of the American Board of Otolaryngology. He is a member of numerous national organizations including the American Academy of Otolaryngology/Head and Neck Surgery, the American Broncho-Esophagological Association, the Triologic Society, the American College of Surgeons, and the American Society of Pediatric Otolaryngology.
Peter Rapp, is currently Executive Director of OHSU Healthcare and Executive Vice President of Oregon Health & Science University in Portland, Oregon.

Peter obtained a B.A. in Economics from Denison University in Ohio before receiving a Master of Management in Hospital and Health Administration from Northwestern University’s Kellogg School of Management.

Peter’s career as a healthcare administrator spans more than 35 years, with a focus on service to academic health centers. His career began immediately following graduation from the Kellogg School in 1974, with service in the Ohio State University Hospitals system. When he left Ohio in 1983, he was Associate Administrator for Professional Services; after serving in the same capacity at Vanderbilt University, he joined the Medical College of Virginia Hospitals as Chief Operating Officer, where he served until 1994. For the next eight years he served in various capacities—General Director, Senior Vice President and Administrator, and Senior Vice President for Regional Care Systems and Continuum Care Operations—in the University of Minnesota health system, and managed the merger of the University of Minnesota hospital into a private community health system.

As Executive Vice President of OHSU and Executive Director of OHSU Healthcare, Peter is responsible for the daily operations of OHSU Hospital, OHSU Doernbecher Children’s Hospital, Casey Eye Institute, OHSU ambulatory clinics and all OHSU adult and pediatric specialty clinics. He implements and helps develop strategic plans for the OHSU health care system in collaboration with the President of OHSU and the Deans of the schools of nursing, medicine and dentistry. He serves on numerous committees at OHSU, including the executive leadership, and represents OHSU in external boards and committees at the metropolitan, state, regional and national levels.
Lawrence J. Furnstahl has three decades experience in the strategic, financial and operational management of complex organizations—universities and academic health centers—including over 25 years as a CFO. Furnstahl is Executive Vice President and Chief Financial Officer of Oregon Health & Science University, a $2.3 billion Oregon public corporation with 2,500 faculty, 14,000 staff, 4,000 students and trainees, $350 million of research, and the state’s only major academic health Center.

Before joining OHSU in January 2011, Furnstahl served as chief financial and strategy officer for the University of Chicago Medical Center and Biological Sciences Division, and University vice president for financial planning for science; senior vice president and chief financial officer for UCSF Stanford Health Care; vice president and chief financial officer for the University of Chicago; and vice president & treasurer and senior executive, patient services for the University of Chicago Hospitals. Furnstahl is a member of the Visiting Committee to the Physical Sciences Division of the University of Chicago, and a board director and former chair of the Hyde Park Art Center. He is a 1983 graduate of the College of the University of Chicago, in economics.
Connie Seeley joined OHSU in 2010 as the Chief of Staff to President Joe Robertson, a newly created position.

Since that time, Connie’s role has expanded to oversee Government Relations, Marketing and Communications, and Community Engagement. As Senior Vice President for Public Affairs, Connie manages the team that promotes and protects the institution in the public arena – and that helps OHSU earn and keep its political and reputational capital. She also serves as Secretary of the OHSU Board of Directors and manages the President’s Office staff.

Before taking on her position at OHSU, she spent 13 years as leadership staff in the Oregon legislature. Her primary role was Chief of Staff to Senate President Peter Courtney from 2003 to 2010, where she assisted in the management of all aspects of the legislative branch of government.

Connie is a member of the Board for a number of organizations, including: the Center for Women’s Leadership at the Hatfield School of Government at Portland State University, the Portland Business Association, the Oregon Business Association, and the University of Oregon Alumni Association. She is native Oregonian and graduate of the University of Oregon.
Appendix 15
School of Dentistry Profile
School of Dentistry

Leadership

Phillip T. Marucha, D.M.D., Ph.D., Dean
George W. Knight, D.D.S. Associate Dean for Academic Affairs
Denice Stewart, D.D.S., M.H.S.A., Associate Dean for Clinical Affairs
Peter Morita, D.M.D., Associate Dean for Patient Services
David Morton, Ph.D., Associate Dean for Research
Mark Mitchell, M.A., Associate Dean for Student Affairs
Nicole Kimmès, D.D.S. Assistant Dean for Technology and Faculty Development

Degrees Offered

Doctor of Dental Medicine (D.M.D.)
Graduate Dental Specialty Certificate
Master of Science (M.S.)

Mission

The School of Dentistry shares the mission of the Oregon Health & Science University to provide educational programs, basic and clinical research, and high quality care and community programs. The School of Dentistry strives to foster an environment of mutual respect where the free exchange of ideas can flourish. The School of Dentistry prepares graduates in general dentistry and the dental specialties to deliver compassionate and ethical oro-facial health care.

Vision

The School of Dentistry is a leader and innovator in oral health education, care, and discovery.

Major Accomplishments

- Planned and executed the physical move of the School from the Hill campus into the CLSB facility on the South Waterfront campus and other locations.
- Continued the “Our Moment is here” fundraising campaign which is now close to its target of $43M raised mostly from alumni donations.
- Hired new Dean, Dr. Philip Marucha in 2013.
- Students from OHSU School of Dentistry were ranked third in the USA for the total number of awards given from 2009 to 2014 by the American Association for Dental Research.
- Increased research funding from $1.4M in FY 2012 to $3.5M in FY 2014.
- Numerous faculty members inducted in the American College of Dentists and the International College of Dentists.
- Hired new chairs for the Department of Periodontics, Dr. James Katancik and the Department of Oral Surgery, Dr. Pamela Hughes.
- Increased the number of full-time (>0.8) faculty members from 61 in 2012 to 71 in 2015.
- Gained accreditation for new advanced dental specialty program in General Practice Residency which will enroll dentists for advanced study in July 2015.
External Collaborations

- Increased presence of students and residents in dental vans providing care to children on the Oregon Coast and greater Portland area.
- Engaged in the Rural Campus Initiative which will place teams of interprofessional health care students working together in Southern Oregon.
- Participants in the Oregon Oral Health Coalition which is dedicated to improving general health through oral health for all Oregonians.
- Acquisition of cutting-edge technology such as CAD/Cam and cone beam donated from vendor partners.

Major Changes in Progress

- Implementing increased requirement for community-based rotation experiences for fourth year dental students.
- Restructuring clinical tracking system for dental students to increase flexibility in clinical experiences.
- Enhancing the electronic dental record system with features to assist patients and providers with ease and access to data.
- Participating in OHSU’s Equity Summer Research Program, with college students placed in dental labs for eight to ten weeks of mentoring.
- Developing new dual degree program DMD/PhD to provide academic tract option.

Challenges

- Identify sources of patients and revenue for our educational programs.
- Prepare for the accreditation site visit from the Commission on Dental Accreditation in 2016.
- Participate in curriculum changes with the campus interprofessional education movement.
- Provide scope of clinical experiences to ensure student competence and future mastery.
- Increase diversity within the dental student population.
- Explore alliances with industry to promote research, teaching and service to the community.
## Metrics

### Resources ($ in thousands)

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
<th>FY 2013</th>
<th>FY 2014</th>
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<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$13,100</td>
<td>$14,500</td>
<td>$14,250</td>
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<td>Clinical Revenue</td>
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<td>State Appropriations</td>
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<td>Philanthropy</td>
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<td>$393</td>
<td>$717</td>
<td>$652</td>
<td>$768</td>
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<td>$30,677</td>
<td>$32,728</td>
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### Total Faculty & Staff (September 2014)

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<th>Minorities</th>
<th>Total</th>
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<tr>
<td>#</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
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<tr>
<td>Executive, Admin, Management</td>
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<td>9</td>
<td>3</td>
<td>23</td>
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<td>Faculty</td>
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<td>38</td>
<td>18</td>
<td>160</td>
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<td>Other Professional</td>
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<td>3</td>
<td>23</td>
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<tr>
<td>Clerical &amp; Secretarial</td>
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<td>47</td>
<td>19</td>
<td>75</td>
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<tr>
<td>Technical &amp; Paraprofessional</td>
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<td>41</td>
<td>13</td>
<td>58</td>
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<tr>
<td>Service &amp; Maintenance</td>
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<td>3</td>
<td>4</td>
<td>11</td>
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<tr>
<td><strong>Total</strong></td>
<td>145</td>
<td>44%</td>
<td>149</td>
<td>45%</td>
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### Enrollment by Program

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<tr>
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<th>Fall 2012</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
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<tr>
<td>DMD</td>
<td>299</td>
<td>302</td>
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<tr>
<td>URM*</td>
<td>30</td>
<td>41</td>
<td>41</td>
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<tr>
<td>Women</td>
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<td>In-state Residents</td>
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<td>4</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Women</td>
<td>9</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td>14</td>
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<tr>
<td>In-state Residents</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td>10</td>
<td>10</td>
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<tr>
<td><strong>Total</strong></td>
<td>326</td>
<td>329</td>
<td>329</td>
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*URM denotes Underrepresented Minorities

### Degrees & Certificates Awarded

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<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
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<tr>
<td>DMD</td>
<td>71</td>
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<td><strong>Total Degrees</strong></td>
<td>87</td>
<td>92</td>
<td>84</td>
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### DMD First-time Pass Rates on Professional Exam Part 1

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<thead>
<tr>
<th></th>
<th>2009-10 %</th>
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<th>2011-12 %</th>
<th>2012-13 %</th>
<th>2013-14 %</th>
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<tbody>
<tr>
<td>OHSU</td>
<td>83.0%</td>
<td>93.0%</td>
<td>90.0%</td>
<td>96.0%</td>
<td>99%</td>
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<tr>
<td>National Average</td>
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<td>95.0%</td>
<td>93.0%</td>
<td>88.8%</td>
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### DMD First-time Pass Rates on Professional Exam Part 2

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<th></th>
<th>2009-10 %</th>
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<th>2011-12 %</th>
<th>2012-13 %</th>
<th>2013-14 %</th>
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<tbody>
<tr>
<td>OHSU</td>
<td>76.0%</td>
<td>93.0%</td>
<td>90.0%</td>
<td>93.3%</td>
<td>86%</td>
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<tr>
<td>National Average</td>
<td>80.0%</td>
<td>94.0%</td>
<td>94.3%</td>
<td>86.6%</td>
<td>pending</td>
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<td>Point Difference</td>
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### DMD Graduation Rates

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<tr>
<th>Completion</th>
<th>Admit Year 2007-08</th>
<th>Admit Year 2008-09 %</th>
<th>Admit Year 2009-10 %</th>
<th>Admit Year 2010-11 %</th>
<th>Admit Year 2011-12 %</th>
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<tr>
<td>≤ 4 Year Completions</td>
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<td>82.7%</td>
<td>91.9%</td>
<td>93.3%</td>
<td>pending</td>
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<td>≤ 5 Year Completions</td>
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<tr>
<td>≤ 6 Year Completions</td>
<td>96.0%</td>
<td>98.7%</td>
<td>pending</td>
<td>pending</td>
<td>pending</td>
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</tbody>
</table>
Phillip Marucha, PhD, DMD, was appointed Dean in the School of Dentistry at the Oregon Health & Science University in September 2013. Dr. Marucha came to OHSU from the University of Illinois at Chicago where he was Professor in the Department of Periodontics and Associate Dean for Research and Director of Graduate Studies in the College of Dentistry. Prior to serving as Associate Dean, Dr. Marucha was Head of UIC's Department of Periodontics. Dr. Marucha began his academic career at The Ohio State University where he was promoted to Professor and directed the Comprehensive Training in Craniofacial Sciences program.

Since his appointment at OHSU School of Dentistry, he has overseen the physical move of the School to a brand new building on Portland’s South Waterfront. He envisions OHSU as the educator of dentists of the future who will be adapt and evolve practice models throughout their careers. Dr. Marucha is pursuing the integration of new technologies into the curriculum and supporting faculty and facility development towards this end. He has recruited new leadership to build a new curriculum that will emphasize interprofessional practice and the development of dentists for underserved areas in Oregon. He has initiated a new PhD/DMD program in collaboration with OHSU’s School of Medicine and will support the development of collaborative research in areas relevant to oral health care.

Prior to his tenure at OHSU, Dr. Marucha developed a strong research portfolio. His research primarily has focused on how stress, gender, aging and other psychosocial factors affect wound healing. The ultimate goal of his research has been to help develop appropriate therapies for patients undergoing surgery. Projects include studies that will improve understanding of the mechanisms by which stress impairs microbial clearance (a key process in wound healing); how gender and age affect wound healing; and the genetic markers for Oral Mucositis.

Dr. Marucha has also served as PI and Co-I on institutional infrastructure and training grants at both UIC and The Ohio State University. These included a C06 grant of $9.9 million funded by the American Recovery and Reinvestment Act and a U24 grant to develop a multidisciplinary team of investigators focused on oral cancer. While he was at UIC, the College of Dentistry achieved a top ten rank in NIH funding among dental schools. Dr. Marucha has been integral to building training programs for dental scientists. He initiated UIC’s PhD in Oral Sciences program and served as Co-I on that institution’s T32 grant which supported the training of students enrolled in the dual degree program, and served as PI on The Ohio State University’s T32 grant that supported DMD/PhD students. He has taken lead positions on University training programs, including as Education Director for UIC’s multidisciplinary Clinical Research Training Program. He has mentored multiple dental and clinician scientists who have successfully applied for K and F awards from NIH.

Dr. Marucha received his DMD from the University of Connecticut and went on to earn a certificate in Periodontology and later a PhD in Immunology from the same school. He is a member of the American Association of Dental Research, the American Academy of Periodontology and Sigma X.
Appendix 16

School of Medicine Profile
School of Medicine

Leadership

Mark Richardson, M.D., M.B.A., Dean
George Mejicano, M.D., M.S., Senior Associate Dean for Education
Allison Fryer, Ph.D., Associate Dean, Graduate Studies
Tracy Bumsted, M.D., M.P.H., Associate Dean for Undergraduate Medical Education
Pat Brunett, M.D., Associate Dean for Graduate Medical Education
Michele Favreau, Ph.D., Associate Dean for Professional Development and Lifelong Learning
Irene Barhyte, C.P.A., Senior Associate Dean for Finance and Administration
Mary Stenzel-Poore, Ph.D., Senior Associate Dean for Research

Degrees Offered

- Medical (M.D.)
- Medical and Public Health (M.D./M.P.H.)
- Medical and PhD (M.D./Ph.D.)
- Behavioral Neuroscience (Ph.D.)
- Neuroscience (Ph.D.)
- Cancer Biology (Ph.D.)
- Cell & Developmental Biology (Ph.D.)
- Molecular and Cellular Biosciences (Ph.D.)
- Molecular & Medical Genetics (Ph.D.)
- Molecular Microbiology & Immunology (Ph.D.)
- Biochemistry & Molecular Biology (Ph.D.)
- Biochemistry & Molecular Biology, Environmental & Biomolecular Systems (M.S., Ph.D.)
- Physiology & Pharmacology (Ph.D.)
- Biomedical Engineering (Ph.D.)
- Electrical Engineering (M.S., Ph.D.)
- Computer Science and Engineering (M.S., Ph.D.)
- Environmental Science & Engineering, Environmental & Biomolecular Systems (M.S., Ph.D.)
- Biomedical Informatics (Certificate, M.B.I., M.S., Ph.D.)
- Health Sciences Technology Entrepreneurship (Certificate)
- Oregon Medical Physics Program (M.S., Ph.D.)
- Clinical Nutrition (Certificate in Dietetics Internship, M.S., M.C.D.)
- Health Care Management (Certificate, M.S., M.B.A.)
- Human Investigations Program (M.C.R., Certificate)
- Physician Assistant (M.P.A.S.)

Mission

- Provide programs to enhance human health, with an emphasis on improving health and access to care for all Oregonians.
- Educate tomorrow’s physicians, scientists and other health professionals and prepare them for a lifetime of learning, leadership, discovery and service.
- Develop new medical knowledge and technologies through basic, clinical and translational research.
- Translate discoveries into effective health care and quality delivery.
Major Accomplishments

- Completed a successful visit by the Liaison Committee for Medical Education (LCME), with the next full accreditation visit scheduled for the 2019-2020 academic year.
- Upgraded educational facilities with the opening of the Collaborative Life Sciences Building (CLSB) and the opening of a new anatomy and advanced surgical skills training facility.
- Awarded a $1 million grant from the American Medical Association as part of the landmark “Accelerating Change in Medical Education” initiative.
- Selected to participate in the Association of American Medical Colleges’ pilot program working on the Core Entrustable Professional Activities for Entering Residency.
- Launched the new M.D. curriculum that incorporates active learning methods and sets the stage for moving towards achieving a competency-based curriculum within the next three years.
- Allocated funds to support the efforts of 75 individuals working on implementation of the new M.D. curriculum, faculty development and curricular coaching programs.
- Admitted the most diverse medical school class in the school’s history, with 11 percent of the new students from under-represented minority groups.
- Awarded major philanthropic gifts for the Knight Cardiovascular Institute, the Knight Cancer Institute and the Moore Institute.
- Continued to grow the size and scope of the School’s programs across all mission areas through program development and hiring more clinical and basic science faculty.
- Increased the size of the medical student body in order to help address Oregon’s health workforce needs.
- Earned $171 million in research grants from the National Institutes of Health (ranked number 23 nationally among medical schools).
- Received maximum accreditation from ACGME for the Graduate Medical Education program from the AACME for the Continuing Medical Education programs, both with commendation and no citation.
- Received top ranking among schools nationwide for educational excellence in primary care, rural medicine and family medicine.
- Enhanced wellness programs for faculty, residents and medical students.
- Expanded Ethics courses, and faculty involvement in these courses in graduate programs to address new NIH guidelines.
- Created a policy describing changed expectations of graduate student work load during the birth or adoption of a child.
- Increased visibility of graduate programs through social and philanthropic entities: ARCS (Achievement Rewards for College Scientists), SMA (School of Medicine Alliance), OHSU Foundation and the Alumni Council.
- Created the Professional Development Center, an education and resource hub to enhance graduate student professional skill development and career planning.
- Established Student/Faculty weekly newsletters, created Student Portal.
- Utilized Communication’s Office publications to highlight graduate students’ achievements.
- Completed the third year of the faculty-driven Research Roadmap initiative, with multiple outcomes related to improving the infrastructure and environment for research in the school.
- Expanded faculty collaboration with Intel around the Exascale Computing initiative and recruited a national leader to direct a new program in Computational Biology.
- In collaboration with the Office of the Provost, moved the Department of Public Health and Preventive Medicine out of the medical school and into the new public health school.
- Completed a Diversity Action Plan to increase the recruitment and retention of diverse faculty, staff and students and improve the climate of inclusion and building community partnerships.
- Provided support for faculty member participation in quality improvement efforts, including OHSU Performance Excellence (OPEX) training and other activities.
- Approved the offering of very short, special topics nano courses that respond to student need and take advantage of faculty expertise.
- Aligned master’s degree program requirements with international standards and improved recognition for our degree programs in a way that better serves the careers of our graduates.
- Created a Quantitative Biology track within the Program in Molecular and Cellular Biosciences.
- Supported the diversity pipeline for research careers through participation in the Summer Equity Research Program and T.R. Lilley Cancer Continuing Umbrella of Research Education Program.
- Offered more scholarships and distributed more support through the school’s grants-in-aid program, including the creation of new scholarships related to leadership, diversity and service.
- Participated in the campus interprofessional education initiative with students and faculty in the School of Nursing, School of Dentistry and College of Pharmacy.
- Launched the Visiting Clerkship in Internal Medicine program, designed for medical students who have an interest in diversity, health disparities, or serving underrepresented populations.
- Participated in a Clinical Learning Environment Review (CLER) site visit by the ACGME, volunteering to be a beta-test site for this new improvement model that was recently launched.
- Reached 39,208 physicians and other health professionals through continuing medical education (CME) activities in 2014, more than any previous year.
- Expanded “CME on-the-road” offerings in collaboration with the Department of Pediatrics, the Department of Orthopaedics and Rehabilitation and the Knight Cancer Institute.
- Continued the trend of an exceptional showing in the US News & World Report surveys of the nation’s top medical schools, as follows:
  - Overall research #29
  - Primary care education #3
  - Family Medicine education #4
  - Physician Assistant education #6
  - Rural medicine education #11

External Collaborations
- Expanded clinical clerkship rotations for OHSU medical students at Salem Hospital, PeaceHealth Riverbend Hospital in Eugene, St. Charles Medical Center in Bend, as well as numerous sites in the Portland Metropolitan area (i.e., Kaiser Permanente, Providence Health System, Legacy Health System, and the Portland Veterans Affairs Medical Center).
- Created new industry partnerships to develop innovative opportunities, including the OHSU/FEI Living Lab for Cell Biology.
• Expanded degree opportunities to students across Oregon by offering joint programs with OSU, PSU, and OIT.
• Developed new collaboration with PSU related to diversity so that PSU students will be working in OHSU research labs to better prepare them for advanced careers.

**Major Changes in Progress**

• Implemented the Multiple Mini Interview (MMI) process, a new format for interviewing M.D.,M.D./Ph.D. and M.D./M.P.H. program candidates.
• Formed statewide Graduate Deans’ Council.
• Embarked upon a plan to develop a new business model responsive to the rapidly changing external landscape: health care reform, declines in government funding and evolving priorities in the national research agenda.

**Challenges**

• Accommodating shifts and declines in government funding and evolving priorities in the national research agenda.
• Accommodating decline in state appropriation to the School of Medicine.
• Developing opportunities for interprofessional education.
• Identifying and optimizing new funding streams to advance translational capacity.
• Addressing medical graduate indebtedness.
• Continuing to compete for top graduate students in face of decreased federal support for research and education.
• Insuring graduate programs thrive despite decreasing student numbers that threatens critical mass.
• Working with the finance team to fill the gap between stipends/salaries paid and amount budgeted on individual training grants.
• Ensuring appropriate faculty development to facilitate new educational methods.
• Enhancing diversity of faculty, students and staff.

**Metrics**

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<th>Resources</th>
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<th>FY 2013 $</th>
<th>FY 2014 $</th>
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### Total Faculty & Staff-Regular (September 2014)

<table>
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<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Minorities</th>
<th>Total</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
<th>%</th>
<th>#</th>
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</tr>
<tr>
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### Total Faculty & Staff – Regular & Temporary(September 2014)

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### Enrollment by Program

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<th>Fall 2010</th>
<th>Fall 2011</th>
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<tr>
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<td>522</td>
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<td>526</td>
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<tr>
<td>PhD's</td>
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Degrees & Certificates Awarded

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MD Program

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<th>Fall 2012</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
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<tbody>
<tr>
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<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
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</tr>
<tr>
<td>Total Enrollment</td>
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<td>522</td>
<td>528</td>
<td>526</td>
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<td>Underrepresented Minorities</td>
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<td>51</td>
<td>49</td>
<td>44</td>
<td>47</td>
</tr>
<tr>
<td>Women</td>
<td>260</td>
<td>262</td>
<td>275</td>
<td>271</td>
<td>256</td>
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<td>In-state Residents</td>
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Graduation Rates (MD)

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<th>Admit Year 2008-09</th>
<th>Admit Year 2009-10</th>
<th>Admit Year 2010-11</th>
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<td>≤ 4 Year Completions</td>
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<td>84%</td>
<td>85%</td>
<td>87.6%</td>
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<td>≤ 5 Year Completions</td>
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Professional Exam Scores (MD)

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<th>2014 %</th>
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<td>98%</td>
<td>99%</td>
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<tr>
<td>National Average</td>
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<td>98%</td>
<td>98%</td>
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Master and Certificate Programs

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<th>Fall 2012</th>
<th>Fall 2013</th>
<th>Fall 2014</th>
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<tr>
<td>#</td>
<td>%</td>
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<td>%</td>
<td>#</td>
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</tr>
<tr>
<td>Total Enrollment</td>
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<td>620</td>
<td>562</td>
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<td>60</td>
<td>57</td>
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<tr>
<td>Women</td>
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<tr>
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## Doctorate Programs

### Enrollment

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<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
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<td>283</td>
<td>260</td>
<td>244</td>
<td>241</td>
<td>237</td>
</tr>
<tr>
<td>Underrepresented Minorities</td>
<td>25</td>
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Mark A. Richardson
School of Medicine Dean, President and Board Chair of
Faculty Practice Plan

Mark A. Richardson, M.D., M.ScB., M.B.A., was appointed Dean in
the School of Medicine at the Oregon Health & Science
University in July 2007. He is also President and Chair of the
Board of Directors of the Faculty Practice Plan. From 2001 until
he was appointed Interim Dean in 2006, Dr. Richardson served
as Professor and Chair of the OHSU Department of
Otolaryngology - Head and Neck Surgery.

Dr. Richardson came to OHSU from Johns Hopkins University,
where he was the Bordley Professor of Otolaryngology - Head and
Neck Surgery. Prior to joining Johns Hopkins in 1995, he spent 15
years on the faculty at the University of Washington in Seattle. He
was instrumental in OHSU's Department of Otolaryngology/Head
and Neck Surgery placing in the top five in National Institutes of Health rankings of
sponsored research. Departmental funding from the NIH tripled from 2001-2005.

Dr. Richardson has received several faculty teaching awards, including the “Driftwood Award” for best faculty teaching at the University of Washington and the "Faculty Teaching Award" from Johns Hopkins Department of Otolaryngology. He is also a recipient of the American Academy of Otolaryngology - Head and Neck Surgery's “Honors Award,” and the American Laryngological Association “Gabriel F. Tucker Award.”

Since his appointment as dean, Dr. Richardson has guided the recruitment of key new faculty leaders to the school, as well as placed a priority of faculty stability and mission integration, as the school moves through an evolutionary period in response to the many changes now underway in academic medicine. In 2008, he oversaw the reorganization of the faculty clinical practices, with the integration of the OHSU Medical Group, a previously autonomous group, into the School of Medicine as the OHSU Faculty Practice Plan. Dr. Richardson has guided the establishment and growth of the Knight Cancer Institute, the Knight Cardiovascular Institute and the Bob and Charlee Moore Institute for Nutrition & Wellness, among other new entities in the school. Over the past several years, a focus on diversification of the research portfolio has yielded new funding sources and catalyzed dynamic new partnerships, such as with Intel and FEI. Recently, the school launched its new M.D. curriculum designed to prepare future physicians to lead and thrive in the rapidly changing health care, discovery and technology landscape. Throughout this evolution, the medical school has remained steadfastly committed to the OHSU mission to improve the health and well-being of Oregonians, and to educate health care professionals for Oregon, including those who serve in rural and underserved areas.

Dr. Richardson earned his medical degree at the Medical University of South Carolina in Charleston and completed his surgical internship at the University of South Florida in Tampa. He completed his otolaryngology residency at the Medical University Hospital in Charleston, South Carolina, and a fellowship in pediatric otolaryngology at Children's Hospital Medical Center in Cincinnati, Ohio, that included time in London, England, at The Hospital for Sick Children. Dr. Richardson earned the Master of Science in Business in 1998 and his Master of Business Administration in 2000, receiving both degrees from Johns Hopkins University.
Dr. Richardson is a member of the Blue Ridge Academic Health Group and Past-President of the American Board of Otolaryngology. He is a member of numerous national organizations including the American Academy of Otolaryngology/Head and Neck Surgery, the American Broncho-Esophagological Association, the Triologic Society, the American College of Surgeons, and the American Society of Pediatric Otolaryngology.
Appendix 17

School of Nursing Profile
School of Nursing

Leadership

Susan Bakewell-Sachs, Ph.D., R.N., F.A.A.N
Peggy Wros, Ph.D., R.N., Senior Associate Dean for Student Affairs & Diversity
Virginia Tilden, D.N.S., R.N., F.A.A.N., Interim Senior Associate Dean for Research
Gary Laustsen, Ph.D, F.N.P-B.C., R.N. F.A.A.P., F.A.A.N., Assistant Dean for Academic Practice & Innovation

Mission

To provide leadership in nursing and health care through innovation in healing, teaching and discovery.

Degrees & Certificates Offered

Nursing – B.S. and M.N.
Doctoral degrees – Ph.D. and D.N.P.
Post-Master’s Certificates (P.M.C.O)
Public Health (M.P.H.)

Major Accomplishments

- Received a CCNE accreditation for Baccalaureate and Master’s in Nursing and Doctor of Nursing practice for maximum accreditation period (2013-2023).
- Received OSBN regulatory approval for the Baccalaureate in Nursing for the maximum period (2013-2021).
- Received OSBN regulatory approval for the Advanced Practice Programs for 5 years (2013-2018).
- Nurse Midwifery program ranked #1 in the country by US News and World Report.
- Continue to fulfill research mission through grant funding; $3.5 million in FY12; $5 million in FY13 and $3 million in FY14.
- Implemented two new Advanced Practice programs: Pediatric Acute Care & Primary Care Nurse Practitioner and Adult Geriatric Acute Care Nurse Practitioner.
- Revised SON strategic plan under the leadership of new dean.
- Developed new organizational structure under leadership of new dean.
- Integrated OHSU Interprofessional Education Initiative curricula into Portland campus based programs.
- In partnership with the Portland VA Hospital, established a Veterans Affairs Nursing Academic Partnership program. Expanded enrollment in the baccalaureate program and integrated veteran centered care into the curriculum. Established a Dedicated Education Unit (DEU) at the Portland VA.
- Faculty served in leadership positions on numerous local, state, and national boards related to Nursing, Nursing specialties, chronic diseases, Ethics in Health Care, diverse populations, research priorities.

Coordinated with a variety of healthcare organizations to supported 25 SON faculty in Faculty Practice positions.

**External Collaborations**

- Continued to developed partnership, Oregon Consortium for Nursing Education, between Oregon community colleges and OHSU that are expanding opportunities for students to earn a baccalaureate in nursing. Two new community colleges joined the consortium in 2014.

- Oregon Master’s in Public Health Consortium: a collaboration between OHSU and PSU to prepare public health professionals to assume clinical leadership roles.

- Western Institute of Nursing: collaboration to advance nursing science, education, and practice to improve health outcomes.

- Nursing Education Exchange (NEXUS): partnership to make distance courses available to doctoral students enrolled in participating schools.

- Oregon Nurse Leadership Collaborative: leaders from practice, education, and state nursing organizations.

- Oregon Veteran Affairs Nursing Office.

- Oregon Health Authority Office of Equity and Inclusion.

- Oregon Office of Rural Health: a collaboration to recognize and provide loan forgiveness awards to graduate students in the Rural Health Track ($175,000 in 2014-15).

- The early development of an innovative OHSU Rural Campus: a collaborative educational effort between rural communities and dental, medical, nursing, nurse practitioner, pharmacy, physician assistant and public health students.

Establishment of new and innovative clinical partnerships throughout the state including sites serving diverse populations, neighborhood collaborations and dedicated education units.

**Major Changes in Progress**

- Revising and updating programs of study for all advanced practice and DNP majors.

- Implementing comprehensive leadership program for all administrative leaders.

- Establishing two new advance practice programs.

- Integrating Interprofessional Education Initiative curriculum.

- Expanding distance friendly and technology-enhanced delivery for graduate programs.

- Improving collaborative efforts between OHSU Healthcare APRNs and SON.
Challenges

- Meeting state workforce needs for both highly educated and diverse nurses to implement health reform and nursing faculty with tightening economic and growing competitive climate.
- Developing more opportunities for inter-professional education on regional campuses.
- Meeting the challenges and funding issues related to health care reform.
- Addressing need for financial support of Nursing Ph.D. students.
- Ensuring appropriate faculty development to facilitate implementation of inter-professional education, use of technology in the classroom and distance learning.
- Managing innovative change effectively and implementing the recommendations identified in the CCNE accreditation self-study.
- Implementing best practices in executive succession as School of Nursing recruits Senior Associate Dean for Academic Affairs and Senior Associate Dean for Research.
- Recruiting and retaining experienced faculty in an era of emerging faculty shortage.

Metrics

<table>
<thead>
<tr>
<th>Resources ($ in thousands)</th>
<th>FY 2010</th>
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<th>FY 2012</th>
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<th>FY 2014</th>
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<th>Total Faculty &amp; Staff-Regular (September 2014)</th>
<th>Men</th>
<th>Women</th>
<th>Minorities</th>
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<th>Minorities</th>
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### Total Enrollment

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<td>169</td>
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<td><strong>1080</strong></td>
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### Degrees & Certificates Awarded

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<td><strong>393</strong></td>
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### Undergraduate Enrollment

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<tbody>
<tr>
<td><strong>Total</strong></td>
<td>718</td>
<td>762</td>
<td>806</td>
<td>814</td>
<td>830</td>
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<tr>
<td>Under-represented</td>
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<td>68</td>
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<td>110</td>
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<tr>
<td>Women</td>
<td>615</td>
<td>642</td>
<td>673</td>
<td>676</td>
<td>700</td>
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<tr>
<td>In-state Residents</td>
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<td>689</td>
<td>719</td>
<td>721</td>
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<td><strong>Total SON</strong></td>
<td><strong>141</strong></td>
<td><strong>169</strong></td>
<td><strong>190</strong></td>
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### Master-level Enrollment

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<td><strong>Total</strong></td>
<td>141</td>
<td>169</td>
<td>190</td>
<td>196</td>
<td>218</td>
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<td>7</td>
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<td>In-state Residents</td>
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<td>111</td>
<td>126</td>
<td>137</td>
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**Professional Exam Scores**

### NCLEX Professional Exam Score (for B.S. graduates)

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<tr>
<th>Year</th>
<th>OHSU</th>
<th>National Average</th>
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<tr>
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<td>92.8%</td>
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</tr>
<tr>
<td>2011</td>
<td>89.3%</td>
<td>87.8%</td>
</tr>
<tr>
<td>2012</td>
<td>94.5%</td>
<td>91.7%</td>
</tr>
<tr>
<td>2013</td>
<td>90.8%</td>
<td>83.0%</td>
</tr>
<tr>
<td>2014</td>
<td>95.6%</td>
<td>81.8%</td>
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</table>

Percent Point Difference: +4.8 pts +1.5 +2.8 +7.8 +13.8

### Family Nurse Practitioner Professional Exam Scores (ANCC)*

<table>
<thead>
<tr>
<th>Year</th>
<th>OHSU</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>100.0%</td>
<td>93.0%</td>
</tr>
<tr>
<td>2010-11</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>2011-12</td>
<td>100%</td>
<td>89%</td>
</tr>
<tr>
<td>2012-13</td>
<td>-</td>
<td>+7</td>
</tr>
<tr>
<td>2013-14</td>
<td>-</td>
<td>+11</td>
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</table>

* As of 2012, students no longer take the ANCC Exam. They only take the AANP FNP exam.
### Family Nurse Practitioner Professional Exam Scores (AANP)*

<table>
<thead>
<tr>
<th>Passing on 1st Attempt</th>
<th>2009-10</th>
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<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHSU</td>
<td>90%</td>
<td>100%</td>
<td>94%</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>National Average</td>
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<td>N/A</td>
<td>N/A</td>
<td>88%</td>
<td>**</td>
</tr>
<tr>
<td>Point Difference</td>
<td>+7</td>
<td></td>
<td></td>
<td>+3</td>
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*As of 2012, students only take the AANP FNP exam.

** National Average is not available at this time.

### Family Psych & Mental Health Nurse Practitioner Professional Exam Scores

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<th>Passing on First Attempt</th>
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<tr>
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### American Midwifery Certification Board Professional Exam Scores

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<td>OHSU</td>
<td>100.0%</td>
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<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>National Average</td>
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### Certified Registered Nurse Anesthetist Professional Exam Scores

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<tbody>
<tr>
<td>OHSU</td>
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*National average is not available at this time.
Susan Bakewell-Sachs, PhD, RN, PNP-BC, FAAN
Dean and Vice President for Nursing Affairs
Professor of Nursing

Susan Bakewell-Sachs is Dean and Vice President for Nursing Affairs at Oregon Health & Science University School of Nursing. Dr. Bakewell-Sachs is a certified pediatric nurse practitioner and a nationally recognized scholar and clinical expert in the care of prematurely born infants. She is also a recognized expert in nursing education.

Dr. Bakewell-Sachs received a bachelor’s degree in nursing from the University of Pittsburgh, a master’s degree in perinatal/neonatal nursing and a PhD in nursing and health policy from the University of Pennsylvania. In 1995, she completed a PNP post-master’s certificate in pediatric acute/chronic care from the University of Pennsylvania. She was selected as a 2007-2010 Robert Wood Johnson Foundation Executive Nurse Fellow where her leadership development included focusing on strategic effectiveness and nursing education.

As an active member and leader in several national organizations, Dr. Bakewell-Sachs is a member of the Government Affairs Committee of the American Association of Colleges of Nursing and has served as expert faculty for the Vermont Oxford Network. She is the neonatal editor of the Journal of Perinatal and Neonatal Nursing, and a member of the March of Dimes National Nurse Advisory Council. Dr. Bakewell-Sachs is a fellow in the American Academy of Nursing.
Appendix 18

College of Pharmacy Profile
College of Pharmacy

Leadership

Mark Zabriskie, Ph.D., Dean
Gary DeLander, Ph.D., Exec. Associate Dean and Chair, Dept of Pharmaceutical Sciences
David Bearden, Pharm.D., Chair, Department of Pharmacy Practice
Mark Leid, Ph.D., Associate Dean for Research
Yen Pham, R.Ph., MBA, Associate Dean for Clinical Education
Juancho Ramirez, Pharm.D., Assistant Dean for Experiential Programs

Degrees Offered

Doctor of Pharmacy (Pharm.D.)
Pharmacy and MBA (Pharm.D./MBA)
Pharmacy and PhD (Pharm.D./Ph.D.)
Pharmaceutical Sciences (Ph.D. and M.S.)

Mission

The College of Pharmacy is dedicated to advancing societal health through leadership in pharmacy education, research, community engagement, and improved patient care.

Summary

The joint Pharm.D. degree program offered by the OHSU/OSU College of Pharmacy (COP) prepares professional and graduate students to become pharmacy practitioners and biomedical researchers who will contribute to and maximize the peoples’ health by advancing patient care and facilitating the discovery, understanding and effective use of medications. As a member of the Division of Health Sciences, the College is a key element of the Improving Health and Wellness signature area of the Oregon State University (OSU) Strategic Plan. The college’s primary goals are exceptional professional and graduate instruction, cutting edge research, exemplary service and promoting lifelong learning for its graduates.

Major Accomplishments

- Ranked in the top 10 percent nationally for first-time passing rates on the North American Pharmacist Licensure Exam (NAPLEX).
- Faculty productivity, measured as the amount of research funding per Ph.D. FTE is among the highest at OSU.
- Faculty receive international attention for research on pathways in melanoma formation, drug delivery and nanomedicine, implications of antibiotic use on the human microbiome and immune system, and natural product drug discovery.

External Collaborations

- OHSU has partnered with OSU since 1994 to jointly award the Pharm.D. degree – this is the only state-supported program in Oregon. The facilities on the OHSU South Waterfront campus in Portland house the majority of the College’s clinical and practice faculty, as well as several pharmaceutical sciences faculty working in nanomedicine and drug delivery. The Portland campus at OHSU is where Pharm.D. students complete their third year of didactic study and much their fourth year experiential training.
• Partnered with several local and county health clinics working with underserved populations to provide clinical pharmacy services, student training and develop on-site pharmacies for patients of the clinics.

• Students conduct external clerkships at more than 300 pharmacies, hospitals and other healthcare providers throughout Oregon and the nation.

• Numerous faculty have formal collaborations with colleagues locally and around the world.

**Major Changes in Progress**

• The College has embarked on a revision of the PharmD curriculum to address the changing landscape of healthcare provision in Oregon and the nation.

• The College’s operations based in Portland relocated into the new OUS/OSHU Collaborative Life Sciences Building (CLSB) on the Portland South Waterfront Campus. This facility integrates advanced information and simulation technology with state-of-the-art education and research space.

• Developing a stronger emphasis on connecting with and serving rural Oregon through collaborative projects between OSU and OHSU.

• Expanded and remodeled laboratory space on the Corvallis campus that unites the entire Medicinal Chemistry division and improves collaborative interactions.

**Challenges**

• Engaging faculty and students effectively across the two-campus program.

• Addressing the logistics and added expense of a two-campus program.

• To remain the pharmacy program of choice in Oregon and southwest Washington by recruiting top students, promoting the program advantages, and offering access to the best experiential training sites.

• The slow recovery across much of the nation in the demand for pharmacists is a challenge for many graduates and imposes limits the future rate of growth for the program.

• Faculty remain challenged by the decline in federal funding for biomedical research and the increased competition for alternative funding sources.
### Metrics

<table>
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<tr>
<th>Resources ($ in thousands)</th>
<th>FY 2010 $</th>
<th>FY 2011 $</th>
<th>FY 2012 $</th>
<th>FY 2013 $</th>
<th>FY 2014 $</th>
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<td>15,294,21</td>
<td>18,524,00</td>
<td>17,813,00</td>
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<th>Total Faculty &amp; Staff (September 2014)</th>
<th>Men #</th>
<th>%</th>
<th>Women #</th>
<th>%</th>
<th>Minorities #</th>
<th>%</th>
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<td>18</td>
<td>43.9%</td>
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<td>Other Professional</td>
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<tr>
<td>Total</td>
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<td>45</td>
<td>54.9%</td>
<td>19</td>
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### Enrollment (Third Year)

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<th>Total Enrollment</th>
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<th>Fall 2011 #</th>
<th>%</th>
<th>Fall 2012 #</th>
<th>%</th>
<th>Fall 2013 #</th>
<th>%</th>
<th>Fall 2014 #</th>
<th>%</th>
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<tr>
<td>Underrepresented</td>
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<td>3.6%</td>
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<td>5.9%</td>
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<td>4.7%</td>
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<td>5.4%</td>
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<td>Women</td>
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<td>51%</td>
<td>55</td>
<td>65%</td>
<td>56</td>
<td>59%</td>
<td>52</td>
<td>60%</td>
<td>56</td>
<td>61%</td>
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<td>67%</td>
<td>74</td>
<td>74%</td>
<td>70</td>
<td>70%</td>
<td>70</td>
<td>70%</td>
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<td>70%</td>
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* Does not include Asian, Non-Resident Alien, Unknown, Multiple, or White

### Professional Exam Score (NAPLEX)

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<tr>
<th>Passing on 1st Attempt</th>
<th>2010 %</th>
<th>2011 %</th>
<th>2012 %</th>
<th>2013 %</th>
<th>2014 %</th>
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<tr>
<td>OHSU/OSU</td>
<td>91</td>
<td>94</td>
<td>96</td>
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<td>97</td>
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<tr>
<td>National Average</td>
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Mark Zabriskie is Dean of the College of Pharmacy and Professor of Medicinal Chemistry and Natural Products in the Department of Pharmaceutical Sciences at Oregon State University. He received his education at the University of Utah where he obtained a BS in Chemistry and a PhD in Medicinal Chemistry. He completed NSF/NATO and Killam Foundation postdoctoral fellowships in Bioorganic Chemistry at the University of Alberta and joined the faculty of the Department of Pharmaceutical Sciences at OSU in 1992.

His research and teaching interests center on natural products that serve as lead compounds for the treatment of various cancers or infectious diseases. For the past 10 years, his laboratory has been primarily interested in the discovery and development of novel anti-infective agents to treat drug-resistant infections and combat diseases that disproportionately affect the poor in developing regions. His laboratory studies the molecular genetics and enzymology of antibiotic biosynthesis in the producing bacteria and applies this knowledge to design and genetically engineer bacterial strains capable of producing novel agents with improved therapeutic properties.

Dr. Zabriskie directed the College of Pharmacy’s graduate studies (PhD) program and oversaw the infectious disease drug discovery initiative from 2005 – 2010 and he was a founding member of the Scientific Advisory Board for the state-supported Oregon Translational Research and Development Institute (OTRADI). In 2010, he was appointed Dean of the College of Pharmacy. The College awards both the research based PhD degree and the professional Doctor of Pharmacy (PharmD) degree. The PharmD program is a collaborative effort between Oregon State University and Oregon Health & Science University. Thus, in addition to his academic leadership role on the Corvallis campus of OSU, Dr. Zabriskie represents the Pharmacy program at OHSU and oversees its expansion on the OHSU campus in Portland, including the development, construction and management of the OUS/OHSU Collaborative Life Sciences Building that opened in July 2014.
Appendix 19

School of Dentistry Faculty Bylaws
ARTICLE 100
FACULTY MEMBERS, OFFICERS, AND DUTIES

101 Faculty
.1 The members of the faculty of the School of Dentistry, Oregon Health & Science University, shall be all those personnel holding the appointments in the following Academic Faculty series: Professor, Research Professor, Clinical Professor and Affiliate Professor. For definitions see Article 500. The adjectives Adjunct, or Emeritus may be used in conjunction with the above ranks as appropriate.

.2 Each faculty member present at a duly constituted faculty meeting shall have one vote. Any action to be taken by the faculty will require a majority vote unless otherwise specified in these bylaws.

.3 Guests invited, with the approval of the Dean or the Dean’s representative, shall have the privilege of attendance. Guests shall not have voting privileges.

102 Officers
.1 The officers of the faculty shall be a Dean, an Assistant/Associate Dean for Academic Affairs, a secretary, and a parliamentarian. The Dean is appointed by the Oregon Health & Science University Board, the Assistant/Associate Dean for Academic Affairs is appointed by the Dean, and the secretary is elected by the faculty for a three-year term and may be re-elected. At each meeting a parliamentarian shall be appointed from the faculty members by the Dean.

.2 The duties of the Dean at a regularly constituted meeting shall be to preside according to accepted procedures. (See 203.1)

.3 In the absence of the Dean, the Assistant/Associate Dean for Academic Affairs shall preside.

.4 In the absence of the Dean and the Assistant/Associate Dean, the Chair of the Institutional Affairs Committee shall preside.

.5 The duties of the Secretary shall be to:

.5-1 Keep a complete record (minutes) of all business transacted at faculty meetings.

.5-2 Send a copy of the minutes of each meeting to the Institutional Affairs Committee as so referred.

.5-3 Read the minutes when requested at any faculty meeting.

.5-4 Certify, in the minutes, that each faculty meeting was duly constituted (201 and 202).

.5-5 Distribute to the faculty, notice of proposed amendments to the bylaws, at the request of the Bylaws Committee.

.5-6 Receive and disburse funds collected from the faculty.

.5-7 Be responsible for all official faculty correspondence and any other special function assigned by the faculty.
.5-8 Conduct elections for School of Dentistry representatives to the OHSU Faculty Senate in accordance with the policy set forth in the OHSU Faculty Senate Constitution.

.6 The duty of the Parliamentarian shall be to serve as the source of information on parliamentary procedure for the presiding officer.

ARTICLE 200
MEETINGS

201 Assemblage
The meetings of the faculty will be held upon the call of the Dean or upon the written request of five or more members of the faculty. Regular faculty meetings will be scheduled as follows:
.1 As early as possible after the summer interim and before fall registration.
.2 During the winter term.
.3 During the spring term.

202 Quorum
Thirty (30) faculty members (see 101.1) present at a faculty meeting shall constitute a quorum.

203 Order of Business
.1 Meetings shall be conducted according to Sturgis’ Standard Code of Parliamentary Procedure, current edition, except as specifically noted in these bylaws. All parliamentary questions will be ruled upon by the chair after counsel from the parliamentarian, or, in his/her absence, the secretary.
.2 The order of business shall be according to the following pattern:
.2-1 Call to order.
.2-2 Reading, correction, approval or disposition of minutes of previous meetings. The method for accomplishing this is as follows:
.2-2-1 Minutes of a previous faculty meeting may be read by the secretary, or dispensed with by majority vote on a motion to that effect.
.2-2-2 If the minutes are ready, correction and/or approval will be made by majority vote.
.2-2-3 If reading of the minutes is dispensed with, they must have been previously referred to the Institutional Affairs Committee for review and certification. In the event that insufficient time has elapsed between meetings to allow review by the Institutional Affairs Committee, certification may be postponed for one additional meeting at which time certification must be given. The certification, including the corrections, must be approved by majority vote in a duly constituted faculty meeting.
.2-2-4 In the event of disapproval of the minutes by the faculty, in total or in part, the faculty may request that the minutes be re-written and reviewed at the next meeting; or conflicting portions may be corrected at the time of initial review.

.2-2-5 Following approval by the faculty, the secretary will write the word approved in the minutes, with the date above the secretary’s signature.

.2-3 Report of Officers
.2-4 Reports of Standing Committees
.2-5 Reports of Special Committees
.2-6 Unfinished Business
.2-7 New Business
.2-8 Announcements
.2-9 Adjournment

ARTICLE 300
BYLAWS PROCEDURES

301 Adoption
The faculty may adopt bylaws consistent with the policies of the Oregon Health & Science University.

302 Amendment
The Faculty Bylaws may be amended by the following sequence of procedures:
.1 Proposals for amendment of the bylaws must be submitted in writing to the Chair of the Bylaws Committee, or may originate in the faculty Bylaws Committee.
.2 The faculty Bylaws Committee, in consultation with the sponsor(s), will review and prepare proposals for amendment for presentation to the faculty.
.3 Written notice of the proposed amendment must be distributed to all faculty at least one week prior to motion for its adoption.
.4 The motion for amendment will be made by the faculty Bylaws Committee at a duly constituted meeting of the faculty (Articles 101, 102, 201 and 202).
.5 Majority vote will pass the amendment.

303 Waiver
Specific portions of these bylaws may be temporarily waived by a two-thirds (2/3) vote of the faculty members present at a duly constituted meeting.
ARTICLE 400
COMMITTEES

401 Elected
.1 Committees that are the exclusive province of the faculty are those in Articles 600 through 609.
.2 Those sections in Article 600 describing the membership and duties of faculty elected committees and duties of appointed committees which have been specified by the faculty shall be considered to be an integral part of the bylaws. Changes in this portion of the bylaws require prior notice to the faculty. (302.1-1-2)
.3 Members will be elected (by the beginning of fall classes) by written ballot supplied by the secretary, along with a listing of eligible faculty members.
.4 Their term of office commences the first day of fall quarter.

402 Appointed
.1 All faculty committees, except those elected by the faculty, are subject to direction solely by the Dean and may be modified as to duties and membership, or they may be inactivated at any time without vote of the faculty. (See 401.2 for exemptions) These committees are listed beginning with Section 610. The Dean will publish a list of those faculty members appointed to these committees annually (in September) to notify faculty members of committee assignments.
.2 All appointments commence the first day of fall quarter.
.3 The duties delegated to appointed committees will be included in Articles 602 through 630. (See 401.2 for exceptions) It shall be the responsibility of the Bylaws Committee, upon direction by the Dean, to keep the information current regarding the duties of these committees.

403 Committee Structure and Functions
.1 All committees, their duties, tenure and selection of their members are listed in these bylaws. Where appropriate, a policy file will be established and a copy transmitted to the Dean.
.2 Any member may succeed himself/herself unless prohibited by the tenure section of each specific committee in these bylaws. A member whose appointment terminates will continue to serve until his/her successor takes office. If this individual is the chair, it shall be his/her duty to call an organizational meeting for the purpose of establishing his/her replacement or re-election if permissible.

404 Minutes
Each committee chair, standing or ad hoc, is to file a copy of the meeting minutes with the Dean’s office. In addition, each chair shall be expected to report to the faculty, or the Dean, upon request.
405 **Ex-Officio Members**
The Dean (who is an *ex-officio* member of all committees) may appoint *ex-officio*, non-voting members, as consultants, upon the request of, or in consultation with, the committee chair. Full or limited voting privileges may be granted to those appointees by the respective committee or as specified in the bylaws.

406 **Interim Appointments**
The Dean may fill a committee vacancy with an interim appointment.

407 **Additional Standing or Ad Hoc Committees**
Additional standing or *ad hoc* committees may be appointed by the Dean on his/her own initiative or at the request of the faculty.

**ARTICLE 500**
**ACADEMIC RANK AND TENURE**

500 **Academic Rank and Tenure**
Academic employees shall consist of those holding faculty rank and academic research rank. Faculty ranks are organized in the following series: Professor, Research Professor, Clinical Professor and Affiliate Professor.

.1 Professor series. Faculty holding the ranks of Professor, Associate Professor, or Assistant Professor in the Professor Series are appropriate for faculty who have an earned doctorate.

.1-1 “Professor”: highest academic appointment reserved for persons who show clear evidence of a high level of professional accomplishment.

.1-2 “Associate Professor”: senior faculty appointment requiring substantial accomplishment.

.1-3 “Assistant Professor”: faculty appointment requiring appropriate qualifications and evidence of competence (FP 503.2).

.1-4 “Senior Instructor”: faculty and staff with special skills or experience needed in an instructional program.

.1-5 “Instructor”: entry level instructor who meets minimum qualifications (educational background and/or professional experience) to serve in this capacity.

.1-6 “Lecturer”: special faculty appointment for persons with limited formal academic preparation, but outstanding professional achievements.

.2 Research Professor series.

.2-1 “Research Professor”: highest academic research rank reserved for faculty engaged primarily in research, meet competencies of faculty rank in scholarship, and receives his/her financial support primarily from grants, contracts, or gifts. A contribution to the education program is also required.
.2-2 “Research Associate Professor”: academic research rank reserved for faculty engaged primarily in research, meet competencies of faculty rank in scholarship, and receives his/her financial support primarily from grants, contracts, or gifts. A contribution to the education program is also required.

.2-3 “Research Assistant Professor”: junior level academic research rank reserved for faculty engaged primarily in research, meet competencies of faculty rank, and receives his/her financial support primarily from grants, contracts, or gifts. A contribution to the education program is also required.

.2-4 “Research Senior Instructor”: faculty member with special skills or experience needed in a research-related instructional program but who would not normally meet the criteria to be promoted to any of the higher faculty ranks. The faculty member receives his/her financial support primarily from grants, contracts, or gifts.

.2-5 “Research Instructor”: entry level instructor, research emphasis. The faculty member receives his/her financial support primarily from grants, contracts, or gifts. Meets minimum qualifications (educational background and/or professional experience) to serve in this capacity.

.3 Clinical Professor series

.3-1 “Clinical Professor”: highest academic clinical rank reserved for faculty engaged primarily in clinical teaching or clinical teaching and practice, and meets competencies of faculty rank in service contribution. A contribution to the research program or some scholarly activity is also required.

.3-2 “Clinical Associate Professor”: academic clinical rank reserved for faculty engaged primarily in clinical teaching or clinical teaching and practice, and meets competencies of a faculty rank in service contribution. A contribution to the research program or some scholarly activity is also required.

.3-3 “Clinical Assistant Professor”: junior level academic clinical rank reserved for faculty engaged primarily in clinical teaching or clinical teaching and practice, and meets competencies of faculty rank in service contribution. A contribution to the research program or some scholarly activity is also required.

.3-4 “Clinical Senior Instructor”: faculty member with special skills or experience needed in a clinical-related instructional program but who would not normally meet the criteria to be promoted to any of the higher faculty ranks.

.3-5 “Clinical Instructor”: entry level instructor; clinical emphasis. Meets minimum qualifications (educational background and/or professional experience) to serve in this capacity.

.4 Affiliate Professor series (formally Clinical faculty series)

.4-1 “Affiliate Professor”: corresponds to Professor rank; reserved for volunteer or community faculty who provide research and/or professional health care and teaching services without OHSU compensation from any OHSU unit.
.4-2 “Affiliate Associate Professor”: corresponds to Associate Professor rank; reserved for volunteer or community faculty who provide research and/or professional health care and teaching services without OHSU compensation from any OHSU unit.

.4-3 “Affiliate Assistant Professor”: corresponds to Assistant Professor rank; reserved for volunteer or community faculty who provide research and/or professional health care and teaching services without OHSU compensation from any OHSU unit.

.4-4 “Affiliate Senior Instructor”: corresponds to Senior Instructor rank; reserved for volunteer or community faculty who provide professional health care and teaching services without OHSU compensation from any OHSU unit.

.4-5 “Affiliate Instructor”: corresponds to Instructor rank; reserved for volunteer or community faculty who provide professional health care and teaching services without OHSU compensation from any OHSU unit.

.5 Faculty Rank Modifiers

.5-1 “Visiting” is a prefix to academic rank for individuals who are temporarily appointed to the faculty or who are on leave from another university or college.

.5-2 “Adjunct” is a prefix to academic rank that may be used when:

.5-2-1 The person is less than 0.5 FTE.

.5-2-2 The person is a full-time employee of an affiliate institution and the usual standards for promotion are not appropriate; or

.5-2-3 The faculty person is awaiting review and recommendation of appointment to a faculty rank by the school’s Academic Rank and Tenure Committee.

.5-3 “Emeritus” is an honorary title for a retired faculty member which recognizes distinguished past service to the institution. It is conferred in writing by the Provost upon the recommendation of the Department Chair and Dean, and may be given to a retired faculty member of any rank.” Such designation does not bestow regular faculty entitlements such as office or laboratory space.

501 Definition of Tenure

The term tenure in this statement implies indefinite tenure as defined in the OHSU Policy Manual.

.1 Part-time academic staff members (equal to or greater than .05 FTE) are eligible for tenure and must satisfy the same criteria for advancement in rank as full-time academic staff members.

.2 This policy statement does not apply to the special student ranks or to the Research Professor and Affiliate Professor series.

502 Tenure

.1 Initial Appointments at OHSU
Academic staff members with the rank of Instructor and above are appointed on a one-year contract except that tenure may be granted to Associate Professors, Clinical Associate Professors, Professors or Clinical Professors at the time of their initial appointments.

.2 Instructors
Staff members with the rank of Senior Instructor, Instructor, Clinical Senior Instructor and Clinical Instructor are employed on a one-year basis and are not eligible for tenure.

.3 All Ranks Above Assistant Professor and Clinical Assistant Professor
A 5-year minimum probationary period of service and a rank above Assistant Professor or Clinical Assistant Professor will be required before a faculty member may be considered for the receipt of tenure. At the discretion of the Academic Rank and Tenure Committee and the Dean, tenure may be awarded in special cases wherein it would be to the advantage of the institution to grant tenure earlier than provided in the normal pattern. Also, at the discretion of the committee and the Dean, tenure may be awarded at the time of the initial appointment of a faculty member at the rank of Associate Professor or Clinical Associate Professor.

.4 The recommendation for award of tenure requires a documented record of continuous productivity over a period of five years, achieving a level of either substantial accomplishment in more than one activity area (such as teaching, research or other scholarly activity, or community service), or outstanding achievement in a single area. If tenure is denied, the applicant shall be given the reasons for denial. The faculty member shall be considered for tenure each year until the seventh year, when final determination shall be made.

Appointment for a seventh consecutive year of a faculty member above the rank of Assistant Professor or Clinical Assistant Professor who is on annual tenure shall include the granting of tenure unless the seventh and any subsequent annual notices of appointment specifically provides otherwise.

In view of the long-term commitment which the granting of tenure implies, such award should only be made after detailed consideration of the future impact on the department and the institution.

Tenure can be awarded only to an individual whose department has available permanent funding to cover that individual’s salary and the salaries of all other tenured faculty of the candidate’s department.

.5 Post-Tenure Review
Every six (6) years an evaluation shall be made of all tenured faculty in regard to their continued professional growth and development, according to the guidelines set forth in the institution document on post-tenure review. (OAR 580-21-140)
The policy of the School of Dentistry is not to prescribe a given number of years a staff member must serve before promotion to a higher rank. Merit is emphasized as the basic criterion. However, three (3) years of service in a given rank, except in circumstances of exceptional merit, are normally prerequisite to consideration for promotion.

Promotion to or appointment as Assistant Professor, Research Assistant Professor, Clinical Assistant Professor, or Affiliate Assistant Professor is contingent upon either the completion of the requirements for a doctorate degree or, where appropriate, upon equivalent professional education and experience.

Indices Used in Consideration of Promotion and/or Tenure

Teaching
Faculty members are evaluated for their effective conduct of classes and stimulation of student interest, contribution to intellectual activities outside the classroom, such as undergraduate and graduate student advising, thesis supervision, etc., effectiveness in keeping courses updated and in staying abreast of current developments, effectiveness in classroom teaching and student evaluation, and developing a experimenting with new teaching techniques.

Professional Growth and Scholarly Activities
This area includes consideration of the faculty member’s publications and research or scholarly activities in progress, advanced education and specialty board certifications, attendance at conferences, conventions, seminars, and professional consultation for private groups, agencies of the local, state or federal governments, as well as foreign nations or international organizations, and other evidences of scholarship, such as special awards, scope and depth of scholarship as revealed in public lectures and book reviews.

Scholarly activity implies contributions that would improve the information base of teaching, scientific advancement, or broadening the techniques and theories in basic science or applied sciences of dentistry.

Services to the University and Community
In this category, members are evaluated for their participation in department activities, work on faculty and administrative committees, professional contributions to civic or lay groups, and administrative services to the School of Dentistry.

Review Procedures
The Dean’s office will review annually the status of all faculty members who are eligible for promotion and/or tenure and will identify candidates for consideration of indefinite tenure who are eligible during the current review cycle. Department chairs will be notified of candidates within their department at the beginning of the fall quarter. The faculty candidate will submit a letter of intent to apply.
for promotion and/or indefinite tenure to the Dean’s office by October 1. The Dean’s office will notify the Chair of the Academic Rank and Tenure Committee of the list of candidates for consideration by October 15. The review will be conducted by a committee composed of nine (9) full-time faculty members who are elected by the faculty from a slate of faculty nominated by the Dean. Three (3) committee members will be selected from each of the following ranks: Assistant Professor, Associate Professor and Professor. The Academic Rank and Tenure Committee has the responsibility of reviewing and advising the Dean of the School of Dentistry on the appointment and promotion to the rank of Associate Professor and Professor and indefinite tenure nominations by department chairs.

2. The committee chair will screen recommendations for promotion and tenure for completeness and, where necessary, request additional data from department chairs. All materials for consideration of promotion and tenure, including all letters of recommendation, will be due on the first Friday of January. The committee will appoint a primary and secondary reviewer from the committee. The findings from the two reviewers will be due within 30 days from the date of the request. The full committee will convene no later than the first Friday of March to review the documents submitted by the department chair and consider the reports from the two (2) reviewers.

3. The committee will evaluate recommendations for changes in rank and tenure and submit its decisions to the Dean. The Dean reserves the right to veto the recommendation of the committee if the circumstances are compelling, in which event a full explanation will be made available to the committee, the individual concerned and his/her department chair.

506 Initiation of Review

1. Recommendations for promotion and tenure are sent to the Dean by the department chairs. Documents are due no later than the first Friday of January for review during the cycle.

2. The Dean will initiate recommendations for promotion and tenure for department chairs of faculty not associated with a department.

3. Each department chair of faculty member should submit to the Dean that material which is pertinent as listed below:

   3-1 Vita, including summary of education, professional experiences, honors and bibliography. Activities should be itemized into three categories: professional growth and scholarly activity, teaching, and services and administration.

   3-2 Evaluation and recommendations by the department chair, including observations on (1) teaching, (b) professional growth and scholarly activities, (c) services to the School of dentistry, University and community. The department chair’s letter should provide a summary of the faculty member’s accomplishments in each of the areas outlined in evaluation criteria found in the school’s bylaws. Specific evidence should
be provided for each criteria that justifies the department chair’s recommendation.

.3-3 For promotion to Associate Professor, Research Associate Professor or Clinical Associate Professor: at least five (5) letters of evaluation and recommendation of which at least three (3) should be from individuals at institutions other than OHSU. For promotion to Professor, Research Professor or Clinical Professor: at least seven (7) letters of evaluation and recommendation of which at least five (5) should be from individuals at institutions other than OHSU. The letters should comment whether the candidate would meet criteria for promotion at the reviewer’s institution.

.3-4 Evaluation and recommendation by a peer of the candidate in the area of teaching.

507 Criteria of Performance

.1 In most segments of the University, emphasis is given to the academic activities of manipulation, construction, and evaluation of theoretical concepts. The usual criteria for tenure advancement in rank are concerned with the effectiveness of promoting this conceptual approach. Specific considerations are the following:

.1-1 Teaching
In the judgment of the department chair:

.1-1-1 The candidate effectively carries out his/her lecture, laboratory and/or clinical responsibilities.

.1-1-2 The candidate has proven to be capable of independently designing and presenting a course or a series of integrated lectures.

.1-1-3 The candidate has demonstrated, through teaching efforts, orientation to the goals of the department, to the interrelationship among department courses and to the interrelationship of goals among departments.

.1-1-4 The candidate has authored (solely or as a primary author) course goals and objectives, outlines and/or narrative handouts dealing with specific topic areas, including teaching manuals.

.1-1-5 The candidate contributes to research in teaching and can report statistical data on the evaluation of student performance.

.1-2 Recognition by other departments of effectiveness in the planning and/or presentation of interdepartmental teaching efforts.

.1-3 Demonstration of innovative teaching as:

.1-3-1 Reported in written form to the Teaching Committee, Curriculum Committee, faculty and/or to the Dean in the Annual Departmental Report.

.1-3-2 Reported at an A.D.E.A. meeting and/or published in the Journal of Dental Education or comparable journals.
.1-5 Commendation on teaching ability by persons outside of the department.
.1-6 No significant complaints lodged by students about teaching effectiveness that remain unresolved.
.1-7 Receipt of student Best Teacher Award and/or other awards or commendation by students.
.1-8 The effective organization and presentation of graduate and continuing education courses.
.1-9 Lectures and/or clinics given to professional groups.
.1-10 Office holder in A.D.E.A. or other teaching-related organizations.
.1-11 Participation in the teaching process of other academic institutions by invitation.
.1-12 Taking advantage of sabbatical leaves for scholarly and cultural development
.1-13 Appointment as editor of a national or international journal.

Professional Growth and Scholarly Activities
.2 In the opinion of the department chair, the candidate is abreast of current trends resulting from new knowledge in his specialty and other areas.
.2-2 The candidate is engaged in research or other scholarly activities and has demonstrated the capability of formulating research questions, of designing a research plan, and of evaluating research data. Supporting evidence may consist of the following:
.2-2-1 Authorship of published research or other scholarly papers, excluding a thesis, abstracts or short communications.
.2-2-2 Research grants or contracts awarded as a primary investigator or as a co-investigator. Grants or contracts awarded as a project director or co-director.
.2-2-3 The presentation of research papers or seminars on his/her research or other scholarly activities.
.2-2-4 Active participation in local, regional or national meetings of scientific societies through presentation or research or other scholarly findings or as an office holder (IADR, Sigma Xi, ADEA, etc.)
.2-3 The candidate has attained recognition outside the School of Dentistry as an established scholar. Supporting evidence may consist of the following:
.2-3-1 Publications that have been evaluated by outside references to be of good quality.
.2-3-2 Invitations to research or other scholarly conferences and meetings to lecture or seminar on his/her research of other scholarly activities regionally, nationally or internationally.
.2-3-3 Invitations to chair sessions at regional, national or international research or other scholarly meetings.
.2-3-4 Receipt of special honors and/or awards from research or other scholarly groups outside the School of Dentistry.

.2-3-5 Consultation to government groups (review committee, study Sections, visitation teams).

.2-3-6 Service as a referee for research or other scholarly journals.

.2-3-7 Demonstration of the ability to direct research or other scholarly training as a thesis advisor and the ability to attract graduate students to the department.

.2-3-8 Election as an officer of a national or international society which is dedicated to the advancement of knowledge.

.3 Services to the University and Community

.3-1 Appointment to positions of considerable responsibility (Department Chair, Program Director, Division Head, etc.).

.3-2 Appointment to committees and magnitude of service role.

.3-4 Educational services to the Oregon Health and Science University outside the School of Dentistry.

.3-5 Advisor to undergraduate students.

.3-6 Special assignments from the Dean.

.3-7 Interdepartmental cooperation in all activities.

.4 Broad differentiation of faculty performances may be identified as the following categories:

.4-1 Insufficient to support – Performance below satisfactory level, measured by tangible evidence.

.4-2 Satisfactory – Interested, shows initiative, carries out effectively his/her responsibilities to the department, the school, the university and the profession.

.4-3 Substantial – Performance above satisfactory level, measured by tangible levels of accomplishment, imagination, and creativity.

.4-4 Outstanding – Performance above substantial level, measured by tangible evidence of superior accomplishment, imagination, and creativity. Demonstrates value to the school and his or her area of expertise or field of specialization. Enhances the image of the school, locally and nationally.

.4-5 Evaluation of performance levels for both promotion and indefinite tenure will be made by reference to the preceding list of tangible evidence.

.5 Differentiation according to rank will correspond to the following general guidelines as supported by the preceding list of tangible evidences.

.5-1 Assistant Professor, Research Assistant Professor and Clinical Assistant Professor – Educational background and/or professional experience are primary requisites; accomplishments demonstrate capacity for growth.

.5-2 Associate Professor, Research Associate Professor and Clinical Associate Professor – The candidate has made a
satisfactory contribution in all three major categories (teaching, professional growth and scholarly activities, and services to the university community), with substantial performance in at least one area. The candidate has demonstrated evidence of continuing growth in his or her academic performance.

(Both Assistant and Associate levels may be looked upon as terminal ranks for those individuals with satisfactory performance who have been with the school for many years.)

.5-3 Professor – The candidate is a recognized authority in his or her field. The candidate has met all three (3) major category requirements at a substantial level (teaching, professional growth and scholarly activities and service to the university community), with outstanding contribution in one category,

.5-4 Research Professor – The candidate is a recognized authority in his or her field. The candidate has met the major requirements for the category of professional growth and scholarly activities at an outstanding level, the category of service to the university community at a substantial level, and the category of teaching at the satisfactory level.

.5-5 Clinical Professor – The candidate is a recognized authority in his or her field. The candidate has met the major requirements for the categories of teaching and service to the university community at a substantial level, with outstanding contribution in one category. The candidate has met the major requirements in the category of professional growth and scholarly activities at the satisfactory level.

508 Transmittal and Appeal of Decision

.1 The Provost or President has the authority to award or not award promotion and indefinite tenure. The Dean shall inform the department chair and Chair of the Academic Rank and Tenure Committee of the President’s or Provost’s decision. The department chair will inform the faculty member in writing of the decision concerning tenure or promotion and indicate the reasons for the decision.

.2 Appeal of Negative Decision

.2-1 The faculty member may appeal in writing to the Dean for reconsideration of the decision. The Dean may review the decision or may refer the matter to the Academic Rank and Tenure Committee for additional consideration and recommendation.

.2-2 If, after reconsideration, the faculty member remains dissatisfied with the Dean's decision, he/she may appeal to the Provost of the University.
ARTICLE 600
STANDING COMMITTEES

Elective *

601 Curriculum Committee (Predoctoral)
603 Academic Dismissal Hearing Committee (ADHC), Predoctoral and Undergraduate

Appointive

609 Quality Assurance and Compliance Committee
*610 Academic Rank and Tenure Committee
**611 Dental Admission Committee
612 Advanced Education Committee
614 Faculty Bylaws Committee
615 Clinic Committee
616 Pre-clinical and Basic Science Academic Performance Committee
617 Archives and Historical Preservation Committee
619 Research Committee
620 Outcomes Assessment Committee and Subcommittees
622 Ad Hoc Committees and Special Groups

* Duties, policies and functions of this committee are established by the Faculty
** Policies of this committee must be approved by the Faculty (DS-611.4.2)

ELECTIVE

601 Curriculum Committee (Predoctoral)

.1 General
Two committees are responsible for curricular matters associated with dental and advanced educational matters:

The Dental Curriculum Committee (602.2) is responsible for the curriculum leading to the Doctor of Dental Medicine degree.

The Advanced Education Committee (613) is responsible for the Master of Science and certificate programs offered at the graduate level.

Decisions made by these committees to change courses in existing programs, to add new courses, or to delete courses are to be sent by the chair to the Assistant/Associate Dean for Academic Affairs for transmittal to the registrar, department chair and appropriate course director.

.2 The Dental Curriculum Committee

.2-1 Composition
The Committee is composed of seven (7) elected faculty members and two (2) student members. All members have
voting privileges unless these privileges are denied by committee vote for a particular meeting or conflict of interest.

.2-2 Elected Faculty Members
Any faculty member with an appointment of 0.5 FTE or greater is eligible for election to committee service.

.2-3 Tenure, Elected Faculty Members
Faculty are elected to terms of three (3) years in one of three categories. Incumbents may be re-elected to additional terms and terms are staggered.

.2-4 Student Members
Student members are appointed by the Dean on recommendation from the Associate Dean for Student Affairs. A third year and fourth year dental student serve concurrently. The DS3 is selected for a two-year term. Each year the Dean shall select a new DS3.

.2-5 Officers
The Assistant/Associate Dean for Academic Affairs is the chair, unless otherwise appointed by the Dean. The vice-chair is elected by the committee for a one (1) year term.

.2-6 Vacancies
.2-6-1 Faculty
If a faculty vacancy occurs, the position will be filled by a person with an appointment of 0.5 FTE or greater using the vote tallies at the previous election or, if necessary, a special election at the earliest faculty meeting.

.2-6-2 Student
A vacancy that occurs during the term of a student member will be filled by the election of a student by the Student Council.

.2-7 Quorum
A quorum is six (6) members, at least three (3) of whom must be elected faculty.

.2-8 Duties of the Curriculum Committee
.2-8-1 To support the mission, goals and outcomes assessment process of the School of Dentistry through the implementation of curriculum that will prepare an individual to practice general dentistry upon graduation.

.2-8-2 To implement and monitor a curriculum management plan that employs ongoing curriculum review and evaluation which is in compliance with the Standards of the Commission on Dental Accreditation.

.2-8-3 To ensure that a comprehensive evaluation of all predoctoral dental courses is performed and analyzed, including student evaluation of instruction.

.2-8-4 To collect quantitative data on course content, hours, objectives, and sequence utilizing a curriculum analysis mechanism.
.2-8-5 To monitor indices of student achievement as listed in Goal B of the School of Dentistry’s Outcomes Assessment process.

.2-8-6 To establish criteria and procedures for faculty and department chairs to submit curricular changes.

.2-8-7 To recommend modification of stated clinical competencies, courses and curriculum based on changes in the regional accreditation standards, specialized accreditation standards, trends in biomedical education and advances in scientific theory and technology.

.2-8-8 Evaluate proposed curricular changes to determine the impact of such changes on product and process of the curriculum:
   a. Sequencing and alignment with other courses
   b. Teaching methodology and evaluation
   c. Faculty availability and qualifications
   d. Accreditation standards
   e. Student contact hours and scheduling

.2-8-9 Identify and empower ad-hoc groups of faculty members to address issues of concern related to curriculum

.2-8-10 Prepare an annual report to the faculty listing the actions taken by the committee.

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603 Academic Dismissal Hearing Committee (ADHC), Predoctoral and Undergraduate

.1 Each convened ADHC hearing body is empowered to act on the faculty’s behalf and, as such, is permitted to waive relevant sections of Academic Policy providing that such action is consistent with OHSU Policy 203.4-1 (Purpose of a Hearing), and furthermore, the Chair of each ADHC Hearing Body will give an information report to the faculty at its next meeting giving specific sections waived and the justification for taking such action.

.1-1 Membership
   .1-1-1 Faculty will serve three (3) year terms staggered so that one-third (⅓) of the committee is replaced each year.

   .1-1-2 Students will serve for one (1) year.

.2 Hearing Body
   .2-1 Upon receipt of request for a hearing, the Dean or his/her designee shall appoint a Hearing Body consisting of four (4) of the above faculty members and one (1) of the students.

   .2-2 Faculty of the department(s) which offered the course(s) failed by the student shall not be appointed to the Hearing Body for that student. If a committee cannot be constituted from the thirty (30) elected members, the Dean or his/her designee may appoint members from the faculty at large.
Chair

To be elected by the Committee at its first assemblage.

Duties (See also AP 203.4)

2-4-1 To conduct a hearing for any student who is dismissed from school for academic or nonacademic reasons in order to consider all available evidence and make one of the following decisions: uphold the dismissal or readmit the student, with or without stipulations.

2-4-2 To tape record the proceedings and keep them accessible to any faculty member who has an appropriate reason to review them.

2-4-3 To prepare a written report of the findings and the decision and the specific rationale for that decision.

2-4-4 To transmit to the Dean within five (5) working days of the hearing the written report and decision, transcript of the hearing and all related evidence. (The records are to be retained for seven 97) years.)

2-4-5 To maintain the written record of hearing procedures and policy which have been approved by the faculty.

2-4-6 To conduct the hearing and to assure the protection of student rights as they are detailed in AP 203.

APPOINTIVE

Quality Improvement Committee

.1 Membership

This committee shall consist of representatives of clinical areas appointed by the Dean with recommendations from the Director of Quality Improvement. The committee shall consist of a minimum of five (5) members, including one student member.

.2 Tenure

Each committee member shall serve a term of three (3) years. A member may succeed him/herself. Any member missing three (3) consecutive meetings shall be replaced by discretion of the chair.

.3 Chair

The Chair will be the Director of Quality Improvement or appointed by the Dean on an annual basis.

.4 Duties

4-1 Ensure the quality of patient care at the School of Dentistry by:

4-1-1 Establishing and reinforcing quality improvement plan and policies.

4-1-2 Reviewing patient care data and making recommendations on corrective action.

4-1-3 Reassessing and updating the quality improvement plan.

4-2 Formulate or review institution policies and protocols and establish policies and procedures related to:
.4-2-1 Compliance with existing Federal, State and/or University regulations pertinent to health care provisions.

.4-2-2 Implementation and compliance with future pertinent regulations that may be enacted.

.4-2-3 Periodic review of pertinent compliance status.

.4-2-4 Management of concerns regarding compliance as they may arise.

.4-3 Maintain a liaison with the University level quality improvement and compliance officers and committees as necessary.

610 Academic Rank and Tenure Committee

.1 Membership
Nine (9) faculty members with indefinite tenure (four [4] associate professors and five [5] professors). The faculty will elect the nine (9) members from a slate of tenured full-time faculty nominated by the Dean. The committee will be comprised of faculty from both clinical and basic sciences with at least three (3) members from each and shall have served on the faculty of the School of Dentistry for a minimum of two (2) years. Members from the same department as the candidate may only review or evaluate a candidate’s application if their rank is the same or higher rank than the rank to which the candidate seeks promotion. Members must disclose potential conflicts of interest to the AR&T committee chair who might then excuse the member during evaluations of that candidate. The committee chair may submit a request to the Dean for additional members to be included on the committee for a single review cycle, as deemed necessary. This could include obtaining evaluation from individuals outside the School of Dentistry who would be asked to submit written comments to the committee.

.2 Tenure
Each faculty member will serve a three (3)-year term with three (3) members (one [1] from each rank) replaced each year. Members may be re-appointed for one (1) additional three (3)-year period, after which they must sit out one (1) term (three [3] years) before becoming eligible to serve again.

.3 Chair
Appointed by the Dean.

.4 Duties
.4-1 To review all recommendations from Department Chairs for promotion of faculty members or for granting tenure.

.4-2 To consult with Department Chairs about such recommendations whenever the supporting data requires clarification.

.4-3 To advise the Dean on the promotion of a Department Chair.

.4-4 To recommend action to the Dean on all such proposals for academic advancement and/or the granting of tenure.
To submit all documentation for these recommendations to the Dean.

To provide a re-review of documents in those instances where, for stated cause, the Dean does not support the recommendations on promotion coming from this committee.

To recommend academic rank for prospective new faculty appointments. The chair of the committee may recommend academic rank for volunteer (non paid) clinical faculty after review of submitted documents (e.g. full curriculum vitae, licensing information) without assembling the full committee. All other new appointments will be considered by the full committee in a called meeting.

**611 Dental Admission Committee**

.1 Membership

.1-1 This Committee shall consist of a minimum of the (10) members of the faculty with a minimum representation as follows:

.1-1-1 Administration (one).
.1-1-2 Clinic (three).
.1-1-3 Science (three).

.1-2 To be eligible, a faculty member must have:

.1-2-1 A 0.8 FTE or greater appointment.
.1-2-2 An academic rank.
.1-2-3 Served on the faculty for at least one (1) year prior to appointment.

.1-3 Members are appointed by the Dean

.2 Tenure

A three (3)-year term staggered so that two (2) members will be replaced each year. A member may succeed him/herself.

.3 Chair and Vice-Chair

Appointed by the Dean.

.4 Duties

.4-1 Evaluate, select, or reject applicants on their own authority without referral to the faculty.

.4-2 Maintain a written record of admission policies which have been approved by the faculty.

.4-3 Evaluate and accept or reject transfer applicant, providing there is space available.

.4-4 Furnish a written summary of admission activities to the faculty at the September faculty meeting.

.4-5 Maintain a public information policy on admissions.

.4-6 Devise and conduct research programs related to admissions policies.

**612 Advanced Education Committee**

.1 Membership
.1-1 This committee shall consist of the program directors of all advanced education programs and chairs of basic science departments.

.1-2 *Ex-Officio* members include the Assistant/Associate Dean for Student Affairs.

.1-3 Number to be determined by the Dean.

.2 Tenure: A three (3) year term, staggered so that one-third (1/3) of the Committee is replaced each year.

.3 Officers

.3-1 Chair: Assistant/Associate Dean for Academic Affairs, or as appointed by the Dean.

.3-2 Vice-Chair: elected by the Committee.

.4 Duties

.4-1 Establish and provide oversight for School of Dentistry advanced education programs admissions policies and academic standards. These policies are to be consistent with the policies of the School of Dentistry and the Oregon Health & Science University.

.4-2 Review and approve all proposals for new graduate or specialty certificate programs, modifications to existing advanced education programs, and new graduate courses. This approval process must occur prior to implementation of program or curricular change.

.4-3 Review and approve the proposed thesis committee for each student in a graduate degree program.

.4-4 Recommend for faculty approval candidates for graduation and receipt of a specialty certificate or degree.

.4-5 Serve as an arbitration body in any advanced education student/faculty dispute utilizing established University due process mechanisms.

614 Faculty Bylaws Committee

.1 Membership

.1.1 Five (5) voting members of the faculty, appointed by the Dean.

.1-2 *Ex-Officio* members will be:

.1-2-1 The Secretary of the Faculty.

.1-2-2 The Assistant/Associate Dean for Academic Affairs.

.1-2-3 A Representative of the Dental School Registrar’s Office.

.2 Tenure

Three (3) years. A member may succeed him/herself.

.3 Chair and Vice-Chair

.3-1 Chair, appointed by the Dean.

.3-2 Vice-Chair, appointed annually by the Chair

.4 Duties

.4-1 Screen and edit all proposed amendments to the Faculty Bylaws, regardless of source, before distribution to the faculty for consideration. This committee is not empowered to veto
any proposal submitted by a faculty member. All such proposals are to be distributed to the faculty for review.

.4-2 Maintain continuous study of the Faculty Bylaws Policy File and initiate any proposed amendments considered necessary to improve these documents.

.4-3 Present rationale for proposed amendments and the accompanying motions to amend the Bylaws at faculty meetings.

.4-4 Bylaws amendments will be handled on a date-received basis and presented to the faculty at regular sessions. A special meeting of the faculty can be requested if the committee determines that an emergency exists.

.4-5 Maintain the Academic Policy file to be current with faculty action.

.4-6 Other related tasks as assigned by the Dean and/or Faculty.

615 Clinic Committee

.1 Membership

This committee shall consist of the following:

.1-1 The Chairs of all Clinical Departments (Restorative, Oral Pathology, Orthodontics, Periodontology, Oral and Maxillofacial Surgery, Pediatric Dentistry, Endodontology, and Community Dentistry).

.1-2 The Assistant/Associate Deans for Academic and Clinical Affairs.

.1-3 The Assistant/Associate Dean for Student Affairs and the Director of Predoctoral Clinics

.1-4 The Secretary of the Faculty (Ex-Officio).

.2 Tenure

Indefinite

.3 Chair

Assistant/Associate Dean for Clinical Affairs

.4 Duties

.4-1 To make recommendations to the Dean or Assistant/Associate Dean for Clinical Affairs on clinical policies, procedures, hours and schedules.

.4-2 To recommend to the Curriculum Committee changes in the clinical education programs.

.4-3 To evaluate the professional growth, development and behavior of students in clinical courses and take action consistent with any deficiencies noted. This may include placing students on academic probation.

.4-4 To monitor patient care procedures carried out by students and take action consistent with any deficiencies noted. This may include the immediate withdrawal of a student’s privilege to treat patients.
To recommend to the Dean the acceptance or denial of any fourth year dental student’s (DS4) request to participate in a licensure examination up to one (1) term prior to graduation.

To recommend to the faculty those DS4s who have fulfilled their clinical competencies and requirements for the receipt of the D.M.D.

**Pre-clinical and Basic Science Academic Performance Committee**

To establish a standing committee to review academic performance of students in the first two (2) years of the dental curriculum.

**Membership**

- Course Director of each course taught during each grading interval of the first two (2) years of the dental curriculum. (Membership will change from term to term depending upon courses taught.)
- Ex-officio Members
  - Associate Dean for Academic Affairs
  - Associate Dean for Clinical Affairs
  - Director of Predoctoral Clinics

**Quorum**

Varies but will be majority of potential membership for each term.

**Tenure**

Indefinite

**Chair**

The chair will be appointed by the Dean.

**Duties**

- To review the progress of DS1 and DS2 students in the pre-clinical and basic science curriculum at the end of each grading interval.
- To evaluate professional growth, development and behavior of students in pre-clinical and basic science courses and take action consistent with any noted deficiencies.
- To recommend to the faculty those students prepared to provide care for patients prior to the third year clinical curriculum.
- To submit to the faculty recommendations on students with unsatisfactory pre-clinical and basic science performance. (This may include placing students on academic probation and/or dismissal.)
- To recommend to the Curriculum Committee changes in content and sequencing of the pre-clinical and basic science curriculum.

**Archives and Historical Preservation Committee**

**Membership**

Five (5) members (minimum) appointed by the Dean.

**Tenure**

Indefinite

**Chair**

The chair will be appointed by the Dean.
Appointed by the Dean.

Duties

.4-1 Organize and maintain the school’s collection of archival materials.

.4-2 Organize and preserve the school’s collection of dental artifacts.

.4-3 Prepare displays of historical materials for the School of Dentistry.

.4-4 Assume the responsibility for circulation of historical materials and displays to any outside parties.

.4-5 Act in an advisory capacity to the library regarding the history collection.

.4-6 Assume responsibility for receiving and utilizing gifts.

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Research Committee

.1 Membership

.1-1 Ten (10) members

.1-2 To be appointed by the Dean from voting members of the faculty who are allied with research activities.

.1-3 Each must have served at least one academic year and have an academic appointment.

.1-4 Each September the Dean will appoint two replacement members.

.2 Tenure

For five (5) years – commencing on the first day of their September appointment with staggered rotation which has been established by the Dean. Members may succeed themselves for an indefinite period.

.3 Chair

Appointed by the Dean from committee members who have had a minimum of one (1) year of service on the committee.

.4 Duties

.4-1 To coordinate faculty and visitor research seminars and conferences.

.4-2 To maintain current information regarding both intramural and extramural summer research fellowship opportunities for dental students.

.4-3 To motivate and encourage research by dental students and graduate students and to disseminate information on research accomplishments and opportunities to students and faculty.

.4-4 Make recommendations for the allocation of school funds for the purchase, repair, or replacement of common use research equipment.

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Outcomes Assessment Committee and Subcommittees

.1 Outcomes Assessment Committee

.1-1 Membership

The membership shall consist of the Dean and the Chairs of the six (6) Goals Assessment Committees.
.1-2 Tenure
Indefinite
.1-3 Chair
Dean of the School of Dentistry
.1-4 Duties
.1-4-1 To assure the formal and ongoing process of outcomes assessment.
.1-4-2 To review the reports of the Goal Assessment Committees.
.1-4-3 To develop and prioritize items from working committees.

.2 Goal Assessment Committees
.2-1 Titles and Charges of Committees
.2-1-1 Goal A (Mission) Assessment Committee
.2-1-2 Goal B (Education) Assessment Committee
.2-1-3 Goal C (Patient/Doctor) Assessment Committee
.2-1-4 Goal D (Scholarship) Assessment Committee
.2-1-5 Goal E (Funding) Assessment Committee
.2-1-6 Goal F (Culture) Assessment Committee
.2-2 Membership
Appointed by the Dean in consultation with the Counsel of Deans.
.2-3 Tenure
Indefinite
.2-4 Duties
.2-5-1 To convene goal committees during each calendar year.
.2-5-2 To assure formal and ongoing process using a matrix.
.2-5-3 To demonstrate effectiveness of goals.
.2-5-4 To prepare a written report on action items.
.2-5-5 To report annually to general faculty.

622 Ad Hoc Committees and Special Groups
Membership, duties and functions of these categories of committees will be directed by the appointing authority. When formalized as a standing committee, a copy of its membership, duties and functions will be submitted to the Bylaws Committee, which in turn, will assign it a number and distribute copies to the faculty.

ARTICLE 700
MISCELLANEOUS

701 Academic Policy (AP)
.1 Purpose: To define all policy which has been established by the faculty.
.2 Amending and Reviewing
.2-1 Policies can be amended by a majority vote at a duly constituted faculty meeting.
2-2 Policies will be reviewed by the Bylaws Committee which will recommend to the faculty modifications, deletions or additions of new policies or no changes. Proposed changes can arise in the Bylaws Committee, be referred by a faculty member to this committee, or arise from the floor at a faculty meeting.

.2-3 Any changes passed by the faculty will be referred to the Bylaws Committee which, in turn, is responsible for the keeping of a current policy file.

702 Faculty Development Policy

.1 The goal for faculty development is to stimulate the growth of faculty members in all aspects of academic scholarship thus supporting the mission and goals of professional health care education at OHSU. It is the obligation of the University and the School of Dentistry to provide for the development of faculty on a continuous basis. This is a standard for the Northwest Commission on Colleges and Universities (NWCCU) and the Commission on Dental Accreditation.

.2 The faculty member is the most important asset of the University. It is to the mutual benefit of both the University and the faculty member for that individual to flourish and grow professionally. Career advancement promoted job satisfaction and the promotion and tenure process assures accountability. The individual faculty member must establish professional goals and focus on academic priorities.

.3 Faculty development is the process of maintaining and enhancing the activities surrounding the academic responsibilities of the educator. Faculty development can be further divided into:

.3-1 Orientation and development for faculty new to OHSU
.3-2 Development for existing faculty
.3-3 Mentoring

The areas of faculty development usually match the scholarship arenas in which each faculty member is evaluated and promoted.

.4 Responsibility of the University and School of Dentistry
It is the responsibility of the University and the School of Dentistry to provide time and appropriate resources for the individual faculty member to develop in all established roles of teaching, research and service.

.5 Responsibility of the Dental Faculty Member
It is the responsibility of the dental educator/researcher to embrace the mission of the University, the goals of the School of Dentistry and the objectives of the assigned academic position. Faculty are expected to engage in the scholarship of discovery, integration, application and teaching.

.6 Objective of the School of Dentistry Faculty Development Program

.6-1 Orientation and development for faculty new to OHSU School of Dentistry

.6-1-1 Provide introduction to the SOD and University resources
.6-1-2 Provide reference document

.6-2 Development for existing faculty
.6-2-1 Stimulate scholarship in all areas of School mission
.6-2-2 Provide opportunities for growth and development in academic/professional roles.
.6-3 Mentoring
.6-3-1 Stimulate and facilitate collaboration among the professoriate
.6-3-2 Promote and support the mentorship role in all faculty.

703 Third Party Comment Policy and the Commission on Dental Accreditation

The United States Department of Education (USDE) requires that all accrediting agencies provide an opportunity for third party comment with respect to institutions or programs scheduled for an accreditation review. All comments submitted must related to the accreditation standards for the discipline being reviewed or policies and procedures used in the accreditation process. Interested parties such as faculty, students, administrators, organizations, patients or consumers may make comments.

Any program scheduled for accreditation review is responsible for soliciting third-party comments from students and patients by publishing an announcement at least 90 days prior to the scheduled site visit. A copy of the Commission’s policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago IL 60611 or by calling 1-800-621-8099 extension 4653. Questions about any accreditation issue may be directed to the Associate Dean for Academic Affairs.

These policies and procedures were reviewed and revised in 2010 and are affirmed as accurate, true, and approved by the Faculty in accord with the Bylaws of the School of Dentistry.

Secretary of the Faculty __________________________________________
Appendix 20

School of Medicine Constitution
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Article I Preamble

The goals of the Oregon Health & Science University are to foster learning, teaching, patient care and research. The faculty of this School of Medicine is concerned with the accumulation, preservation and dissemination of knowledge and is equally concerned with keeping under critical review the values and methods of its educational system.

The objectives of the faculty organization in attaining these institutional goals are as follows:

1) to foster an active and informed faculty
2) to promote effective communication among members of the faculty
3) to facilitate effective decision-making on matters of faculty concern.
4) to provide a mechanism whereby representative faculty opinion may be made available to other groups of the School of Medicine and thereby facilitate the attainment of overall institutional goals
5) to provide a mechanism for the faculty, as officers of the institution, to share appropriate authority and responsibility for School of Medicine operation, as designated by the Oregon Health & Science University Policies

The mechanisms by which these objectives may be accomplished are set forth in this document.

The operating procedures have been formulated within the legal framework of the Oregon Health & Science University. The procedures are subject to the authority of the Oregon Health & Science University Board and to the approval of the President of the Oregon Health & Science University and the Dean of the School of Medicine.

Article II
Organization of the School of Medicine

As an officer of the Oregon Health & Science University School of Medicine, each member of the faculty interacts in many ways with the whole organization. The relationships and interactions depend upon the authority and responsibility assigned to the various parts of the overall organization of the Institution. The sections of this Article present some of the relationships.

Section A. Oregon Health & Science University

The President of OHSU is appointed by the OHSU Board and is responsible to the Board for the administration of the institution.

Section B. The School of Medicine

The University of Oregon Medical School was originally chartered by the Board of Regents of the University of Oregon in 1887. It had administrative and faculty autonomy except that all degrees from the School were granted by the University of Oregon at Eugene. In 1974 the University of Oregon Health Sciences Center was formed by combining the University of Oregon Dental School, the University of Oregon Medical School, and the University of Oregon School of
Nursing. In 1981, the institution was renamed the Oregon Health & Science University.

Section C. The Dean

The Dean, School of Medicine, is appointed by the President and is responsible to the President for the administration of the School. The responsibilities and authorities of the Dean, who is the chief executive officer of the School of Medicine, are defined by the President of the University. The Dean shall ensure that regular reviews of all departments be conducted in order to assess their performance and needs. The Dean has the right to preside over the deliberations of the legislative body of the School of Medicine’s faculty and has the right of veto over its decisions subject to review by the President of the Oregon Health & Science University. All projects, programs, and reports which form any part of the activities of the school are subject to the Dean’s approval. The Dean has the right - subject to review by the President of the Oregon Health & Science University - to define the scope of authority of the faculty, councils, committees, and officers of the School of Medicine.

Section D. Faculty Council

The Faculty Council is the principal advisory and legislative body of the School of Medicine. It makes available to the Dean informed representative faculty and departmental opinion and council on the affairs and problems of the School of Medicine. (See Article IV)

Section E. Department Chairs, Associate and Assistant Deans and Administrative Officers

Associate and Assistant Deans, and Departmental Chairs are appointed by the Dean of the School of Medicine. Their duties and responsibilities are either outlined in the Oregon Health & Science University Policies or determined by the Dean of the School of Medicine (see Article VII).

Section F. Departments, Free-Standing Divisions, and Interdepartmental Programs

In order to facilitate the coordination and execution of the activities needed to achieve the institutional objectives, the faculty is organized into departments, free-standing divisions and interdepartmental programs.

Section G. Committees and Boards

Some of the duties and responsibilities of members of the faculty are exercised through standing and ad hoc committees and medical student progress boards (see Article V).

Section H. Other Institutional Groups

The Faculty as organized under this Constitution interacts and cooperates with other groups in the institutional complex including the students, house staff, other trainees, nurses, and other academic and non-academic employees. Each group within the School is ultimately responsible to the Dean.

Article III The Faculty
Section A. Membership

The General Faculty of the Oregon Health & Science University School of Medicine shall consist of persons with the clinical, adjunct, research, or regular academic rank of Professor, Associate Professor, Assistant Professor, Senior Instructor or Instructor and those persons with the non-academic appointment of Affiliate. The Primary Faculty shall consist of members of the General Faculty, who in addition to having a regular academic appointment at the School of Medicine, receive a salary from the School of Medicine, the Oregon Regional Primate Research Center, the Portland Veterans Affairs Medical Center or other OHSU research or affiliated clinical entities.

Section B. Jurisdiction and Responsibilities

The Faculty is organized under this Constitution in order to:

1) make recommendations regarding the functions and goals of the School
2) make recommendations regarding the facilities, staff and supporting services necessary to accomplish the functions and goals of the School
3) make recommendations regarding the institutional policies, organization, and programs
4) formulate and recommend educational policies of the School.
5) formulate and recommend admission requirements of the School
6) formulate and recommend curricula of the School
7) promote students and make recommendations for granting of degrees within the authority of the School
8) make recommendations regarding academic freedom and tenure and the welfare of the Faculty
9) undertake such other duties and responsibilities as are referred to the Faculty, or as are required of it, by the President of the Oregon Health & Science University and the Dean of the School of Medicine

These responsibilities shall be accomplished through meetings of the Faculty, through Departments, through the Faculty Council or through appropriate committees.

Section C. Faculty Meetings

1) **Regular Meetings** - At least one meeting of the Primary Faculty shall be held each year, September through May.

2) **Special Meetings** - Special meetings of the Primary Faculty may be called by the Dean or the Dean’s designated representative, by the Faculty Council or on petition of 30 members of the Primary Faculty.

3) **Time of Meetings** - The Dean or the Dean’s designated representative shall establish the dates, time and place of all meetings. The Secretary of the Faculty will announce the time and place of any meeting to the appropriate faculty.
4) **Agenda** - The agenda of all regularly scheduled meetings shall be prepared by the Dean or the Dean’s designated representative. Topics for the agenda shall be consistent with the duties and responsibilities of the faculty. The agenda of all special meetings will be based on the reason for calling the meeting.

5) **Reports** - Reports of Standing and Special Committees of the Faculty may be presented at faculty meetings.

6) **Voting** - Only the Primary Faculty has the privilege of voting. A mail referendum of the entire Primary Faculty on any question voted upon at a faculty meeting shall be taken upon request of one third of the Primary Faculty members present at the meeting.

7) **Quorum** - Seventy-five members of the Primary Faculty shall constitute a quorum.

8) **Rules** - The business of the Faculty shall be conducted according to the current edition of Roberts’ Rules of Order except in so far as any special rules of order arising from this Constitution dictate otherwise.

**Section D. Officers and Elections**

1) **Presiding Officer** - The Dean of the Dean’s designated representative shall preside at meetings of the Faculty.

2) **Secretary** - The Secretary of the Faculty Council shall perform the duties ordinarily assigned to a secretary. The Secretary shall maintain a permanent file of minutes of the faculty meetings and shall direct the distribution of these minutes to all members of the Primary Faculty. The Secretary shall direct the assembling of all material for the agenda and distribution of pertinent material to the members of the Faculty in advance of each meeting.

3) **Parliamentarian** - A Parliamentarian of the Faculty Council shall be appointed by the Dean as necessary.

4) **Elections** - The elections will be conducted by the School of Medicine Dean’s Office in conjunction with the Elections Officer.

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**Article IV**

**The Faculty Council**

**Section A. Membership**

The Faculty Council is the principal advisory and legislative body of the Oregon Health & Science University School of Medicine. The membership consists of the Dean, Associate and Assistant Deans, appointed by the Dean to the Council, the Department Chairs, the free-standing Division Heads, directors of interdepartmental programs, and Elected Faculty.
Representatives. The President of the Oregon Health & Science University, the Provost, the Vice Provost for Research, the Vice President for Clinical Programs and the Executive Vice President shall be ex officio voting members of the Faculty Council. The individual who serves as the School of Medicine representative on the Executive Committee of the Faculty Senate of the Oregon Health & Science University shall also be an ex-officio voting member of the Faculty Council.

Section B. Power and Duties
The Council shall make available to the Dean informed representative faculty and departmental opinion and counsel on the affairs and problems of the School of Medicine, especially in areas of administrative and operational policies directly concerned with educational matters. Reports of all the standing and appropriate special committees are referred to the Faculty Council for discussion and final recommendations. In addition, the Council shall set up means whereby the jurisdiction and responsibilities of the Faculty are met through committees, council meetings and meetings of the Faculty. The Faculty Council shall also decide questions relating to constitutional interpretation.

Section C. Officers and Elections

1) **Chair** - The Dean or his designated representative shall preside.

2) **Secretary** - A Secretary designated by the Dean and approved by the Council, shall perform the duties normally assigned to a secretary. The official minutes of the Faculty Council meetings shall be prepared by the Secretary and kept on file in the Dean’s office, and in all departmental offices.

3) **Parliamentarian** - A Parliamentarian shall be elected by and from the membership of the Faculty Council as needed.

Section D. Election of Representatives

Membership and Elections - The Elected Faculty Representatives shall be selected through their respective representative units. Each representative shall serve a four-year term. Each representative unit shall have four representatives with staggered terms such that each unit will elect one representative each year.

Regular elections shall be conducted annually by nomination and election ballots under the supervision of the Elections Officer. The voting members of the Faculty in each representative unit will be supplied a nominating ballot, a list of persons eligible for election, and a list of current elected members of the Faculty Council indicating their terms of office. Each member of the Primary Faculty may nominate individual(s) from his/her representative unit for the position on the nomination ballot. The election ballot shall contain all of the consenting nominees obtained from the nomination ballot who are eligible for election and who received nominations.

Each member of the Faculty shall vote in the unit in which he/she holds his/her primary appointment. The candidate in each representative unit receiving the highest number of votes of the ballots cast shall be elected. Ties shall be broken by the Elections Officer.
immediately following the election.

An Elected Faculty Representative shall be eligible for re-election to a consecutive second term; however, he/she shall then be ineligible for re-election for one year. An exception may be made in the case of a member filling less than a year of an unexpired term, in which case he/she may be re-elected twice, with due observations of all other qualifications. Special elections to fill unexpired terms shall be conducted in the same way as regular elections.

Representative Units: Eight representative units shall consist of Primary Faculty from departments or other units of the School of Medicine as follows:

Unit 1 - Dermatology, Molecular & Medical Genetics, Neurology, Obstetrics and Gynecology, Ophthalmology
Unit 2 - Emergency Medicine, Family Medicine, Pediatrics, Child Development & Rehabilitation Center faculty with School of Medicine appointments
Unit 3 - Behavioral Neuroscience, Biochemistry & Molecular Biology, Cell & Developmental Biology, Molecular Microbiology & Immunology, Physiology & Pharmacology
Unit 4 - Diagnostic Radiology, Dotter Institute, Medical Informatics & Outcomes Research, Pathology, Radiation Oncology
Unit 5A - Medicine
Unit 5B - Medicine
Unit 6 - Anesthesiology, Neurological Surgery, Orthopaedics & Rehabilitation, Otolaryngology & Head & Neck Surgery, Surgery
Unit 7 - Psychiatry, Public Health & Preventive Medicine

The Elections Officer shall periodically review the number of Elected Faculty Representatives and the distribution of Primary Faculty among the representative units. Action will be initiated when necessary so that the units remain of appropriate size and common interest and so that an appropriate balance between elected and appointed members of the Faculty Council is maintained. In no case shall any unit be more than twice the size of any other unit nor shall the proportion of elected members of the Council fall below forty percent of the whole.

Section E. Meetings

1) **Regular Meetings** - Regular meetings of the Faculty Council shall be held monthly September through June unless canceled or otherwise rescheduled by the Dean or in his absence his designated representative.

2) **Special Meetings** - Special meetings may be scheduled when deemed necessary by the Dean or his designated representative. In general at least three days’ notice will be given for such meetings.

3) **Alternatives** - An alternate Departmental representative named by its chair shall attend Council meetings in the absence of the Departmental Chair.

Elected representatives who will be absent for four or more months may be replaced by
the selection of an alternate from their respective units. It is the responsibility of the representative to inform the Secretary of the Faculty Council of his/her impending absence.

The alternate will be selected as follows: The Elections Officer will choose a person to substitute for the elected representative until he/she returns to campus or his/her term is completed. This person should be the runner-up in the most recent Faculty Council election in the representative unit in question. Alternatively, the second runner-up will be appointed; if he/she cannot serve, the third runner-up will be appointed.

1) **Quorum** - A simple majority of the membership attending constitutes a quorum.

2) **Agenda** - The agenda for meetings shall be prepared by the Dean or his designated representative and mailed out approximately one week in advance of the meeting. Items identified by any Council member may be placed on the agenda at the discretion of the Dean. The agenda topics for Faculty Council meetings are not restricted to any particular area but may include matters involving the Institution.

**Article V Committees**

**Section A. Committee on Committees**

The membership of the Committee on Committees shall consist of the Dean or the Dean’s designated representative as chairman and eight members of the Primary Faculty, one from each representative unit, elected for a term of three years. The procedures for the nomination and election of representatives to the Committee on Committees shall be the same as those for the election of faculty representatives to the Faculty Council and will be supervised by the Elections Officer.

The Committee shall:

1) circulate forms to the Primary Faculty at least once a year to obtain expressions of special interest and competence in regard to membership of committees. The form will also solicit suggestions for the names of other faculty members who are considered to be especially qualified to serve on specific committees.

2) advise and consult in confidence with the Dean on the appointment of members to non-elected committees.

3) report in writing to the Faculty, the Faculty Council and to the Dean at least annually
The elected members of the committee shall:

4) act as the appointing body for setting up permanent panels of Primary Faculty and, when the occasion arises, of appointing members from these panels to GMEC and ad hoc hearing committees (See Section C & D this Article).

Section B. Elections Officer

The Committee on Committees shall recommend an Elections Officer who shall be a Primary Faculty member. The term of the appointment shall be four years. The Elections Officer shall establish guidelines and direct the Dean’s Office staff in conducting all elections for which he/she is responsible.

The Elections Officer shall:

1) monitor nomination procedures and direct the Dean’s Office staff to establish the eligibility and obtain the consent of faculty members to run for office.

2) assist in the development of election procedures and set the dates for nominations and elections.

3) review the eligibility of the electorate.

4) set suitable rules for obtaining a majority vote, the resolution of ties and run-off elections; certify the election results.

5) supervise the nomination and election of Elected Faculty Representatives on the Faculty Council and Committee on Committees.

6) administer any special elections.

7) inform the Faculty Council if the distribution of faculty members within each unit is outside the constitutional parameters or if the total number of Elected Representatives is below the constitutional threshold and provide a proposed amendment to reestablish compliance.

8) direct the Dean’s Office staff to ensure that every Primary Faculty member is assigned to a voting unit and is informed to which representative unit he/she has been assigned.

Section C. Graduate Medical Education Committee (GMEC) and GMEC Executive Committee

GMEC has the responsibility for monitoring and advising on all aspects of residency education. GMEC membership and scope of work will be determined by ACGME accreditation standards, the direction of the Dean and an annual review by the Graduate
Medical Education Committee.

Voting membership on the committee must include residents of any level nominated and elected by their peers; the Program Directors of Pediatrics, Internal Medicine, Family Medicine, Neurology, Surgery, Psychiatry, Emergency Medicine, Anesthesiology, Obstetrics and Gynecology, and other appropriate program directors; designated official from the Sponsoring Institution; the Designated Institution Official (DIO); and may include other members at the discretion of the Dean. The DIO will advise and consult in confidence with the Dean on the appointment of non-elected members.

The GME office will circulate forms to appropriate education faculty, administration and residents at least once a year to generate peer nomination and elections from each department and division to obtain resident members of GMEC. The form may also solicit suggestions for the names of other administrators, staff or faculty members considered to be especially qualified to serve on GMEC.

The Chair of GMEC may appoint an executive committee. Members of the Executive committee will be selected from the GMEC. The Executive Committee shall consist of 3 OHSU ACGME approved Program Directors, one from a fellowship program; 3 residents, including subspecialty residents, at least one of which is an active member of the HOA; and the DIO. The GME administrator and education director function with ex officio-status. The full and/or executive committees meet at least quarterly.

Terms of office for GMEC and GMEC Executive Committee will be designated by Program Directorship and the Dean. The charge shall be in writing and kept on file in the Dean’s office.

Regular Meetings - The full and/or executive committees meet at least quarterly.

Special Meetings - Special meetings may be scheduled when deemed necessary by the Dean, GMEC Chair or designated representative. In general at least three days’ notice will be given for such meetings.

Representatives who will be absent for four or more months may be replaced by the selection of an alternate from their respective departments. It is the responsibility of the representative to inform the GMEC Chair.

Section D. Other Standing and Ad Hoc Committees, Special Committees and Promotion Boards

Standing and Ad Hoc Committees, are established by the Dean generally with the advice of the Faculty Council. The Faculty Council or the Faculty may recommend the establishment of Standing or Ad Hoc Committees and the charge to be given such committees. The charge to be given each committee and their current membership shall be in writing and kept on file in the Dean’s office.

Section E. Operating Procedures for all Committees
1) **Term of Office for Committee Members**

Term of office for members of standing committees, except GMEC, shall be three years. For members of special committees the term of office shall be designated in the charge or be continuous until the task is completed provided that this period does not exceed three years. Each member of a committee shall be eligible for reappointment or re-election to a consecutive term. Members serving two consecutive terms shall then be ineligible for reappointment or re-election for one year; except that Admission Committee members may serve three consecutive terms. Where appropriate ex officio members shall be designated to serve on specific committees for an indefinite term.

2) **Selection of Officers**

All committees shall have a chairman, selected by the Dean, a secretary and such other officers as may be designated in the charge. In the absence of any such designation each committee shall select its own officers.

3) **Minutes and Reports**

All committees shall keep minutes and, unless otherwise specified in their charge, distribute copies to their members, to the Secretary of the Faculty and to the Dean.

Standing Committees shall report in writing to the Faculty, the Faculty Council and to the Dean at least annually and such reports may be discussed at faculty meetings. GMEC shall also report in writing to the Medical/Professional Board of OHSU and, via the Dean, to the President of OHSU.

Ad Hoc Committees shall report in writing to the appropriate body as designated in their charge whenever a specific assignment is completed. Any committee may also report its progress on its own initiative or upon request of the Faculty Council or Dean.

4) **Vacancies**

Vacancies on a committee shall be filled by the same mechanism used in forming the initial committee.

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**Article VI**

**Departments, Free-Standing Divisions, and Interdepartmental Programs**

**Section A. Departments**

In order to assist the Faculty in the efficient exercise of its functions, the School of Medicine is divided into departments, free-standing divisions, and interdepartmental programs. The Faculty is responsible for carrying out the objectives of the School of Medicine which include teaching, research, patient care, and public service. Each department, free-standing division, or interdepartmental program is responsible for a circumscribed area of subject matter and is reasonably autonomous in its activities.
The faculty responsibilities which are implemented through the departmental structure and its members include their active participation in:

1) the design and maintenance of the teaching, research and service programs of the department

2) the formulation of departmental opinions and plans of action on matters of departmental interest or relevance including the departmental consideration of new appointments, promotions and tenure

3) carrying out the decisions, policies and regulations of the School of Medicine with the department

4) Participation in the regular review of the department requested by the Dean. The departmental activities shall be facilitated in part by the holding of regular meetings of the departmental faculty.

Section B. Free-Standing Divisions

Free-standing divisions will be created to facilitate evolving scientific and clinical disciplines whose administration within the School of Medicine would be best established outside of existing departments. Such free-standing divisions have the potential to develop into independent departments. These free-standing divisions would function in a manner analogous to existing independent departments.

1) Free-standing divisions can be established, dissolved or merged with existing departments by the Dean, following discussion with the Faculty Council.

2) The free-standing division head has an administrative role analogous to a department chair (Article VII).

3) The free-standing division would provide the same fiscal and administrative support for faculty (including a promotion and tenure process) as a department.

4) Faculty members in a free-standing division will receive their primary appointments through that division and will have the same responsibilities as spelled out in Section A of this article for faculty of departments.

Section C. Interdepartmental Programs

Interdisciplinary programs, such as clinical or research centers or institutes, may be established when such an entity is beneficial to the various aspects of the academic mission of the School.

1) These programs may be established by the Dean, following approval of involved department chairs and following discussion with the Faculty Council.
a) Interdepartmental clinical programs also require approval of the President of the Oregon Health & Science University Medical Group.

2) Interdepartmental programs may have designated directors who are responsible for the operation of the program and for the functioning of the faculty within the specific program. However, each involved department chair continues to be responsible for academic governance of his/her faculty in the program, including but not limited to academic development, promotion and tenure, and overall financial compensation.

a) Clinical faculty in interdepartmental programs may pool clinical earnings and develop unique methods for distribution of such earnings as long as these faculty members have developed these compensation plans with the approval of their respective department chairs and the OHSU Medical Group and where these plans do not disadvantage each parent department.

3) Interdepartmental programs may be dissolved by the Dean after consultation with each involved department chair and for clinical interdepartmental programs, with the approval of the President of the Oregon Health & Science University Medical Group.

Article VII

Departmental Chairs & Heads of Free-Standing Divisions

The Department Chair is the administrative and executive officer of the department. The Chair is appointed by the Dean of the School of Medicine. Selection of candidates for Departmental Chair shall be undertaken by a special committee of the Faculty. Selection of the members of the committee shall be by the Dean on the advice of the Committee on Committees after it has sought advice from the department or free-standing division for which a chair/head is being sought.

The responsibilities of a departmental chair include but may not be limited to the following:

1) presiding at department meetings, which must take place at least quarterly with minutes submitted to the Dean

2) assuring the assignment and completion of duties appropriate for the design, maintenance and evaluation of the teaching, research and service programs of the department.

3) the satisfactory expenditure of budgeted funds in keeping with the business principles of the School of Medicine

4) assuring that the opinions and recommendations of the members of the department are presented to the appropriate administrative officers or organizations.
5) faculty development and faculty review as per Promotion and Tenure guidelines

6) recommending of appointment of faculty, promotion and tenure of faculty and the initiation of salary changes and dismissal of faculty members of the department

7) employing maximum consultation and delegating departmental duties while maintaining final responsibility for the actions of the department and for the execution of the decisions, actions, policies and regulations of the School of Medicine as they apply to the department

**Article VIII Amendments**

Amendments to this document may be introduced at a regular or special meeting of the General Faculty, Primary Faculty or Faculty Council; such amendments must be written and submitted to the Secretary of the reviewing body at least ten days before the meeting. The Secretary will send a copy of the proposed amendment(s) to each member of the reviewing body at least five days before the meeting. If a resolution to amend is passed by a simple majority of those present and voting, the Secretary of the Faculty shall present the amendment(s), in writing, to all the Primary Faculty within ten days. The Elections Officer shall direct the Dean’s Office staff to conduct a secret ballot within thirty days. Ratification of the amendment(s) requires a two-thirds majority of all the ballots returned by the Primary Faculty and becomes effective upon approval of the Dean. If the Dean does not act upon any amendment(s) within sixty days following written notification of the action by the Primary Faculty, the amendment(s) shall automatically become a part of the document. In the event of a veto by the Dean of an amendment ratified by the Primary Faculty, the matter shall be referred to the Faculty Council which may in turn refer the matter to the President of the Oregon Health & Science University.
AMENDMENTS

Article I amended 06/1976, 06/1986, 08/1999 Article

II
Section A amended 06/1976, 08/1999 Section B
amended 06/1976, 08/1999
Section C amended 06/1976, 10/1994, 08/1999 Section D
amended 08/1999
Section E amended 08/1999 Section F
amended 08/1999
Section G amended 10/1994, 08/1999 Section H
amended 08/1999

Article III
Section A amended 08/1999
Section B amended 06/1976, 08/1999
Section C amended 05/1974, 06/1986, 08/1994 Section D
amended 08/1994, 08/1999

Article IV
Section A amended 04/1977, 11/1984, 08/1999 Section B
amended 08/1999
Section C amended 08/1999

Article V
Section A amended 08/1999, 06/2006 Section B
amended 08/1999
Section C amended 08/1999, 06/2006 Section D
amended 08/1999, 06/2006
Section E amended 06/1986, 08/1999, 06/2006

Article VI
Section A amended 08/1999
Section B amended 08/1999
Section C amended 08/1999

Article VII amended 08/1999

Article VIII amended 06/1976, 06/1986, 08/1999
Appendix 21
Board of Directors Resolution 1999-11-12
RESOLUTION 1999-11-12
OREGON HEALTH SCIENCES UNIVERSITY
BOARD OF DIRECTORS

WHEREAS:

Oregon Health Sciences University has a long tradition of integrity, responsible conduct and service to its community;

OHSU wishes to be a good corporate citizen, promote employee morale, enhance its reputation and comply with state and federal laws in all areas; and

The Board previously directed management, by Resolution No. 1998-06-06, to develop a Hospital and Professional Compliance Program to ensure compliance by all OHSU Hospital and Clinics employees with applicable federal and state laws and third payor contracts and requirements; and

The Board now wishes to extend its compliance policy and direction to all facets of the institution. The Board’s action in directing management to develop a system-wide compliance program, and its prior action in requiring development of a compliance program for OHSU Hospitals and Clinics, should not be interpreted as concern that present management systems are inadequate. Rather, development and implementation of an OHSU Compliance Program is an important element of the institution’s continuing effort to improve quality and performance. The Board also recognizes that state and federal agencies responsible for enforcement of laws and regulations applicable to OHSU recently have encouraged the development and implementation of compliance programs by academic health centers and other health care providers and educational institutions.

WHEREFORE, BE IT RESOLVED:

1. Management is directed to dedicate the necessary resources toward implementation of an effective OHSU Compliance Program (the “Program”) designed to prevent and detect violations of federal or state law in the conduct of OHSU’s activities and ensure compliance with OHSU’s own standards of conduct. The Program may be implemented in such a manner that certain compliance activities may take place within various operating or organizational units and others may take place at an institution-wide level, as appropriate. The Program shall be fully implemented within 12 months from the date of this resolution, unless otherwise determined by the Board. The Program shall include the following elements:
(1) Establishment of compliance standards and procedures reasonably capable of reducing the prospect of wrongful conduct;

(2) Appointment of specific, high-level individual(s) with overall responsibility to oversee compliance with such standards and procedures;

(3) Procedures to ensure the exercise of due care not to delegate substantial discretionary authority to individuals with a propensity to engage in unlawful activities;

(4) Steps to communicate effectively the compliance standards and procedures to all employees and agents by, for example, mandatory training sessions or the dissemination of publications;

(5) Reasonable steps to achieve compliance by, for example, utilizing monitoring and auditing systems, and by publicizing a reporting system whereby employees and agents can report perceived wrongful conduct by others within the organization without fear or retribution;

(6) Procedures to assure consistent enforcement of its standards through appropriate disciplinary mechanism, including, as appropriate, discipline of individuals for failure to detect non-compliance;

(7) Responsible steps to respond appropriately to non-compliance after detection and to prevent recurrence, which may require modifications to the compliance program; and

(8) Methods for ensuring that the Program incorporates recognized best compliance practices as appropriate to an institution of the size and scope, and with the missions, of OHSU.

2. The Board approves the OHSU Compliance Program Organizational Structure set forth on Exhibit A to this Resolution and the responsibilities of the Compliance Oversight Council included on Exhibit B. The Chair is authorized and directed to appoint one or more non-employee member of the Board to serve on the Compliance Oversight Council at the pleasure of the Board.

3. The Board approves management’s creation of a system-wide compliance officer position with responsibilities as set forth on Exhibit C. The OHSU Compliance Officer is authorized and directed to report periodically to the Board as appropriate on the status of OHSU’s compliance efforts.

6 Yeas

0 Nays

Mark S. Dodson, Board Secretary
## Integrity Program-Related OHSU Board of Director Resolutions

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<tr>
<th>Resolution</th>
<th>Description</th>
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<tr>
<td>1999-11-12</td>
<td>This 1999 resolution established the OHSU Compliance Program, directed its organizational structure, and approved creation of an OHSU Compliance Officer position.</td>
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<tr>
<td>2004-03-05</td>
<td>This 2004 resolution sets policy for review and management of potential institutional conflicts of interest and directs the OHSU Integrity Program Oversight Council to implement this function.</td>
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<tr>
<td>2004-03-06</td>
<td>This 2004 resolution directs all OHSU Board members and all OHSU executives to submit an annual conflict of interest disclosure to the OHSU Integrity Office.</td>
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<tr>
<td>2004-12-20</td>
<td>This 2004 resolution identifies the documents and policies that define the Integrity Program, reaffirms its approval of those documents and policies and of the structure of the Program, and authorizes the Director of the Integrity Program (Chief Integrity Officer) to amend the Program documents to ensure compliance.</td>
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EXHIBIT A

**OHSU Compliance Program Organizational Structure**

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<tr>
<th>Compliance Oversight Council</th>
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<td>(To be comprised of OHSU Board members, senior management and physician leaders)</td>
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<tr>
<td><strong>Staff:</strong> OHSU Compliance Officer</td>
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<td><strong>Legal Counsel:</strong> General Counsel</td>
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<tr>
<th>Operational Compliance Programs</th>
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**Examples:**
2. Research activities, including compliance with grant requirements and rules concerning scientific misconduct and the protection of human subjects - Research Services.
4. Compliance with immigration laws relating to foreign faculty and students - Academic Affairs.
5. Compliance with laws regarding workplace safety and handling of hazardous materials and medical wastes - Department of Environmental Health and Safety.
EXHIBIT B

RESPONSIBILITIES OF COMPLIANCE OVERSIGHT COUNCIL

1. Meet periodically to review the status of the Compliance Program.

2. Provide policy direction and, when necessary, resolve policy differences concerning compliance issues.

3. Delegate to the authority to enforce compliance policies to appropriate personnel and committees.

4. Set priorities for internal audits and monitoring in support of compliance efforts.

5. Provide leadership to the organization on the importance and value of compliance.

6. Provide links between those involved in carrying out compliance activities to the OHSU Board, central administration and faculty leaders.
EXHIBIT C

RESPONSIBILITIES OF OHSU COMPLIANCE OFFICER

1. Facilitates and organizes compliance efforts for the institution.

2. Serves as compliance representative to reporting committees and liaison to Board for compliance reporting.

3. Maintain records to evidence effectiveness of program.

4. Designs and facilitates the implementation of training and education programs for employees, and auditing, reporting and monitoring procedures.

5. Monitors the "radar screen" for issues related to compliance that may affect the organization.

6. Ensures that business units and programs are implementing compliance efforts tailored to their circumstances.

7. Ensures overall consistency of approach to compliance throughout the organization.

8. Makes recommendations to Compliance Oversight Council for setting priorities for resources devoted to compliance activities.

9. Continually reinforces and communicates importance of compliance to employees at all levels of the organization.

10. Participates in selection of vendors utilized for various compliance activities, e.g. training and education programs, audits, etc.

NOTE: The OHSU Compliance Officer may delegate some or all of these tasks to associate compliance personnel or other staff responsible for compliance within particular business or administrative units. Some issues must be addressed at an institution-wide level, while others are best addressed "locally."
Appendix 22

Board of Directors Resolution 2004-12-20
WHEREAS, Oregon Health & Science University has a long and continuing tradition of ethical principles, integrity and responsible conduct;

WHEREAS, OHSU promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law through the OHSU Integrity Program ("Integrity Program"), an integrated system-wide program developed and implemented at the direction of the Board of Directors;

WHEREAS, the Board of Directors exercises oversight of the Integrity Program and has authorized and directed the Director of the OHSU Integrity Office (formerly the "OHSU Corporate Compliance Officer") to facilitate and organize compliance efforts at OHSU and to periodically report to the Board on the status of those efforts;

WHEREAS, in fulfilling this role, the Director of the OHSU Integrity Office has provided a report to the Board, and has recommended that the Board acknowledge and approve (i) revisions and additions to certain policies defining the Integrity Program and (ii) organizational restructuring of the Integrity Program, all as described in such report,

NOW, THEREFORE, BE IT RESOLVED:

- The Board of Directors hereby acknowledges and reaffirms its approval of the OHSU Integrity Program as modified and defined by:
  - The documents presented to the Board of Directors by the Director of the OHSU Integrity Office, including the Code of Conduct, the OHSU Integrity Program Roles and Responsibilities and Program Elements Document, the Clinical Compliance Plan, the OHSU Roles and Responsibilities in the Conduct of Research and Administration of Sponsored Projects Document (together, the "Integrity Program Documents"), and the policies referenced therein; and
  - The OHSU Integrity Program organizational structure as set out on Exhibit A to this Resolution.
  - The Director of the OHSU Integrity Program is authorized to amend the Integrity Program Documents and to modify the OHSU Integrity Program organizational structure as appropriate to most effectively achieve an organization culture that promotes ethical conduct and ensure compliance with the law.

This Resolution is adopted this __th day of December, 2004.

Yeas

Nays

Signed by the Secretary of the Board on December __, 2004.

___________________________
Steven D. Stadum
Board Secretary
Appendix 23

Board of Directors Resolutions

2004-03-05 and 2004-03-06
RESOLUTION 2004-03-05
OREGON HEALTH & SCIENCE UNIVERSITY
BOARD OF DIRECTORS

WHEREAS, the Integrity Program Oversight Council (IPOC) established as part of the OHSU Integrity Program has requested formal policy guidance from the Board of Directors concerning the handling of potential institutional conflicts of interest arising from OHSU's ownership of equity in companies that sponsor or are otherwise associated with OHSU research; and

WHEREAS, the Director of the OHSU Integrity Program has advised the Board of several policy alternatives, and the Director and the IPOC have recommended that the institution manage potential institutional conflicts of interest through a process of disclosures to the IPOC which will determine appropriate management and which will establish appropriate internal controls, as further detailed in the Director's "Third Annual Integrity Program Report"; and

WHEREAS, the Board agrees that this recommendation best balances the need to protect the interests of research subjects, research sponsors, faculty and the academic community while furthering important goals of commercializing OHSU research discoveries and establishing new bioscience companies based in Oregon.

NOW, THEREFORE, BE IT RESOLVED:

- In circumstances involving potential institutional conflicts of interest arising from OHSU's equity ownership in companies that sponsor or are otherwise associated with research conducted at OHSU, the Board endorses a policy that allows OHSU to own equity in such companies while simultaneously conducting research involving the company's technology, device or drug, provided that (a) the potential conflict is fully and adequately disclosed to the IPOC for review and determination of a management plan, and (b) other appropriate internal controls are established by the IPOC as may be appropriate to the particular circumstances, including but not limited to additional oversight of the research project's design, conduct and/or analysis of data.

- The Board directs the OHSU Integrity Office and the IPOC to monitor both the implementation of this policy at OHSU and national trends and emerging views in this area, and to report back to the Board any developments that warrant reconsideration of this policy.

This Resolution is adopted this 11th day of March, 2004.

Yeas _____

Nays _____

Signed by the Secretary of the Board on March __, 2004.

_____________________
Steven D. Stadum
Board Secretary
WHEREAS, the Integrity Program Oversight Council (IPOC), established as part of the OHSU Integrity Program, has recommended that OHSU Board members and OHSU executives be required to submit an annual conflict of interest disclosure to minimize the risk of potential institutional conflicts of interest; and

WHEREAS, the Board agrees with the IPOC's recommendation.

NOW, THEREFORE, BE IT RESOLVED:

- All OHSU Board members and all OHSU executives shall be required to submit an annual conflict of interest disclosure that identifies potential conflicts of interest arising from the director's or executive's responsibilities to OHSU and his or her other financial and business relationships. The disclosure shall be made to the OHSU Integrity Office or the IPOC, except that disclosures by IPOC members shall also be made to the OHSU Board Chair.

- The OHSU Integrity Office is authorized to develop an appropriate disclosure form and process for managing potential conflicts of interest, and shall otherwise administer this policy in a reasonable manner, with oversight by the IPOC. The Integrity Office may determine the positions within OHSU to be considered "executive" for purposes of this policy, but at a minimum the term shall include the OHSU President, all non-support staff who report directly to him (regardless of their title) and all non-support staff who report directly to the President's direct reports (regardless of their title).

- Compliance with this policy of annual disclosure shall not relieve Board members and OHSU executives from their obligations to disclose conflicts of interest when they arise under the Board's Bylaws, the Code of Conduct and other policies.

This Resolution is adopted this 11th day of March, 2004.

Yea __
Nays ___

Signed by the Secretary of the Board on March __, 2004.

____________________
Steven D. Stadum
Board Secretary
Appendix 24

Five Year Academic Program Review
Flowchart
Office of Academic Programs, Policy and Accreditation (APPA) initiates APR

Programs gather data, convene faculty, students, staff and other relevant stakeholders to complete self-study

Programs submit self-study to APPA office

APPA reviews self-study documentation and survey results; submits self-study to APR 3-person sub-committee

3-person, APR sub-committee reviews report, makes recommendations, submits to full APR Committee

APR Committee reviews self-study, makes recommendations, reports results to Faculty Senate

Faculty Senate reviews program documents and sub-committee recommendations; gives program Chair an opportunity to respond

Faculty Senate submits report to Provost including program documents, recommendations and program response

Provost (with Dean) determines if program meets standards of academic quality

Next Program Review, 2 years

Next Program Review, 5 years
Appendix 25

Annual Report Comparing OHSU Library’s Holdings Against Peer Institutions
All physical volumes (print and non-print physical formats) owned

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All Monographs (print and electronic)

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Appendix 26

2012-2015 School of Nursing Strategic Plan (Updated 2013)
Each strategic goal has been assigned to a faculty council or committee, or an administrative body to further develop tactics and benchmarks.

**Goal 1: Recruit and retain highly prepared and diverse faculty for all of our campuses**  
*Assigned to Faculty Affairs Committee & Dean’s Council*

**Strategy 1.1:** Increase overall educational level and proportion of faculty with doctoral preparation, achieving appropriate balance of DNP, PhD, and other doctorates as well as doctorates from other universities.  
**Tactic 1.11:** Incentivize faculty returning to school for doctoral study by providing scholarships for faculty who teach on regional campuses or in programs where faculty recruitment is particularly difficult.  
**Tactic 1.12:** Provide mentoring by senior faculty regarding selection of appropriate graduate programs

**Benchmark 1.1:** Proportion of faculty prepared at doctoral level increases to 50% by 2015, to 60% by 2017. Proportion of doctorally prepared on regional campuses will increase by 20% by 2017.

**Strategy 1.2:** Position the School of Nursing (SON) for competitive recruitment of highly qualified faculty from underrepresented minority groups.  
**Tactic 1.21:** Appoint three recruitment committees, chaired by emeritus faculty who will have responsibility for responding to applicants, interviewing regarding career goals and potential alignment with SON initiatives, and maintaining active files to facilitate recruitment to open positions, and developing and maintaining relationships with prospective faculty.  
**Tactic 1.22:** Develop succession plan for SON, using data from faculty survey regarding retirement plans  
**Tactic 1.23:** Strategically target recruitment at major national and regional meetings attended by senior, doctorally prepared, research productive, and/or underrepresented minority faculty.  
**Tactic 1.24:** Use vacant distinguished professorships for recruitment of research-productive faculty.  
**Tactic 1.25:** Retain a search firm to recruit a cohort of faculty from underrepresented groups  
**Tactic 1.26:** Identify schools with budget or other significant organizational issues for potential faculty recruitments.
Tactic 1.27: Identify faculty who may be recruited from T32 post-docs at other universities, Hartford postdocs, Robert Wood Johnson Foundation (RWJF), and other faculty development programs.

Benchmark 1.2: By 2017, 15% of faculty will be from underrepresented minority groups.

Strategy 1.3: Provide mechanisms for faculty to progress in rank.
Tactic 1.31: Establish a specific number of tenure/tenure-track slots, with clear criteria for appointment to tenure-track position.
Tactic 1.32: Enhance clarity and understanding of clinical, academic, and research series.
Tactic 1.33: Host faculty forums to develop shared understanding of scholarship and scholarly productivity, including support for dossier preparation.
Tactic 1.34: Provide mentorship regarding Academy engagement and career development.

Benchmark 1.3: By 2014, faculty will report clear understanding of expectations and criteria for promotion and tenure.

Strategy 1.4: Provide opportunities for faculty to follow their interests in the areas of scholarship and practice as aligned with University and School of Nursing missions.
Tactic 1.41: Establish mechanism for faculty to have released time (FTE support) to develop scholarly or clinical pursuits.
Tactic 1.42: Develop and maintain a faculty orientation and development programs in teaching, research and practice.

Benchmark 1.4: Faculty satisfaction is high (based on fall 2013 survey) compared to faculty satisfaction at comparable Schools of Nursing (using data from RWJF survey of faculty in research intensive institutions).

Goal 2: Develop a diversified portfolio of faculty practice that provides a balance of opportunities to address health disparities and generate revenue.

Assigned to Practice Council

Strategy 2.1: Identify opportunities for innovative practices in partnership with existing or emerging agencies that provide opportunities for authentic inter-professional practice and learning experiences.

Tactic 2.11: Identify specific areas of strengths within the school and needs in the community in order to be strategic in responding to opportunities that arise

Tactic 2.12: Create practice models for students to work statewide and across programs (undergraduate, APN, PhD, DNP) clinically and in research

Tactic 2.13: Assure SON representation on strategic committees and task forces in the University (e.g. Ambulatory Care Strategic planning committee; IPE committee and Simulation committees)
Tactic 2.14: Collaborate with practice leaders in the University to identify opportunities for interprofessional practice development.
Tactic 2.15: Engage with the Oregon Health Authority, Oregon Health Policy and Research Division to develop new research and practice partnerships.
Tactic 2.16: Support partnerships with local CCOs, both urban and rural, in the development of care models and evaluation of practice outcomes.

Benchmark 2.11: By 2014 the SON will identify all faculty who want or need a practice site including:
- Undergraduate nursing faculty
- Advanced practice nurses

Benchmark 2.12: Annually, the SON will review representation on strategic committees and task forces within the university to maintain a SON presence.
Benchmark 2.13: By 2016, all faculty who want or need to practice will have a practice site that is available to them and that provides financial remuneration for proportion of FTE dedicated to practice.

Strategy 2.2: Develop the infrastructure within the School of Nursing that can support faculty as they explore and develop innovative practice opportunities.
Tactic 2.21: Secure resources to develop business plans that identify the real costs of innovative practice programs.
Tactic 2.22: Engage in opportunities to influence documentation systems that provide clinical data which may be useful for nursing research and quality improvement (related to nurse-sensitive outcomes).
Tactic 2.23: Identify consistent faculty "point person" who is embedded within the enterprise to ensure continuity.
Tactic 2.24: Explore the development of faculty contracted positions across a continuum of care settings.
Tactic 2.25: Develop policy related to expectations for and support of faculty practice.
Tactic 2.26: Develop a database of projects and opportunities that can be used to match faculty and students and agencies.

Benchmark 2.2: By 2014, the SON practice office has a business manager to assist faculty in the development of faculty practice pro forma (business plan).

Strategy 2.3: Support faculty development program on the Affordable Care Act, emerging roles and opportunities in the Coordinated Care Organizations, and the economic impact on nursing practice.
Tactic 2.31: Engage with community partners in reaching consensus about emerging nursing roles and their scope of practice.
Tactic 2.32: Design and launch a continuing education program related to new roles.
**Benchmark 2.3:** By 2014, the SON under the guidance of the Practice Council will develop a series of forums with CEU’s, on the role of nursing in health reform and the participation of nursing in the Oregon Coordinated Care Organizations.

**Goal 3:** Create and sustain an energized, well-functioning and healthy organization with clearly defined roles and predictable and reliable processes.

*Assigned to Dean’s Council & Faculty Executive Committee*

**Strategy 3.1:** Refine new organizational structure and administrative roles with clear lines of authority and accountability.

**Tactic 3.11:** Define roles and responsibilities of Senior and Campus Associate Deans & Program directors

**Tactic 3.12:** Clearly define relationship between administrative and faculty governance structures

**Tactic 3.13:** Align staff support roles with organizational structure, assuring adequate support to administrative and faculty leadership

**Tactic 3.14:** Decentralize budget development and management to Senior and Campus Associate Deans (by end of FY 13) and to Program Directors (by end of FY 14) in this process, we will develop a collaborative approach to budget planning.

**Tactic 3.15:** Restructure Finance and Administrative Services to accomplish effective decentralized budget planning and management.

**Strategy 3.2:** Engage key administrative and faculty leaders in process improvements using Lean and other process improvement strategies.

**Tactic 3.21:** Identify key administrative staff to be trained in process improvement methods.

**Tactic 3.22:** Define and streamline processes in academic operations (e.g. LOA, admission reviews and decisions, setting enrollment targets, program reviews and decision-making)

**Tactic 3.23:** Define and streamline administrative processes in human and fiscal resource areas.

**Tactic 3.24:** Develop and field data base integrating faculty workload assignments, HR and finance to assure accurate report and to support decision-making.

**Strategy 3.3:** Develop predictable and accurate communication mechanisms.

**Tactic 3.31:** Review and refine processes for continuous review and update of website and other electronic communication vehicles

**Tactic 3.32:** Convene a strategic communications team, including faculty, staff and administrative representatives and communications expert to develop communication plan and strategies – e.g. periodic internal newsletter, external newsletters.

**Tactic 3.33:** Create routine communication method from SON Dean’s office especially around key decisions (Short, sweet and concise)
**Tactic 3.34:** Create a School of Nursing Handbook containing relevant information about structure, governance, operations and resources.

**Tactic 3.35:** Collaborate with Alumni Relations to develop communication network to connect with alums and other potential donors

**Tactic 3.36:** Upgrade technology support for distance communication and ensure its use during statewide faculty & staff meetings.

**Strategy 3.4:** Monitor and celebrate our accomplishments.

**Tactic 3.41:** Create regular campus-based and virtual statewide celebrations

**Tactic 3.42:** Encourage healthy practices (e.g. lunch breaks, informal gatherings)

**Tactic 3.43:** Evaluate faculty and staff satisfaction and organizational engagement through periodic surveys.

**Goal 4:** Make substantial contributions to the science of nursing and nursing education, and to evidence-based practice through translational science that integrates basic, patient-oriented, and population-based research.

*Assigned to Research Council*

**Strategy 4.1:** Increase research submissions for NIH, PCORI and other federal funding.

**Tactic 4.11:** Research Council will develop a proposal for support of current investigators (e.g., released time, small grant funding for pilot work) to develop grant proposals for submission in 12-13 AY

**Tactic 4.12:** Identify and bring senior faculty (currently submitting research proposals with strong publication and funding records) to consult with associate and assistant professors (who have research as a mission) on proposal development, developing and maintaining a program of research, sustaining funding in current climate, balancing publications with grant submissions, and similar topics relevant to creating an innovative and sustainable research portfolio.

**Tactic 4.13:** Provide junior faculty with access to senior research-experienced faculty for consultation on proposal development.

**Tactic 4.14:** Provide monies to fund needed pilot work to maximize success of external research grant submissions.

**Tactic 4.15:** Provide protected time to facilitate publication of key findings to maximize success of external research grant submissions.

**Tactic 4.16:** Review current research interests and projects to find synergy among potential collaborations, potential for expanded research funding (i.e., center grants).

**Benchmark 4.11:** Sustain number of external research submissions for 2012-2013 AY (16 were submitted in 2011-2012 AY).

**Benchmark 4.12:** Increase number of faculty submitting external research proposals by 33% in 2013-2014 AY.
**Strategy 4.2:** Maintain a diversified portfolio of funding from federal and non-federal sources.

**Tactic 4.21:** Develop an internal system for identifying new funding sources, new research initiatives, calls for proposals, that could organize faculty teams to respond to promising funding opportunities.

**Tactic 4.22:** Identify key faculty with research programs that align with current funding calls and projected trends in funding initiatives and provide senior mentorship and/or collaboration to plan and outline research submission strategy.

**Benchmark 4.21:** Sustain level of external research funding for 2012-2013 AY (given loss of faculty).

**Benchmark 4.22:** Increase number of externally funded research grants by 25% in 2013-2014 AY.

**Strategy 4.3:** Find opportunities for interdisciplinary research collaborations across campus.

**Tactic 4.31:** Identify and develop partnerships with key internal organizations, departments, and centers (within and outside of Oregon Health & Science University (OHSU)) for inter-disciplinary collaboration.

**Tactic 4.32:** Provide funding for faculty (i.e., release time) and activities (i.e., retreats, symposia) to foster and strengthen interdisciplinary collaborations with an aim to enhance research funding potential and submissions.

**Strategy 4.4:** Recruit senior, funded faculty to OHSU (see Goal 1).

**Tactic 4.41:** Evaluate depth of our areas of excellence, and seek funding to recruit additional faculty engaged in research in those areas.

**Tactic 4.42:** Evaluate potential areas of research (based on other initiatives in the school, emerging interprofessional collaborations) that may create opportunities for recruitment of new faculty engaged in research.

**Goal 5:** Align our educational program offerings with current and emerging health care needs of Oregonians, emerging nursing roles and available funding sources.

*Assigned to Academic Council*

**Strategy 5.1:** Complete an informative and useful self-study and have a successful site visit and review.

**Benchmark 5.1:** April Site visit with self-study completed.

**Strategy 5.2:** Develop a mechanism for having access to reliable workforce projections and analysis of needs.

**Tactic 5.21:** Partner with the Oregon Center for Nursing to gain periodic and timely workforce projections.

**Tactic 5.22:** Engage in strategic partnerships with health systems to identify workforce needs and create potential funding sources for program start-up costs.
**Tactic 5.23:** Conduct needs assessment for expanding existing or launching new advanced practice programs (e.g. pediatric nurse practitioner, adult-gero nurse practitioner)

**Benchmark 5.2:** Annually and ongoing – develop and contribute to ORION grant along with NON and AACN to identify needs for annual program review, initiation (Adult Gero Acute NP & PNP), and expansion (partnerships with OHSU Hospital, St. Luke’s Healthcare System – Boise, VA, Kaiser).

**Strategy 5.3:** Create a process within the school for statewide and local campus planning of enrollment targets and program offerings, using reliable workforce projections and analysis of needs.

**Tactic 5.31:** Use annual program review (which includes application, selectivity and graduation data), coupled with need data and budget analysis of cost effective program size, for establishing enrollment targets.

**Tactic 5.32:** Reduce attrition in OCNE- Baccalaureate Completion by offering on-campus options and improving advisement.

**Tactic 5.33:** Engage in strategic partnerships with health systems and professional organizations to identify priority workforce needs and create potential funding sources for program start-up costs.

**Tactic 5.34:** Create a faculty development program to enhance faculty understanding of emerging roles and priorities in a reforming health care system. **Tactic 5.35:** Conduct an assessment of existing and needed skill sets for emerging roles in nursing. Enlist interprofessional colleagues (i.e. economist, futurist, etc.).

**Benchmark 5.3:** Each fall – 100% compliance in using annual program review to establish enrollment targets so that the graduation planning for workforce launch each spring shows the expected professional diversity for nursing in Oregon.

**Strategy 5.4:** Engage in University-wide planning and implementation of the Interprofessional Education Initiative (IPI).

**Tactic 5.41:** Appoint representatives for both pre-licensure and APN programs to University IPE planning groups

**Tactic 5.42:** Support innovative interprofessional courses and clinical experiences.

**Tactic 5.43:** Invite those with diverse expertise to discussions about IPE, including an economist, futurist, etc.).

**Benchmark 5.4:** Annually in the fall in Academic Council with 100% compliance per program (all campuses and programs) – reassess representation in IPI councils and committees to be representative of our student population in the SON statewide & establish mechanism to assess SON faculty engagement in courses and clinical experiences and capture activities statewide in an annual report.
Strategy 5.5: Improve workforce distribution through the state by offering essential Graduate programs (e.g. FNP).

Tactic 5.51: Reassess infrastructure for offering graduate programs at a distance.

Tactic 5.52: Make improvements in distance-delivery technology

Tactic 5.53: Evaluate quality of our distance delivery through Quality Matters assessment and faculty development program.

Benchmark 5.5: Annually in the spring – 100% compliance with identifying institutional resources and infrastructure to ascertain ability to offer FNP program at a distance.

Strategy 5.6: Increase the number of OHSU students who continue on to graduate school within 2 years of graduation.

Tactic 5.61: Target recruitment efforts to our undergraduate students

Tactic 5.62: Consider development of other advanced practice tracks through accelerated baccalaureate graduate entry (e.g. acc-bacc to FNP or RN-MS for OCNE students)

Tactic 5.63: Consider development of acc-bacc to FNP on one or more regional campuses

Tactic 5.64: Develop continuing education programs which help prepare practicing nurses in emerging roles (e.g. care management, transitional care) and engage our alumni

Benchmark 5.6: Annually – increase the number by 20% over the next two years using trend data about students who continue on to graduate school within two years of graduation from our undergraduate programs.

Strategy 5.7: Be intentional about reciprocity with our clinical partners to support quality education and community impact.

Tactic 5.71: Develop a robust internal process for managing clinical placements, including a searchable data set.

Tactic 5.72: Shape the workforce view and demand for nurses through creative demonstration projects with students.

Tactic 5.73: Honor the community as a client by ensuring that learning activities align with the population’s new and emerging needs.

Tactic 5.74: Regularly review the status towards reaching a new CCNE student aggregate outcome, “70% of graduates will have had clinical experiences with one or more medically underserved communities.”

Benchmark 5.7: Annual Reports – on activities in undergraduate courses NURS 410 and NURS 411 to honor community; identify existing demonstration projects for all students; explore need for aggregate focus in DNP dedicated to community/public health; annual assessments of PH program and content within SON.
Goal 6: Recruit and retain a diverse student population and improve overall student experience.

Assign to Office of Student Affairs & Diversity

Strategy 6.1: Expand efforts to attract, recruit, and admit underrepresented minority students to both undergraduate and graduate programs.

Tactic 6.111: Implement and evaluate the NursingCAS centralized application system.

Tactic 6.112: Conduct a Lean assessment of the admissions selection process.

Tactic 6.113: Collaborate with faculty to review and update CCNE targets related to diversity enrollment.

Tactic 6.114: Collaborate with the VA to develop and implement recruitment strategies targeting veterans.

Tactic 6.115: Collaborate with faculty committees to review and revise application review processes based on the Diversity Admissions Vision, Mission, and Values Statement.

Tactic 6.116: Prioritize recruitment travel, exhibiting, and advertising based on highest application yield for target groups based on budget.

Tactic 6.117: Promote programs, information sessions, and outreach opportunities in the SON Newsletter.

Tactic 6.118: Facilitate undergraduate and graduate nursing information sessions on the Portland campus.

Tactic 6.119: Host pre-nursing and graduate nursing information sessions on the regional campuses; include nurses working at local hospital and clinics.

Tactic 6.120: Expand diversity application workshops to regional campuses to encourage and prepare underrepresented applicants to reapply.

Tactic 6.121: Expand SON participating in the Summer Equity and MedStar programs for diverse and underserved nurse researchers.

Tactic 6.122: Host “Explore Nursing” summer camps at designated campuses for first generation, low SES, and other underserved student populations.

Benchmark 6.11: Increase the diversity of the student body:

- **NWCCU:** Increase the number of nursing students from disadvantaged backgrounds enrolled in undergraduate GS programs by 2% per year from the current 13% to 19% by fall 2015.
- **AENT:** Increase enrollment of primary care programs (FNP, PMHNP) and nurse midwifery students from disadvantaged underrepresented backgrounds from 6-10% by fall 2014.
- **CCNE:** 20% underrepresented (URM/men)

Benchmark 6.12: Improve the percentage of disadvantaged students who apply that are admitted to all programs from 26% in 2012 to 32% (overall percentage of students accepted) by 2017.

Strategy 6.2: Improve retention of diverse students.

Tactic 6.211: Identify baseline data regarding retention and graduation rates of disadvantaged students.
Tactic 6.212: Conduct exit interviews with all students who withdraw or are dismissed from their program.

Tactic 6.213: Maintain a cumulative record of students who seek learning support; track needs and outcomes.

Tactic 6.214: Assess learning and student support needs across all programs and campuses.

Tactic 6.215: Develop a plan for expanding learning and student support services to meet student needs across campuses based on best practices.


Tactic 6.218: Develop an informal writing community and/or coursework for graduate students.

Tactic 6.219: Evaluate SON learning support services annually.

Tactic 6.220: Seek out grant funding to expand learning support services.

Tactic 6.221: Survey students regarding satisfaction with advising.

Benchmark 6.2: Improve the retention and graduation rates of disadvantaged students, including underrepresented minorities.

Strategy 6.3: Increase ways in which students from all campuses engage in their respective communities, and in state-wide activities.

Tactic 6.311: Complete annual visits and quarterly mentoring of SNA officers statewide.

Tactic 6.312: Collaborate with SNA groups to implement one statewide community service initiative annually.

Tactic 6.313: Implement an all-campus leadership meeting biannually updates and planning (Adobe Connect and/or at OSNA).

Tactic 6.314: Develop uniform SNA bylaws across campuses and an operating manual for officers and faculty advisors.

Tactic 6.315: Expand the Accelerated BS Peer Inter-cohort Network mentorship program to other programs and campuses.

Tactic 6.316: Survey graduate students regarding interests in co-curricular activities.

Tactic 6.317: Expand services and mentorship opportunities for international students.


Tactic 6.319: Expand use of social media to communicate with students.

Tactic 6.320: Develop collaborations with local minority nursing associations and engage students.

Tactic 6.321: Facilitate student attendance from all campuses at local and national leadership conferences.

Benchmark 6.31: Maintain and improve student satisfaction on items related to support services on the EBI to 6.0 or above by 2014.

Benchmark 6.32: Improved satisfaction on campus climate surveys.
**Strategy 6.4**: Improve communication between students and administration.

**Tactic 6.41**: Develop a Student Affairs Council and add to faculty bylaws.

**Tactic 6.42**: Implement the Student Affairs EBI Survey.

**Tactic 6.43**: Establish baseline and determine benchmarks and survey graduates annually.

**Tactic 6.44**: Consult with the Dean and Senior Associate Deans regarding regular community-building meetings with students.

**Benchmark 6.4**: Maintain and improve student satisfaction related to administration on the EBI to 6.0 or above by 2015.

**Strategy 6.5**: Develop a more comprehensive, reciprocally beneficial international program that includes experiences for incoming and outgoing nursing students and faculty exchanges.

**Tactic 6.51**: Plan and implement quarterly social events for international students.

**Tactic 6.512**: Develop pre- and post-visit evaluation tools for Visiting Scholars and SON faculty.

**Tactic 6.513**: Develop a post-application/pre-acceptance interview process via Skype/Jabber with Visiting Scholars.

**Tactic 6.514**: Track requests and applications to Visiting Scholars Program (VSP) by international students and faculty.

**Tactic 6.515**: Develop and implement a buddy/peer mentor program for international students.

**Tactic 6.516**: Develop a webpage for the Visiting Scholars Program. **Tactic 6.517**: Participate in international program planning with the OHSU Provost’s Office that includes a study abroad program for the SON.

**Tactic 6.518**: Create an international task force to set priorities for development of international partnerships that includes faculty, students, and administrators. **Tactic 6.519**: Convene a VSP/International Partnership Task Force to draft a proposal to expand programs (done).

**Tactic 6.520**: Survey faculty to determine interest, resources, experience, and connections in international health (done).

**Tactic 6.521**: Develop an organizational structure at the SON to manage international activities as programs expand.

**Benchmark 6.51**: Increase the number of international partnerships to four by 2015.

**Benchmark 6.52**: Students have international service learning opportunities available by 2015.

**Strategy 6.6**: Re-engage alumni in School of Nursing activities.

**Tactic 6.61**: Develop a process for tracking alumni participation in events and activities.
**Tactic 6.62:** Collaborate with the OHSU Alumni Association to promote and support alumni events across campuses.

**Tactic 6.63:** Explore additional alumni engagement opportunities, such as Sigma Theta Tau participation and new student orientation.

**Tactic 6.64:** Enhance linkages between the Alumni Association and current students.

**Tactic 6.65:** Communicate with alumni and current students about news and events through social media, SON website, and the *Connections* newsletter.

**Tactic 6.66:** Expand career development services.

**Benchmark 6.6:** Increase the number of alumni who participate in alumni events and activities.

**Strategy 6.7:** Increase financial support available for nursing students across campuses and programs.

**Tactic 6.71:** Continue to seek out and write grants for scholarship and other financial aid funds.

**Tactic 6.72:** Consult with CDI regarding potential scholarship partnerships with organizations serving disadvantaged, underrepresented, and diverse students.

**Tactic 6.73:** Explore innovative scholarship partnerships with local health care organizations and employers focusing on underfunded programs.

**Tactic 6.74:** Refer students to Financial Aid Counselor for debt management and assess satisfaction.

**Tactic 6.75:** Implement *Path to Scholarships* to support and increase students’ external scholarship applications.

**Tactic 6.76:** Publicize successful scholarship applications.

**Tactic 6.77:** Explore institutional support for TA/RA positions for students.

**Benchmark 6.7:** Increase scholarship and grant-in-aid funding available for students from the current $1,205,600 to $1,500,000 by fall 2015.

**Review History:**

Initial Development, SON Leadership Council Retreat, August 22-23, 2012
Discussion by SON Leadership Council, October 22, 2012
Discussion by Faculty Council, October 22, 2012
Review, amend and possible vote, Faculty Council, November 5, 2012
Reviewed by SON Leadership Council, November 19, 2012
Final Vote of Approval on Goals & Strategies, Faculty Council, December 3, 2012
Review of Tactics & Benchmarks, Faculty Council, May 6, 2013
Appendix 27

Assessment of Mission Fulfillment
### Assessment of Mission Fulfillment

#### Learning Environment

<table>
<thead>
<tr>
<th>Core Theme Indicator</th>
<th>Results</th>
<th>Mission Fulfillment for Each Objective</th>
<th>Mission Fulfillment for Each Core Theme</th>
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<td>Did &gt;90% of the Indicators for the Core Theme Meet the Target or Were Within an Acceptable Range?</td>
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Mission Fulfillment for Learning Environment: Yes

#### Interprofessional Education

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Mission Fulfillment for Interprofessional Education: Yes
### Clinical and Translational Research

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**Mission Fulfillment for Clinical and Translational Research**

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### Health System and Health Policy Leadership

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**Mission Fulfillment for Health System and Health Policy Leadership**

Yes

**Overall Performance on Fulfilling Mission for All Core Themes - Did >90% of All the Indicators Meet the Target or Were Within an Acceptable Range?**

Yes
Appendix 28

OHSU Inventory of Specialized Accreditation and Reporting Timeline
<table>
<thead>
<tr>
<th>Accredited Program</th>
<th>Specialized Accreditation Agency</th>
<th>Years in Cycle</th>
<th>Initial Accreditation</th>
<th>Previous Accreditation Action year</th>
<th>Most Recent Accreditation Action year</th>
<th>Next Review/Action Date year</th>
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<tbody>
<tr>
<td>Clinical Dietetics (MCD)</td>
<td>Accreditation Council for Education in Nutrition and Dietetics (ACEND)</td>
<td>10</td>
<td>2007</td>
<td>2008</td>
<td>2010</td>
<td>2017</td>
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<tr>
<td>Dietetic Internship (Graduate Certificate)</td>
<td>Accreditation Council for Education in Nutrition and Dietetics (ACEND)</td>
<td>10</td>
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<tr>
<td>Radiation Therapy (BS)</td>
<td>Joint Review Committee on Education in Radiologic Technology (JRCERT)</td>
<td>8</td>
<td>1993</td>
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<tr>
<td>Doctor of Medicine (MD)</td>
<td>Liaison Commission on Medical Education (LCME)</td>
<td>varies, 8</td>
<td>Prior to 1942</td>
<td>2012</td>
<td>2014 (limited visit)</td>
<td>Progress Report 2015 Next Site Visit 2020</td>
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<tr>
<td>Medical Physics (MS, PhD)*</td>
<td>Commission on Accreditation of Academic Medical Physics Programs (CAMPEP)</td>
<td>10</td>
<td>2011</td>
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<tr>
<td>Biomedical Informatics (MS, MBI, Graduate Certificate)</td>
<td>Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)</td>
<td>10</td>
<td>2012</td>
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<tr>
<td>Nursing (BS, PhD, DNP)</td>
<td>Commission on Collegiate Nursing Education (CCNE)</td>
<td>10</td>
<td>2003</td>
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<td>2013</td>
<td>2023</td>
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<tr>
<td>Adult Gero Acute Care Nurse Practitioner (MN, Post Master Certificate)</td>
<td>Commission on Collegiate Nursing Education (CCNE)</td>
<td>10</td>
<td>2003</td>
<td>2013</td>
<td>2013</td>
<td>2018 – Five Year Report 2023 Site Visit</td>
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<td>Health Systems &amp; Organizational Leadership (MN, Post Master Certificate)</td>
<td>Commission on Collegiate Nursing Education (CCNE)</td>
<td>10</td>
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<td>2013</td>
<td>2023</td>
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<tr>
<td>Accredited Program</td>
<td>Specialized Accreditation Agency</td>
<td>Years in Cycle</td>
<td>Initial Accreditation</td>
<td>Previous Accreditation Action year</td>
<td>Most Recent Accreditation Action year</td>
<td>Next Review/ Action Date year</td>
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<td>Nursing Education (MN, Post Master Certificate)</td>
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<td>2003</td>
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<td>2013</td>
<td>2023</td>
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<td>Psychiatric Mental Health Nurse Practitioner (MN, Post Master Certificate)</td>
<td>Commission on Collegiate Nursing Education (CCNE)</td>
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<td>2023</td>
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<td>Family Nurse Practitioner (MN, Post Master Certificate)</td>
<td>Commission on Collegiate Nursing Education (CCNE)</td>
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<td>2013</td>
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<tr>
<td>Healthcare Management (MBA)*</td>
<td>Association to Advance Collegiate Schools of Business (AACSB)</td>
<td>5</td>
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<td>2010</td>
<td>2010</td>
<td>2015</td>
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<tr>
<td>Pharmacy (PharmD)*</td>
<td>Accreditation Council of Pharmacy Education (ACPE)</td>
<td>8</td>
<td>1952</td>
<td>2003</td>
<td>2011</td>
<td>2019</td>
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<td>Clinical Laboratory Science (BS)*</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
<td>7</td>
<td>2002</td>
<td>2008</td>
<td>2014</td>
<td>2021                          <em>(recommended – final action pending)</em></td>
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<tr>
<td>Emergency Medical Technology-Paramedic (AAS)*</td>
<td>Committee on Accreditation of Educational Programs for Emergency Medical Services Professions (CoAEMSP)</td>
<td>10</td>
<td>1996</td>
<td>2001</td>
<td>2011</td>
<td>2016</td>
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</tbody>
</table>

Note: * indicates joint degree awarded by OHSU and another institution. Joint degree program institutions include: Oregon Institute of Technology (OIT), Oregon State University (OSU) and Portland State University (PSU).