2010 INTERIM ACCREDITATION REPORT

Submitted to the

Northwest Commission on Colleges and Universities

March 29, 2010

Site Visit: April 21-22, 2010
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REGULAR INTERIM REPORT
FOR REAFFIRMATION OF ACCREDITATION

Introduction

Oregon Health & Science University is the state’s only health and research university, and Oregon's only academic health center. OHSU is Portland's largest employer and the fourth largest in Oregon (excluding government). OHSU's size contributes to its ability to provide many services and community support activities not found anywhere else in the state. It serves patients from every corner of the state, and is a conduit for learning for more than 3,400 students and trainees. OHSU is the source of more than 200 community outreach programs that bring health and education services to every county in the state.

The 2005 Comprehensive Accreditation Self-Study served as an opportunity to review the University-as-a-whole using the cross-cutting themes represented in the nine standards and criteria of the Northwest Commission on Colleges and Universities (NWCCU). After a thorough review of the Self-Study and an extensive site visit, the NWCCU Visiting Committee offered seven commendations and ten general recommendations for the University to consider. These commendations included:

1. The Committee commends the University for its visionary approach to the development of an academic health center of national stature and for involving the academic community, the legislature and the business community in the process.

2. The Committee commends the University for achieving a striking improvement in its national research ranking.

3. The Committee commends the University for sustaining the viability of their teaching hospital through turbulent financial times and major HMO impacts.

4. The Committee commends the University for creating a vibrant set of community services and outreach programs that benefit health professionals, students and the general population throughout the state.

5. The Committee commends the University for improved coordination of student services across the institution, extending throughout the University including the individual schools and programs.

6. The Committee commends the University for its innovative “pipeline” programs aimed at enhancing the diversity of the student body.

7. The Committee commends the University Library for creating an innovative and heavily used collection of information resources and services to support the distributed education, research and clinical enterprises.

The general recommendations from the Commission for the University included:

1. The Committee recommends a review of the OHSU planning and evaluation processes to ensure that they are formal, clearly defined and systematic to enhance increased communication to all
stakeholders, appropriate resource allocation to an infrastructure that keeps pace with programmatic initiatives. (Standards 1.B.1; 1.B.2; and 1.BA)

2. The Committee recommends that, as the research program is enhanced, the University maintain a strong commitment to quality educational programs at the undergraduate, graduate and professional levels. (Standard 2.A; 2.D)

3. The Committee recommends that OHSU develop a more systematic and regular institution-wide educational assessment program that identifies a series of outcomes measures that lead to program improvements. These evaluative processes should be consistent with an institutional assessment plan and be integrated into the overall educational planning for the University. (Standard 2.B.1; 2.B.2; Policy 2.2)

4. The Committee recommends that each OHSU School or program develop a written policy on the timely release of examination and final course grades to students. (Standard 2.B.2)

5. The Committee recommends cessation of the practice of granting upto 15 graduate OHSU credit hours in the online Physicians Assistant Program for "prior experiential learning". This practice is not consistent with Policy 2.3.B., and Standards 2.F.6; 2.A.10.

6. The Committee recommends that the University develop a rationale for the type and term of faculty appointments in the various Schools, Programs and Institutes. (Standard 4.A.)

7. The Committee recommends that the members of the Board of Directors and the Board Chair be evaluated regularly. (Standard 6.B.6)

8. The Committee recommends that the Board of Directors of OHSU develop and implement a policy guiding the use and limit of capital debt. (Standard 7.AA)

9. The Committee recommends that the University undertake a review of the examination policies and processes of all OHSU external degree programs to ensure student authentication and security of exams during administration. Verification of examinees may be a logistical challenge, but its practice will only prove salutary to program and institutional integrity. (Policy 2.6., Standard 9.A.2)

10. The Committee recommends that a consistent rationale be developed for setting tuition rates across the schools and programs with particular attention to discrepancies between programs (including external degrees). (Policy B-12)

Part A of this report represents the University’s response to the ten general recommendations offered by the visiting committee, in response to the 2005 Comprehensive Self-Study. Each of the ten recommendations is noted in italics, followed by an account of the actions taken by the University in response to these recommendations.

Part B of this report represents the University’s response to the interim accreditation questions related to other institutional changes which have occurred during the five years since the evaluation committee’s visit, as requested by the NWCCU. Each of these questions is reiterated in italics, followed by a detailed response.
PART A: Actions Taken Regarding Recommendations

What follows is a description of the actions taken on each of the core recommendations resulting from the University’s 2005 Comprehensive Self Study. There were two types of recommendations:

- Five of the recommendations of the 2005 Comprehensive Evaluative Report are areas in which the “University is substantially in compliance with Commission criteria, but in need of improvement.”

- For the remaining five recommendations of the 2005 Comprehensive Evaluative Report, “The Commission finds that the institution does not meet the criteria for accreditation.”

The Commission required that OHSU take appropriate action to ensure that these recommendations were addressed and resolved within two years. Two of these five recommendation required follow-up reports and visits. Given that each of these recommendations was addressed in one or more subsequent detailed reports required by NWCCU, actions taken are summarized within this document. When appropriate, additional reference documents are found in appendices.

Each recommendation in 2005 is reiterated in italics and identified by number (e.g., Recommendation 1). For recommendations that required one or more progress reports, the year of the recommendation is included (e.g., 2006 Recommendation 1) to assist the reader.

These ten recommendations and reporting requirements and subsequent NWCCU approvals are displayed in Figure A.1.

We look forward to the visit of the evaluation committee and to discussion of each of these responses to the recommendations and other institutional changes described in this report.
Figure A.1. Timeline of OHSU Actions and Responses to 2005 NWCCU Recommendations

- Green: Meets criteria for accreditation
- Yellow: Substantially meets criteria, but needs improvement
- Red: Does not meet criteria for accreditation
- R: Report progress to NWCCU
- V: Visit by NWCCU evaluators to verify compliance with criteria
- I: Improvement required

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<td>1. [R]eview of the OHSU planning and evaluation processes to ensure that they are formal, clearly defined and systematic to enhance increased communication to all stakeholders, and appropriate resource allocation to an infrastructure that keeps pace with programmatic initiatives (Standards 1.B.1; 1.B.2; and 1.B.4).</td>
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<td>2. [A]s the research program is enhanced, the University maintains a strong commitment to quality educational programs at the undergraduate, graduate and professional levels (Standard 2.A; 2.D).</td>
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<td>3. [M]ore systematic and regular assessment program that identifies a series of outcome measures that lead to program improvements. These evaluative processes should be consistent with an institutional assessment plan and be integrated into the overall educational planning for the University. (Standard 2.B.1; 2.B.2; Policy 2.2).</td>
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<td>4. [E]ach OHSU School or program develop a written policy on the timely release of examination and final course grades to students. (Standard 2.B.2).</td>
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<td>5. [C]essation of the practice of giving up to 15 graduate OHSU credit hours in the online Physician Assistant Program for ‘prior experiential learning.’ (Policy 2.3.B and Standards 2.F5:2.A10)</td>
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<td>6. [T]he University develops a rationale for the type and term of faculty appointments in the various Schools, Programs and Institutes” to meet Standard 4.A.</td>
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<td>7. [T]he members of the Board of Directors and the Board Chair are evaluated regularly.” Standard 6.B.6.</td>
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<td>8. [T]he Board of Directors of OHSU develops and implements a policy guiding the use and limit of capital debt” as required by Standard 7.A.4.</td>
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<td>9. [T]he University undertakes a review of the examination policies and processes of all OHSU external degree programs to ensure student authentication and security of exams during administration.” Policy 2.6 and Standard 9.A.2.</td>
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<td>10. [A] consistent rationale be developed for setting tuition rates across the schools and programs with particular attention to discrepancies between programs...to meet the intent of Policy B-12.</td>
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Actions Taken to Address Recommendation 1

 “[T]he Committee recommends a review of the OHSU planning and evaluation processes to ensure that they are formal, clearly defined and systematic to enhance increased communication to all stakeholders, and appropriate resource allocation to an infrastructure that keeps pace with programmatic initiatives” (Standards 1.B.1; 1.B.2; and 1.B.4).

In response, OHSU began immediately to review and revise the 2000 Strategic Plan developed under President Peter Kohler’s leadership. Discussions ensued within the OHSU Mission Group comprised of the President and Vice Presidents over summer 2006 and included input from Faculty Senate and the four schools. The multi-phase process was documented in a report to NWCCU provided in September 2006 before a site visit scheduled for October 19, 2006. (During the development of this report, President Kohler announced his intention to retire, a national search ensued and the Board of Directors selected Joe Robertson, M.D., M.B.A. to become OHSU’s next president.)

When Joseph A. Robertson, Jr. M.D., M.B.A., assumed the presidency, one of his first actions was to travel throughout the state to assess the demands and supports for OHSU throughout the state. He concluded that the University would embark on a strategic planning process given the changing state, national and global environments.

OHSU began developing a strategic plan—a document that articulates what we are as an institution, what we want to become, and how we plan on getting there. The 2006 Update of the 2000 Strategic Plan was given to the consultants who advised on the process and development of a new strategic plan. Mindful of the recommendation to demonstrate enhanced communication with all stakeholders, the University spent a year gathering input from all mission and support areas of OHSU and from stakeholders throughout Oregon. Throughout 2006-07, several Town Meetings were held, as were additional meetings with various campus councils, committees, and groups. The review provided essential input to the iterative development of the drafts. OHSU Vision 2020 was adopted by the OHSU Board of Directors in November 2007.

OHSU Vision 2020 now maps the University’s course toward greater efficiency, collaboration and overall excellence in fulfilling the mission of healing, teaching, discovery and community outreach. It builds on recent achievements and identifies new priorities.

OHSU’s 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 plan includes six strategic goals as follows:
• Be a great organization, diverse in people and ideas.
• Develop and retain a faculty that will collaborate to drive excellence and innovation across OHSU.
• Join others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians.
• Help meet Oregon’s workforce needs in the health and science professions through innovative strategies such as regionalization, academic partnerships, distance learning and interdisciplinary approaches.
• Align OHSU enterprises to support sustainable innovation.
• Build financial wherewithal for the long-term advancement of all our missions.

Some of the strategic plan’s action steps have already been implemented, and many are in progress. A few of the plan’s strategies have been put on hold until necessary resources are available. Vision 2020 has helped people make positive changes at OHSU.

This strategic planning process was used as a guide for setting annual budget priorities. The University used OHSU Vision 2020 to:

(1) Focus the discussion about revenue streams needed for the infrastructure of schools and academic health system to keep pace with programmatic priorities,
(2) Develop detailed implementation and unit-level business plans, and
(3) Develop policy option packages to seek new state appropriations to expand programs in health care to meet workforce shortages.

OHSU Vision 2020 has been a touchstone in the University’s decision-making. When faced with serious challenges, such as the loss of the cap on tort liability in December 2007 and the global financial crisis in 2008 and 2009, Vision 2020 provided a means for assaying relative merit of options considered and decisions taken. It focuses the University’s efforts to help meet Oregon’s healthcare workforce needs and improve the health and well-being of all Oregonians. OHSU Vision 2020 reflects and reinforces the University’s commitment to transparency, service excellence, diversity and quality. This was described in the Progress Report dated April 28, 2008. The Progress Report submitted to the Northwest Commission on Colleges and Universities in April 2008 presented the comprehensive strategic plan, goals, strategies and tactics.

In its letter of August 8, 2008, the Commission indicated it was “satisfied that the University had made progress regarding [2007] Recommendation 1... of the Fall Focused Interim Evaluation Report.” (See Appendix A.1. Correspondence from NWCCU)
Actions Taken to Address Recommendation 2

The Committee recommends that as the research program is enhanced, the University maintains a strong commitment to quality educational programs at the undergraduate, graduate and professional levels (Standard 2.A; 2.D).

As reported in OHSU’s Spring 2008 Focused Interim Report, the critical workforce shortages and the commitment to quality education programs were addressed in three processes since the 2005 OHSU Self Study, (1) legislative budgeting process, (2) OHSU strategic planning process and (3) institutional budgeting process following the Oregon Supreme Court decision on Oregon’s tort liability cap. These processes are summarized below:

Evaluator Conclusion
The academic leaders in the schools are commended for their commitment to maintaining quality and innovation in educational programming in the face of substantial budget revisions, and for their apparent openness with students concerning changes facing them.

Spring 2008 Focused Interim Evaluation Report

Recommendation
The University should continue to monitor and demonstrate its commitment to high standards of teaching and learning by providing sufficient human, physical, and financial resources to support its educational programs whenever and however they are offered (Standard 2.A.1).

July 31, 2008

Commission Findings
The Commission was satisfied that the progress has been made regarding Recommendation 1 of the Spring 2008 Focused Interim Evaluation Report.

February 12, 2010

Biennal Legislative Budgeting Process, 2007-2009
In preparation for the legislative budgeting process, Provost Lesley Hallick engaged the Deans of the four schools and three Vice Provosts in extensive planning and budgeting discussions throughout 2006. These discussions led to the development of several Policy Option Packages (POPs) to support the expansion of OHSU’s academic programs. After discussions with legislators, legislative staff and University leadership, Provost Lesley Hallick with President Joe Robertson developed a short list of 12 POPs they believed could be successful in the state funding process.

These POPs proposed Oregon Healthcare Initiatives to increase capacity to train physicians, nurses and dentists by building a statewide network of partnerships and community-based practice placements. Core ideas emphasized in these proposals were technology-facilitated curricular revisions that would enable a fundamental shift from historical apprenticeship style educational models for teaching basic skills toward an emphasis is on promotion of health and well being, developing innovative and more cost-effective health care delivery models, and rapid translation of research discoveries to application.

Changes in where the education is delivered are also underway based on strategic partnerships with key stakeholders. A fundamentally new articulation model in nursing education between educational sectors is being tested in Oregon. This model, Oregon Consortium of Nursing Education or OCNE, will enhance the capacity of all contributors and will increase student throughput, satisfaction and competencies. More students can now receive training without moving. Regionalization plans to increase capacity in medical and dental programs were developed, but not funded for 2007-2009.

Institutional Planning and Budgeting Process
Of the 156 total tactics in OHSU Vision 2020, 28 are related specifically to the academic programs or support of programs and students and emphasize the importance of quality
education programs in defining OHSU’s excellence. Each tactic represents a new project or work package for the educational component to complete over the next five years. These focus on centralizing academic and student support functions, developing university wide courses that are core to several programs, and exploring collaborative partnerships with other Oregon universities to provide excellence in degree programs. Many of the tactics for the educational enterprise are bold. As we move forward, the educational enterprise will break away from some of the historical structures of the past that duplicated activities and programs in each of the schools and adopt a more focused institution-wide approach in the delivery of education programs and services. The educational component will incorporate an interdisciplinary approach to learning as it move towards greater integration with the clinical and research enterprises.

The importance of exploring and implementing these policies became even more critical as the fiscal impact of the tort cap is taken into account. Since all of the 28 new projects were identified as high priority, Provost Hallick worked with the Vice Provosts and Deans’ Council to balance the project portfolio. Several of projects emanating from the tactics were fast tracked due to their cost savings potential during the next budget cycle due to tort cap loss. A selection of these fast tracked tactics included:

Tactic 4.2.1 Assess teaching support services and technical infrastructure in both academic support areas and in the schools; identify consolidation and decentralization opportunities to achieve greater quality and efficiency.

Tactic 4.2.2 Assess the feasibility of and establish an interdisciplinary core curriculum for areas including ethics, global health, core basic sciences and public health, anatomy and physiology, professionalism, clinical decision making (evidence-based practice), biostatistics and informatics, emergency preparedness, complementary and alternative medicine, and nutrition, prevention and wellness.

Tactic 4.2.3 Develop the plan for academic infrastructure to deliver interdisciplinary learning and to leverage facility capacity on all sites, including simulation, and online and distance learning.

Tactic 5.1.6 As part of the OGI School of Science & Engineering business plan, assess potential integration of programmatic and support functions with other units.

Tactic 6.1.6 Develop and implement a sustainable business plan for the School of Nursing’s March Wellness Program.
The use of Strategic Vision 2020 in helping the Executive Leadership Team in the aftermath of the Supreme Court decision demonstrates the intention for this vision to be the roadmap to OHSU’s sustainable future. Revisions to, and more frequently, prioritization of all portions of the Strategic Vision 2020 are ongoing. By institutionalizing this process of internal review, planning and improvement, OHSU will remain a leader in health and science education and innovation and continue to serve the health and well-being of all Oregonians long into the future.

Commenting on OHSU’s progress in responding to Recommendation 2, NWCCU site evaluator, Dr. William Fassett, wrote in his *Spring 2008 Focused Interim Evaluation Report* that,

*The academic leaders in the schools are commended for their commitment to maintaining quality and innovation in educational programming in the face of substantial budget revisions, and for their apparent openness with students concerning changes facing them.*

OHSU addressed this recommendation in its *Fall 2009 Progress Report*, and provided a detailed update of its strategic planning efforts. The University affirmed its commitment to the funding of its educational mission despite a difficult economic climate, and lauded the sustainability of its units’ business plans. The report acknowledged,

*When the NWCCU evaluator visited the campus in April 2008, the University was undergoing the implementation of program reductions without the benefit of a resolution of the tort cap and legislative redress. In addition, the overall global financial crisis coupled with a state budget shortfall, unsure revenue forecast for the Hospital, and undecided bond credit rating appeared to threaten the University’s capital capacity and financial sustainability.*

The report addressed these issues in their current capacity as threats to providing sufficient human, physical, and financial resources to support the educational mission. Summaries and the fiscal impact of each of these financial uncertainties from the *Fall 2009 Progress Report* are presented here:

**Tort Reform**

The legislature created the Oregon Tort Claims Act Interim Task Force in February 2008 to make recommendations to the 2009 legislative assembly on needed changes to the Oregon Tort Claims Act in the wake of the state Supreme Court’s decision in *Clarke v. OHSU*. This Task Force was comprised of legislators and representatives of OHSU, Oregon’s trial lawyers and various local governments. The charge was to balance fairly the availability of vital public services with appropriate remedies for those who are harmed. The result of their work is contained in several bills, including Senate Bill 311. Senate Bill 311, which passed the Senate in February and House in March 2009, increases the per claim damage limits for state agencies and entities, including OHSU. On April 15, 2009 Governor Ted Kulongoski signed a new tort cap into law.

In February 2010 the state appellate court, in the *Ackerman v. OHSU* case, again challenged the cap and found in favor of Ackerman. The financial impact of this decision on the university is approximately $30 million. This will be absorbed by the $44 million positive variance in income from budget for the university through February. OHSU is appealing this to the Oregon Supreme Court.

**FISCAL IMPACT:** The legislative redress provides more certainty for financial planning as to requirements for liability insurance and potential patient claims.
Stable Credit Rating
During the time between the elimination of the tort cap and legislative redress, OHSU leaders were concerned about the impact of this unknown risk on the University’s bond credit rating. If the University’s bond credit rating were lowered as a result of the loss of the tort cap, the availability of favorable capital markets and cash-on-hand would be reduced significantly.

Prior to this year, the Standard & Poor’s Rating was the only rating sought by OHSU. In FY 2010, OHSU sought ratings from two additional credit rating agencies—Moody’s Investor Service and Fitch Rating. The University was involved in several months of discussions with credit analysts, including on-site meetings in early March 2009 with representatives across OHSU.

The University learned by the end of spring that the credit rating agencies had given strong third-party confirmation that the steps OHSU had already taken, and those being planned, were creating a financially sustainable model. These bond ratings include: ‘A’ by Fitch, ‘BBB+’ by S&P and ‘A2’ by Moody’s.

All three gave OHSU a Rating Outlook of ‘stable.’ These ratings of OHSU’s financial health are regarded as “investment quality.” That OHSU was able to sustain this S&P Rating ‘BBB+’ through the market turmoil of the last year and tort cap loss is a testimony to the quality of the University leadership. This reduces the University’s vulnerability in the bond market.

FISCAL IMPACT: OHSU will have access to lower interest rates (and lower debt payments) and quality capital markets than projected in January 2008.

Global Financial Crisis
The recent stock-market dive eroded millions from the endowments at OHSU and other universities throughout the United States. However, in calendar year 2008, OHSU and its Foundation investments outperformed major indices— for example, the S&P 500 witnessed a 37 percent decline—but OHSU’s endowment loss was limited to 24.8 percent. This impacted the spending distribution for a number of endowed funds. But on the more positive side, in the first quarter of FY 2010, the investment performance has resulted in a gain of 9.8 percent.

In the midst of the economic crisis OHSU received its largest gift of $100 million in October 2008. This gift endowed the Knight Cancer Institute and the notable work by Brian Druker, M.D. Dr. Druker has worked for years to discover the weakness in one form of leukemia and developed the first targeted gene therapy for cancer, the drug Gleevec.™ Gleevec™ has revolutionized cancer research and treatment.

FISCAL IMPACT: The University’s endowments have shown improvement in the first quarter of FY 2010 and are being watched closely by staff. With the hoped for improvement in the U.S. economy, staff expect these investments to improve over the longer term. New development efforts are underway to support educational program quality.

Increased Hospital Volume
The Hospital projected a 5 percent growth in hospital admissions in FY 2009, but experienced less than 1 percent growth. During times of economic pressures, people tend to delay elective
surgeries and uncompensated care goes up as people lose jobs and health care benefits. Thus, OHSU projected that hospital admissions would continue to grow only 1 percent for FY 2010. Despite the minimal inpatient growth, outpatient volume exceeded projections, resulting in meeting the projected total margin in FY 2009. This can partially be attributed to the acquisition of the community Hematology Oncology physician practice, Pacific Oncology.

The clinical enterprise is seeing strong growth in its admissions, patient days and visits. Admissions year to date are above budget by 2.6 percent and patient days are ahead of budget by 2.1 percent leading to the clinical enterprise having a positive variance of $76 million over budget.

**FISCAL IMPACT: This positive margin provided much needed correction towards financial stability and future sustainability.**

**State Budget for FY 2009-2011**

Due to the downturn in Oregon’s economy, OHSU, along with every state government entity, was asked to prepare budget scenarios for reductions of between 5 percent and 30 percent for their base budget request for 2009-2011.

The legislatively adopted 2009-2011 state appropriated operating budget for OHSU is $79.4 million, a decrease of 10 percent or $8.8 million from the $88.2 million Essential Budget level determined by the Department of Administrative Services.

- The less than $80 million was distributed among six OHSU units: School of Medicine, School of Dentistry, School of Nursing, Area Health Education Centers/Office of Rural Health, Oregon Poison Center and Child Development and Rehabilitation Center.

- The 2009-2011 Educational and General Program appropriation is $67.4 million, a decrease of 10 percent from the $74.9 million E&G Essential Budget Level determined by the Department of Administrative Services as needed to maintain current service levels.

In sum, state appropriations were reduced by about 10 percent for most OHSU units. The state gave OHSU more flexibility at the program level to determine how best to use the state appropriations. OHSU did not have to submit a line-by-line plan for the $67 million for E&G. A Budget Note in HB 5032 reflected an agreement reached to redirect state appropriations supporting the DMD program to the MD program over time.

- SOM was allocated a 7.8 percent reduction in state appropriations due to less tuition elasticity for its MD program.

- SOD was allocated a 15 percent reduction in state appropriations as it was deemed to have more elasticity to increase tuition for its DMD program.

Declining state appropriations for all of Oregon’s higher education programs has been the longstanding trend. This makes it difficult to meet the workforce needs of the state in the health professions and biomedical science fields. OHSU’s state appropriation was reduced by 14.5

On a more positive note, the state approved the issuance of $110 million in bonds for a capital building project that represents a joint venture between the Oregon University System and Oregon Health & Science University. OHSU has contributed the land for the building in the South Waterfront campus and $40 million from a private donation made to the university to expand medical education. The project “OUS/OHSU Life Sciences Collaborative Complex,” will promote inter-institutional interaction, collaboration, and synergistic partnerships. The strategy approved will promote and attract partnerships with private bioscience and pharmaceutical companies in the region. Educational programs will address workforce shortages in the health professions.

**FISCAL IMPACT: A 10 percent reduction in state funding was absorbed with tuition increases and incremental adjustments not affecting overall program quality.**

**Increased Administrative Efficiency**
OHSU’s mission, vision and values are the most significant driver for budget priorities on an annual basis. The ongoing strategic planning process influenced budget priorities for FY 2008 and began driving budget decisions in FY 2009. To be financially sustainable as an academic health center, OHSU set as a priority the streamlining and aligning of academic and clinical programs, research support, and centralized administrative service. This has resulted in consolidating and merging some units as well as establishing multi-year business plans for every unit. The expectation is for “every boat to rest on its own bottom.”

The key changes for OHSU, in addition to Tort Cap Reform, that impacted the FY 2010 budget have included:

- Refinanced bonds to more favorable interest rates;
- Completed integration of Faculty Practice into the School of Medicine;
- Streamlined Central units (e.g., Human Resources, ITG, Marketing, Facilities);
- Integrated OGI programs, faculty and students into the School of Medicine;
- Moved some unit-based student support services to Academic & Student Affairs;
- Updated methodology for distributing unit overhead costs;
- Completed assessment of deferred maintenance for OHSU’s capital components; and
- Developed a roadmap to a Green Campus to strengthen campus sustainability efforts.

One of the most important challenges facing academic health centers, including OHSU, has been to find new sources of revenue to support social missions as competitive health care markets and governmental belt tightening have reduced AHCs’ margins from clinical services. In earlier years, clinical revenue helped support health professions education, especially in the medical school.
With a declining total margin, OHSU Central Financial Services updated the method for determining overhead cost allocation. These allocated costs are composed primarily of the “space cost” of facilities, insurance, and interest expense on our debt. Other overhead cost allocation (OCA) components include the costs of the central departments that support the entire institution, such as Human Resources, Student Affairs, Information Technology, Facilities, Legal Affairs, Risk Management and Finance. Since these departments do not generate external revenue, their costs have to be recovered through the revenue generating departments of the hospital, schools, centers and institutes.

The process for updating of the OCA was inclusive, with input from the Schools, the Research mission, various departments and internal financial officers. It was a concerted team effort to find an equitable methodology and mechanism for recovering overhead costs. Then, OHSU set a target for a healthy total margin (i.e., 4.5 percent for the Hospital and 1.5 percent for the University). Achieving a healthy total margin requires units to develop financial plans with Central Financial Services that ensures revenues exceed expenditures, including “space costs” that need to be recovered.

**FISCAL IMPACT.** OHSU’s educational programs have added overhead cost and total margins into their financial plans to align with OHSU’s strategy toward financial sustainability.

The Fall 2009 Progress Report concluded,

> Given the work we have done to develop a sustainable financial model that supports the strategic plan in Vision 2020, we are committed to maintaining quality throughout the organization, and especially the core educational programs and will continue to closely monitor the status of the resources necessary to maintain that goal.

In its letter of February 12, 2010, The Commission was satisfied that progress had been made regarding Recommendation 1 of the Spring 2008 Focused Interim Evaluation Report.” (See Appendix A.1. Correspondence from NWCCU)
Actions Taken to Address Recommendation 3

“The Committee recommends that OHSU develop a more systematic and regular assessment program that identifies a series of outcome measures that lead to program improvements. These evaluative processes should be consistent with an institutional assessment plan and be integrated into the overall educational planning for the University. (Standard 2.B.1; 2.B.2; Policy 2.2).”

In the spring 2005 Comprehensive Evaluation Report, the Commission found that OHSU “does not meet the criteria for accreditation” given the lack of a continuing process of academic planning, the carrying out of those plans, the assessment of the outcomes, and the influencing of the planning process by the assessment activities. The Commission required that OHSU take appropriate action to ensure that Recommendation 3 is addressed and resolved within two years.

As reported in OHSU’s Fall 2006 Focused Interim Report, OHSU convened an ad hoc group of academic administrators at least once a month from September 2005 through August 2006 to develop a more systematic and regular institution-wide educational assessment system. As a result, the OHSU Assessment Council was established as a standing committee. OHSU also reported on its effort to develop and track Key Performance Measures for the state legislature, and the participation of thirteen of OHSU’s fourteen research doctoral programs in the National Research Council’s assessment of research doctorate programs in fall 2006.

Following the on-site visitation in October 2006, the evaluator reported that OHSU has made significant progress, but recommended further improvements “The Commission requested that OHSU prepare a Progress Report in Spring 2008 to address the evaluator’s recommendations for improvement.

On April 28, 2008, OHSU submitted its Spring 2008 Progress Report to the Commission. The University affirmed that all of its professional programs are accredited and assessment has long been an integral part of their quality improvement process noting, “The principal change in the assessment practices at OHSU has been...collection and analysis centrally, which allows the cross-fertilization of best practices and provides greater emphasis and focus on the incorporation of assessment outcomes into ongoing curricular improvement.”
The report detailed the ways that OHSU had implemented continued improvements in educational program assessment, and demonstrated that an institution-wide educational assessment process had been integrated into the overall University educational planning process.

**Continue to Implement the Institution-wide Educational Assessment Process**

OHSU provides degree and certificate programs at the undergraduate and graduate levels in health professions and biomedical and engineering disciplines. The major program areas have well-defined assessments at four transition points in the student career. These include application and admission, mid-program, end-of-program and graduate/alumni assessments. The University described this assessment framework in the 2006 *Focused Interim Report*. In the *Spring 2008 Progress Report*, OHSU highlighted its continued implementation of the recently designed process reflected by:

- Approving a charter for the Assessment Council;
- Developing a plan for communicating expected learning outcomes by degree and certificate program to enrolled and prospective students;
- Increasing the transparency of the end-to-end approval processes for new academic programs;
- Assessing student needs and the effectiveness of student services, and
- Developing a university-wide, web-based repository of assessment information.

The Assessment Council discussed the importance of communicating the expected learning outcomes for each of its degree and certificate programs to meet NWCCU Standard 2.B.2, Standard 2.C – Undergraduate Program and Standard 2.D – Graduate Program. The Assessment Council’s ensuing discussion highlighted the differences between two major groups of programs at OHSU, programs that develop individuals for professional practice and those that develop researcher and scholars for the academy, business/industry, and governmental agencies.

In the case of health care professionals, specialized accreditors set standards for professional programs. These standards are well defined, have specified learner outcomes and use assessment to determine whether students are achieving knowledge and competences required for professional practice. The programs in dentistry, medicine, nursing, pharmacy and allied health fields share assessment data in their school-level committee structures to improve the content of courses and programs and sequencing of experiences. These evaluations combined with faculty expertise are the basis for making program changes, whether it reflect minor tinkering or major program redesign, such as Oregon Consortium for Nursing Education (OCNE) that changes the delivery of baccalaureate-level nursing program by providing the last three years on community college campuses using OHSU faculty.

Other than regional institutional accreditation, graduate science programs do not have accreditors that set explicit standards for discipline content knowledge, methods and other skills needed by scholars, researchers and leaders in universities, business/industry and public agencies. The teaching and learning model followed in the research programs is a mentorship model in which individual faculty work with students through a variety of research experiences increasing in independence and culminating with the dissertation experience. These programs tend to be very individualized after the core experiences. And, the work on the dissertation and its defense are the basis for an assessment of student learning at this advanced level of study.
The Assessment Council drafted an institution-wide policy to meet the intent of the NWCCU standards on learning objectives and student outcomes. The Assessment Council believes that the statement of learning objective and student outcomes with assessments of student progress is critical to faithful implementation of the institution-wide assessment framework as well as using assessment data to improve the design or content of the curriculum. The proposed policy requires all degree and certificate programs to state learning goals/objectives in specific and measurable terms and to make these available to enrolled and prospective students.

**Review Process for Proposing New Academic Programs**
The issues surrounding the program approval process centered on making the process more visible to faculty. The OHSU Faculty Senate and Assessment Council concurred that it would be beneficial to make the proposal of new academic programs more transparent to faculty as well as academic administrators.

The Vice Provost supported the development of a web-based communication tool to facilitate the proposal of new academic programs by faculty. To that end, the Assessment Council reviewed school-, institution- and state-level processes for the approval of new academic programs. This work required schools/ programs to formalize existing processes for proposing new academic programs and evaluating existing programs to ensure alignment with external requirements. A template of a flow chart was used by each school or major program to document the various school-level processes.

Through this review, it became apparent that the list of OHSU programs maintained by the Oregon University System was not current. So, each member of the Assessment Council as well as the Academic & Students Affairs Council reviewed the OUS Academic Program Database to develop an accurate inventory of the academic programs for which the University has approval to offer degree and certificate programs. As a result, the university developed two lists (1) active, approved programs and (2) inactive, approved programs. Each member also reviewed the active program list to ensure that the name of the program matched the OUS academic program database. These lists were submitted to OUS to update the system database in fall 2008.

**Assessing Student Satisfaction**
As part of the institution-wide assessment of students, Vice Provost Robert L. Vieira, Ed.D, introduced the idea that the University should explore developing a systematic university-wide assessment of student perceptions of student services to determine, and be responsive to, the changing needs of students.

Following meetings with advisory groups including Student Affairs Directors, Assessment Council, OHSU Student Council Executive Committee and Academic and Student Affairs Council, an on-line survey was created and reviewed by students with the eventual decision that focus group interviews would prove more useful for analyzing student concerns. In response, OHSU conducted focus group interviews with more than 100 students from a variety of programs. The information gleaned from the Focus Groups will be used to determine the best way to gather information about student satisfaction on an ongoing basis.

**University-wide, Web-based Repository of Assessment Information**
The 2006 Focused Interim Evaluation report also notes, *As the Council continues its work, it will enable OHSU to demonstrate outcomes assessment strategies lead to program improvement by creating and maintaining a university-wide, web based repository of student assessment information.*
The new website “Academic Programs and Assessment” communicates the work of the Assessment Council, provides information on the program approval process, shares self-study reports and evaluative reports related to institutional and program accreditation, and posts data and improvement targets on the Key Performance Measures developed for the legislative budget process. The website can be accessed from the Academic and Student Affairs homepage: http://euston.ohsu.edu/academic/

Demonstrate Processes Lead to Program Improvements
The 2006 Focused Interim Evaluation Report recommended that the University continue to implement the institution-wide educational program assessment process and in so doing, it noted as follows, “Specifically the University should demonstrate that school and/or program-level student learning outcomes assessment processes have led to program improvements.”

The OHSU institution-wide assessment framework is used in the formative and summative evaluation of educational program quality. The regular and continuous assessment and improvement of programs in light of the needs of the disciplines, fields or occupations is demonstrated by annual program-level reports. The Spring 2008 Progress Report provided detail about these processes for the DMD, MD, Graduate Medicine, Nursing, and Science and Engineering programs.

Integration of Assessment Process into the University Planning Process
As noted earlier in this report, OHSU’s strategic planning process began in September 2006 with the inauguration of Joseph A. Robertson, M.D., M.B.A. as President. The planning process involved hundreds of hours of conversation with internal and external constituents throughout the state. OHSU’s Vision 2020 documents the goals, strategies, and tactics approved by the Board of Directors in October 2007.

The Assessment Council’s charter reflects the need to feedback assessment information for the continuous improvement of programs and the institution. The sources of information about the quality of educational program and outcomes include:

- Assuring the implementation of the institution-wide assessment framework and feedback processes at the program-level,
- Reviewing accreditation self-studies and evaluation reports from specialized accreditors and NWCCU, and
- Tracking the key performance measures related to student performance approved by the Oregon legislature.

The Assessment Council reviews and analyzes information from these sources to determine how well the University is performing, identify common themes of strengths and weakness, implications for programmatic and financial planning. The Assessment Council reports its findings to the Provost and Vice President for Academic Affairs, Deans’ Council and Research Council for integration into the overall University planning process. These data are available on the web-based repository of assessment information.
OHSU’s *Spring 2008 Progress Report* concluded:

- The Assessment Council, Deans’ Council and Provost have played key roles in the continued implementation and institutionalization of the institution-wide educational program assessment process.

- We have used the OHSU assessment framework to propose new assessments that are institution wide (e.g., student satisfaction), reported on how assessment of student learning outcomes has led to program improvements using school-level processes, and created a web-based communication tool to locate assessment-related performance information in a one-stop location, enabling programs to access data and information for specialized accreditation reports and other studies.

- The institution-wide educational assessment process has been integrated into the overall University planning process in at least two ways: (1) using student and program performance metrics in the development of unit-level plans and budgets and (2) developing assessments of student services to determine service quality levels from the view of the customers and to develop department-level improvement plans.

In its letter dated August 8, 2008, *The Commission was satisfied that the University had made progress regarding Recommendation 2 of the Fall 2006 Focused Interim Evaluation Report.* ᵃ  (See Appendix A.1. Correspondence from NWCCU)

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Actions Taken to Address Recommendation 4

The Commission recommends that each OHSU School or program develop a written policy on the timely release of examination and final course grades to students (Standard 2.B.2.).

As reported in OHSU’s Spring 2008 Focused Interim Report, OHSU developed the response to Recommendation 4 in the OHSU Academic and Student Affairs Council (ASAC) which considered the NWCCU recommendation and context regarding the development of written statements on the timely release of grades to students. ASAC reviewed the existing written statements about student grades in the student handbooks. Through this dialogue in 2006-07 on the creation of official written statements responsive to Recommendation 4 in the NWCCU Comprehensive Evaluation Report, ASAC agreed upon a set of guidelines members believed reflected a balanced university grading policy.

ASAC and the Assessment Council developed a set of proposed guidelines to address the issues and interests that need to be balanced in any official university grading policy. (See Appendix A.2. Timely Release of Grades).

The policy for faculty responsibility for the timely release of examination and final course grades to students is intended to recognize the importance of the contribution of faculty to the quality of OHSU’s instructional programs and student learning outcomes. This quality is engendered through formal and informal faculty evaluations and performance-based assessments of student work in the classroom, laboratory and/or clinical setting. The new policy was approved by the Dean’s Council and Faculty Senate in early 2008. The Schools have implemented this policy, which is included in their respective student handbooks.

In its letter of July 31, 2008, the NWCCU reaffirmed OHSU’s accreditation on the basis of the Spring 2008 Focused Interim Evaluation regarding Recommendation 4 of the Spring 2005 Comprehensive Evaluation Report. (See Appendix A.1. Correspondence from NWCCU)
Actions Taken to Address Recommendation 5

The spring 2005 Comprehensive Evaluation Committee recommends, “Cessation of the practice of giving up to 15 graduate OHSU credit hours in the on-line Physician Assistant Program for ‘prior experiential learning.’” This practice is not consistent with Policy 2.3.B and Standards 2.F5:2.A10.

As reported in OHSU’s Spring 2006 Progress Report, the OHSU Physicians Assistant Program has modified their curriculum to eliminate the practice of providing credit for prior learning. This credit is replaced in the curriculum with coursework that documents clinical and academic competencies attained in clinical practice that is concurrent with student’s matriculation.

Commission Findings
The accreditation of OHSU has been reaffirmed on the basis of the 2006 Focused Interim Evaluative Report regarding Recommendation 5[and]is now in compliance with Commission criteria for accreditation.
August 3, 2006

The accreditation of OHSU has been reaffirmed on the basis of the 2008 Focused Interim Evaluative Report regarding recommendation 5.
July 31, 2008

In its letter of August 3, 2006, the Commission accepted receipt of the progress report and “was satisfied that the University had made progress regarding Recommendation 5 of the spring 2005 Comprehensive Evaluation report.” (See Appendix A.1. Correspondence from NWCCU)

Actions Taken to Address Recommendation 6

The spring 2005 Comprehensive Evaluation Committee recommended that, “The University develops a rationale for the type and term of faculty appointments in the various Schools, Programs and Institutes” to meet Standard 4.A.

As reported in OHSU’s Spring 2008 Focused Interim Report, OHSU Provost Lesley Hallick took action on this recommendation and initiated a review process, “regarding faculty appointments, promotions and tenure for consistency, flexibility, and ability to attract and retain top talent.” The Provost emphasized the Deans’ Council’s principal task was to create broad overarching policies that will provide a framework for the individual school and institute policies.

The committee began their review of existing policies and processes in fall 2005 and continued into 2006 while at the same time exploring alternative faculty appointment processes. By early 2007, proposed draft faculty policies were vetted with the key stakeholders and participants in this process.

The project objectives widely shared with constituents were to review policies and processes regarding faculty appointments and promotion & tenure to 1) ensure consistency with University policy across schools and research institutes and centers, and 2)

Evaluator Conclusion
The University is commended for a successful process that went well beyond the minimum effort to comply with 2005 Recommendation 6 and brought together the various units to affirm a policy on the type and term of faculty appointments that enhances institutional effectiveness. He also wrote in his conclusion, The development of a policy on types of faculty appointments, in response to 2005 Recommendations 6, is seen as a particularly well-handled challenge which garnered praise from the Faculty Senate and school administrators.
Spring 2008 Focused Interim Evaluation Report

Commission Findings
The accreditation of OHSU has been reaffirmed on the basis of the 2008 Focused Interim Evaluative Report regarding recommendation 6.
July 31, 2008
offer sufficient flexibility needed by the units to attract and retain a wide diversity of top talent.

The principal university policies undergoing extensive review and modification were:

- “Academic and Research Institute Faculty Appointments” (No. 03-10-020)
- “Faculty Employment Contracts Appointments” (No. 03-10-025)

Additional policies affected by related faculty issues raised during this process led to updating of university policies:

- “Performance Appraisals” (No. 03-10-080)
- “Personnel Records of Unclassified Employees” (No. 03-60-005)

A final version of all policies was discussed and approved by the Policy Advisory Committee in its meeting on February 12, 2008. These policies were subsequently signed by the University President, Dr. Joe Robertson, on February 27, 2008—the effective date of the new and revised policies as they pertain to Recommendation 6.

In its letter of July 31, 2008, the NWCCU reaffirmed OHSU’s accreditation “on the basis of the spring 2008 Focused Interim Evaluation regarding Recommendation 6...of the spring 2005 Comprehensive Evaluation Report.” (See Appendix 1. Correspondence from NWCCU)

Actions Taken to Address Recommendation 7

The spring 2005 Comprehensive Evaluation Committee recommended that “The members of the Board of Directors and the Board Chair are evaluated regularly” as required by Standard 6.B.6.

As reported in OHSU’s Spring 2006 Progress Report, the OHSU Board of Directors revised the scope of the Governance Committee to include “assessing the performance of the Board and its committees on an annual basis.”

The evaluation of Board performance has been conducted annually through a combination of interviews and written responses to open-ended questions. The survey instrument developed has been used for the last four years. Summary reports of the individual responses are prepared by Board staff for the consideration by the Governance Committee. In November of each year, the Chair of the Governance Committee reports its findings to the full Board.

In its letter of August 3, 2006, the Commission accepted receipt of the progress report and “was satisfied that the University had made progress regarding Recommendation 7 of the spring 2005 Comprehensive Evaluation Report.” (See Appendix A.1. Correspondence from NWCCU)
Actions Taken to Address Recommendation 8

The spring 2005 Comprehensive Evaluation Committee recommended that “The Board of Directors of OHSU develops and implements a policy guiding the use and limit of capital debt” as required by Standard 7.A.4.

As reported in OHSU’s Spring 2006 Progress Report, in response to this recommendation, the OHSU Board of Directors approved a revised debt policy at their December 6, 2005 meeting. Details of this policy were provided as part of the report. The Board of Directors implemented the policy immediately.

In its letter of August 3, 2006, the Commission accepted receipt of the progress report and “was satisfied that the University had made progress regarding Recommendation 8 of the spring 2005 Comprehensive Evaluation report.” (See Appendix A.1. Correspondence from NWCCU)

Actions Taken to Address Recommendation 9

The spring 2005 Comprehensive Evaluation Committee recommended that, “The University undertakes a review of the examination policies and processes of all OHSU external degree programs to ensure student authentication and security of exams during administration. Verification of examinees may be a logistical challenge, but its practice will only prove salutary to program and institutional integrity” as required by Policy 2.6 and Standard 9.A.2.

As reported in OHSU’s Spring 2008 Focused Interim Report, the University responded to Recommendation 9 by considering the attendant issues and has developed procedures for ensuring student authentication and security of examinations. After considerable review, in fall 2006 the University piloted the SAKAI software tool set in the School of Nursing to determine if the SAKAI program options were adequately diverse and sufficiently robust to be adopted as a single, university-supported collaboration and learning environment (CLE), meeting the wide range of teaching, learning and collaborative situations. The Academic & Student Affairs Council found that the SAKAI software tool had features which would enable student authentication and security of exams during administration. The new features went into effect in spring 2008.

Also, because SAKAI is used in a growing number of campus courses, the University is making progress toward applying it uniformly across all schools and programs to meet the challenges of the digital age.

In its letter of July 31, 2008, the NWCCU reaffirmed OHSU’s accreditation “on the basis of the Spring 2008 Focused Interim Evaluation regarding Recommendation 9...of the Spring 2005 Comprehensive Evaluation Report.” (See Appendix A.1. Correspondence from NWCCU)


Actions Taken to Address Recommendation 10

The spring 2005 Comprehensive Evaluation Committee recommended that, “A consistent rationale be developed for setting tuition rates across the schools and programs with particular attention to discrepancies between programs (including external degrees) to meet the intent of Policy B-12.”

As reported in its Spring 2008 Focused Interim Report, OHSU responded to Recommendation 10 by reviewing existing policies on setting tuition rates and developing a revised tuition and fee policy that provided a more consistent rationale for setting these rates.

Commission Findings

The accreditation of OHSU has been reaffirmed on the basis of the 2006 Focused Interim Evaluative Report regarding recommendation 10.

July 31, 2008

Historically, the discrepancy in tuition rates stems from differences in total program cost, cost per student and a cost allocation plan (referred to as the capitation model). The cost allocation plan identifies contributions available from the state appropriation and other resources. These contributions are subtracted from the cost per student to derive the lowest possible tuition rate for students enrolled in a given program. The development of a cost allocation plan and costing standards is an evolving process, and the allocation methodology is determined through the annual budget planning process for each fiscal year. The allocation methodology is documented in a cost allocation plan by the Provost and the Chief Financial Officer.

A revised OHSU tuition and fee policy was provided in the Spring 2008 Focused Interim Report, and is summarized here:

The Board of OHSU has delegated to the President the authority and responsibility to establish as necessary fees for educational services and materials provided or coordinated by the University. Tuition and financial aid should balance educational quality and access aligned with the University’s strategic priorities.

Tuition and fee rates shall be established based on an annual cost allocation plan that assures full recovery of the cost per student by degree or certificate program. Recommendations for tuition and fees shall be submitted by the President to the Board annually well in advance of the next academic year.

Rationale

The underlying principle for setting tuition and fees charges for OHSU’s degree and certificate programs that contributes to the full cost recovery is to set them as low as possible while ensuring quality and competitiveness in the appropriate markets.

1. Students and prospective students should have as much information as possible to estimate the total cost to complete their programs.

2. Resident and nonresident rates should be competitive with those charged at peer institutions and aligned with OHSU and approved school- or program-level strategic priorities.

3. Resident students will pay a smaller share of the instructional costs based on the availability of a state subsidy.
4. Whenever possible, tuition charged at the Portland campus and at other regional locations will be the same for comparable programs. Students enrolled in an OHSU program delivered on another campus shall pay any additional campus-specific fees required by the host institution. Students enrolled through on-line or distance learning can be assessed institution-related fees.

5. For doctoral-level tuition, tuition increases should consider impacts on multi-year grants and the need to self-fund waivers or remissions within departmental budgets.

6. Program administrators should work with University Administration to set a tuition rate that reflects all necessary instruction-related expenditures related to the learning experience without relying on program-specific fees.

Tuition and Fee Setting Process
Each school/program head proposes tuition and fee levels and receives approval from the appropriate Dean who forwards a recommendation to the Provost and Vice President for Academic Affairs for final approval. The Board approves annual tuition and fee charges.

As part of the OHSU annual budgeting process, program administrators shall recommend tuition increases beyond cost-of-living increases to: 1) offset higher instructional costs; 2) meet unforeseen financial circumstances; 3) provide supplemental resources to enhance program quality; or 4) reflect the market for programs with high demand.

This revised policy was developed in a unique context with several factors impacting the University’s rationale for setting tuition rates across different schools and programs. Final pricing decisions must take into account declining state investment, unique program cost structures, increasing enrollment to meet workforce needs, market analysis, and institutional capacity to generate other, non-tuition based revenues.

OHSU has drafted a consistent rationale for setting tuition rates across the schools. Because the costs and available resources vary widely across programs, tuition levels as well as resident/nonresident differentials also vary significantly. However, all programs have the same criteria and all share the ultimate goal of setting the tuition as low as possible consistent with the delivery of a high quality educational experience.

In regard to OHSU’s progress in responding to Recommendation 10, NWCCU site evaluator, Dr. William Fassett, wrote in his Spring 2008 Focused Interim Evaluation Report that, The University has complied with this recommendation and appears to have a consistent rationale in place for setting tuition rates across the schools and programs. The evaluator did not investigate compliance beyond the scope of this recommendation; within the scope of this recommendation, no evidence suggests that the University is not reporting tuition in accordance with Policy B-12.

In its letter of July 31, 2008, the NWCCU reaffirmed OHSU’s accreditation “on the basis of the Spring 2008 Focused Interim Evaluation regarding Recommendation 10...of the Spring 2005 Comprehensive Evaluation Report.” (See Appendix A.1. Correspondence from NWCCU)
PART B Other Institutional Changes

Standard One: Institutional Mission and Goals; Planning and Effectiveness

What changes, if any, have been made in the mission and goals of the institution since the last full-scale evaluation and why have they been made?

OHSU last revised its mission in February 2005 as part of the self-study process.

How have these changes been reflected in the functioning of the institution?

Following are some examples of Vision 2020 in action.

**OHSU Tobacco-free Initiative.** OHSU is tobacco-free, a significant step toward improving the health and well-being of our employees, students, patients and visitors.

**Stem-cell Breakthrough.** OHSU scientists, led by Shoukhrat Mitalipov at the Oregon National Primate Research Center, were the first to successfully reprogram primate skin cells to become embryonic stem cells. This OHSU research ranked first in Time’s “Top 10 Scientific Discoveries of 2007.” The stem-cell breakthrough is the result of OHSU researchers partnering with researchers at other institutions to make Oregon a national leader in health and science innovation.

**Human Genetics Initiative.** OHSU’s Human Genetics Initiative integrates our missions, departments and units. HGI offers a cross-disciplinary academic model, joining OHSU Vision 2020, the School of Medicine's strategic plan and the Roadmap of the National Institutes of Health.

**OHSU Knight Cancer Institute.** Brian Druker, M.D., OCI director, has a vision for the OCI that includes expanding cancer research and consolidating services, resulting in better cancer care at OHSU and throughout the state. It provides a new model for sustainability, growth, service excellence and national renown. This program received the large single donation to OHSU from an individual/family.

**School of Science & Engineering integration.** In summer 2008 the OHSU School of Science & Engineering was integrated as a sustainable department within the School of Medicine. This integration preserved excellence in science and engineering research and education, and reduced costs.

What existing plans for the future have been achieved and what new plans have been formulated?

In the words of President Robertson, Jr., M.D., M.B.A., “An effective strategic plan doesn't sit on a shelf. It is used daily, guiding the hundreds of decisions made by leaders and managers throughout this institution. But to be of continuing value, it also must evolve—getting updated as the conditions and challenges that influence our work change.”
The President noted, “Since Vision 2020’s adoption in 2007, many units have begun developing their own long-term plans, aimed at carrying out the Vision 2020 goals. From your comments and from the work of the Vision 2020 Process Work Group, we learned that, as a document, Vision 2020 was long and hard to use.” We hired the same consultant team used by the School of Nursing to update and streamline the presentation of Vision 2020.

OHSU recently began an update to Vision 2020 and the President asked the entire University community to participate. TSI Consulting Partners are conducting more than two dozen focus group interviews to ensure broad community involvement in noting the accomplishments made to date and challenges to implementing the plan. Also, it reflects an effort to engage the “grass roots” in the planning and implementation process. Additional feedback and engagement activities will follow. OHSU expects to have an approved, updated plan by June, 2010.

This update is necessary because the University’s external landscape continues to evolve—with changing partnership possibilities, new opportunities with the Oregon Health Policy Board, evolving educational models, federal funding availability for research and health care reform. In addition, the worldwide financial crisis and the continuing issues surrounding the tort cap delayed some of the University’s anticipated timetables and strategies.

What is OHSU’s current status in meeting the requirements of Standard 1.B-Planning and Effectiveness?

As compared with five years ago, OHSU’s commitment to planning, implementation and evaluating effectiveness has accelerated. There also has been a deliberate attempt to be more transparent in planning and decision making. Two new leadership groups were designed to crops-cut the mission silos: Oregon Leadership Team and the President’s Council. The adoption of a more formalized strategic planning process and involvement of key constituents has been the epitome of President Joe Robertson’s leadership.

The updating of the plan will not involve changing the mission statement or vision. The University’s six near-term goals also remain unchanged: (1) diversity in people and ideas; (2) faculty excellence; (3) healthcare reform and (4) workforce development; (5) sustainable innovation and (6) long-term financial wherewithal to advance all of the University’s missions. This gives OHSU a firm foundation as the University begins the revised cycle for institutional accreditation with a Year One Report due spring 2011. But even though tactics may change, the vision stays the same: OHSU will partner to make Oregon a national leader in health and science innovation to improve the health and well-being of all Oregonians.

What are the institutions expectations of itself and how does it assess itself regarding the achievement of these expectations?

OHSU holds very high expectations for its performance in education, research, outreach and clinical care. One of the ways this is accomplished is through the review and evaluation of most of the academic programs by specialized accreditors, the accreditation of the University by NWCCU, as well as the accreditation of the Hospitals and Clinics. Since the 2005 Comprehensive Self Study, many of the academic programs have completed self-study and peer review processes to document continuous
improvement and that the program is fulfilling its mission. All of these programs are in good standing with their respective accreditors. (See Table B.1)

OHSU measures its performance against other health and science universities. Institutional research activities are distributed throughout various units. For the first time, information about student enrollment, degrees awarded, faculty, tuition and fees, and sponsored research activity was assembled into a single document, *OHSU Academic Fact Book 2009* in March 2010. This document, which is available in hard copy and on-line, provides the data for the current year (2008-09) and ten-year trends (2000 through 2009). This required many offices to work together and share information. The purpose is to provide a consistent data set for use in our evaluation and planning processes. The *2009 Academic Fact Book* is available for PDF download at: [http://euston.ohsu.edu/academic/factbook.html](http://euston.ohsu.edu/academic/factbook.html)

### Table B.1. OHSU Programs and Units with Specialized Accreditation Activity Since 2005

<table>
<thead>
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<th>School/OHSU Unit</th>
<th>Accrediting Agency</th>
<th>Last Review</th>
<th>Status</th>
<th>Next Review</th>
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<td>DMD</td>
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<td>2016</td>
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In addition to the quality control functions of the aforementioned accreditors for the academic enterprise, the research and clinical care enterprises are regulated and accredited by other agencies on a regular basis. *(See Appendix B.6.2. Table of OHSU Regulatory Agencies)\n
The data related to quality and compliance are available for the University in its 23 Key Performance Measures required by the state legislature as well as the hospital quality and satisfaction data shared on the OHSU website, at: [http://euston.ohsu.edu/academic/performance/index.html](http://euston.ohsu.edu/academic/performance/index.html)

The creation of the first Academic Fact Book provides trend data for a number of important indicators of the University’s performance.
Identifying Peer Institutions

The University selects various groups to compare OHSU performance to other similar institutions on state funding for academic programs, cost of instruction, tuition and fees, faculty research productivity, and hospital outcomes. The selection of comparator institutions varies by academic program and unit doing the analysis and depends on the availability of information, time constraints, constituent interests, the study, or other variables. The use of multiple peer lists may undermine the University’s ability to analyze the institution-as-a-whole, set strategic directions, and measure results of initiatives and investments. It also invites suspicion that the University has manipulated results.

The Interim Provost Robert Vieira, Ed.D., charged the Assessment Council chaired by Nancy Goldschmidt, Ph.D., Associate Vice Provost, to build an institution-level set of peer comparators that would incorporate program-level insights. An institution-level peer group would serve multiple purposes—academic planning, performance measurement, faculty compensation goal setting, student tuition and fees, cost analysis, budget modeling, and trend analysis.

The Assessment Council agreed that the creation of an institution-wide peer list meet three conditions:

- Reflect the unique missions of OHSU, have similar educational programs, engage in funded research, and operate a teaching hospital;
- Involve key participants in its development (president, vice presidents, deans, associate deans, institutional research director, and assessment coordinators; and
- Incorporate both informed administrative judgment at the school- or program- level and an appropriate array of statistical data.

The primary concern is to select institutions that are most like OHSU in its governance, funding and organizational structure. OHSU’s designation is “academic health center, “of which there are four types based on two dimensions: (1) governance/funding and (2) organizational control/structure (free standing or university-based).

<table>
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<th>Table B.2. Academic Health Centers by Type</th>
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<td>Stand-alone</td>
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The limited number of AHCs in OHSU’s type (public, stand-alone AHC) means the University will select additional universities in the public, university-based institutions and private/stand-alone types. The draft peer list will be reviewed by the Deans’ Council by June 2010 as well as the President’s Council, Faculty Senate and Board of Directors. With revisions and final approval, the University will begin to collect comparative data on performance indicators in 2010-11. *(See Appendix B.1.)*
Standard Two: Educational Program and Its Effectiveness

Ongoing quality improvement projects include the development of student learning objectives (SLO) for every degree and certificate program, revising the assessment frameworks and implementing of new policy in the University’s graduate programs that focuses on continuous improvement of the curriculum, assessment of student learning outcomes, and quality standards.

What changes, if any, have been made in the requirements for graduation, and why?

None

In the undergraduate curriculum, what new majors, minor, degrees or certificates have been added?

OHSU offers a limited number of undergraduate programs, in nursing and radiation therapy. There are no new undergraduate programs.

At the graduate level, what significant changes have been made and why?

Since 2005, OHSU approved eleven new graduate degree and certificate programs as follows:

- Pediatric Dentistry, 2005
- Clinical Dietetics, M.S., 2007
- Biomedical Informatics, Graduate Certificate, 2007
- Medical Physics, M.S., Ph.D., 2008 (Joint with Oregon State University)
- Business Administration, M.B.A., 2008 (Joint with Portland State University)
- Biostatistics, Graduate Certificate, 2009
- Neuroscience, M.S., 2009
- Nurse Anesthesia, M.S., 2006
- Doctor of Nursing Practice, D.N.P., 2007
- Public Health, Graduate Certificate, 2008

These new programs respond to the needs of the changing healthcare industry and biomedical sciences.

What are the intended educational program outcomes and how does the institution assess student achievement of the intended outcomes?

An institution-level policy was developed requiring that all degree and certificate programs develop student learning outcomes. (See Appendix 2.1 Student Learning Outcomes) Using a template provided,
two-thirds of OHSU’s academic programs have developed learning outcomes in compliance with the new University-wide policy. (See Appendix 2.2 Student Learning Outcomes by Program)

With the prior adoption and subsequent revision of program assessment frameworks, the content of student learning and the assessment process are joined more clearly. As noted in prior reports to NWCCU, most of our programs incorporate student learning outcomes and processes specified by the appropriate specialized accreditors, as well as have professional licensing exams which students must pass to practice in their respective fields.

The effort made with respect to the requirements for graduate programs (which are not accredited) is especially noteworthy. The Associate Dean for Graduate Education, Dr. Allison Fryer, has been working closely with the Graduate Council to review and revise policy to support student learning assessment.

The bylaws that govern graduate programs in the School of Medicine have been revised and approved by Graduate Council in June 2009 and by Faculty Council in September 2009 to address program quality and student learning. These changes became effective in September 9th 2009. The new bylaws are posted on the Graduate Studies Web Site. These revisions deal with standards and criteria for faculty advising and mentoring students in the professional master’s programs, the process for proposing new graduate programs, the development of a new process for the review of academic programs, added a time limit for completion of the PhD, and student dismissal based on academic performance not up to expectations.

These changes include:

Changes to Graduate Faculty (article IV-section A;)
Added that faculty with Master’s Degree/MPH or equal degree can be Graduate Faculty (in the past, Graduate Faculty had to hold a Doctorate). However, we also added that faculty mentors must now hold an equal or higher degree than the student’s proposed degree (section IV.D.2.a). These changes recognize that faculty with MS or equivalent degrees teach and provide mentorship similar to faculty with PhD degrees, but limit their ability to MENTOR student to those seeking the same degree held by the faculty.

Added a New level of Graduate Faculty- (Section A).
The Affiliated Graduate Faculty—so that faculty without primary appointments at OHSU can mentor students. These appointments are limited to 3 years, are renewable indefinitely, and limit affiliate graduate faculty participation to the graduate program sponsoring them.

These changes allow faculty with primary appointments outside of OHSU to participate and contribute to graduate education.

Approval of New Graduate Programs (Article V-section B and C).
List detailed requirements for approval of new programs. These are for use of Graduate Council and though they may overlap, are separate from, the information required by the Oregon University System.

The purpose is to ensure that there is no redundancy among programs. Questions about core competencies are now required for all educational programs by the university.
Review of Graduate Program Quality (Article VI-section C).
Graduate Council will review programs every five years instead of reviewing courses only every two years. This is completely new. Graduate Council approves all new programs, did not review them once approved.

This will bring graduate programs into line with all educational programs at the university. A subcommittee is deciding what format this review will include. Once approved, the five-year cycle will be phased in over the next year, and programs will be informed about new schedule.

Academic Expectations (Article IX).
Programs now have the option to immediately recommend dismissal for one failing grade (D or Less) without placing the student on academic probation first (section B).

Students will still be placed on academic probation for a GPA less than 3.0. However, given that it is difficult to recover their GPA once a grade of “D” or “F” is earned, programs now have the option to immediately recommend dismissal for one failing grade (D or Less) without placing the student on academic probation for a term first (section B; page 11).

Advancement to Candidacy Time-Limit. Added a time limit for PhD students to take examination for advancement to candidacy to 12 terms (three years). There was no previous policy concerning this exam.

Now, a delay of more than one year (past the traditional second year) is considered “failure to progress” and provides programs with grounds for recommending dismissal should they wish to take that action (section F).

Leave of Absence (Article IX. section K).
The policy now limits the number of terms that can be taken (previously there was no limit-but the clock did not stop)-but is more flexible in that programs can request the ‘clock stop’ during a leave of absence-but this decision must be made by the program when the request for leave of absence is made- it cannot be added in retrospect.

Note that students must still be in good academic standing to request a leave of absence. Policy is changed primarily to accommodate some of the Masters Programs who need more flexibility for their employed students.

These changes are designed to improve student learning outcomes by clarifying expectations for all students, more timely notification to students making unsatisfactory progress, and reviewing graduate program quality to support continuous improvement.

The Associate Deans on this advisory group have worked diligently towards a university-wide approach to educational program planning and review and student outcomes assessment. Five of the AC members retired from the university altogether or from administration to assume faculty positions. Thus, the membership has changed since fall 2006.
Standard Three: Students

What changes have been made in undergraduate and graduate admissions and grading?

Heretofore, clinical programs developed unique technical standards for admission into OHSU. At the recommendation of the Director of Student Access services in 2008, the Academic & Student Affairs Council (ASAC) and Assessment Council began discussing a university-wide policy. Several academic administrators believed that university-wide technical standards for admission should apply to prospective students in the basic sciences programs.

The OHSU Assessment Council deliberated on wording for a university-wide technical standard that could be applied across the programs, but would allow programs to expand and delimit as needed. The draft that was then reviewed by Legal Counsel (Carey Critchlow) and Director of Student Access (Sue Orchard, PsyD) in fall 2009 to determine compliance with the intent of the 2009 revisions to Section 504, Americans with Disabilities Act (ADA).

The Deans’ Council reviewed and approved the university-wide technical standards policy. These are regarded as minimal standards to which individual programs may include additional standards as appropriate.

OHSU developed a university-wide policy on Technical Standards for Admission so that an informed judgment can be made by the applicant, and the program faculty and administrators, about whether the applicant is otherwise qualified and can meet the technical standards with or without accommodation. The technical standards are included in material provided to prospective applicants. (See Appendix B.3.1.)

All programs include the technical standards for admission in the school- or program-level student handbook. All incoming MD and MPAS (physician assistant) students sign-off they “have read and understand the Technical Standards” and “to the best of my knowledge, I am able to meet these Standards.

What changes have been made in student support services?

A number of changes in student support services supported the enhancement of institution-wide or centralized services, including Center for Diversity and Multicultural Affairs, Student Financial Aid Office, Office of the Registrar, Student Center, University-wide Orientation, Access Services, Student Health Services, and Office of Education Opportunities.

Center for Diversity and Multicultural Affairs

Established in 1982, the OHSU Center for Diversity and Multicultural Affairs (CeDMA) is a university-wide resource and works to assist the diversity goals for OHSU’s other schools, centers, institutes and health care system. CeDMA is organized to provide key services and activities university-wide and to the academic units by providing set services, resources, and direction to advance diversity to support the identification and recruitment of diverse students, house officer, and faculty as well as provide supplement support services for retention activities, and the development of initiatives that address
curricular and programming activities aimed at cultural awareness, cultural competency and community outreach.

The existing framework of activities is also recognized and utilized throughout OHSU, as a means to achieve enhancement of diversity through comprehensive involvement and commitment from all units, programs, schools, and others to fulfill the university’s diversity’s commitment to diversity and inclusion. The direct services provided to enrolled students, prospective students, and employees include:

- Serve as a University Resource related to diversity, cultural competency and inclusion;
- Multicultural program initiatives and social activities;
- Diversity recruitment in collaboration with academic programs to unify and increase recruitment efforts of diverse prospective candidates at both the local and national level;
- Retention and academic support activities;
- Student accommodation and services;
- Enrichment and pipeline activities;
- Cultural awareness and cultural competency programming;
- Language instruction resources (Spanish classes at beginning, intermediate and advanced levels for medical students and residents);
- Support for diversity Student Interest Groups and Affinity Groups; and
- Outreach and recruitment activities to, secondary and post-secondary students.

Historically, diversity initiatives have been distributed throughout the University in the individual schools, centers, institutes and other units, as well as undertaken centrally on behalf of the institution. In 2007, President Robertson began the effort to identify, centralize and enhance these efforts with the goal of more efficiently and strategically using collective resources to meet diversity goals. This effort is called out in Vision 2020, OHSU’s strategic plan.

Of the six broad institutional goals articulated in Vision 2020, the first is: “Be a great organization, diverse in people and ideas.” The plan also includes the related strategy, “Transform OHSU from an organization that values diversity to one that lives it.”

In 2007, President Robertson created the 28-member university-wide Diversity Advisory Council (DAC) to help fulfill this goal. Led by co-chairs, Mariann Hyland, JD, Director of Affirmative Action & Equal Opportunity, and Leslie Garcia, Assistant Vice Provost for Diversity/Director of the Center for Diversity and Multicultural Affairs (CeDMA), MS, the DAC advises the President and the Executive Leadership Team on enhancing diversity, multiculturalism and equal opportunity for all aspects of the university’s mission.

The DAC was charged with developing a comprehensive diversity strategic plan for OHSU complementing Vision 2020 (See Attachment 3.2 OHSU Diversity Strategic Plan). The Diversity Strategic Plan outlines six objectives as follows:
1) Assess and enhance the university climate to support and advance diversity and inclusion;

2) Increase recruitment and representation of diverse students, residents, fellows, faculty and staff throughout the university;

3) Implement a comprehensive program to enhance retention, advancement and engagement of diverse people at OHSU;

4) Develop and implement standards to ensure responsibility and accountability for achieving OHSU’s diversity, multiculturalism, cultural competency and affirmative action related goals and objectives;

5) Develop and implement a comprehensive communication plan that reflects a consistent and positive representation of diverse people and ideas throughout OHSU and the community; and

6) Enhance community collaborations and business partnerships designed to engage diverse communities in healing, teaching, research and community outreach.

As one of its early tasks, the 28-member council developed a definition of and a business case for diversity at OHSU. On November, 25, 2008, the OHSU Policy Advisory Committee approved a definition of diversity at OHSU as follows:

*Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions of all employees, patients, students, volunteers and our local and global communities.*

*Diversity includes age, culture, disability, ethnicity, gender, national origin, race, religion, sexual orientation, diversity of thought, ideas and more.*

*Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence and outstanding service.*

At that time, the OHSU Policy Advisory Committee also approved a business case for diversity for the institution.

*Diversity is essential to realize our multifaceted mission and to set the example for integrity, compassion and leadership in health care, education, research and community service.*

*Diversity is fundamental to OHSU’s ability to attract and retain top talent, achieve innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive.*

OHSU’s university-wide diversity plan coordinates available resources for ongoing diversity, multicultural and equal opportunity related programs and activities among and between each of the Schools, within hospital and clinical areas, at regional campuses and to further expand diversity initiatives while increasing community outreach.

This plan has as one of its core objectives to enhance recruitment and representation of diverse students, staff, and faculty across all OHSU schools. The tactics include establishing a unified process for enhancing recruitment and retention of diverse, and developing unit-level plans and accountability metrics. As a campus-wide group, the DAC supports diversity initiatives across the university – from helping units understand the business case for diversity to providing practical resources for employees,
students and community members. The Executive Leadership Team makes resource allocation decisions for university-wide diversity activities.

In February 2009, the School of Medicine decided to close its Office of Diversity Affairs and transferred available funds to the OHSU Center for Diversity and Multicultural Affairs (CeDMA) on July 1, 2009. Closure of the Office of Diversity Affairs in the School of Medicine accelerated the transition toward an institution-wide approach to diversity. The global economic crisis, and concomitant search for efficiencies, provided additional incentive. Key representatives of CeDMA and the School of Medicine are aligning and coordinating diversity efforts. The Executive Leadership Team accepted the DAC’s recommendation for an executive-level position responsible for Diversity who would work closely with the President, mission area leaders, the Diversity Advisory Council, Affirmative Action & Equal Opportunity, CeDMA, the Center for Global Health and other units to achieve strategic goals and maximize resource efficiency.

**Student Financial Aid Office**

After several years of working in partnership with numerous institutions in Oregon, the OHSU Financial Aid Office implemented the OFAX system of electronic data exchange. This system allows OCNE nursing students to receive additional federal financial aid to pay for the credits in they enroll with at any of our eleven partner institutions.

**Office of the Registrar**

The academic records for students in the School of Dentistry are now being maintained in the Registrar’s Office main Student Information System. Previously the School of Dentistry academic records were housed in an outdated database. With the move to record maintenance within the main Student Information System, School of Dentistry students have joined all the other OHSU students who have access to view and/or update their records online.

The Registrar’s Office implemented a process where earned transfer credits are added to the Student Information System allowing students and advisors access to view and use the information online.

The Registrar’s Office implemented a comprehensive online automated degree audit system. Previously all degree audits were conducted manually by Registrar staff which meant that students did not have access to view their progress or any outstanding degree requirements. The online automated degree audit system assists the Registrar’s Office with degree clearance, but also provides students and advisors with online access to a tailored degree audit listing progress towards degree and any remaining degree requirements.

**Student Center**

With the completion of the March Wellness Center on the South Waterfront, the former OHSU Fitness & Sports Center was transformed into a vibrant Student Center through extensive renovation efforts. The entire renovation process is being completed in multiple phases and will take approximately three to four years to complete.

The first phase of construction was completed in spring 2008 and the center reopened to the OHSU Community. In addition to a regulation-sized gymnasium and six-lane, 25-yard swimming pool, the
Student Center now includes much needed study and informal gathering spaces, the OHSU Campus Store, HD multi-media room with video gaming capabilities, computer kiosk and wireless access, and the Nucleus Global Café. These services respond to student issues identified in the focus group interviews of students conducted in 2006-07 as well as recommendations of the OHSU Student Council.

The Student Center schedules competitive intramural leagues, organizes campus-wide student programs (such as the quarterly Mug O’ Joe with President Joe Robertson and social activities around local sporting events), and provides space for student-focused activities sponsored by Student Council, student interest groups, and schools.

The second phase of construction includes infrastructure upgrades to mechanical features of the center to address seismic upgrades as well as the addition of restrooms to the second floor of the center. The third and final phase of construction includes relocating the Campus Store to the first floor of the Student Center, creating new office space for Student Governance, and installing teleconferencing options in the media room.

At the recommendation of the Assessment Council, the Office of Academic and Student Affairs organized an orientation for all OHSU students, the first of its kind for OHSU. The orientation included the participation staff from all student support offices plus Parking, Transportation, OHSU Library, Public Safety, and the March Wellness Center. It was held in the gym of the Student Center in conjunction with an Open House at the end of September at the start of most classes for fall term. Also, the Welcome Back Barbeque hosted by the SOM Graduate Student Organization extended invitations to all OHSU students. This responds to student concerns about isolation from students in other programs and the lack of a campus community identified in the focus group interviews with students.

Access Services

With the recent separation of the Director of Assess Services (Martha Smith), Student Access, which ensues compliance with the Americans with Disabilities Act (ADA) and Section 504 for qualified students with disabilities, was transferred to the Center for Diversity and Multicultural Affairs (CeDMA), under the direction of Leslie Garcia, Assistant Vice Provost. The hiring of a new staff member, Sue Orchard, PsyD, expanded the University’s capacity to offer much needed student support services, such as academic and learning support to a wider range of students. The Student Access coordinator attends the fall orientations for the Schools of Medicine, Dentistry, and Nursing to educate students and faculty about accommodations. Various workshops that focus on academic study skills, understanding learning styles, and managing stress have been available to students across the OHSU Portland campus.

Student Health Services

Given the recent retirement of the Director of Student Health Services (Dr. David Thompson), Robert L. Vieira, EdD, Vice Provost (now Interim Provost) appointed Dr. Amy Gardner as Interim Director of the SHS. After six months, Vieira constituted an institution-wide committee to review Student Health Services and make recommendations for improvement and the appointment of a new director. The Review Committee, chaired by Nancy Goldschmidt, PhD, Associate Vice Provost for Academic Affairs, was comprised of representatives from each school and major program, and included two student members. The Review Committee met for six months, November 2008 through April 2009.
Since the review was completed Dr. Amy Gardner was appointed Director of the Student Health Service, effective July 1, 2009. The student health clinic now stays open all day including the lunch hour to better serve its student population. The Division of Counseling and Behavioral Medicine has started offering wellness services to the students. Student Health added a new full-time physician to the staff and are in the process of hiring a part-time psychiatrist.

Science Education Opportunities

The Office of Science Education Opportunities facilitates the redevelopment and delivery of critical informational and educational services and products and by linking OHSU students, faculty and staff with the larger community to help build and fill a wide and diverse pipeline of future scientists and health care providers.

SEO and its partners have shown great success in their efforts since the office opened in 2002, with an estimated 162,000 individuals participating in OHSU science outreach activities each year. Examples of these activities include SEO’s coordination of over 240 OHSU volunteer scientists and staff participating in the Intel International Science and Engineering Fair (held in Portland in 2004), OHSU’s NIH-funded Middle School Teacher Institute which provides a unique immersion experience in the culture of biomedical research designed especially for Portland metro area and rural Oregon middle school teachers and their students, Brain Awareness Season programs sponsored by OHSU’s Oregon Brain Institute which serve over 4,000 students, teachers, and members of the general public participating annually in public lectures, teacher workshops, and science exhibits, and the Dangerous Decibels program, a partnership between OHSU’s Hearing Research Center and Tinnitus Clinic and the Oregon Museum of Science and Industry (OMSI), which reaches over 81,000 students and families through a permanent OMSI exhibit in addition to statewide presentations.

Additionally, summer internship programs provide firsthand experience in health and science professions for over 150 high school and college age students each year, SEO’s continuing partnership with Robert Gray middle school supports a science fair for this local school, the Discover OHSU! Program brings 2,500 high school students to campus annually to meet with medical students and learn about current biomedical research, and the new High School Health Science Career program brings 300 freshmen and sophomores to OHSU for two visits to meet health science professionals and learn about career opportunities.

These outreach initiatives are assessed in a variety of ways. For example, at the end of visit #1, students attending the Health Science Career program are asked for their feedback about how the program could be refined for visit #2, which professionals they would be interested in meeting, and how comfortable they felt asking questions throughout their time with the professionals. After visit #2, they are asked again for general feedback about the program, if they would recommend it to other students, and if they met someone at OHSU that they would like to talk with in the future. This data has been instrumental in refining the program in key ways, including restructuring visit #2 to allow more time for in depth dialogue between the students and the professionals. By their second visit to campus, we have learned that the students are more familiar with the environment and therefore much more likely to ask questions that go deeper.

The Middle School Teacher Institute is assessed by an external evaluator who has been with the program since its inception. Instruments are developed to measure effectiveness of the program by the participating teachers and their students. Data collected via pre- and post-surveys suggest strongly that participating teachers experienced increases in knowledge regarding the process, purposes, and culture
of biomedical research. The data also indicate that by the end of the summer program, teachers had become more “critical” consumers of information regarding biomedical research, and had become somewhat more accepting regarding the use of animals for legitimate educational or research purposes.

In addition, over the course of the summer research experience teachers showed a significant increase in their belief that they are able to teach science effectively. Finally, qualitative feedback from teachers on the post-survey showed that the TIES summer research experience had either met or exceeded the expectations of all participating teachers, with several stating that it was the best professional development experience they had ever had.

A new student-focused initiative co-sponsored by Office of Academic & Student Affairs and the OHSU Student Council is the “OHSU Student Community Service Fair,” started in 2006 to provide access for students to a wide diversity of opportunities to engage in community service during their training at OHSU. Over 30 programs (both internal OHSU programs and external outreach partner programs) are represented at this annual event which also provides an opportunity to network with fellow students from all schools and programs across campus.

These activities provide significant evidence of the OHSU’s commitment to science outreach and the success of the work of the Office of Science Education Opportunities and its many partners. For the coming year, special initiatives for SEO include implementation of Year 5 of OHSU’s Teacher Institute to encourage research in K-12 settings, continuing to extend programs and activities to rural communities across Oregon and the Northwest, and establishing ongoing grant support for outreach programs.

**Centralized Student Support Services**

The unit managers within the Office of Academic and Student Affairs are reviewing and revising unit-level mission statements to ensure greater alignment with OHSU’s strategic goals.
**What changes have been made in student support services? Why?**

In addition to centralized services, schools provide targeted services to their students. Recent changes made in student support services have included:

**School of Dentistry:** A number of changes in student support services supported the enhancement of Dental students in all programs. The School also added several improvements in its orientation process for incoming students, such as providing the required cardiopulmonary resuscitation (CPR) training in house (rather than the students having to obtain it prior to matriculation).

**School of Medicine:** As part of Vision 2020 and the increased focus on diversity in Goal 6, the diversity recruitment services in the School of Medicine were transferred to the Center for Educational Diversity and Multi-cultural Affairs. The goal was to undertake a more systematic approach to recruiting minority students into all of OHSU’s academic programs. Program staff members assigned to various minority recruitment fairs do so under the “OHSU brand,” instead of the program identity, and are prepared to answer questions and distribute informational materials about all of OHSU’s programs.

**School of Nursing:** A number of changes in student support services supported the enhancement of nursing students in all programs across the state.

**Student Support Services:** Dr. Michael Bleich, new Dean of the School of Nursing revised the organizational structure (see attached) which included the establishment of a new position focused on student services, and diversity. This new Assistant Dean of Student Affairs and Diversity position, filled by Jennifer Anderson, MS, MPA, provides a central, visible and integral contact for students, faculty, and staff across the 5 nursing campuses to engage with internal and external audiences related to student issues and development.

**Statewide Orientation:** In an effort to provide increased exposure and information about the services and key contacts that OHSU offers, a statewide orientation event was created to help new students who attend a nursing program at a distance, or on a regional campus better understand the services that are available to them. This statewide orientation is in addition to campus specific orientation activities and focuses on introducing key faculty and staff that are located elsewhere, but who provide services to all students regardless of location. Additional information and resources offered by OHSU like Financial Aid, Student Medical Insurance, Library services and Technology requirements are also reviewed in depth giving all new students a strong understanding of current OHSU resources.
Compare the current enrollment figures with those reported in the last institutional self-study report.

Since the 2005 Self Study, total OHSU enrollment increased slightly over one percent in 2009 compared with 2004. Upon closer examination, enrollment grew slightly in several programs except for graduate programs in the School of Medicine and School of Nursing. (Table 3.1)

The decline in SOM graduate programs is explained by program reductions in Science and Engineering that were judged not to be a good fit with OHSU’s mission of health and biomedical sciences. A number of OGI programs with their faculty and students joined Portland State University’s College of Engineering in 2007; PSU reports this has been a very successful transition. The remaining faculty and programs merged into the School of Medicine in 2008 as envisioned in the University’s strategic plan, Vision 2020.

Table 3.1 OHSU Enrollment by Level of Study
Fall 2004 Compared to Fall 2009

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<th>2004</th>
<th>2009</th>
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<td>Dentistry (DMD)</td>
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<td>+9 34.6%</td>
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<td>+2 12.5%</td>
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<td>+43 9.7%</td>
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<td>-20 -8.6%</td>
</tr>
<tr>
<td>Non-Degree</td>
<td>16</td>
<td>6</td>
<td>-10 -62.5%</td>
</tr>
<tr>
<td><strong>Total OHSU</strong></td>
<td>2,553</td>
<td>2,583</td>
<td>+30 1.2%</td>
</tr>
</tbody>
</table>

Standard Four: Faculty

What significant changes have been made in policies affecting faculty?

Developing new and revising existing policy is an ongoing process. Technically, most policies affect faculty members. There have been 148 actions on OHSU policy since 2005. Of these, three directly address faculty appointments.

<table>
<thead>
<tr>
<th>Table 4.1 Changes in Policies Affecting Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Name</td>
</tr>
<tr>
<td>Academic and Research Institute Faculty Appointments</td>
</tr>
<tr>
<td>Faculty Employment Contracts/Appointments</td>
</tr>
<tr>
<td>Endowed Faculty Positions and Appointments</td>
</tr>
<tr>
<td>Equal Opportunity</td>
</tr>
<tr>
<td>Outside Activity/Outside Compensation</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
</tr>
</tbody>
</table>

Effective in 2008 OHSU developed an Academic and Research Institute Faculty Appointments policy (OHSU policy #03-10-020) that provides definitions of the ranks and rank modifiers (e.g., assistant, associate) to promote consistency across the academic and research units. Each academic unit within OHSU has the flexibility to decide which tracks are available within their respective school.

For example, within the university level policy clarifications, the SON reviewed and revised it Appointment, Re-Appointment, Promotion, and Tenure policy and the related criteria for promotion and tenure for each mission (i.e., teaching (60-01.03), research (60-01.04), or practice (60-01.05)). In each of the criteria documents the expectations are outlined for each rank. Additionally, effective we reviewed and revised our Affiliate and Joint Faculty Appointment (July 2008) policy (10-09.06) and the Lecturer, Instructor & Senior Instructor Appointment & Reappointments policy and process (October 2008) (60-02.02). [http://www.ohsu.edu/son/policyandprocedures/policy/60-01.10.pdf](http://www.ohsu.edu/son/policyandprocedures/policy/60-01.10.pdf)

Have the characteristics of the faculty changed?

The quality of education and research at OHSU is assured by the diversity of its faculty—diversity in teaching and research areas, educational background, talent, and now more than ever, diversity in ethnicity and gender. The University has demonstrated progress in hiring more minority and women faculty as position vacancies and new positions have come on line. (See Appendix 4.4)

- OHSU employed 1,829 faculty in 2003 compared to 1,947 in 2009, which represents an increase of 118 positions or 6.4 percent growth.

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2 Of the 148 new or revised policy actions include 18 in 2006, 12 in 2007, 59 in 2008, 48 in 2009 and 11 in 2010 (so far).
• In 2009, the number of minority faculty was 34.8 percent higher than in 2003.
• In 2009, the number of women faculty was 13.2 percent higher than in 2003.
• Nearly 20 percent of OHSU’s faculty in 2008 was over the age of sixty, and as this group retires in the next five to fifteen years, the effort to recruit a diverse faculty population is essential. Increasing this diversity by actively recruiting under-represented minorities to the OHSU faculty has been and continues to be a goal.

**How have faculty salaries and other benefits been improved?**

The Executive Leadership team imposed a salary freeze in 2009 in response to outside economic forces. Total compensation for employees makes up 65 percent of the University’s annual budget, so these costs had to be managed during the volatile and challenging economic times. The University did not require faculty or administrators to take furlough days as other universities in the state.

In November 2009, the institution-wide freeze on salaries was lifted in preparation for the FY 2011 budgets. The lifting of the freeze means that as unit leaders prepare their FY 11 budgets, they have the option to enact, through the usual merit increase approval process, salary increases for eligible employees, as well as selected one-time payments based on extraordinary effort or productivity, and in accordance with established practices. For the FY 2011 budget, a 3 percent pool is set aside for salary increases.

Since the 2005 Self-Study, a number of initiatives in human resources apply to all job groups, including faculty. OHSU expanded the health care insurance options by creating a domestic Preferred Provider Option (PPO) with OHSU physicians and other health care professionals and creating a variety of new wellness initiatives. When the OHSU Medical Group was integrated into the School of Medicine, OHSU created a new pension plan for clinical faculty.

OHSU expanded the options for voluntary retirement plans, a 457 B and Roth IRA. The **457 plan** is a type of non-qualified tax advantaged deferred-compensation retirement plan that is available for governmental and certain non-governmental employers in the United States. Employees defer compensation into it on a pre-tax basis. Unlike a 401(k) plan, there is no 10% penalty for withdrawal before the age of 59 1/2 (although the withdrawal is subject to ordinary income taxation). The 457 allows employees to defer up to $16,500 annually for persons less than 50 years of age and $21,500 for persons over 50 years of age. Other benefit options available to employees include long-term care insurance.

As a result of the demands and effective organization of Women in Academic Medicine, OHSU is excited to be partnering with Children’s Creative Learning Centers (CCLC) to provide childcare services for OHSU employees and students. CCLC will design and operate a new, state-of-the-art center at the South Waterfront and offer priority enrollment to OHSU families. The new center is scheduled to open in fall 2010.

Other benefits available to all employees include University-paid life insurance (the first $25,000) and Tri-Met bus passes as an incentive to employees to take mass transportation to work to reduce traffic and congestion on Marquam Hill and reduce parking on campus. Employees may purchase long-term care insurance.
How does the institution conduct a substantive performance evaluation of all faculty?

A standard of OHSU’s performance appraisal system is that all employees receive a written appraisal annually. Human Resource business partners work with managers to track when appraisals are due and assist with completion. On-time completion of performance appraisals is also part of the leadership competencies that each manager will be evaluated on in their own appraisals. At this time, the new performance appraisal process and tools apply to all classified, unclassified administrative and non-academic research employees. There have been varying levels of interest in the new tool among the faculty and Human Resources continues discussions about its applicability for faculty, but at this time it does not apply to faculty or any academic position. The performance appraisal process by school is as follows:

School of Dentistry
Each full-time faculty undergoes a comprehensive performance evaluation annually with his or her department chairperson. Data for the evaluation are gathered over the course of the year from the student evaluations and at the end of the year through the self-review and report prepared by each faculty in preparation for the annual performance evaluation and goal setting for the following year. Results of course evaluations are provided to each faculty member and their department chair, for all of the courses taught in his/her department, for use in the annual faculty performance evaluation session. Each faculty has the opportunity to meet in person with his or her chair annually for the presentation of the performance evaluation for the previous year and goal setting for the subsequent year. Department chairs are evaluated annually by the dean during their presentation of their annual report of departmental activities and accomplishments. The chairs also take this opportunity to discuss the progress of individual faculty members with the dean. All administrators are informally evaluated on an annual basis by the dean and in the past have been formally reviewed every three or four years. The data are used to establish goals and recommendation for the subsequent years as well as to determine merit bonuses at the end of each year when applicable.

School of Medicine
In 2008, the SOM Faculty Evaluation Task Force was charged with creating and testing a faculty performance appraisal tool; recommend unified, standard evaluation processes as appropriate for SOM faculty at all ranks. First, evaluation processes and tools currently used across SOM departments were studied. Second, guiding principles were selected for use in creating a unified, annual performance appraisal tool. These principles included: 1) need for a strong link to promotion and tenure processes, meshing with P&T language; 2) inclusion of core competencies in faculty citizenship that provide a clear link to all OHSU employee evaluations; 3) addition or appendage of department- and specialty-specific measures of productivity and mission excellence. Third, a draft tool was assembled and then tested in five clinical and basic science division or departments. Lastly, the appraisal tool was revised based on testing results and is available for distribution to SOM departments and centers.

Fundamental Recommendations:

We recommend a mandate that all faculty members, regardless of rank or central mission activity, be engaged in yearly performance appraisal. This would include community based physicians affiliated with OHSU SOM.

- The evaluator engaged in the performance appraisal is selected as the faculty member’s closest supervisor, e.g. division chief, vice chair or chair.
• The performance appraisal occurs at a minimum of once per year, but may occur at more frequent intervals at the request of the faculty member or evaluator.

• The performance evaluation is a multi-factorial process and embraces 3 steps: 1) Self-reflection and preparation of SOM CV and the performance appraisal tool; 2) Peer review; 3) 1-on-1 Meeting between faculty member and evaluator. The SOM provides a tested evaluation tool for all departments’ use. However, a department may elect to continue annual use of well-established performance appraisal documents rather than the SOM tool.

• All chairs or evaluators receive formal orientation to the evaluation process and an opportunity for development of evaluation skills.

• All departments must have an internal Promotion and Tenure committee. The committee is an important source of peer review that may be included in the 3-step evaluation process. The internal Promotion & Tenure committee should also inform the evaluator on the faculty member’s readiness for promotion.

• All junior and mid-level faculty members are encouraged to identify a senior mentor. The mentor may assist the faculty member with the self reflection process and may also provide a source of peer input.

School of Nursing
Each year all faculty members have an annual performance evaluation. It is conducted by the faculty member’s program director or Associate Dean who summarizes the review in a written performance statement signed by both. The review is the responsibility of each faculty member, and reflects the faculty activity plan and specific goals and outcomes previously specified for the year. Each faculty must state achievements and activities in teaching, and one other mission, and include input from peers.

Faculty members are qualified and sufficient in number to accomplish the mission, philosophy, goals/objectives and expected results of the program. As authorized by the University, the SON issues both fixed-term and tenure-related appointments, including annual and indefinite tenure. The length of appointment (either 9- or 12-month) is determined by a combination of needs of the school, position responsibilities, rank, and faculty preference. Fixed-term appointments are of a definite length. They are used to hire faculty to provide direct patient care, as research assistants on grants and contracts, for grant or contract teaching and for specific teaching responsibilities.

For faculty hired on the tenure-track, annual appointments are awarded to faculty the SON considers appropriate to be reviewed for indefinite tenure after a probationary period of five years. During the fifth year of annual appointment, the faculty member is peer reviewed according to faculty approved promotion and tenure guidelines and recommended for tenure or termination. During the 2008-09 academic year there are 146 faculty members had regular faculty appointments: 78 full-time and 68 part-time.

Of the 76 faculty members in the ranks of assistant professor, associate professor, and professor, 54 are doctorally-prepared (71 percent). Twenty-one (21) of the faculty who teach nurse practitioners /or nurse-midwives are doctorally-prepared.

The School has three endowed distinguished professorships. These professorships allow the OHSU SON to attract, retain, and reward talented and visionary nurse scientists. These endowed professors
contribute to the missions of the School through their scholarship of discovery and where appropriate in the areas of teaching, practice, and service. Following is a summary of these professorships and the faculty currently holding these titles:

- The A. B. Youmans Spaulding Distinguished Professor: Dr. Chris Tanner
- The Dr. May E. Rawlinson Distinguished Professor: Dr. Lillian Nail
- The Dr. Carol A. Lindeman Distinguished Professor: Dr. Michael Bleich, Dean

The School also has 72 affiliate (unpaid and unranked) faculty appointments in recognition of community members for their contributions and support to the teaching, research or clinical practice missions of the school. Joint faculty appointments are available for faculty employed by OHSU in other entities. Examples of affiliate faculty appointments include:

- Dr. Margaret Neal is on the faculty at Portland State University and the Director of the Institute on Aging and is a co-director of the Oregon Geriatric Education Center, representing consortium partner and sub-contractor Portland State University in that HRSA funded endeavor.
- Dr. Diane Pope, a nurse epidemiologist, brings extensive experience to benefit the nursing programs at OHSU. Most recently, she was Project Director for a unique, international research consortium where she assisted the Principal Investigator in building the consortium, led the international team of researchers from health departments, the world Health Organization, academic institutions and private health care providers through the process of developing a grant proposal (funded in 2004 for $44.7 million over 7 years by the Gates Foundations): the consortium to Respond Effectively to the AIDS-TB Epidemic (CREATE) is now a well known in the TB/HIV control communities.

The faculty/student ratio in undergraduate theory courses generally ranges from 1:12 to 1:100 depending on the campus and the number of enrolled students and 1:5 to 1:60 for graduate courses depending on the campus and number of enrolled students. The faculty/student ratio ranges from 1:6 to 1:10 in most undergraduate clinical sections with a 1:1 to 1:7 in graduate clinical courses. In preceptor-assisted classes in the RN/BS program the ratio is 1: 5 to 1:25. In online courses, the faculty to student ratio is from 1:6 to 1:30.

Effective July 1, 2008 OHSU developed an Academic and Research Institute Faculty Appointments policy (OHSU policy #03-10-020) that provides definitions of the ranks and rank modifiers (e.g., assistant, associate) to promote consistency across the academic and research units. Each academic unit within OHSU has the flexibility to decide which tracks are available within their respective school. With the university level policy clarifications, the SON reviewed and revised it Appointment, Re-Appointment, Promotion, and Tenure policy http://www.ohsu.edu/son/policyandprocedures/policy/60-01.10.pdf and the related criteria for promotion and tenure for each mission (i.e., teaching (60-01.03), research (60-01.04), or practice (60-01.05)). In each of the criteria documents the expectations are outlined for each rank. Additionally, effective we reviewed and revised our Affiliate and Joint Faculty Appointment (July 2008) policy (10-09.06) and the Lecturer, Instructor & Senior Instructor Appointment & Reappointments policy and process (October 2008) (60-02.02).

Within the SON, we have adopted the conceptualization of scholarship as put forth by Ernest L. Boyer’s Scholarship Reconsidered: Priorities of the Professoriate. Fulfillment of the missions of the school is dependent upon the scholarship and the diverse scholarly productivity of the faculty, and is achieved through the collective efforts of the faculty who function as a community of scholars. Individual faculty
members contribute to the development of the school’s missions through a variety of patterns. The activities of individual faculty typically represent substantial involvement in several missions, with blending occurring across these missions.

**Standard Five: Library and Information Resources**

In the last five years, changes in a variety of areas have affected the OHSU Library. OHSU has created several new programs, while some existing programs have grown or changed significantly. At the same time, the nature of instruction is transforming, with more online instruction, more students taking classes from remote locations, and most users—students, faculty, and others—expecting information resources and services to be available to them when and where they need them. The library has responded to these demands with new resources and services despite increasingly constrained budgets.

The library has purchased books and journals to support emerging areas in hematology/oncology, as well as new or growing programs in genetics and nanotechnology, robotic surgery, alternative and complementary medicine, biostatistics and bioinformatics, global health, biological chemistry, biomedical engineering, viral immunology, and public health. When the School of Science & Engineering became a department in the School of Medicine, its programs shifted to focus on biomedicine, and an M.B.A. in Healthcare Management program was created jointly with Portland State University. The Science & Engineering Library has supported this new program by purchasing additional books and databases related to business and management, providing library orientations, and creating a web page of management-focused library resources embedded into the SAKAI course management system. Because two of the programs in the Department of Science & Engineering are now housed on the OHSU Marquam Hill campus, the Science & Engineering Librarian began spending increased hours on the Marquam Hill campus to support these programs with in-person services.

Changes in the way instruction is delivered—as well as changing user expectations—have revolutionized how the library delivers resources and services. Based on several surveys of users, user requests, and general trends across the campus, the library has purchased new types of products to support these evolving needs, including databases of medical images and more evidence-based products. In response to increasing demands for digital information, the library has purchased more electronic journals and books, and its collection of digital objects has grown significantly. As distance education has increased, the library has provided additional support, both through purchasing additional electronic resources and creating multimedia tutorials for offsite students. Librarians have also been embedded in online classes, teaching sections, participating in class discussions where appropriate and assisting students. OHSU has increased the amount of instruction offered online and uses SAKAI as its courseware platform. As a result, use of the library’s electronic reserve collection has declined significantly, because instructors can make materials available within SAKAI. Therefore the library is working with instructors to transition existing electronic reserve collections to SAKAI so that these collections remain relevant and convenient for students. Even when they are located on campus, users prefer to have library resources “come to them,” so the library created the Mobile Library. With this service, librarians take a mobile computing lab to various sites on campus to train and assist faculty and students with library resources.

The library’s budget has not always kept up with increased demands for new resources and services. Since FY2004, the library’s FTE has declined from 54 to 46. In addition, the library’s collection budget has not always kept pace with the increasing cost of biomedical journals. As a result, the library has canceled 214 journal titles since 2004. In each case, library staff analyzed journal data and consulted
with OHSU faculty to identify journals that were least essential to the work of the university. Through consortial purchases and creative negotiations with vendors, the library reinstated 83 journals.

**Standard Six: Governance and Administration**

*Explain significant changes in the governing board, leadership and management of the institution.*

Since the Comprehensive Self Study in 2005, terms expired for several Directors. The Governor appointed new members that the Senate confirmed. The current members of the OHSU Board of Directors are displayed on Table 6.1

<table>
<thead>
<tr>
<th>Name</th>
<th>Expiration</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Román Hernández</td>
<td>09/30/2013</td>
<td>Schwabe, Williamson and Wyatt</td>
</tr>
<tr>
<td>Rachel Pilliod, BA</td>
<td>09/30/2010</td>
<td>Medical Student, OHSU</td>
</tr>
<tr>
<td>Joseph Robertson, M.D., M.B.A.</td>
<td>Ex-officio</td>
<td>President, OHSU</td>
</tr>
<tr>
<td>David Yaden</td>
<td>09/30/2013</td>
<td>Director, State Board of Higher Education</td>
</tr>
<tr>
<td>R. Jon Yunker</td>
<td>09/30/2012</td>
<td>Civic leader</td>
</tr>
<tr>
<td>Jay T. Waldron</td>
<td>09/30/2011</td>
<td>Schwabe, Williamson and Wyatt</td>
</tr>
<tr>
<td>Charles Wilhoite, Chair</td>
<td>09/30/2012</td>
<td>Partner, Willamette Management Associates</td>
</tr>
<tr>
<td>Meredith Wilson</td>
<td>09/30/2012</td>
<td>Civic leader and community volunteer</td>
</tr>
<tr>
<td>MardiLyn Saathoff</td>
<td>09/30/2013</td>
<td>Chief Governance Officer; Corporate Secretary</td>
</tr>
</tbody>
</table>

Since the Comprehensive Self Study in 2005, Joe Robertson, MD, MBA was selected by the Board to succeed Peter Kohler as OHSU President in 2006. In 2009, two Vice Presidents left OHSU for other positions. Extensive searches are in process for a Provost and Chief Financial Officer. The Executive Leadership Team added a Chief of Staff position, with oversight for government relations and strategic planning. *(See Appendix B.6.1. OHSU Organizational Chart)*

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Joe Robertson Jr., MD, MBA</td>
<td>2006</td>
</tr>
<tr>
<td>Executive Vice President</td>
<td>Steven D. Stadum, JD</td>
<td>2004</td>
</tr>
<tr>
<td>Exec. Vice President; Director, Hospitals &amp; Clinics</td>
<td>Peter F. Rapp, MHA</td>
<td>2002</td>
</tr>
<tr>
<td>Interim Provost/Vice Provost for Academic Technology</td>
<td>David Robinson, PhD</td>
<td>2009/2006</td>
</tr>
<tr>
<td>Interim Chief Financial Officer</td>
<td>Pitt Calkin</td>
<td>2010</td>
</tr>
<tr>
<td>Vice President and Dean , School of Medicine</td>
<td>Mark A. Richardson, MD, MBA</td>
<td>2007</td>
</tr>
<tr>
<td>Vice President for Research</td>
<td>Daniel M. Dorsa, PhD</td>
<td>2001</td>
</tr>
<tr>
<td>Vice President and General Counsel</td>
<td>Amy M. Wayson, JD</td>
<td>2004</td>
</tr>
<tr>
<td>President of OHSU Foundation</td>
<td>Allan Price, MSW</td>
<td>2008</td>
</tr>
<tr>
<td>Chief of Staff</td>
<td>Connie Seeley</td>
<td>2010</td>
</tr>
</tbody>
</table>
Another important advisory body is the Deans’ Council. At the time of the 2005 Comprehensive Self-Study, the University was comprised with four schools, Dentistry, Medicine, Nursing and OGI School of Science & Engineering. With the financial turmoil of 2008-09, the University merged OGI into the School of Medicine as a department and the Dean of OGI became a department chair. Also, since 2005 the University had two vacancies in deanships due to the retirement of the Dean of Nursing leaving to take a position in another state and the selection of the Dean of Medicine to assume the Presidency of the University. After two extensive searches, Dr. Mark Richardson was appointed Dean of the School of Medicine and Dr. Michael Bleich was appointed Dean of the School of Nursing.

One important initiative of Vision 2020 is to improve the two-way exchange of information among the leaders of key units within OHSU. In fall 2009 President Robertson instituted a President’s Council as a way of accomplishing that. President’s Council members will provide information and advice to the OHSU President and other council members, and share information obtained at council meetings with colleagues in their units. The council is not a decision-making body, but will provide a high-level forum for discussion of strategic OHSU initiatives.

The President’s Council consists of the following OHSU positions:

- President
- Chair, Research Council
- Chief Executive Officer, Faculty Practice Plan
- Chief Financial Officer
- Chief Operating Officer, OHSU Hospital
- Dean, School of Dentistry
- Dean, School of Medicine
- Dean, School of Nursing
- Dean, School of Pharmacy
- Director, Center for Research on Occupational and Environmental Toxicology
- Director, Child Development and Rehabilitation Center
- Director, Oregon National Primate Research Center
- Director, Vollum Institute
- Executive Vice President, Administration
- Executive Vice President and Executive Director, OHSU Hospitals and Clinics
- Foundation President and Senior Vice President for Advancement
- President, Faculty Senate
- President, All Hill Council
- Provost
- Vice President and General Counsel
- Vice President for Research

The Provost chairs the Council’s monthly meetings, with David Robinson, Interim Provost for Education and Research, filling that role until the national search for a Provost is concluded.
The President’s Council is another example of the collaboration, communication and engagement that will enable OHSU to reach its goal to improve the health and well-being of all Oregonians through partnerships in health and science innovation.

**Standard Seven: Finance**

**What significant changes have been made in the financial structure and condition of the institution?**

Like other higher education organizations, the global fiscal crisis had its impact. This was described in the Interim Report to NWCCU last fall 2009.

An institution-wide salary freeze was implemented in 2008-09 and subsequently was lifted in November 2009 for the preparation of budgets for FY 2011. President Robertson noted that, “Out first-year financial results make us cautiously optimistic about meeting our financial goals this year, as long as we maintain the careful discipline on spending that we have been practicing and there are no unexpected changes in the economy.”

OHSU contributions to the University Pension Plan returned to their previous 12 percent level for the first pay period that ended in January 2010. The decision to reduce the benefit to 10 percent was difficult, but even with the reduction OHSU contributions to the UPP were equivalent to the University’s contribution to PERS (Public Employee Retirement System), while still maintaining competitive benefits compared to other employers.

The University also will contribute the same amount in calendar year 2010 to faculty and unclassified employee healthcare coverage. OHSU continues to review healthcare coverage levels and costs to keep OHSU’s total compensation competitive with other employers in relevant markets.
Standard Eight: Physical Facilities

What changes have been made in the physical plant (new buildings, demolition/remodeling of old ones)?

Currently, OHSU’s annual spending on capital projects is about $120 million. Projects underway have included the completion of shelled space at the three new buildings, refurbishment of spaces for building infrastructure and aesthetics, renovation for operational changes, enhanced technology and efficiency. (See Table 8.1) No buildings have been demolished.

<table>
<thead>
<tr>
<th>Year</th>
<th>Facility</th>
<th>Gross Sq. Ft.</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>Mark O. Hatfield Research Center</td>
<td>303,475</td>
<td>Research, hospital administrative offices</td>
</tr>
<tr>
<td>1998</td>
<td>Doernbecher Children’s Hospital</td>
<td>287,849</td>
<td>Hospital</td>
</tr>
<tr>
<td>1998</td>
<td>Energy Management Center</td>
<td>13,940</td>
<td>Campus utility systems</td>
</tr>
<tr>
<td>2000</td>
<td>Neurological Sciences Institute</td>
<td>68,567</td>
<td>Research, Offices</td>
</tr>
<tr>
<td>2000</td>
<td>Vaccine and Gene Therapy Institute</td>
<td>37,500</td>
<td>Research, Offices</td>
</tr>
<tr>
<td>2001</td>
<td>ONPRC Sheltered Group Housing</td>
<td>27,790</td>
<td>Research</td>
</tr>
<tr>
<td>2001</td>
<td>Bronson Creek Building</td>
<td>85,928</td>
<td>Offices, classrooms and laboratories</td>
</tr>
<tr>
<td>2003</td>
<td>Advanced Imaging Research Center</td>
<td>2,554</td>
<td>Laboratories, offices, 3T MRI</td>
</tr>
<tr>
<td>2004</td>
<td>ASB 3 Expansion</td>
<td>28,000</td>
<td>Research</td>
</tr>
<tr>
<td>2006</td>
<td>Biomedical Research Building</td>
<td>274,000</td>
<td>Research</td>
</tr>
<tr>
<td>2006</td>
<td>Kohler Pavilion</td>
<td>485,000</td>
<td>Patient care</td>
</tr>
<tr>
<td>2007</td>
<td>Center for Health and Healing</td>
<td>400,000</td>
<td>Research and patient care</td>
</tr>
</tbody>
</table>
Standard Nine: Institutional Integrity

This five-year review of the Oregon Health & Science University (OHSU) Institutional Integrity Program updates the information provided in the March 2005 accreditation self-study document and provides current links to the source documents and policies that define and establish the authority of the Program. It should be noted that, while the OHSU Integrity Program has grown and experienced some refinements in the intervening five years, the foundational elements remain constant. Thus, the ethical standards and principles upon which the program was built remain as the framework for an enhanced and larger program. In addition, the critical “top-down” support and endorsement for a robust integrity program remain and are frequently reaffirmed. Finally, while the past five years have brought new functions and areas of oversight into the OHSU Integrity Program and new policies and procedures have evolved during that time, the leadership of the Program has remained constant. The Chief Integrity Officer (CIO), who has been at OHSU for 32 years, has been in the CIO role for 10 years. Nationally, approximately 17 percent of CIOs have been in that role for seven or more years. The importance of this tenure is related to establishing a mature integrity program that includes good capacity for institutional memory and strong working relationships with key leaders.

Background

The OHSU Corporate Compliance Program was established by resolution of the OHSU Board of Directors in 1999. By 2000, a Corporate Compliance Officer was recruited and charged with building a centralized compliance program. The intent of the program was not to replace the compliance efforts and operations that were occurring in departments, units, and other offices, but to organize a central program that could oversee all compliance initiatives and initiate new ones that would address federal, state, and local laws and regulations and ensure that OHSU carries out its missions according to the highest ethical standards. The Board resolution included a program organizational structure that contemplated high level oversight of the program by senior management and the Board. Using this model, the CIO built a program to address all of OHSU’s compliance risks and requirements. As the program evolved, it was clear that its focus was directed toward compliant behaviors and philosophies stimulated by ethical values, rather than solely by laws and regulations – i.e., at OHSU, we do the right thing because there are ethical values that support those actions, not solely because there is a law or regulation that requires those actions. Nonetheless, the foundational elements of the OHSU Integrity Program start with the seven elements of a compliance program as articulated in the Federal Sentencing Guidelines for organizations. These elements are expressed in the OHSU Integrity Program Roles and Responsibilities policy, which is approved by the Board of Directors and applies to all OHSU employees, students, volunteers, and others who associate with OHSU. While the Roles and Responsibilities policy has been updated twice since the 2005 NWCCU report, its organization and structure have remained constant.

In addition to the OHSU Integrity Program Roles and Responsibilities policy, there are several other policies and policy sources that guide and describe the standards for integrity at OHSU. These include, but are not limited to the OHSU Code of Conduct, the Clinical Compliance Plan, and the Roles and Responsibilities in the Conduct of Research and Administration of Sponsored Projects policies. Again, these policies have been updated and revised since the 2005 NWCCU comprehensive report.

The structure of the OHSU Integrity Program is based upon a top-down and bottom-up model of oversight and endorsement. Organizational charts showing the current levels of oversight are included with this report. Highest level oversight is provided by way of the Integrity Program Oversight Council.
Grassley

education and them addition, Clinical Program keeping direction. The operational structure of the Program is demonstrated in the second org chart, which shows the various functions reporting to the CIO.

The CIO is granted authority by the OHSU Board of Directors and policy. The board has adopted, by resolution, the Integrity Program documents appended to this report as policy defining the Program. In addition, the board has empowered the CIO with the authority to amend those documents as needed and appropriate to ensure compliance and high ethical standards at OHSU. The next level of policy-making at OHSU is the Policy Advisory Committee. This group drafts most institutional policies, posts them for comment, finalizes them, and then provides them to the president for his final approval. The CIO is an ex officio member of the Policy Advisory Committee. A third level of policy-making is accomplished at the level of operational unit or mission area. For example, the Health System Policy Committee is charged with policy development for the OHSU Hospital and Clinics and all other parts of the clinical enterprise. The CIO participates on this committee as needed.

What has changed?

The OHSU Integrity Program has experienced growth since the 2005 NWCCU site visit and report. The changes are reflected in the operational org chart. The Program now includes responsibility for Environmental Health and Radiation Safety, the School of Medicine Faculty Practice Plan, and the Clinical Research Billing Compliance Program. At the same time that the scope of oversight of the Program has expanded due to these acquisitions, the staffing and resources devoted to the Program have increased so that this oversight can be comprehensive and meaningful. The inclusion of these new areas of oversight is appropriate for a comprehensive integrity program in an academic health center and achieves a high level of coordination and risk reduction. All of the newly added areas are nationally recognized as having high compliance risks. Merging them into an integrated program permits a very high level of communication and efficiency among all those involved in compliance efforts.

Another area of significant change in the Integrity Program is the implementation of periodic integrity education. At the time of the NWCCU 2005 Self Study, mandatory education for all OHSU employees and students was related to their specific activities and was completed once for each specific activity. While job-specific integrity education is still required, it has been supplemented with periodic integrity education that provides both specific and general updates. This mandatory education is linked to roles and responsibilities and the time required for completion varies accordingly. Completion of the education modules is tracked and reports are generated for managers who can ensure that all within their operational units comply with the requirement.

A third area of change in the Integrity Program relates to important revisions in the conflict of interest policies and procedures. Driven in part by new state laws and federal interest in this issue (e.g., the Grassley Amendment), OHSU policies on outside activities, acceptance of gifts, and conflicts of interest have all been revised. In addition, a new policy on clinical conflicts of interest has been implemented, in keeping with national guidance. All of these new policies and procedures have been coordinated and the disclosure process expedited by implementing improvements to the on-line disclosure system and harmonizing the disclosure dates.
**Program Evaluations**

The OHSU Integrity Program engages in continuous quality improvement efforts and provides the results of those efforts to the IPOC and executive leadership for review and oversight. The first level of internal review and improvement occurs with all Integrity Program policies. These policies are reviewed by multiple stakeholders no less frequently than every two years. Modifications are made to reflect current regulations and best practices. A second level of review occurs more specifically in each of the operational areas that are within the Integrity Program. Thus, for example, policies and procedures specific to human subjects research are continuously reviewed and modified by the IRB Chairs’ Advisory Council. Similarly, clinical compliance policies and procedures are review and modified by the Clinical Compliance Committee. These on-going evaluation efforts contribute to a program that is current with state and federal regulations, that best manages risk, and that ensures high ethical conduct. A third level of review and evaluation is carried out by the operational leadership of the Integrity Program. All of those who report directly to the CIO are required to formally review and appropriately modify their programmatic areas no less frequently than every two years. The criteria used to perform this formal review are those published by the Health Care Compliance Association. The most recent review was completed in January 2010 and is included within the Integrity Program Documents attachment.

Similarly, periodic reviews of specific integrity areas are performed regularly. Thus, for example, the Information Privacy and Security Program performs a comprehensive review every two years, in compliance with the advice of the National Institute of Standards and Technology (NIST). The Institutional Animal Care and Use Committee performs semi-annual reviews of the laboratory animal program in compliance with USDA requirements. The Institutional Biosafety Program performs comprehensive reviews and gap analyses across all OHSU campuses on a regular basis. The Clinical Compliance Program monitors and audits compliance at the levels of schools, departments, and individual providers. Data are generated and analyzed from all of these evaluations and follow-up plans are developed.

**Education**

OHSU’s portfolio of mandatory integrity education modules has increased substantially over the past five years. In addition, the means by which this education is tracked and reports are generated for management have evolved. Current modules, their intended audience, the source of the requirement or recommendation, and completion rates are listed in the attached table.

**Integration of Integrity Initiatives**

While many Integrity Program processes and procedures are very specific to a particular issue or area of oversight, there are other initiatives that meld well with similar efforts by other units at OHSU. One such area is the delivery of integrity or ethics education to students. Over the past two years, the OHSU Center for Ethics in Health Care has launched a major program of teaching health care ethics in an interdisciplinary way. The “Teaching Interdisciplinary Ethics” or TIE Program brings together a multidisciplinary faculty to teach students in each of the schools and brings together students from all of the schools to learn together. In this way, the students appreciate the concept that health care delivery is a group effort and ethical dilemmas cross several disciplines. The OHSU Integrity Program participates in this effort through the CIO’s presence on the Center for Ethics Executive Committee and his chairing the OHSU Institutional Ethics Committee. These combined efforts allow the CIO to bring real and current ethical issues to the interdisciplinary ethics curriculum.
Appendix A.1. NWCCU Correspondence

The following pages are copies of letters OHSU received from NWWCU between 2006 and 2010.
August 3, 2006

Dr. Peter O. Kohler  
President  
Oregon Health and Science University  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239-3098

Dear President Kohler:

On behalf of the Northwest Commission on Colleges and Universities, I am pleased to inform you that the progress report submitted by Oregon Health and Science University was accepted. The Commission was satisfied that the University had made progress regarding Recommendations 5, 7, and 8 of the spring 2005 Comprehensive Evaluation Report. This matter was the subject of Commission correspondence dated July 1, 2005. These Recommendations are now in compliance with Commission criteria for accreditation.

Please do not hesitate to contact me if you have questions.

Best wishes for a rewarding year.

Sincerely,

[Signature]

Sandra E. Elman  
President

SEE:rb

cc: Dr. Robert L. Vieira, Vice Provost for Academic and Student Affairs
July 31, 2008

Dr. Joseph Robertson  
President  
Oregon Health and Science University  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239-3098

Dear President Robertson:

On behalf of the Northwest Commission on Colleges and Universities, I am pleased to report that the accreditation of Oregon Health and Science University has been reaffirmed on the basis of the Spring 2008 Focused Interim Evaluation regarding Recommendations 2, 4, 6, 9, and 10 of the Spring 2005 Comprehensive Evaluation Report. Congratulations on receiving this continued recognition.

In taking this action, the Commission requests that Oregon Health and Science University prepare a progress report in fall 2009 to address Recommendation 1 of the Spring 2008 Focused Interim Evaluation Report. A copy of this recommendation is enclosed for your reference.

In reaffirming accreditation, the Commission determined that Recommendation 1 of the Spring 2008 Focused Interim Evaluation Report is an area where Oregon Health and Science University substantially meets the Commission’s criteria for accreditation, but needs improvement.

We will write in spring 2009 regarding the Fall 2009 Progress Report.

If you have any questions, please do not hesitate to contact me.

Best wishes for a rewarding year.

Sincerely,

Sandra E. Elman  
President

SEE: rb

Enclosure: Recommendation

cc:  Dr. Robert L. Vieira, Vice Provost for Academic and Student Affairs  
Mr. Keith L. Thomson, Chairman, OHSU Board of Directors  
Mr. George Pernsteiner, Chancellor, Oregon University System
Recommendation

1. The University should continue to monitor and demonstrate its commitment to high standards of teaching and learning by providing sufficient human, physical, and financial resources to support its educational programs.
August 8, 2008

Dr. Joseph Robertson  
President  
Oregon Health and Science University  
3181 S.W. Sam Jackson Park Road  
Portland, OR 97239-3098

Dear President Robertson:

On behalf of the Northwest Commission on Colleges and Universities, I am pleased to inform you that the progress report submitted by Oregon Health and Science University was accepted. The Commission was satisfied that the University had made progress regarding Recommendations 1 and 2 of the Fall 2006 Focused Interim Evaluation Report. This matter was the subject of Commission correspondence dated February 1, 2007.

If you have questions, please do not hesitate to contact me.

Best wishes for a rewarding year.

Sincerely,

Sandra E. Elman  
President

SEE: rb

cc: Dr. Robert Vieira, Vice Provost for Academic and Student Affairs
February 12, 2010

Dr. Joseph Robertson
President
Oregon Health and Science University
3181 SW Sam Jackson Park Road, L-101
Portland, OR 97239-3098

Dear President Robertson:

On behalf of the Northwest Commission on Colleges and Universities, I am pleased to inform you that the progress report submitted by Oregon Health and Science University was accepted. The Commission was satisfied that progress had been made regarding Recommendation 1 of the Spring 2008 Focused Interim Evaluation Report. This matter was the subject of Commission correspondence dated July 31, 2008.

Best wishes for a rewarding year.

Sincerely,

Sandra E. Elnman
President

SEE:rb

cc: Dr. Robert L. Vieira, Vice Provost for Academic and Student Affairs
Appendix A.2. OHSU Policy on Timely Release of Grades

Generally
Course instructors shall determine the appropriate methods for evaluating and giving performance-based feedback to determine if a student is meeting the standards of the course, laboratory or clinical experience.

Course instructors will provide students with information in writing at the beginning of each course that describes the grading policies and procedures including, but not limited to, evaluation criteria, expected time needed to grade individual student examinations, and type of feedback they will provide (e.g., written, verbal, quantitative, machine-scored number of correct responses).

Individual schools/programs will add to these policies to clarify unique parameters as long as the unit policies and processes comport with the intent of OHSU's policy.

The posting of official grades to the student information system shall occur within two weeks of receipt of grades from course instructors. With the following definitions,

For purposes of this policy, the following words and phrases shall mean:

Standards
The expectations of the course instructor for the knowledge, abilities, skills, attitudes, judgments, proficiencies and/or competencies developed in a course that are reflected in the stated course goals or objectives.

Timely Release
Timely release of grades may vary by class size, course structure, assessment type, requirements of specialized accreditors and student completion by announced deadline.
Appendix B.2.1. Student Learning Outcomes

The University ensures that measurable learning objectives and student learning outcomes are identified for each approved degree and certificate program and published in an accessible format for current and prospective students.

Each school is responsible for conducting regular and systematic assessment of student performance, demonstrating that students who complete their programs have achieved the stated degree or certificate outcomes, and using the assessment evidence to improve teaching and learning. Each school will maintain a record of program changes based on assessment information.

Faculty are responsible for designing the curriculum for their respective degree and certificate programs, including the didactic courses, clinical components, and other experiences designed for students to achieve the stated learning objectives.
## School of Dentistry

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Predoctoral Dental DMD Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair:</td>
<td>Jack Clinton DMD</td>
</tr>
<tr>
<td>CIP Code:</td>
<td>51.0401</td>
</tr>
<tr>
<td>Student access to information:</td>
<td><a href="http://www.ohsu.edu/sod">www.ohsu.edu/sod</a></td>
</tr>
<tr>
<td>Program length:</td>
<td>Four years</td>
</tr>
<tr>
<td>Authorized Award(s):</td>
<td>DMD Degree</td>
</tr>
</tbody>
</table>

### Degree goals and objectives:

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. We strive to foster an environment of mutual respect where the free exchange of ideas can flourish. The dental school prepares graduates in general dentistry and the dental specialties to deliver compassionate and ethical oro-facial health care.

- To provide the basic science and clinical curricula assuring compliance with the Commission on Dental Accreditation standards and encouraging responsiveness to scientific advances.
- To provide educational experiences for students using a comprehensive patient care model.
- To provide general dentists who are competent to practice dentistry.

### Content covered:

Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval with reporting requirements”.

### Candidate standards:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of graded credit hours</td>
<td>243 credit units</td>
</tr>
<tr>
<td>Minimum standard of performance or acceptable GPA</td>
<td>2.0 GPA</td>
</tr>
</tbody>
</table>
| Qualifying and exit examinations | National Board Dental Examination Part I  
National Board Dental Examination Part II  
Western Regional Examination Board |
<p>| Proficiency requirements     | Successful completion of all clinical competency assessments. |</p>
<table>
<thead>
<tr>
<th>Internship, clinical practices, other similar</th>
<th>Successful completion all clinical competency assessments.</th>
</tr>
</thead>
</table>
| **Expected learning outcomes (measurable)**  | 1. **Ethics**  
Demonstrate an understanding of the concepts of professional ethics, health care principles and a familiarity with the ADA Principles of Ethics and Code of Professional Conduct. |
| 2. **Critical Thinking**  
Integrate and synthesize information to advance knowledge and skills through critical evaluation of biomedical literature and the application of new science. | **2. **Critical Thinking**  
Integrate and synthesize information to advance knowledge and skills through critical evaluation of biomedical literature and the application of new science. |
| 3. **Communication**  
Apply interpersonal and communication skills to effectively care for diverse populations of patients. | **3. **Communication**  
Apply interpersonal and communication skills to effectively care for diverse populations of patients. |
| 4. **Diagnosis**  
Diagnose diseases and abnormalities of the oral cavity and head/neck region.  
Obtain and assess information relative to systemic health of patients, initiating consultations and referrals to other health care professionals as appropriate.  
Develop a comprehensive treatment and/or referral plan, based on current oral disease risk analyses’ and standard-of-care strategies. | **4. **Diagnosis**  
Diagnose diseases and abnormalities of the oral cavity and head/neck region.  
Obtain and assess information relative to systemic health of patients, initiating consultations and referrals to other health care professionals as appropriate.  
Develop a comprehensive treatment and/or referral plan, based on current oral disease risk analyses’ and standard-of-care strategies. |
| 5. **Oral Health Education**  
Educate patients, parents and/or caregivers with individualized instructions for improving nutrition and maintaining good oral health, monitoring and re-evaluating as necessary | **5. **Oral Health Education**  
Educate patients, parents and/or caregivers with individualized instructions for improving nutrition and maintaining good oral health, monitoring and re-evaluating as necessary. |
| 6. **Emergencies**  
Recognize risk factors for medical emergencies and demonstrate the ability to manage dental and medical emergencies. | **6. **Emergencies**  
Recognize risk factors for medical emergencies and demonstrate the ability to manage dental and medical emergencies. |
| 7. **Oral Function**  
Provide treatment and/or referrals as appropriate with the goal of achieving physiologic form, oral function and health. | **7. **Oral Function**  
Provide treatment and/or referrals as appropriate with the goal of achieving physiologic form, oral function and health. |
| 8. **Pain Management**  
Utilize pharmacological therapies and behavioral techniques to prevent or manage pain and anxiety. | **8. **Pain Management**  
Utilize pharmacological therapies and behavioral techniques to prevent or manage pain and anxiety. |
| 9. **Risk Principles**  
Apply principles of risk management, quality improvement, infection control and radiation safety to patient care. | **9. **Risk Principles**  
Apply principles of risk management, quality improvement, infection control and radiation safety to patient care. |
| 10. **Outcomes of Care** | **10. **Outcomes of Care** |
Demonstrate the ability to self-assess competency and evaluate the outcomes of patient-centered dental health care.

**11. Community**
Demonstrate the ability to function in community based disease prevention and health promotion activities.

**12. Business**
Identify the business principles and programs used in the administration of a dental practice while complying with all regulations, policies and protocols that relate to health, safety and the law.

<table>
<thead>
<tr>
<th>Intellectual skills</th>
<th>Successful completion of all required basic science, dental science, behavioral science and clinical science courses.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of inquiry</td>
<td>Successful completion all clinical competency assessments.</td>
</tr>
<tr>
<td>Creative capabilities</td>
<td>Successful completion all clinical competency assessments.</td>
</tr>
<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
<td>Successful completion all clinical competency assessments.</td>
</tr>
</tbody>
</table>
# Endodontics Program

**Program Name:** Endodontics Program  
**Program/Department Chair:** Gordon Marshall DMD  
**CIP Code:** 51.0401  
**Student access to information:** [www.ohsu.edu/sod](http://www.ohsu.edu/sod)  
**Program length:** Two years  
**Authorized Award(s):** Certificate in Endodontics

## Degree goals and objectives:

The Advanced Specialty Education Program in Endodontics is designed to train proficient endodontic practitioners with a solid background and understanding of clinical and biological sciences, research methodology and teaching. The scope of this educational experience thoroughly prepares the student for specialty clinical practice or for a career in research and/or teaching. The program is also designed to prepare the graduate for certification by the American Board of Endodontics.

## Content covered:

Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval with reporting requirements”.

## Candidate standards:

- **Number of graded credit hours**: 134 credit units  
- **Minimum standard of performance or acceptable GPA**: 2.0 GPA  
- **Qualifying and exit examinations**: American Board of Endodontics  
- **Proficiency requirements**: Successful completion all clinical proficiency assessments.  
- **Thesis, dissertation, writing or research requirement**: Successful completion of research experience in publishable format.  
- **Internship, clinical practices, other similar**: Successful completion all clinical proficiency assessments.

## Expected learning outcomes (measurable)

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Achieve in depth knowledge of biomedical and clinical sciences as they relate to the art and science of dentistry and endodontics.</td>
</tr>
<tr>
<td>2. Apply this knowledge to achieve an academic and clinical understanding of the normal and pathologically involved pulp, periradicular and adjacent structures.</td>
</tr>
<tr>
<td>3. Use this knowledge to evaluate and diagnose orofacial pain, pulpal and periradicular conditions.</td>
</tr>
<tr>
<td>4. Effectively provide non-surgical and surgical therapies with appropriate follow-up care, recall and interactions with related medical and dental disciplines.</td>
</tr>
<tr>
<td>5. Perform proper patient physical evaluations, effectively treat medically compromised patients and to properly recognize and respond to medical conditions.</td>
</tr>
</tbody>
</table>
Emergency: Develop skills for the critical evaluation of dental literature, research and new products.

7. Understand research methodology and apply it to his/her own research project.
8. Teach and thereby encourage academic pursuit as well as to learn to analyze and constructively critique the abilities and development of others.

<table>
<thead>
<tr>
<th>Intellectual skills</th>
<th>Performance on the American Board of Endodontics Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of inquiry</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Creative capabilities</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Program Name: Orthodontics and Dentofacial Orthopedics Program</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Program/Department Chair: Larry Doyle DDS</td>
<td></td>
</tr>
<tr>
<td>CIP Code: 51.0401</td>
<td></td>
</tr>
<tr>
<td>Student access to information: <a href="http://www.ohsu.edu/sod">www.ohsu.edu/sod</a></td>
<td></td>
</tr>
<tr>
<td>Program length: 30 Months</td>
<td></td>
</tr>
<tr>
<td>Authorized Award(s): MS in Orthodontics and Dentofacial Orthopedics</td>
<td></td>
</tr>
</tbody>
</table>

**Degree goals and objectives:**

1. To educate and train the graduate students to a high level of proficiency in the professional practice of orthodontics and dentofacial orthopedics.
2. To prepare students to pass the American Board of Orthodontics Examination Part II, the written examination and Part III, the clinical examination.
3. Educate students to conduct research at the M.S. Degree level of depth and scope.

**Content covered:**

Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval without reporting requirements”.

**Candidate standards:**

- Number of graded credit hours 146 credit units
- Minimum standard of performance or acceptable GPA 3.0 GPA
- Qualifying and exit examinations American Board of Orthodontics, written examination
- Proficiency requirements Successful completion all clinical proficiency assessments.
- Thesis, dissertation, writing or research requirement Successful completion of Master’s Degree thesis and thesis defense.
- Internship, clinical practices, other similar Successful completion all clinical proficiency assessments.

**Expected learning outcomes (measurable)**

<table>
<thead>
<tr>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All students will complete 60% of their patient case starts and 90% of their transfer patients. All cases will be treated to a high level of competency.</td>
</tr>
<tr>
<td>2. All students will pass Part II of the American Board of Orthodontics, the written examination.</td>
</tr>
<tr>
<td>3. All second year graduate students will pass the orthodontic program’s Qualifying Examination.</td>
</tr>
</tbody>
</table>
4. All students will pass specialty licensure examinations.
5. All students rate their education experience as satisfactory on five year post graduate surveys.
6. All graduates will pass Part III of the American Board of Orthodontics, the clinical examination.
7. All Students will successfully complete a Master of Science thesis project and pass the subsequent thesis defense.

<table>
<thead>
<tr>
<th>- Intellectual skills</th>
<th>Performance on the American Board of Orthodontics Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Methods of inquiry</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>- Creative capabilities</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>- Specific career-related skills, competences, knowledge, proficiency requirements</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
</tbody>
</table>
Program Name: **Periodontics Program**

Program/Department Chair:  Winthrop Carter DDS

CIP Code:  51.2807

Student access to information:  [www.ohsu.edu/sod](http://www.ohsu.edu/sod)

Program length:  36 months

Authorized Award(s): Certificate in Periodontics

<table>
<thead>
<tr>
<th>Degree goals and objectives:</th>
<th>The primary mission of the OHSU School of Dentistry Advanced Specialty Education Program In Periodontics is to train dentists to become proficient licensed professional entry level periodontists proficient at improving the periodontal and overall oral health of diverse patients and communities. The Advanced Specialty Education Program in Periodontics also produces new scientific evidence aimed at improving health and the practice of periodontics. It further provides enhanced educational experiences for dental and dental hygiene students, as well as for students and life-long learners from the community. The Advanced Specialty Education Program in Periodontics seeks to exceed standards set forth by regulatory agencies such as the Commission on Dental Accreditation, Occupational Health and Safety Administration, the OHSU Compliance Committee, and the Oregon State Department of Health. OHSU strives to incorporate into its Advanced Specialty Education Program in Periodontics, the core professional values and codes of ethics of the American Dental Association, the American Academy of Periodontology, and the OHSU. By fully participating in all activities within the mission of the Advanced Specialty Education Program in Periodontics, periodontal residents develop proficiencies in clinical practice and patient advocacy, teaching, research, and community service.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Content covered:</th>
<th>Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval without reporting requirements”.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Candidate standards:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Number of graded credit hours</td>
<td>134 credit units</td>
</tr>
<tr>
<td>- Minimum standard of performance or acceptable GPA</td>
<td>2.0 GPA</td>
</tr>
<tr>
<td>- Qualifying and exit examinations</td>
<td>American Academy of Periodontics</td>
</tr>
<tr>
<td>- Proficiency requirements</td>
<td>Successful completion all clinical competency assessments.</td>
</tr>
<tr>
<td>- Thesis, dissertation, writing or research requirement</td>
<td>Successful completion of research requirement.</td>
</tr>
<tr>
<td>- Internship, clinical practices, other similar</td>
<td>Successful completion all clinical competency assessments.</td>
</tr>
<tr>
<td>Expected learning outcomes (measurable)</td>
<td>Outcomes</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>1. Graduates of the Advanced Specialty Education Program in Periodontics will be able to undertake any career available in periodontics and will be well prepared to manage a private specialty dental practice. Graduates will also be capable of functioning as a dental specialist with a high degree of professionalism within hospitals, academic health centers, ambulatory clinics, private research institutes, professional associations, and military, public health or &quot;managed-care&quot; organizations. Advanced Specialty Education Program in Periodontics graduates will be proficient clinical periodontists and competent beginning managers, implantologists, teachers, and researchers. They will be proficient in medico-legal documentation and compliance with regulatory matters ensuring safe dental practice and legal employment of office staff. Furthermore, each resident will receive training in ergonomics and other principles of maintaining physical, psychosocial, and financial health throughout a well-balanced professional and personal life.</td>
<td></td>
</tr>
<tr>
<td>2. In order to conduct evidence-based practices, Advanced Specialty Education Program in Periodontics graduates will be proficient at analyzing the scientific literature pertaining to periodontology and in recognizing the degree of scientific merit put forth in published studies and clinical presentations. Through the didactic curriculum, residents will master the biologic, anatomic, physiologic, pathologic, epidemiologic, behavioral, psychosocial, genetic, microbiologic, medical, biomaterials, chemical, nutritional, medicinal and pharmacologic, immunologic, and environmental sciences pertaining to periodontology. Through their didactic and research experience, they will be familiar with some technical and most ethical issues in the design and execution of clinical, basic science and translational research.</td>
<td></td>
</tr>
<tr>
<td>3. Advanced Specialty Education Program in Periodontics graduates will be proficient at diagnosing and treating complex and challenging cases, which are typically beyond the competencies of most general dentists. Therefore, they will possess advanced knowledge in the clinical sciences of occlusion, prosthodontics, implantology, orthodontics, endodontics, esthetics, oral medicine, oral pathology, periodontal medicine and surgery. Residents will be proficient in making judicious clinical decisions concerning surgical techniques, prescription medications, prevention services, and the utilization of biomimetics, grafting and other biomaterials for their patients.</td>
<td></td>
</tr>
<tr>
<td>4. In order for Advanced Specialty Education Program in Periodontics graduates to be a proficient, safe, empathetic and highly ethical practitioners, capable of managing a</td>
<td></td>
</tr>
</tbody>
</table>
A broad range of conditions in various patients, their training in periodontology will emphasize proficiency in communication skills, motivational interviewing, ethical conduct, cultural competence, behavioral and pharmacologic management of pain and anxiety, and the management of medically-compromised patients. They will be proficient at maximizing the benefits of prevention services based on individualized patient risk assessments. Furthermore, they will be proficient in preventing and managing emergencies, harmful drug interactions and dependency, and other complications of periodontal diseases and their treatments.

<p>| - Intellectual skills | Performance on the American Board of Periodontology (ABP) and achievement of diplomat status from the ABP. |
| - Methods of inquiry | Successful completion all clinical proficiency assessments. |
| - Creative capabilities | Successful completion all clinical proficiency assessments. |
| - Specific career-related skills, competences, knowledge, proficiency requirements | Successful completion all clinical proficiency assessments. |</p>
<table>
<thead>
<tr>
<th>Program Name: <strong>Oral and Maxillofacial Surgery Program</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Kevin Arce DDS, MD</td>
</tr>
<tr>
<td>CIP Code: 51.0501</td>
</tr>
<tr>
<td>Student access to information: <a href="http://www.ohsu.edu/sod">www.ohsu.edu/sod</a></td>
</tr>
<tr>
<td>Program length: Six years</td>
</tr>
<tr>
<td>Authorized Award(s): Certificate in Oral and Maxillofacial Surgery</td>
</tr>
</tbody>
</table>

**Degree goals and objectives:**
1. To graduate practitioners who are proficient in the diagnosis, surgical treatment, and peri-operative management of adults and children who have acquired and congenital diseases and conditions of the soft and hard tissues of the oral and maxillofacial region and who will be eligible for the examination of the American Board of Oral and Maxillofacial Surgery.
2. To produce successful practitioners who will continue to seek additional knowledge and skills throughout their professional careers.
3. To produce practitioners who are equally confident to enter general practice, advanced, fellowship training or the academic pursuit of oral and maxillofacial surgery.

**Content covered:**
Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval without reporting requirements”.

**Candidate standards:**
- **Number of graded credit hours**
  Graduate Medical Education Program
- **Minimum standard of performance or acceptable GPA**
  Graduate Medical Education Program
- **Qualifying and exit examinations**
  American Board of Oral and Maxillofacial Surgery
- **Proficiency requirements**
  Must successfully complete all clinical proficiency assessments.
- **Thesis, dissertation, writing or research requirement**
  None
- **Internship, clinical practices, other similar**
  Must successfully complete all clinical proficiency assessments.

**Expected learning outcomes (measurable):**
1. All residents will be proficient in all the basic skills of oral and maxillofacial surgery as measured by examination and by the ability to successfully practice in their chosen community.
2. All residents will be proficient in pain and anxiety control.
3. All residents will be comfortable practicing both in the office and in the hospital.
4. Have the ability to integrate knowledge of the biological sciences into deductive
clinical reasoning.
5. All residents will have received appropriate education in research methodology and techniques.
6. All residents will have taken and satisfactorily completed prescribed medical courses to earn the M.D. degree.

<table>
<thead>
<tr>
<th>Intellectual skills</th>
<th>Successful completion of the American Board of Oral and Maxillofacial Surgery board examination.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of inquiry</td>
<td>Must successfully complete all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Creative capabilities</td>
<td>Must successfully complete all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
<td>Must successfully complete all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Program Name: <strong>Pediatric Dentistry Program</strong></td>
<td>The mission of the program is the preparation of specialists in pediatric dentistry that will improve and maintain the oral health of infants, children, and adolescents, including those with special health care needs.</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Program/Department Chair: Robert Steelman DMD, MD</td>
<td>1. To provide an educational structure that meets or exceeds the Standards set forth by the Commission on Dental Accreditation.</td>
</tr>
<tr>
<td>CIP Code: 51.0509</td>
<td>2. To develop the residents’ ability to interpret and contribute to clinical research through scholarly activities.</td>
</tr>
<tr>
<td>Student access to information: <a href="http://www.ohsu.edu/sod">www.ohsu.edu/sod</a></td>
<td>3. To prepare the resident to fulfill the requirements for certification by the American Board of Pediatric Dentistry.</td>
</tr>
<tr>
<td>Program length: Two years</td>
<td><strong>Degree goals and objectives:</strong></td>
</tr>
<tr>
<td>Authorized Award(s): Certificate in Pediatric Dentistry</td>
<td><img src="https://via.placeholder.com/150" alt="Table" /></td>
</tr>
<tr>
<td><strong>Degree goals and objectives:</strong></td>
<td><strong>Content covered:</strong> Program provides curriculum which meets the Standards of the Commission on Dental Accreditation under the classification “Approval without reporting requirements”.</td>
</tr>
<tr>
<td></td>
<td><strong>Candidate standards:</strong></td>
</tr>
<tr>
<td></td>
<td>– Number of graded credit hours</td>
</tr>
<tr>
<td></td>
<td>– Minimum standard of performance or acceptable GPA</td>
</tr>
<tr>
<td></td>
<td>– Qualifying and exit examinations</td>
</tr>
<tr>
<td></td>
<td>– Proficiency requirements</td>
</tr>
<tr>
<td></td>
<td>– Thesis, dissertation, writing or research requirement</td>
</tr>
<tr>
<td></td>
<td>– Internship, clinical practices, other similar</td>
</tr>
<tr>
<td><strong>Expected learning outcomes (measurable)</strong></td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>1. All residents will be proficient in the basic skills of pediatric dentistry as measured by examination and by the ability to</td>
</tr>
</tbody>
</table>
successfully maintain a practice in the community.

2. All residents will receive sufficient experience in the hospital and operating room setting so that those specialists in private practice who have access to these facilities (i.e., hospitals and surgical centers) may utilize them.

3. All residents will be trained in behavior management techniques so that patients can be treated with or without the use of pharmacological agents.

4. All residents will receive a strong background in craniofacial growth and development, orthodontic diagnosis and treatment so that graduates will perform interceptive orthodontic procedures.

5. All residents will receive sufficient training and experience in the dental management of children with physical, mental and cognitive disabilities so that at least 60% of the graduates of the program will treat this type of patient in practice.

6. All residents will receive courses, seminars and experience in research methodology and techniques. Each student will complete a clinical or laboratory research project, ready for submission to a publisher prior to receiving a certificate of completion.

7. All residents will take the examination of the American Academy of Pediatric Dentistry to compare the residents to others completing similar programs in the United States and Canada.

8. All residents will take the comprehensive written examination of the American Board of Pediatric Dentistry.

<table>
<thead>
<tr>
<th>Intellectual skills</th>
<th>Performance on the American Board of Pediatric Dentistry Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of inquiry</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Creative capabilities</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
<td>Successful completion all clinical proficiency assessments.</td>
</tr>
</tbody>
</table>
School of Medicine

<table>
<thead>
<tr>
<th>Program Name: <strong>Medical Education (MD) Program</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Tana A. Grady-Weliky, MD, &amp; Mark Richardson, MD, MBA</td>
<td></td>
</tr>
<tr>
<td>CIP Code: 51.1201</td>
<td></td>
</tr>
<tr>
<td>Student access to information (Website Link to expected learning outcomes): <a href="http://www.ohsu.edu/som">www.ohsu.edu/som</a></td>
<td></td>
</tr>
<tr>
<td>Program length: 4 years</td>
<td></td>
</tr>
<tr>
<td>Authorized Award(s): MD</td>
<td></td>
</tr>
</tbody>
</table>

### Degree goals and objectives:

**Knowledge, Reasoning and Problem Solving**

Before graduation, the student will have demonstrated:

- **(Structure):** Knowledge of the normal structure
- **(Function):** Knowledge of function of the body and its major organs
- **(CMB):** Knowledge if the molecular, biomedical and cellular mechanisms that are important in maintaining the body’s homeostasis.
- **(Pathology):** Knowledge of the various causes of disease and the ways in which they operate in the body.
- **(Pathophysiology):** Knowledge of the altered structure and function of the body and its major organ systems in various diseases and conditions
- **(Therapeutics):** Knowledge of the principles of pharmacology, therapeutics and therapeutic decision-making.
- **(GPI):** Knowledge of the principles of genomics, proteomics and bioinformatics and their applications in Medicine.
- **(Clinical Lab):** Knowledge of the scientific principles of laboratory diagnosis and the ability to critically evaluate their limitations.
- **(Epidemiology):** Knowledge of the epidemiology of common diseases and systematic approached useful in reducing the incidence and prevalence of those diseases.
- **(Reasoning):** The ability to reason deductively in solving clinical problems
- **(Informatics):** The ability to retrieve, manage, and use biomedical information for problem solving and medical decision making.
- **(Scientific Method):** Understanding the importance of the scientific method in establishing causation of disease and the efficacy of traditional and non-
traditional therapies.

- (Medical Ethics): Knowledge of the theories and principles that govern ethical decision making and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life, and those that arise from the rapid expansion of the knowledge of genetics.
- (Evidence): Ability to critically evaluate the knowledge base supporting good patient care.
- (Quality Gap): Ability to evaluate the quality of health care, and to identify prevailing gaps in best practices and the steps necessary to close the gap.
- (Quality Improvement): An understanding of, by way of direct involvement in, implementation of quality improvement initiatives.
- (Research Ethics): An understanding of the ethics involved in subscribing to the principles of good clinical practice in research with human participants.
- (Research Critique): Ability to assess and critique, at a fundamental level, research as it is reported in medical journals, based on an understanding about how the data is derived.
- (Research Importance): An appreciation of the role and importance of research and investigation in the care of patients.

Clinical Skills
Before graduation, the student will have demonstrated:

- (History): The ability to obtain an accurate medical history that covers all essential aspects of the history including issues that relate to age, gender and socio-economic status.
- (PE): The ability to perform a complete physical examination.
- (Procedures): The ability to obtain consent, perform and document commonly provided procedures as required for appropriate patient care.
- (Interpretation): The ability to interpret the results of commonly used diagnostic procedures.
- (Lab Dx): Knowledge of the most frequent clinical laboratory and pathologic manifestations of common diseases.
- (Rad Dx): Knowledge of the most frequent radiologic manifestations of common diseases.
- (Management): The ability to construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions (acute and chronic; short and long term).
• (Emergencies): Ability to recognize patients with immediately life-threatening emergencies and to institute appropriate initial therapy.
• (Critical Care): Ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.
• (Pain/suffering): Knowledge about relieving pain and ameliorating suffering of patients.
• (Communication): Ability to communicate effectively, both orally and in writing, with patients, patients’ families, colleagues and others with whom the physicians must exchange information in carrying out their responsibilities.

Attitude and Behavior
Before graduation, the student will have demonstrated:
• (Humanism): Compassionate treatment of patients and respect for their privacy and dignity.
• (Honesty): Honesty and integrity in all interactions with patients’ families, colleagues and others with whom physicians must interact in their professional lives.
• (Collegiality): An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in patient care.
• (Conflict of Interest): An understanding of the threats to medical professionalism posed by conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.
• (Humility): The capacity to recognize and accept limitations of one’s knowledge and skills and a commitment to continuously improve them.
• (Learner): The understanding of the need to engage in life-long learning to stay abreast of relevant scientific advances.
• (Professionalism): The ability to conduct themselves with high ethical and professional standards at all times.
• (Humanism): An understanding and respect for patients and colleagues with different cultural backgrounds.

Approved by the Subcommittees May 2003; Approved by the Curriculum Committee June 2003

Content covered:
• Basic Sciences are foundational to the practice of medicine. These are interdisciplinary courses held across the first 2 years of medical school. Non-
Clinical electives are also available during years 1 and 2.

- Clinical Science education begins in years 1 and 2 through the Principles of Clinical Medicine Course. Clinical Science education continues in year 3 in the core clerkships: Internal Medicine (10 weeks); Family Medicine (5 weeks); Rural Health (5 weeks); Pediatrics I (5 weeks); Psychiatry (5 weeks); Obstetrics/Gynecology (5 weeks); Surgery I (5 weeks); Continuity Curriculum (2 weeks); Electives (4 weeks).

- Year 4 requirements are: Pediatrics II (ambulatory focus) – 4 weeks; Subinternship – 4 weeks; Critical Care Medicine – 4 weeks; Neurology – 4 weeks; Transition to Residency - 1 week; Clinical Electives – 20 weeks.

<table>
<thead>
<tr>
<th>Candidate standards:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of graded credit hours</td>
<td>As noted above</td>
</tr>
<tr>
<td>Minimum standard of performance or acceptable GPA</td>
<td>Satisfactory Grades in all courses, clerkships and electives</td>
</tr>
<tr>
<td>Qualifying and exit examinations</td>
<td>USMLE Steps 1, 2CK and 2CS</td>
</tr>
<tr>
<td>Proficiency requirements</td>
<td>As above</td>
</tr>
<tr>
<td>Thesis, dissertation, writing or research requirement</td>
<td>N/A</td>
</tr>
<tr>
<td>Internship, clinical practices, other similar</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Expected learning outcomes (measurable):

- Intellectual skills
  1. Performance on course and clerkship written examinations.
  2. Performance on national standardized licensing exams, e.g. USMLE Steps 1 and 2CK and 2CS.

- Methods of inquiry
  1. Small group exercises, e.g. laboratories and problem based learning cases.
  2. Use of evidence-based medicine in their clerkships, i.e. identification of up-to-date information related to patient diagnosis and/or treatment options.

- Creative capabilities
  1. Elective courses across the 4 years, including a writing elective and a “Dean’s book club” in years 3 and 4.

- Specific career-related skills, competences, knowledge, proficiency requirements
  1. Performance on course and clerkship written examinations.
  2. Performance on objective standardized clinical examinations (OSCE’s) from years 1-4 (with appropriate developmental expectations.
  3. Performance on national standardized licensing examinations. Requirement to pass Step 1 to enter the 3rd year and both components of Step 2 to receive MD initiated in 2009 for graduating class of 2013.

- Other
  1. None
# School of Nursing

<table>
<thead>
<tr>
<th>Program Name: Bachelor of Science with a major in nursing</th>
<th>Required degree courses published in the SON Catalog/Student Handbook <a href="http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658">link</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Peggy Wros, PhD, RN</td>
<td></td>
</tr>
<tr>
<td>CIP Code: 51.1601</td>
<td></td>
</tr>
<tr>
<td>Student access to information (Website Link to expected learning outcomes):</td>
<td></td>
</tr>
<tr>
<td>Program length: 1-3 years</td>
<td></td>
</tr>
<tr>
<td>Authorized Award(s): Bachelor of Science</td>
<td></td>
</tr>
</tbody>
</table>

## Degree goals and objectives:

1. A competent nurse’s personal and professional actions are based on a set of shared core nursing values
3. A competent nurse engages in self-directed learning
4. A competent nurse demonstrates leadership in nursing and healthcare
5. A competent nurse collaborates as part of a health care team
6. A competent nurse practice within, utilizes and contributes to the broader health-care system.
7. A competent nurse practices relationship-centered care.
8. A competent nurse communicates effectively.
9. A competent nurse makes sound clinical judgments
10. A competent nurse uses the best available evidence.

## Content covered:

The Bachelor of Science with a major in nursing program is a four-year degree that prepares graduates to practice in a variety of settings and to care for individuals, families, and populations across the lifespan. In 2001, the OHSU School of Nursing joined with other Oregon community colleges in an exciting new partnership, the Oregon Consortium for Nursing Education (OCNE). Established in response to the critical nursing shortage, OCNE enables Oregon nursing programs to dramatically expand the availability of students to receive the BS nursing degree and increase enrollment, while preparing graduates with competencies to address the rapidly changing health care needs of Oregon’s aging and
ethnically diverse populations.

The competencies defined by faculty in OCNE partner programs are based on a view of nursing as a theory-guided, evidenced-based discipline. The competencies recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly there are two categories of competencies, professional competencies, and nursing care competencies. Professional competencies—define the values, attitudes and practices that competent nurses embody and may share with members of other professions; nursing care competencies—define relationship capabilities that nurses need to work with clients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. In all cases, the client is defined as the recipient of care, is considered active participant in care, and includes the individual, family or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping client (individuals, families or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

Candidate standards:

- Number of graded credit hours
  93 nursing; 53 non-nursing transferred in; 34 electives

- Minimum standard of performance or acceptable GPA
  3.0

- Qualifying and exit examinations
  Transferring 87 non-nursing credits from partner OCNE schools (including 15 credits at 300/400 level)

- Proficiency requirements

- Thesis, dissertation, writing or research requirement

- Internship, clinical practices, other similar
  Clinical practice

Expected learning outcomes (measurable):

- Intellectual skills
  Ability to learn and synthesize knowledge, critical thinking, reflective problem solving, effective communication skills, and awareness of one’s own values, biases and behavior.

- Methods of inquiry
  Ability to notice, interpret and respond in a clinical situation, using the best available evidence. Ability to access, synthesize and apply clinical evidence.

- Creative capabilities
  In addition to the above intellectual skills, sufficient ability to identify and respond to
new situations and think outside the box.

<table>
<thead>
<tr>
<th>Specific career-related skills, competences, knowledge, proficiency requirements</th>
</tr>
</thead>
</table>

By the end of the last year in the nursing curriculum, the student is expected to meet the following performance benchmarks:

1. **Ethical Practice**
   - a. Integrates professional values with personal values; works with colleagues to create a shared climate for core values; acts within the field of nursing and in the political environment to assure ethical practice and research.
   - b. Works with team members to assure that patients' rights are protected by institutional policies and practices.
   - c. Analyzes policies which have inherent dilemmas such as social justice vs. individual autonomy.
   - d. Facilitates discussion among patients, families and other stakeholders to consider courses of actions and consequences and to reach decisions.
   - e. Help families work through the emotional aspects of ethical dilemmas.

2. **Reflective Practice**
   - a. Uses multiple resources in establishing insightful, reflective evaluation and plan for change.
   - b. Includes individual, professional and societal factors and implications.
   - d. Establishes plan for change.
   - f. Reflects on implications, of personal and professional behaviors towards established standards of the profession.

3. **Self-directed learning**
   - a. Promotes and role models lifelong learning to peers and healthcare team members.
   - b. Adapts and evaluates learning for specific situations; critically reflects on, and incorporates changes needed for similar situations.
   - c. Mentors others in health care applications of technology tools.
resources and expanding practice and research knowledge.

d. Champions integration of proven technological and practice advances into the work of nursing

e. Independently explores more advanced options for technology and application of theory in practice.

4. Leadership
   a. Uses personal characteristics of effective leadership (e.g., confidence, risk-taking, openness, enthusiasm) to inspire team members toward achieving client/agency goals, and diminish resistance among others.
   b. Evaluates performance, explains decisions, solicits suggestions and supports progress.
   c. Provides coaching as well as feedback to increase personnel’s abilities and sense of teamwork
   d. In delegation, releases increasing levels of responsibility and accountability as staff demonstrate proficiency. (AAS Scope of Practice)
   e. Mentors others in delegation. Promotes collaborative teamwork. Empowers others
   f. Identifies a vision and influences others to share the vision. (AAS Scope of Practice)
   g. Demonstrates well-developed change management skills: planning, organizing, implementing and coordinating, monitoring and evaluating, improving quality, and managing fiscal resources
   h. Incorporates attributes of effective leadership and partnership practices into family, community and population interventions

5. Collaboration
   a. Initiates collaboration and seeks consultation with other team members.
   b. Seeks opportunity to work with healthcare team members with different points of view; uses every interaction as an opportunity to build relationships; follows through on commitments.
   c. Gives timely and appropriate feedback to team members focused on behaviors.
<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td><strong>d.</strong></td>
<td>Readily differentiates constructive from non-constructive feedback; analyzes self-evaluation and feedback received, reflects on, then verbalizes how feedback could be valuable and used in future situations</td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td>Provides positive example and facilitates others’ efforts to increase their wellness priorities and behaviors.</td>
</tr>
<tr>
<td><strong>f.</strong></td>
<td>Collaborates effectively with individuals, groups and communities to achieve optimal outcomes</td>
</tr>
<tr>
<td><strong>6. Health Care System</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>Intervenes for improved health management within agency.</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td><em>Lists benefits and costs affecting resource options to meet needs of client or community health care situation.</em></td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>Identifies current barriers and inconsistencies in resource utilization within a health care system.</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>Obtains data for analyzing health care resource problems.</td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td>Works in partnership with community agencies to ensure full spectrum services are delivered.</td>
</tr>
<tr>
<td><strong>7. Relationship Centered Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. Communication</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>Adapts verbal and nonverbal communication styles in complex client situations.</td>
</tr>
<tr>
<td><strong>b.</strong></td>
<td>Provides accurate and complete verbal and written communications incorporating context and complexity of the situation.</td>
</tr>
<tr>
<td><strong>c.</strong></td>
<td>Promotes collaborative interactions within all members of the health care team.</td>
</tr>
<tr>
<td><strong>d.</strong></td>
<td>Uses population based analytic methods to identify population Needs and interventions and communicate them to communities.</td>
</tr>
<tr>
<td><strong>e.</strong></td>
<td>Designs and implements population-based health interventions in collaboration with the communities being served</td>
</tr>
<tr>
<td><strong>f.</strong></td>
<td>Able to appropriately reflect the client’s message without distortion or bias</td>
</tr>
<tr>
<td><strong>9. Clinical Judgment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a.</strong></td>
<td>Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful</td>
</tr>
</tbody>
</table>
information
b. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment
c. Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family
d. Focuses on the most relevant and important data useful for explaining the client’s condition
e. Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client’s data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success
f. Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response
g. Shows mastery of necessary nursing skills
h. Independently evaluates/analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives
i. Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses

10. Evidence-Based Practice
a. Routinely frames relevant search questions and can effectively narrow search to locate a limited number of most relevant sources.
b. Assesses search results to determine whether alternative information retrieval systems should be utilized.
c. Fluidly incorporates current knowledge from other disciplines
d. Evaluates research and other evidence for reliability, validity, accuracy, authority, and point of view or bias, making a judgment about overall quality of evidence.
e. Uses epidemiologic methods to identify populations at risk, assess needs
and evaluate outcomes.

f. Considers results of intervention studies in designing appropriate nursing care.

g. Re-evaluates policies, procedures or standard of practice when evidence supports a change.

<p>| Other | Each student is assessed to determine the course competencies have been satisfactorily achieved. In addition, pre-licensure graduates of the program are eligible to take the NCLEX-RN. |</p>
<table>
<thead>
<tr>
<th>Program Name: <strong>Master of Science/Master in Nursing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Peggy Wros, PhD, RN</td>
</tr>
<tr>
<td>CIP Code: 51.1601</td>
</tr>
<tr>
<td>Student access to information (Website Link to expected learning outcomes):</td>
</tr>
<tr>
<td>Required degree courses published in the SON Catalog/Student Handbook (<a href="http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658">http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658</a>)</td>
</tr>
<tr>
<td>Program length: 2 years</td>
</tr>
<tr>
<td>Authorized Award(s): Master of Science/Master in Nursing</td>
</tr>
</tbody>
</table>

**Degree goals and objectives:**

1. A competent nurse’s personal and professional actions are based on a set of shared core nursing values
3. A competent nurse engages in self-directed learning
4. A competent nurse demonstrates leadership in nursing and healthcare
5. A competent nurse collaborates as part of a health care team
6. A competent nurse practice within, utilizes and contributes to the broader health-care system.
7. A competent nurse practices relationship-centered care.
8. A competent nurse communicates effectively.
9. A competent nurse makes sound clinical judgments
10. A competent nurse uses the best available evidence

**Content covered:**

The Master’s Degree program at the School of Nursing has several specialty areas: Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), Nurse-Midwifery (NM), Nurse Anesthesia (NAP), and two Nursing Education specialties. Students are presented with learning experiences that reflect the integration of theory, Research, and practice in nursing. Within courses, the relative emphasis on each of these elements varies. The program of study reflects a balance of theory, practice and research to ensure that students become clinically expert and are able to utilize research approaches within their practice.

Upon completion of the MS/MN degree, graduates will be able to:

- Demonstrate advanced knowledge and specialized practice in the nursing care of
individuals, families, or communities

- Use the research process to investigate clinical problems and to improve clinical practice
- Advance nursing through leadership in practice and professional activity

### Candidate standards:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of graded credit hours</td>
<td>45</td>
</tr>
<tr>
<td>Minimum standard of performance or acceptable GPA</td>
<td>3.0</td>
</tr>
<tr>
<td>Qualifying and exit examinations</td>
<td>BSN or BS in nursing; GRE Verbal &amp; Quant combined score 1000.</td>
</tr>
</tbody>
</table>

Specialty specific degree requirements & competencies are established in the following specialties with the professional organization responsible for developing competencies indicated.

1. Family Nurse Practitioner (National Organization of Nurse Practitioner Faculties)
2. Psychiatric/Mental Health Nurse Practitioner (National Organization of Nurse Practitioner Faculties)
3. Nurse-Midwifery (American College of Nurse-Midwives)
4. Nurse Anesthesia (Council on Accreditation of the American Association of Nurse Anesthetists)

### Proficiency requirements

- Thesis, dissertation, writing or research requirement  
  MS requires thesis
- Internship, clinical practices, other similar

### Expected learning outcomes (measurable):

- Intellectual skills  
  Critical thinking, clinical decision-making
- Methods of inquiry  
  Quantitative, Qualitative, Epidemiological, with particular attention paid to statistical significance and clinically meaningful outcomes
- Creative capabilities  
  Contextually-based care, problem solving
- Specific career-related skills, competences, knowledge, proficiency requirements  
  The overall implicit aim of the undergraduate program is provide a variety of learning opportunities to prepare graduates as generalist in nursing practice that are prepared to delivery care in a variety of settings. The Undergraduate Program competencies reflect a graduate’s ability to adapt practice to a variety of settings in caring for individuals, families, and populations across the lifespan. The
competencies are based on a view of nursing as a theory-guided, evidenced-based discipline. The competencies also recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly there are two categories of competencies, professional competencies, and nursing care competencies.

**Professional competencies**—define the values, attitudes and practices that competent nurses embody and may share with members of other professions; **nursing care competencies**—define relationship capabilities that nurses need to work with clients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. In all cases, the client is defined as the recipient of care, is considered active participant in care, and includes the individual, family or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping client (individuals, families or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

The global implicit outcome of the graduate nursing program is to afford students educational opportunities that prepare them to practice in a variety of clinical settings as advanced practice nursing specialist. The Graduate Program objectives reflect a graduate’s ability to balance of theory, practice and research to ensure that they become clinically expert practitioners and are able to utilize research approaches within their practice. The Graduate Programs are guided by well described terminal outcomes. Upon completion of the MS/MN degree, graduates will be able to:

- Demonstrate advanced knowledge and specialized practice in the nursing care of individuals, families or communities;
- Use the research process to investigate clinical problems and to improve clinical practice, and;
- Advance nursing through leadership in practice and professional activity.

In addition to the MS/MN degree programs terminal objectives, each advanced practice nursing specialty has specialty specific terminal objectives or competencies. The Psychiatric and Family Nurse Practitioner Program have terminal program
competencies, whereas the Nurse Midwifery and the Nurse Anesthesia Programs have terminal program objectives. The following is a list of each of the respective programs terminal outcomes.

The Psychiatric Nurse Practitioner Program:
Students will possess the capacity for:

1. the development of therapeutic relationships as a basis for assessment and provision of evidence based interventions to individuals across the life span;
2. conducting psychiatric evaluations and diagnoses of mental health problems and psychiatric disorders;
3. development of a comprehensive diagnostic formulation of family systems and their functioning;
4. utilizing evidence-based therapeutic models in intervening with individuals across the life span;
5. provision of psychopharmacological interventions to treat symptoms of individuals across the life span;
6. documenting and communicating psychiatric evaluation, intervention, and follow up data;
7. demonstrating professional accountability through collaborative communication and education within and between disciplines;
8. implementing ethical strategies in the provision of mental health care;

The Family Nurse Practitioner Program Competencies:
1. Demonstrate critical thinking with diagnostic, management, and reasoning skills in the process of clinical decision-making within the scope of FNP practice
2. Demonstrate professional behaviors in oral and written forms, and establish collaborative relationships
3. Assess and intervene to promote wellness and prevent disease
4. Integrate contextual variables in assessment and provision of care

The Nurse Midwifery Program Objectives:
1. Provide midwifery care to women that is scientifically based, family inclusive and focused on the promotion of health.
2. Collaborate with other members of the health team in the provision of midwifery care to women and their families.
3. Analyze the political, economic, cultural, and social forces that influence the health of women.
4. Examine and evaluate health care systems and develop strategies to facilitate acceptance of midwifery and its philosophy of care.
5. Identify research questions specific to midwifery practice.

The Nurse Anesthesia Program Objectives:
1. Demonstrate safe patient care throughout the perianesthetic period.
2. Provide individualized, safe, culturally sensitive perianesthetic management for patient’s across the life span.
3. Apply critical thinking skills during the perianesthetic period to ensure safe and effective patient care.
4. Utilize effective communication skills in the provision of collaborative perianesthesia care to patients across the life span.
5. Integrate professional leadership skills in the delivery of perianesthetic care to patients across the life span.

The Advanced Practice Graduate Nursing Programs when compared to the Undergraduate Programs in Nursing educate Graduate Advanced Practice Nursing Students to deliver patient care with a higher degree of autonomy and responsibility.

Other

The Advanced Practice Graduate Nursing Programs when compared to the Undergraduate Programs in Nursing educate Graduate Advanced Practice Nursing Students to deliver patient care with a higher degree of autonomy and responsibility.
<table>
<thead>
<tr>
<th>Program Name: <strong>Master in Nursing Education with Emphasis in Gerontological or Community Health Nursing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Peggy Wros, PhD, RN</td>
</tr>
<tr>
<td>CIP Code: 51.1699</td>
</tr>
<tr>
<td>Student access to information (Website Link to expected learning outcomes):</td>
</tr>
<tr>
<td>Program length: 2 years</td>
</tr>
<tr>
<td>Authorized Award(s): Master in Nursing</td>
</tr>
<tr>
<td>Degree goals and objectives:</td>
</tr>
<tr>
<td>Upon completion of the MS or MN degree, graduates will be able to:</td>
</tr>
<tr>
<td>• Demonstrate advanced knowledge and specialized practice in the nursing care of individuals, families or communities</td>
</tr>
<tr>
<td>• Use the research process to investigate clinical or education problems leading to improved clinical or educational practice, and;</td>
</tr>
<tr>
<td>• Advance nursing through leadership in practice and professional activity</td>
</tr>
<tr>
<td>Content covered:</td>
</tr>
<tr>
<td>This program is designed for the bachelors prepared nurses who are interested in pursuing a teaching career in nursing, either as a faculty member in a school of nursing or in staff development positions. Students will study curriculum and instructional design, methods of assessing student competency, clinical teaching approaches, and new technologies in nursing education, such as simulation. Students in this program focus their clinical area for advanced study in Gerontological Nursing.</td>
</tr>
<tr>
<td>Candidate standards:</td>
</tr>
<tr>
<td>- Number of graded credit hours 49 MN/52-55 MS</td>
</tr>
<tr>
<td>- Minimum standard of performance or acceptable GPA 3.0</td>
</tr>
<tr>
<td>- Qualifying and exit examinations BSN or BS in nursing; nursing license, GRE Verbal &amp; Quant Combined score 1000.</td>
</tr>
<tr>
<td>- Proficiency requirements</td>
</tr>
<tr>
<td>- Thesis, dissertation, writing or research requirement Masters research or Clinical Improvement Project required for MS</td>
</tr>
<tr>
<td>- Internship, clinical practices, other similar</td>
</tr>
<tr>
<td>Expected learning outcomes (measurable):</td>
</tr>
<tr>
<td>- Intellectual skills Critical evaluation of nursing and nursing education literature, clinical judgment, critical thinking</td>
</tr>
<tr>
<td>- Methods of inquiry Literature synthesis, scholarship of teaching, translating research to practice</td>
</tr>
<tr>
<td>Creative capabilities</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
</tr>
</tbody>
</table>
Program Name: **Master of Public Health**
Program/Department Chair: Peggy Wros, PhD, RN
CIP Code: 51.2201

**Student access to information (Website Link to expected learning outcomes):**
Required degree courses published in the SON Catalog/Student Handbook
(http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&PageID=479658)

**Program length:** 2 years

**Authorized Award(s):** Master of Public Health

<table>
<thead>
<tr>
<th>Degree goals and objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon completion of the MPH degree, all students will demonstrate knowledge and skills related to public health practice that include:</td>
</tr>
<tr>
<td>- Applying evidence-based knowledge of health determinants to public health issues.</td>
</tr>
<tr>
<td>- Selecting and employing appropriate methods for design, analysis, and synthesis to address population-based health problems.</td>
</tr>
<tr>
<td>- Integrating understanding of the interrelationship among the organization, delivery, and financing of health-related services.</td>
</tr>
<tr>
<td>- Communicating public health principles and concepts through various strategies across multiple sectors of the community.</td>
</tr>
<tr>
<td>- Employing ethical principles and behaviors.</td>
</tr>
<tr>
<td>- Enacting cultural competence and promoting diversity in public health research and practice.</td>
</tr>
<tr>
<td>- Applying public health knowledge and skills in practical settings.</td>
</tr>
</tbody>
</table>

The following PHCHD track competencies build upon the overall MPH program competencies and further define the skills we expect students to achieve:

- Develop and manage interventions to promote and protect the health of populations at risk.
- Assess the health status of vulnerable populations.
- Lead and participate in interdisciplinary efforts to address health disparities.
- Lead individual actions or collaborate with (community) partners to create, maintain, and modify health promotion and risk reduction programs.
- Conduct, participate in, and apply research with vulnerable populations.
- Enact cultural competence.
- Communicate policy options.
- Act ethically and make apparent the effect of ethical issues on the practice of public health.
- Design and implement strategies to promote primary health care as a philosophy of care and an approach to providing community based services.

Content covered:
The Master of Public Health: Primary Health Care and Health Disparities track prepares public health professionals to assume clinical leadership roles in a variety of settings, including community health centers and health maintenance organizations, community agencies and health departments, and official and voluntary health agencies and organizations. Graduates are able to ensure the quality of implemented clinical and community care activities, act as a resource for the development of innovative and expanded responses in clinical and community care, coordinate care with regional and county offices, interface with all services involved with the care of patients, and provide counseling and education for families and patients receiving care. Students in the PHCHD program will identify and explore the socio-cultural, economic, psychosocial, political and organizational influences on the health care of populations and design and implement interventions that address identified health disparities.

Candidate standards:
- Number of graded credit hours 58
- Minimum standard of performance or acceptable GPA 3.0
- Qualifying and exit examinations Bachelors degree in any field; Verbal & Quant combined score 1000. MCAT & GMAT acceptable.
- Proficiency requirements
- Thesis, dissertation, writing or research requirement
- Internship, clinical practices, other similar

Expected learning outcomes (measurable):
- Intellectual skills
- Methods of inquiry Students take core course in biostatistics, epidemiology, environmental health, and the behavioral sciences. In addition, they learn about qualitative methods related to doing community based participatory research with populations experiencing health disparities.
- Creative capabilities

See program and track competencies above
| Specific career-related skills, competences, knowledge, proficiency requirements | The graduate internship is considered the culminating experience for the MPH. Students in all OMPH tracks must complete an internship otherwise known as a field experience. Primary Health Care and Health Disparities Track (PHCHD) requires a 200 hour field experience and reflective paper as a culminating activity for all students. This is an opportunity to demonstrate mastery of skills acquired during the program. As such, PHCHD track field experience minimum standards require that students demonstrate mastery of all track competencies during the field experience.

The master of public health degree content is progressively more advanced in academic content than a public health undergraduate program. This is documented by our Council on Public Health Education certification. |
<p>| Other | The students are required to complete a 200 hour internship in public health that helps them apply the program learning competencies. We also encourage participation and membership in the American Public Health Association and Oregon affiliate organizations to help students master the transition to working as a public health professional. Each student also has an individual academic advisor assigned whose job it is to guide the student in their professional development |</p>
<table>
<thead>
<tr>
<th>Program Name: <strong>Postmaster Certificate in Advanced Practice Gerontological Nursing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program/Department Chair:</strong> Peggy Wros, PhD, RN</td>
</tr>
<tr>
<td><strong>CIP Code:</strong> 51.1608</td>
</tr>
<tr>
<td><strong>Student access to information (Website Link to expected learning outcomes):</strong> Required degree courses published in the SON Catalog/Student Handbook (<a href="http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658">http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658</a>)</td>
</tr>
<tr>
<td><strong>Program length:</strong> 1 year</td>
</tr>
<tr>
<td><strong>Authorized Award(s):</strong> Post-Masters Certificate</td>
</tr>
<tr>
<td><strong>Degree goals and objectives:</strong> To be able to recognize and have respect for:</td>
</tr>
<tr>
<td>- The right of older adults to make their own decisions regarding their preferences for health care.</td>
</tr>
<tr>
<td>- Promotion of “Healthy Aging” as defined by the client.</td>
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<tr>
<td>- The holistic nature of care that includes physical, mental, emotional, social and cultural issues of aging.</td>
</tr>
<tr>
<td>- The importance of establishing collaborative relationships with the elder, the family, caregivers, and health care professionals from other disciplines in order to ensure the best possible outcomes.</td>
</tr>
<tr>
<td>- The importance of promoting communication, coordination, and collaboration among health care providers within the health care system in order to promote access and optimal care of older adults across settings.</td>
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<tr>
<td>- The social, economic, political, and cultural context of clients as critical factors to consider in making decisions regarding health care.</td>
</tr>
<tr>
<td><strong>Content covered:</strong> See Degree goals and objectives above</td>
</tr>
<tr>
<td><strong>Candidate standards:</strong></td>
</tr>
<tr>
<td>- Number of graded credit hours</td>
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<tr>
<td>- Minimum standard of performance or acceptable GPA</td>
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<td>- Qualifying and exit examinations</td>
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<tr>
<td>Proficiency requirements</td>
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<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Thesis, dissertation, writing or research requirement</td>
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<tr>
<td>Internship, clinical practices, other similar</td>
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</tbody>
</table>

**Expected learning outcomes (measurable):**

| Intellectual skills | Critical thinking, problem solving, synthesizing literature. |
| Methods of inquiry | Translating research to practice; theory analysis. |
| Creative capabilities | Critical thinking, problem solving, synthesizing literature. |

**Specific career-related skills, competences, knowledge, proficiency requirements**

Graduates of this certificate program will be prepared to function in a variety of roles with a diverse clientele of older adults, their families and caregivers within a variety of settings in the health care system. Unique to this certificate program will be an emphasis on health issues of vulnerable older adults and a particular focus on rural health and aging.

Course outcomes are derived from program objectives. Each student is assessed to determine the course objectives have been satisfactorily achieved. In addition, graduates of the program are encouraged to seek national certification in gerontological nursing through the American Nurses Credentialing Center.

**Other**

Program objectives are based on competencies for advanced practice gerontological nurses (NP & CNS). Advances knowledge, building on undergraduate program, preparing graduate for advanced practice role.
<table>
<thead>
<tr>
<th>Program Name: <strong>Postmaster Certificate in Advanced Practice Gerontological Nursing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Peggy Wros, PhD, RN</td>
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<tr>
<td>Student access to information (Website Link to expected learning outcomes):</td>
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<tr>
<td>Program length: 1 year</td>
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<tr>
<td>Degree goals and objectives:</td>
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<td>Expected learning outcomes (measurable):</td>
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<tr>
<td>Category</td>
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<tr>
<td>Intellectual skills</td>
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<tr>
<td>Methods of inquiry</td>
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<tr>
<td>Creative capabilities</td>
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<tr>
<td>Specific career-related skills, competences, knowledge, proficiency requirements</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Program Name:</strong> Doctor of Nursing Practice</td>
</tr>
<tr>
<td><strong>Program/Department Chair:</strong> Peggy Wros, PhD, RN</td>
</tr>
<tr>
<td><strong>CIP Code:</strong> 51.1699</td>
</tr>
<tr>
<td><strong>Student access to information (Website Link to expected learning outcomes):</strong> Required degree courses published in the SON Catalog/Student Handbook (<a href="http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658">http://www.ohsu.edu/xd/education/loader.cfm?csModule=security/getfile&amp;PageID=479658</a>)</td>
</tr>
<tr>
<td><strong>Program length:</strong> 3 years</td>
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<tr>
<td><strong>Authorized Award(s):</strong> Doctor of Nursing Practice</td>
</tr>
<tr>
<td><strong>Degree goals and objectives:</strong> There are three DNP program competencies, based on the AACN (2006) Essentials of Doctoral Education for Advanced Nursing Practice: 1) Practice within an advanced practice nursing specialty in a professional, evidence-based, skilled and ethical manner; 2) Influence health and health outcomes of individuals, groups, and populations through clinical inquiry; 3) Influence health policy and systems of health care in the local, regional, state, national and international forums.</td>
</tr>
<tr>
<td><strong>Content covered:</strong> The OHSU School of Nursing Doctor of Nursing Practice program is a practice-based doctoral degree program that prepares nurses to be leaders in innovative practice. Graduates will have the skills to translate, disseminate, and integrate clinical knowledge that will transform the quality of health care. DNP graduates may also seek roles as nurse educators. The OHSU DNP Program focuses on preparing advanced practice nurses, including nurse practitioners, clinical nurse specialists, nurse- midwives and nurse anesthetists, who will practice at the most advanced level of nursing. The coursework within the DNP program is characterized by a contextual and systematic analysis of clinical phenomena with the intention of optimizing health outcomes. Students will apply scientific methods to conduct clinical inquiry and translate research evidence into practice. Students will engage at all levels of health care delivery, from individuals and populations to the systems in which health care is embedded.</td>
</tr>
<tr>
<td><strong>Candidate standards:</strong></td>
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<tr>
<td>- Number of graded credit hours</td>
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<tr>
<td>- Minimum standard of performance or acceptable GPA</td>
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<tr>
<td>- Qualifying and exit examinations</td>
</tr>
<tr>
<td>- Proficiency requirements</td>
</tr>
<tr>
<td>- Thesis, dissertation, writing or research requirement</td>
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<tr>
<td>Internship, clinical practices, other similar</td>
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<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Expected learning outcomes (measurable):</strong></td>
</tr>
<tr>
<td>– Intellectual skills</td>
</tr>
<tr>
<td>– Methods of inquiry</td>
</tr>
<tr>
<td>– Creative capabilities</td>
</tr>
<tr>
<td>– Specific career-related skills, competences, knowledge, proficiency requirements</td>
</tr>
</tbody>
</table>


<p>| - Other | The Doctor of Nursing Practice program builds upon advanced practice nursing competencies for those students with a master degree. The DNP also has a curriculum designed for students incoming with a bachelor level degree. |</p>
<table>
<thead>
<tr>
<th>Program Name: <strong>Doctor of Philosophy in Nursing</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Department Chair: Peggy Wros, PhD, RN</td>
<td></td>
</tr>
<tr>
<td>CIP Code: 51.1601</td>
<td></td>
</tr>
<tr>
<td>Program length: 7 years</td>
<td></td>
</tr>
<tr>
<td>Authorized Award(s): Doctor of Philosophy</td>
<td></td>
</tr>
</tbody>
</table>
| Degree goals and objectives: | • Conduct research that generates, tests, refines, or extends practice relevant theory and knowledge for nursing;  
• Critically evaluate and synthesize research findings for building nursing knowledge and sue that knowledge for research, practice, advocacy, or policy development; and  
• Promote continued advancement of the discipline of nursing through leadership, research, and practice; and  
• Collaborate with other disciplines in health-related research that is responsible to the needs and concerns of society. |
| Content covered: | The PhD program at the OHSU School of Nursing is a research focused doctoral program that prepares graduates for a career teaching future generations of nursing and conducting research that contributes to the body of knowledge for nursing practice. Students will work closely with a faculty advisor and will have the opportunity to participate in a research practicum designed to develop their dissertation research. As part of the PhD program, students will be trained in the rigors of conducting nursing research that generates, tests, refines, or extends practice-relevant theory and knowledge. |
| Candidate standards: | |
| - Number of graded credit hours | 90 |
| - Minimum standard of performance or acceptable GPA | 3.0 |
| - Qualifying and exit examinations | GRE verbal and Quant combined score of 1000 |
| - Proficiency requirements | |
| - Thesis, dissertation, writing or research requirement | Dissertation |
| - Internship, clinical practices, other similar | |
| Expected learning outcomes (measurable): | |
| - Intellectual skills | Integration and synthesis of knowledge-development processes and research methodology. |
| - Methods of inquiry | Theoretical and philosophical analysis, literature critique and synthesis, descriptive and experimental design in qualitative and quantitative research, translation of nursing research into practice. |
| - Creative capabilities | Integration and synthesis of knowledge-development processes and research methodology. |
| - Specific career-related skills, competences, knowledge, proficiency requirements | Provide the tools necessary for the development of an independent program of research. Compete successfully for grant funding to support research goals. To prepare data based manuscripts. To present research findings at local and national conferences. |

**Educational Program Planning & Assessment:**
- **First Year Evaluation**: addresses the strengths of and concerns for the student’s progress identified by faculty during the first year course work.
- **Comprehensive Examination**: tests the student’s integration and synthesis of knowledge-development processes and research methodology; assesses the student’s readiness to proceed with developing the dissertation proposal; taken after the completion of the core courses (37 credits).
- **Oral Candidacy Exam**: ascertains the student’s readiness to proceed to dissertation research by evaluating the breadth and depth of the student’s knowledge in the fields related to his/her research interest; the student also presents and defends the dissertation proposal; students may take this exam at the completion of all course work.
- **Oral Dissertation Defense**: a rigorous public defense of the outcomes of the student’s dissertation research.

| - Other | Focus is research and therefore is different from undergraduate programs. The graduate program builds on the masters program, extending competencies in synthesis of literature in nursing education, and preparation for an advanced role as teacher. |
Student Learning Outcomes
Master’s Degrees in the Basic Sciences
School of Medicine

The award of a Master’s degree indicates a student has completed a program of study that enables the individual to show through a variety of assessment procedures:

a) Knowledge and comprehension that is founded upon, extends and enhances that associated with the baccalaureate level and is at the forefront of a field of learning

b) A critical awareness of current problems and new insights, new tools and new processes within their field of learning, or the development of professional skills

c) They can apply their knowledge and comprehension, their critical awareness and problem solving abilities, within the context of research, or in the development of professional skills, in broader or multidisciplinary areas related to their fields of study

d) They have the ability to integrate knowledge and handle complexity, to formulate judgments with incomplete or limited information, either individually or in groups, which includes (where relevant) reflecting on social and ethical responsibilities linked to the application of their knowledge and judgments

e) They can lead or initiate activity, and take responsibility for the intellectual activities of individuals or groups

f) They can communicate their conclusions, and knowledge, rationale and processes underpinning these, to specialist and non-specialist audiences clearly and unambiguously

g) They possess the learning skills to allow them to continue to study in a manner that may be largely self-directed or autonomous.
A research doctorate, or PhD., indicates a student has completed a program of study and a dissertation and are able to demonstrate, through a variety of assessment procedures:

a) A systematic comprehension of a field of study and mastery of the skills and methods of research associated with that field

b) They have the ability to conceive, design, implement and adapt a substantial process of research with scholarly integrity, rigor and discrimination, which may involve the development of new skills, techniques, tools or materials

c) They are capable of critical analysis, evaluation and synthesis of new and complex ideas

d) They have made a significant contribution through original research which extends the frontiers of knowledge by developing a body of work, some of which merits publication in national or international refereed publications

e) They can communicate with their peers, the larger scholarly community and with society in general about their areas of expertise in a sustained and exact manner

f) They can be expected to be able to promote, with due regard to ethical considerations, within academic contexts, scientific, technological, social or cultural advancement.
Appendix B.2.3. School of Medicine Graduate Council By-Laws

BY-LAWS OF THE

GRADUATE COUNCIL

THE OREGON HEALTH & SCIENCE UNIVERSITY
SCHOOL OF MEDICINE

as approved by the Faculty Council of the School of Medicine OHSU, March 1983
with amendments adopted in December 2005
revised by the Graduate Council School of Medicine (June 2009) and approved by
Faculty Council School of Medicine OHSU, 3 September 2009
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GRADUATE COUNCIL BY-LAWS

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<td>FUNCTIONS OF THE GRADUATE COUNCIL</td>
<td>105</td>
</tr>
<tr>
<td>Article II</td>
<td>COMPOSITION OF THE GRADUATE COUNCIL</td>
<td>105</td>
</tr>
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BY-LAWS OF THE GRADUATE COUNCIL
SCHOOL OF MEDICINE
OREGON HEALTH & SCIENCE UNIVERSITY

ARTICLE I
FUNCTIONS OF THE GRADUATE COUNCIL

Section A  The Graduate Council of the School of Medicine of the Oregon Health & Science University (OHSU) shall advise the Dean of the School of Medicine on all matters pertaining to education of graduate students toward the Master's and Doctor of Philosophy degrees within the School of Medicine. This advice shall include: standards for admission to a graduate program, graduate curricula, progress towards a degree, admission to candidacy, thesis/dissertation preparation and defense, and requirements for graduation.

Section B  The Graduate Council shall be responsible for the standards listed under Article I, Section A, as applied to the graduate portion of combined degrees such as the M.D./Ph.D., M.D./M.P.H. or M.D./M.S. programs.

Section C  The Graduate Council shall be responsible for providing the Dean of the School of Medicine the list of the candidates proposed for the Master’s and Ph.D. degrees at the next commencement exercises.

Section D  The Graduate Council shall be responsible for advising the Dean on appointments to the Graduate Faculty. The Associate Dean for Graduate Studies shall maintain a list of Graduate Faculty and their departmental affiliations.

Section E  The Graduate Council shall have the authority to appoint committees from the Graduate Faculty for matters concerning graduate education. The appointment of committee members shall be done in consultation with the chairs of their departments.

Section F  The Graduate Council shall be responsible for administration of conjoint graduate courses within the School of Medicine. The Associate Dean for Graduate Studies with the approval of the Graduate Council shall appoint course directors for the conjoint courses.

Section G  The Graduate Council shall be responsible for establishing the stipend policy for graduate students within the School of Medicine.

ARTICLE II
COMPOSITION OF THE GRADUATE COUNCIL

Section A  Definitions. The word “Program” shall refer to a department, interdepartmental committee or other School of Medicine administrative unit that has received approval from the Faculty Council and has been accredited to offer an educational program leading to the Master’s or Ph.D. degree. A Program with a single administrative structure that oversees training for more than one degree (e.g., Master’s and Ph.D.) shall be considered to be one program. “Program Director” shall refer to the department chair, chair of the interdepartmental
committee, or director of the administrative unit responsible for overseeing the Program. Responsibility for representing the program may be delegated to a member of the program faculty when deemed appropriate by the Program Director.

Section B Members. The Graduate Council shall be composed of one member from each graduate Program, selected by the Program Director, subject to the approval of the Dean of the School of Medicine. Two graduate students selected by the Graduate Student Organization of the School of Medicine shall also be members of the Graduate Council. Each member of the Graduate Council shall have one vote.

Section C Officers. The Graduate Council will be chaired by the Associate Dean for Graduate Studies of the School of Medicine.

ARTICLE III
MEETINGS AND QUORUM

Section A Regular Meetings. The Graduate Council shall hold regular monthly meetings during the Fall, Winter and Spring terms.

Section B Special Meetings. Special meetings of the Graduate Council may be called by the Associate Dean for Graduate Studies or whenever three or more members request in writing that the Associate Dean convene a meeting. The agenda of special meetings shall be provided in advance to all Council members by the Associate Dean for Graduate Studies.

Section C Quorum. Two-thirds of the Graduate Council's members shall constitute a quorum at all Council meetings.

ARTICLE IV
THE GRADUATE FACULTY

Section A Eligibility for Graduate Faculty Membership. Any OHSU faculty member or faculty-level scientist, who possesses a M.S., M.P.H., Ph.D., D.Sc., M.D., D.V.M., or equivalent degree, who demonstrates evidence of scholarly activity, and who is a member of an approved academic graduate degree program within the School of Medicine shall be eligible for membership on the Graduate Faculty.

Faculty with affiliate appointments at OHSU, are eligible for Affiliate Graduate Faculty Membership. These faculty will have the same privileges and responsibilities as Graduate Faculty, but their activities shall be limited to activities with the graduate program that sponsored them and their term shall be limited to 3 years (though it can be renewed at the program’s request).

Section B Privileges and Responsibilities of all Graduate Faculty Members. Graduate Faculty shall teach in graduate level courses, serve on oral thesis or dissertation examination committees and on advancement to candidacy examination committees, will interact with graduate students in seminars and conferences, and serve on other committees concerning graduate education. The mentor or advisor of a graduate student shall guide the student on matters concerning his
or her thesis or dissertation. This will be done in consultation with an advisory committee of members of the graduate Program’s faculty and other experts.

**Section C**  
**Appointment to the Graduate Faculty and Affiliate Graduate Faculty.** The appointment of a scientist to the Graduate Faculty shall originate from the Director of an approved graduate program. The Program Director may nominate scientists with appointments in the Program by submitting a letter and the nominee’s curriculum vitae to the Associate Dean for Graduate Studies. Nominations must also have the written approval of the director of the faculty member’s primary administrative unit (i.e., the OHSU or School of Medicine unit with primary responsibility for administering salary) when appropriate. Confirmation of the nomination to the Graduate Faculty will occur by a majority vote of Graduate Council who will recommend appointment by the Dean of the School of Medicine.

**Section D**  
**Graduate Student Mentors and Advisors and Their Appointments**

1. **Responsibilities of Graduate Student Mentors and Advisors.** The mentor or advisor of a graduate student shall advise and guide the student on matters concerning his or her graduate studies program. This may be done in consultation with an advisory committee of members of the Graduate Faculty and other experts. If the student’s graduate studies program requires a Master’s thesis or doctoral dissertation, the mentor shall also be responsible for directing the student’s thesis or dissertation research. Some programs require that the mentor provide support for the student and the thesis or dissertation research.

2. **Guidelines for Appointment as Graduate Student Mentors or Advisors.** The determination of whether a faculty member should serve as a student's mentor or advisor is the decision of the student's graduate studies program Director and should be made according to the following guidelines.

   a. The mentor or advisor must be a member of the Graduate Faculty of OHSU and hold an equal or higher degree than the student’s proposed degree.

   b. The mentor or advisor must be capable and willing to accept responsibility for advising and guiding graduate students in academic matters.

   c. The mentor or advisor must demonstrate active research scholarship within his or her discipline through peer-reviewed presentations and publications.

   d. When a thesis or dissertation is required by the student’s program, the mentor must be capable and willing to accept responsibility for directing the student’s thesis or dissertation research.

   e. When required by the student’s program, the mentor or advisor, with the support of their program or departments, must assume responsibility for supporting the student and the thesis or dissertation research.
3. **Research and Thesis/Dissertation Credits.** Instructors for Research (501/601) and Thesis/Dissertation (503/603) credits must be members of the Graduate Faculty who have been approved to serve as mentors or advisors by the student's graduate program.

Section E **Duration of Graduate Faculty Membership.** Appointment to the Graduate Faculty, once approved, will continue unless specifically revoked by the Program Director, the director of the faculty member's primary administrative unit, or the Dean of the School of Medicine. It is the responsibility of the Office of the Associate Dean for Graduate Studies to maintain a current list of Graduate Faculty and to update this list by conducting a yearly survey of the graduate programs. Affiliate Graduate Faculty will be appointed for renewable, 3 year terms.

Section F **Status of Emeritus and Other Retired Graduate Faculty Including Those Whose Time is Reduced to 0.28 FTE or Less.** Emeritus faculty and other retired faculty including those whose time is reduced to 0.28 FTE or less shall retain their appointment on the Graduate Faculty unless this appointment is terminated by the Program Director or the director of the faculty member’s primary administrative unit. These faculty shall be allowed to serve on graduate student advisory and final examination committees but may no longer serve as mentors for graduate students unless specifically approved by the Graduate Council.

**ARTICLE V**

**APPROVAL OF NEW GRADUATE PROGRAMS**

Section A **Definition of "New Graduate Program".** A program leading to the Doctor of Philosophy and/or Master of Science degree or equivalent degree in a discipline not previously approved by the Oregon University System, or to the Doctor of Philosophy where only the Master of Science degree had been previously approved, or to the Master of Science degree where only the Doctor of Philosophy degree had been previously approved, shall be considered as a new graduate program for which the submission of a proposal for approval by the Oregon University System is required.

Section B **Proposals for New Graduate Programs.** A written proposal describing in detail the program, including:

a. The Program objectives, competencies, and justification including the need for a new program.

b. Degrees to be offered

c. Proposed curriculum with course descriptions, their competencies and objectives, credit hours, frequency of offering of each course, and statement of assurance that course is not duplicating any course currently offered. The mechanism for evaluating each course.

d. Mechanism for evaluating the program as a whole.

e. A list of proposed faculty, accompanied by the required documentation for appointment to the Graduate Faculty for faculty who do not hold such an appointment.

f. The administrative structure, and financing of the program.
Section C  Submission of New Graduate Program Proposals. Proposals for new graduate programs must be submitted to the Graduate Council by:

1. The Program Director responsible for the proposed program. The proposal must be signed and dated by the Director of the involved OHSU administrative unit.

OR

2. An Interdepartmental committee of the Graduate Faculty, in which case the proposal must be signed and dated by the committee members and the directors or chairs of the involved OHSU administrative units.

Section D  After initial consideration by the Graduate Council, the proposal shall be forwarded to the Dean of the School of Medicine with a recommendation. The Dean may then take appropriate action for its approval by the Oregon University System.

Section E  Appointment of the Director of an Interdepartmental Program. The Director of an interdepartmental program shall be appointed by the Dean of the School of Medicine upon the recommendation of the program and the Associate Dean for Graduate Studies.

ARTICLE VI
CURRICULUM CHANGES OF EXISTING GRADUATE PROGRAMS

Section A  The specific course requirements for a specific degree are the responsibility of each graduate Program. However, changes of the customary frequency of offering of courses should be done in consultation with Graduate Council to avoid disruption of other graduate programs.

Section B  Curriculum changes involving addition of new courses, deletion of courses, course numbers, and changes of > than one credit in credit hours of courses, must be submitted to the Graduate Council, for review and recommendation for final approval by the Associate Dean. New course proposals should be submitted with a syllabus that includes: the course title, objective, course number, term, number of credit hours, frequency of offering, course director(s), course description, method for evaluating the course, anticipated impact on other programs, and competencies that students will have acquired by the conclusion of the course. The Associate Dean for Graduate Studies will notify the Registrar of new courses that have been approved by the Graduate Council.

Minor changes in the description of previously approved courses (including, but not limited to, course titles, change in credit hours of one hour or less, change in course director, or change in class size) may be made without resubmission for approval. The Graduate Council must approve significant changes in the content of a previously approved course. All minor and major changes must be documented in the biannual review and report to Graduate Council.

Proposed changes in Journal Club (course number 506/606) and Seminar (course number 507/607) courses may be approved by the Associate Dean for Graduate Studies. It is generally expected that the specific topics
covered in these courses will vary from term to term. If the content of a 506/606 or 507/607 course remains the same for more than two terms, the program must request Graduate Council approval of the course under a unique course title and number.

Section C

The Graduate Council shall conduct a review of each graduate program every 5 years.

ARTICLE VII
STANDARDS AND PROCESS FOR ADMISSION OF APPLICANTS TO THE GRADUATE STUDIES PROGRAM

Section A

Admission Standards. It is the prerogative of each approved graduate studies program to determine the standards for admission to its program. The minimum requirements may be raised, but not lowered. Additional specific requirements for admission may be added. For admission to a graduate program the applicant must meet the following requirements:

1. A baccalaureate or equivalent degree from a recognized academic institution (accredited U.S., or equivalent foreign institution);

2. Thorough training and background in the quantitative sciences including the specific courses required by the Program to which the applicant wishes to be admitted;

3. A cumulative grade-point average of all undergraduate courses of at least 3.0 (based on a letter grade system of A-4 points, B-3 points, C-2 points, D-1 point, F-0 points), or its equivalent in other grading systems.

4. All applicants must take the general test portion of the Graduate Record Examination (GRE); the exception being applicants to the MBA (Division of Management) and Physician Assistant programs. Programs may choose to waive this requirement for applicants with advanced degrees. A Program may decide to accept the Medical College Aptitude Test as a substitute for the GRE. Verbal, Quantitative and Analytical Writing GRE scores of 500, 600 and 4.5 or above, respectively, will generally be considered acceptable for admission. Programs may recommend admission of an applicant with one or more scores below these standards on a provisional status (see Section C). However, Programs that recommend admission with regular status for an applicant with one or more scores below these standards must also submit a written justification explaining how other aspects of the application outweigh the low GRE score(s). Recommendations with justifications deemed satisfactory by the Associate Dean for Graduate Studies will be approved if all other criteria for admission are met. In cases where the Associate Dean has concerns, the recommendation will be referred to Graduate Council for approval.

5. All foreign applicants for whom English is not a native language must take the test for English as a foreign language (TOEFL). Programs may petition the Associate Dean for Graduate Studies to waive this requirement for applicants who have completed an undergraduate or
graduate degree at an accredited college or university in the United States. A waiver may also be requested in cases where there is strong evidence that the applicant is fluent in reading and writing English. The Associate Dean for Graduate Studies will approve petitions with satisfactory supporting documentation. However, in cases where the Associate Dean has concerns, the petition will be referred to the Graduate Council for approval.

Section B Exceptions. Applicants who do not meet certain of the requirements listed under Article VI, Section A, may be admitted in special circumstances only when considerations of: differences in background, culture and language; marked improvement of academic performance in later years of study; various experiences, accomplishments and letters of recommendation, indicate a strong potential of the applicant to succeed in graduate studies. In these cases, a letter explaining the reasons for admitting the applicant must be sent to the Associate Dean for Graduate Studies by the Director of the program to which admission of the applicant is requested. The program’s representative to the Graduate Council shall present the reasons for the decision at a subsequent meeting of the Graduate Council, and action shall be taken on the admission of the applicant by majority vote.

Section C Admission Status. The decision to recommend admission of a student in a Regular, Provisional, or Non-Degree status is the prerogative of the admitting graduate studies program and requires evidence of the applicant's ability for satisfactory graduate work, as well as commitment and potential in the applicant's field of choice. The number of available positions for graduate students in the program may be decisive factors in the decision to admit the applicant or not. Applicants may be admitted to graduate studies programs under the following categories:

1. **Regular Graduate Student.** This category of students has been granted full graduate status to work toward an advanced degree.

2. **Provisional Graduate Students.** Admission on a provisional status may be offered to two types of applicants.

   a. Applicants whose records indicate a good potential for success as graduate students, but contain inconsistencies justifying a trial period before full graduate status is granted. Transfer of these students from provisional to full graduate status may be granted by the Graduate Council at the end of the first academic year of study, on the basis of satisfactory academic performance, and upon recommendation from the Director of the program to which the student has been admitted. Failure to achieve the change to full graduate status at the end of the first academic term year of study will result in a recommendation for dismissal of the student. It is the responsibility of the student's graduate studies Program to monitor the student's performance and to initiate action for transfer to full graduate status, or for dismissal from the program.

   b. Applicants whose records are incomplete in some minor respect, but are otherwise acceptable, may be offered admission on a provisional basis. The provisional status in such cases will be
automatically converted to full graduate status upon submission of the completed records, which must be done prior to matriculation of the student.

3. **Matriculated Status.** Once students enroll for credits they will be considered as matriculated students.

4. **Non-degree Students.** Applicants with baccalaureate degrees who wish to take courses offered in the graduate studies program of the School of Medicine may be admitted as non-degree students but they are not considered to be matriculated students. These applicants need furnish only the basic information in the admission application showing receipt of the baccalaureate degree. The application must be approved by the Program Director offering the desired courses and by the Course Director(s). The Associate Dean for Graduate Studies must approve applications for students who wish to take conjoint courses.

## Section D  Graduate Admissions Process.

The process for admission to full or provisional graduate status shall be as follows:

1. **Contacts.** Prospective students seeking program specific information should contact the programs directly. Inquiries received by the Registrar or Graduate Studies Office will be forwarded to the appropriate program.

2. **Applications.** Applicants must submit admission materials through each program’s approved application process including: a completed application form (available online for many programs), official transcripts, three recommendations, GRE and TOEFL scores (as applicable) and any other required Program-specific materials. The program must assure that any deficiencies in the application are addressed.

3. **Acceptances.** If an applicant is accepted by a Program, the Associate Dean for Graduate Studies must approve the application by signature. This authority will be delegated when deemed appropriate by the Associate Dean for Graduate Studies. The original application is returned to the Registrar. The applicant is then notified of the Program’s recommendation for acceptance by letter from the Program Director. The admission offer letter must conform to guidelines established by the Associate Dean for Graduate Studies and a copy of the letter should be submitted to the Graduate Studies Office for all matriculating students. This acceptance is contingent upon receipt of degrees, accuracy of transcripts, etc. The official letter of acceptance will be sent to the applicant by the Registrar when all of his/her materials are complete and verified. Applicants for admission to graduate school who sign the admissions application thereby certify the accuracy of the statements made on the application and documents that accompany the application. Submission of false statements or false documents may subject the applicant/student to penalties, including refusal of admittance/dismissal.

4. **Non-Admissions.** If the decision is not to admit, the Program Director will inform the applicant by letter. Admissions materials and correspondence concerning rejected applicants or non-matriculating students should be
retained for 3 years by the Program after which all credentials should be destroyed.

Section E Transfers Between Programs. A student who has already been admitted to a graduate program in the School of Medicine may petition the Associate Dean for Graduate Studies to transfer to a different graduate program in the School of Medicine without re-applying for admission under the following circumstances:

1. The student is not on academic probation.
2. The transfer has the written approval of the current Program Director.
3. The transfer has the written approval of the new Program Director.
4. The new Program Director provides a written summary of program-specific degree requirements that must be completed by the student upon transfer to the new program. This summary should also indicate the source of stipend support in programs where stipends are required.

The Associate Dean will approve petitions that meet all of these requirements. Petitions that do not meet these requirements may be referred to the Graduate Council for approval, but only at the request of the new Program Director.

Section F Transfer to a different degree within the Same Program. A student who has been admitted to the Ph.D. or Masters degree track in a School of Medicine graduate program may petition the Associate Dean for Graduate Studies to transfer to the other degree within the same program under the following circumstances:

1. The student must be in good academic standing.
2. The transfer must have written approval of the Program Director.
3. The Program Director provides a written summary of program-specific requirements that must be completed to earn the Master’s or Ph.D. degree. This must include a timeline to completion not exceeding 12 months after a transfer to a M.S. degree program, or for Ph.D. degree programs the maximum time limit for Ph.D. students (see By-Laws of the Graduate Council Article IX. Section I).
4. Ph.D. students who transfer to a M.S. degree and who have received a stipend may continue to do so but for no more than a maximum of 12 months and only with their advisor’s consent.

The Associate Dean will approve petitions that meet these requirements. Petitions that do not meet these requirements will be referred to the Graduate Council for approval.

ARTICLE VIII
GRADUATE COUNCIL STUDENT RECORDS

Records for all students that have been accepted and matriculated shall be kept and maintained by the Registrar and the Program to which the student belongs. The following student record files shall be maintained in the office of the Associate Dean for Graduate Studies:

Section A All Student List. This is an annually updated list of all regular and provisional graduate students and of non-degree students, showing the name, status (regular or provisional, and if advanced to candidacy) of each student. This list
should be sent to the Associate Dean for Graduate Studies at the beginning of each academic year by the Registrar.

**Section B**

**Individual Student File.** This file is initiated for graduate students in the office of the Associate Dean for Graduate Studies and contains the documents relevant to the student’s progress towards the advanced degree. This file includes, where applicable, the following:

1. Copy of admission offer letter.

2. Advancement to Candidacy form (Ph.D. students only) - This form is signed by the Ph.D. Program Director, certifying that the student has been advanced to candidacy for the doctoral degree.


4. Thesis or Dissertation Advisory Committee Form.


6. The signed and dated Oral Thesis/Dissertation Examination Certification Form or culminating experience completion form, if applicable.

7. Other correspondence and communication to the Graduate Council or Graduate Studies Office concerning the student. This would include correspondence related to academic probation, leaves of absence, withdrawal or dismissal from the Program.

8. Exceptions to maintaining individual student files in the Graduate Studies office may be approved by the Associate Dean.

**ARTICLE IX**

**GENERAL SCHOLASTIC REGULATIONS**

**Section A**

**Grading System.** Student performance in graduate courses shall be evaluated using a letter grade system in which A is Exceptional, B is Superior, C is Average, D is Inferior and F is Failure. A “plus” (+) may be added to the letter grades B, C or D to indicate a higher level of performance at each grade level. A “minus” (-) may be added to the letter grades A, B, C or D to indicate a lower level of performance at each grade level. In calculating grade point average, the letter grades shall be converted to grade points as follows: A (4.0), A- (3.7), B+ (3.3), B (3.0), B- (2.7), C+ (2.3), C (2.0), C- (1.7), D+ (1.3), D (1.0), D- (0.7), F (0.0). Research registrations (course number 501/601) and thesis/dissertation registrations (course number 503/603) shall be graded on a Pass (P) or No Pass (NP) basis. Journal Club (course number 506/606) and Seminar registrations (course number 507/607) may be graded on either a letter grade or a P/NP basis, with the restriction that all students in that course must be graded on the same basis in any given term. For courses graded on a P/NP basis, the grade P shall indicate that the student received graduate credit for the course; a grade NP shall indicate that no credit has been given for the course. Courses graded on a P/NP basis shall not be used for the computation of grade point average.
1. **Retaking a course.** When a student chooses to retake a course, the grades from both registrations will appear on the transcript. However, the grade from the first registration will be excluded from the calculation of the grade point average. Moreover, only credits earned from the second registration will be applied toward degree requirements.

2. **Incompletes.** The notation "Incomplete" (I) may be entered on the student's record if part of the required work in a course is not completed within the allotted time. The grade of Incomplete should be used only when a student's work during a term cannot be completed because of unforeseen circumstances beyond the student's control. Conversion of the Incomplete to a letter grade may be made if the student completes the required work within a period specified by the instructor of the course, but not to exceed one term. Students who receive a mark of Incomplete must complete the required work before the end of the next term following the course and the instructor must file an amended term grade report for the course, otherwise the Registrar shall convert the grade to an F or No Pass, as applicable.

3. **Withdrawal.** The notation “Withdrawal” (W) will be entered on the student's record when a student withdraws from a course within 3 weeks after the first class meeting. After 3 weeks, a student may withdraw from a course only by written permission of the course director. The notation “Withdrawal-Satisfactory” (W-S) will be entered on the student's record when the student's performance at the time of withdrawal is judged to be the equivalent of an A or B grade. The notation “Withdrawal-Unsatisfactory” (W-U) will be entered on the student's record when the student's performance at the time of withdrawal is judged to be below the equivalent of a B grade. No course credit shall be given when a student withdraws from a course.

**Section B**

**Standard of Performance.** Superior academic performance is expected of every graduate student.

1. **Graduate credit.** Shall be granted for course work in which grades of a C or better (C- and less will not earn credit) are earned and for the grade P.

2. **Failing grades.** Students who earn a D, F or NP will be considered to have failed a course and may be immediately recommended by their program for dismissal without being placed first on academic probation.

3. **Grade Point Average.** A grade point average of at least 3.0 must be maintained. A student whose cumulative grade point average falls below 3.0 shall immediately be placed on academic probation by the Associate Dean for Graduate Studies. The student and his or her Program shall be notified in writing by the Associate Dean for Graduate Studies of the probationary status. Academic probation is intended to provide a student whose performance is less than satisfactory, a period of time to correct the deficiency. A student placed on academic probation because of grades must obtain a cumulative grade point average of at least 3.0 within one academic term. A student that fails to do so may be recommended for dismissal for inadequate scholarship, at the discretion of the graduate studies program in which he or she is enrolled.
A graduate studies program may choose to allow a student up to four academic terms to correct deficiencies that resulted in academic probation. Probationary students who fail to achieve a cumulative grade point average of 3.0 within four terms shall be recommended for dismissal from the graduate program for inadequate scholarship. A student will be removed from probation as soon as his/her cumulative grade point average is raised to 3.0 or above.

A student on academic probation shall not be permitted to take the qualifying examination or oral examination, nor may the student receive the Master's or Ph.D. degree.

4. **Failure to Progress.** A student may be placed on academic probation for failure to meet the academic or professional standards according to the Professional Conduct Policy for Graduate Programs of the School of Medicine and requirements of his or her Program. It is the responsibility of the student's graduate studies Program to monitor the performance of the student and initiate appropriate action if the expected standards are not maintained by the student. The Program Director shall notify the student and the Associate Dean for Graduate Studies in writing of deficiencies in academic progress. The notification shall specify in what way(s) the student is failing to meet standards and specify time limits for correcting the deficiencies. A Program may choose to allow a student up to four academic terms to correct deficiencies that resulted in academic probation for failure to progress academically. A student that fails to do so within the time limit specified by the Program may be recommended for dismissal at the discretion of the Program in which he or she is enrolled. The recommendation shall be submitted to the Associate Dean for action under Article X. Section B.

**Section C**  
**Program Policies and Guidelines.** Each Program shall prepare written policies, requirements and guidelines that describe the standards and procedures for completion of a graduate degree in that program. The policies shall include a description of the curriculum including required courses, the procedures for advancement to candidacy (Ph.D. programs only), and the criteria used to evaluate the advancement to candidacy exam (Ph.D. programs only). Information should also be provided about Program policies concerning stipend support, time limits to achieve specific standards, formal evaluations and Program-specific regulations concerning probation. The policies and guidelines statements will notify students that they are subject to the policies of the Graduate Council as outlined in these By-Laws. Copies of the policies and guidelines shall be available on the School of Medicine website and on file in each Program office and in the office of the Associate Dean for Graduate Studies. Copies of the policies and guidelines shall be available for students in the Program office and the Program shall make all reasonable efforts to inform students of the policies. Changes in the policies and guidelines shall be communicated promptly to students and the Associate Dean for Graduate Studies. Changes in the Program policies and guidelines shall not apply retroactively to the disadvantage of those already in the Program.

**Section D**  
**Course Work.** The decision on the specific graduate course work that must be completed by a given graduate student to fulfill the course requirement for
earning the desired advanced degree is the responsibility of the student's graduate studies program. A normal course load is considered to be 9-16 credit hours per term. The Associate Dean for Graduate Studies must approve workloads in excess of 16 hours per term.

Students are expected to register for a normal, full-time course load each term, but they may register for course loads that are less than full time if allowed by the student’s program. However, students should be advised that reduced course loads may affect eligibility for scholarships, stipends, tuition waivers and financial aid.

Unless approved by the graduate program and Associate Dean, no courses in the School of Medicine with identification numbers in the 700 range may be taken for graduate credit. Students may also not register for courses in the School of Medicine outside their degree track without approval from the Associate Dean (i.e. Masters students must take 500 level courses and Ph.D. students must take 600 level courses).

For every credit hour that a student registers for in a term, he/she should expect to receive at least 10 contact hours with the instructor per term. A student registered for thesis/dissertation research is expected to spend at least three hours of research effort per credit hour per week of the term.

Section E Requirement for Continuous Enrollment. All students admitted to the graduate program must be continuously enrolled until graduation, except for periods in which they are absent for an approved leave of absence (Section K). Taking a minimum of 1 credit per term during the regular academic year (fall, winter and spring terms) will constitute continuous enrollment. Registration during the summer term is not required to meet the continuous enrollment requirement, although it may be required by the student’s graduate program. Failure to register without an approved leave of absence will result in administrative withdrawal of the student’s admission to a graduate program (Section M).

Section F Advancement to Candidacy (Ph.D. programs only). Admission to a Ph.D. program does not automatically identify a student as a degree candidate. Students must first be admitted to candidacy for the Ph.D. degree. Advancement is granted only after the student has demonstrated knowledge of the fundamentals of his or her field and the ability to do work of graduate caliber.

Request for advancement to Ph.D. candidacy is made to the Graduate Council. The advancement to candidacy form must be signed by the student’s Program Director and sent to the Associate Dean for Graduate Studies who will forward the approved form to the Office of the Registrar for official certification that the student has met all academic requirements.

A qualifying examination is required of students desiring to become candidates for the Ph.D. degree and may be required of students working toward the Master’s degree. Students may not take the qualifying examination if they are on academic probation or if an incomplete grade remains on their transcript. The qualifying examination is given by the Program in which the student is registered and covers the broad field of his or her background preparation. Students working toward a Ph.D. degree are expected to take the examination for advancement to candidacy by the end of their 12th term of graduate study; or they
will be recommended for dismissal for failure to progress academically.

In the event of a report of unsatisfactory for the qualifying examination, the Program will provide the student and Associate Dean for Graduate Studies with a written description of the student's deficiencies on the examination within 2 weeks of the examination. The Program will also notify the student of policies concerning re-examination.

Section G Requirements for Advanced Degrees.

1. **Residence.** Academic residence is established by registering for credit in the graduate studies program. For the Master's degree, residence is not required. For the Ph.D. degree, a minimum of six full-time academic terms in residence is required.

2. **Duration of Candidacy.** Students working toward a Ph.D. degree must be candidates for at least three academic terms. There is no candidacy requirement for students working toward a master's degree.

3. **Hours of Graduate Work Required.** For a Master degree, a minimum of 45 term credit hours are required. More credits may be required if needed for a specific program. Graduate credit toward Master's degree requirements shall be granted only for course work and research completed during the 7 calendar year (28 terms) period prior to completing all degree requirements.

   For the Ph.D. degree, 135 term hours of approved graduate credits are required. Graduate credit toward Ph.D. degree requirements shall be granted only for course work completed during the 8 calendar years (32 terms) prior to completing all degree requirements.

   Required courses must be completed before these time limits or they must be re-taken. These limits include an allowance for a one year degree extension (Article IX Section I).

   All coursework applied toward degree requirements must meet the minimum grade standards described in Section B.

4. **Training in Ethics and Professional Conduct.** All graduate students are required to successfully complete at least one course in ethics and professional conduct. Courses that meet this requirement may vary across Programs, but all such courses must be specifically approved by Graduate Council for this purpose.

5. **Thesis/Dissertation Requirement.** The candidate for an advanced degree may be required to present a graduate thesis or dissertation. The Master's thesis, if required by the student's graduate studies program, should be a report of original scientific work conducted by the student under close supervision of a faculty mentor. The doctoral dissertation, required of all Ph.D. candidates, must show evidence of originality on the part of the candidate in the planning and execution of independent experimental work, and the results must represent a meaningful contribution to knowledge.
Doctoral candidates must be the primary contributor to the design of the experiment(s), in the collection, analysis and interpretation of the data, and in the writing of the thesis or dissertation document. Specific details of any technical assistance, together with acknowledgment of the individual(s) who provided the assistance, must be included in the text of the document. In the absence of such acknowledgments, it is assumed that all data presented in the document were collected directly by the candidate. Similarly, the source of any special materials used in the project (e.g., antisera, probes, reagents, cell lines) must be specifically acknowledged in the text of the document. In the absence of such acknowledgments, it is assumed that all special materials described in the document were developed or prepared by the candidate.

Master’s degree candidates must be the primary author of literature reviews and author of data analyses and interpretation and writing of the thesis document.

Regulations concerning the format of the document, and deadlines for thesis/dissertation defense will be established by the Associate Dean for Graduate Studies and approved by the Graduate Council. Specific instructions on the preparation of the Master’s thesis and doctoral dissertation and deadlines for their defense can be obtained from the office of the Associate Dean for Graduate Studies.

6. Culminating Projects. For programs requiring a non-thesis type of culminating project, the project should be a synthesis and demonstration of competencies acquired in the program. Regulations regarding culminating projects will be established by the respective programs.

7. Thesis/Dissertation Advisory Committee. If a thesis or dissertation is required by the student’s graduate studies program, a thesis/dissertation advisory committee shall be appointed by the Program Director to guide and advise the student in the thesis/dissertation research and preparation of the thesis/dissertation document. The committee shall be appointed within one year after advancement to Ph.D. candidacy or upon commencement of the thesis or dissertation research, whichever is earlier. The Associate Dean for Graduate Studies must approve the appointment of each Advisory Committee based upon the recommendation of the Program Director. The committee shall consist of no fewer than four members of the Graduate Faculty for a Ph.D. dissertation committee or three members of the Graduate Faculty for an M.S. or M.P.H. thesis committee except that permission may be requested from the Associate Dean to replace one of the committee members by a recognized scholar who is not a member of the Graduate Faculty. Requests to appoint a committee member who is not a member of the OSHU School of Medicine Graduate Faculty should include a copy of the individual’s curriculum vitae. The mentor or advisor of the candidate may be included as a member of the committee. The advisory committee shall meet at least annually to evaluate progress toward completion of the thesis or dissertation. With the approval of the Program Director, the committee may place a student on academic probation if it is determined that progress has not been adequate. The Program Director shall notify the student and the Associate Dean for
Graduate Studies in writing of the probationary status and specify in what way(s) the student is failing to meet standards and specify time limits for correcting the deficiencies. If the student fails to correct the deficiencies within the specified time limits, the Program Director may recommend dismissal of the student.

8. **Degrees will not be awarded** until all academic requirements have been met and the student pays all debts and discharges all other obligations he or she has to the University.

**Section H**  
**Oral Examination.** The oral examination committee shall be appointed by the Associate Dean for Graduate Studies upon the recommendation of the student’s Program Director. The oral examination committee shall consist of no fewer than four members of the Graduate Faculty for a Ph.D. dissertation committee or three members of the Graduate Faculty for an M.S. or M.P.H. thesis committee except that Programs may request permission to replace one of the committee members by a person with recognized expertise who is not a member of the Graduate Faculty. Requests to appoint a committee member who is not a member of the OSHU School of Medicine Graduate Faculty should include a copy of the individual’s curriculum vitae. The mentor or advisor of the candidate may be included as a member of the committee. The members of the examination committee must not all have primary appointments in the same department or institute. Moreover, the examination committee for a Ph.D. candidate must include at least one member who was not a member of the student's dissertation advisory committee.

The Chair of the Oral Examination Committee shall be appointed by the Associate Dean for Graduate Studies, based upon the recommendation made by the defending student’s Program Director. The Chair of the Oral Examination Committee must be a member the Graduate Faculty.

The oral examination must be held on campus and shall be open to the public. It is the responsibility of the Program to set the specific date, time and place for the oral examination and to post notices of the examination on campus.

At least four weeks before the date of the final exam, the Program Director in consultation with the mentor will submit a completed Request for Oral Examination Form to the Associate Dean for Graduate Studies. On this form, the Program recommends to the Associate Dean for Graduate Studies persons who would be suitable to serve on the Oral Examination Committee. Following the approval of the examination committee, the Associate Dean for Graduate Studies will return a copy of the signed form to the Program for distribution with the thesis or dissertation.

At least two weeks before the final exam, the student must distribute unbound copies of the document, the approved Request for Oral Examination Form, and Oral Examination Instructions to committee Members to the members of the examining committee. The Chair of the committee should also receive a copy of the Oral Examination Certification Form and the Oral Examination Instructions for Chairs from the Registrar.

The Oral Examination Certification Form should be submitted to the Associate Dean for Graduate Studies within two working days after the oral
examined. It is possible to submit a faxed copy if a committee member must be out of town and participates in the examination by telephone or videoconference. The oral examination will be evaluated by each member of the examining committee as either satisfactory or unsatisfactory. The examination is considered to be satisfactory if a majority of the members record votes of satisfactory. A tie vote will be considered as an unsatisfactory score for the oral examination. In the event of a report of unsatisfactory on the oral examination, the examining committee will provide the student and the Associate Dean for Graduate Studies with a written description of the deficiencies in the examination performance within 2 weeks of the examination. Programs can determine procedures for remedial action.

Students must be registered for at least one hour of Thesis/Dissertation (503/603) credit during the term in which the Oral Examination occurs.

Section I Time Restraints. The academic calendar consists of four terms.
1. **Ph.D. Degree.** The time period from matriculation to granting the Ph.D. degree shall be limited to 28 consecutive terms (seven academic years) unless waived for a leave of absence under Section K below.

2. **M.S. Degree** The time period from matriculation to granting the Master’s degree shall be limited to six academic years unless waived for a leave of absence under Section K below. Masters Degree programs do not all require summer registration. Thus, the time period from matriculation to granting the M.S. degree shall be 18 terms without summer term or 24 terms including summer, whichever is greater. Students who have not completed degree requirements within the specific time limit will be recommended for dismissal. In special circumstances, in which strong justification exists, Graduate Council may grant a one-time extension of up to one year at the recommendation of the student's Program Director. In these cases the Program may require the student to retake the advancement to candidacy examination.

Section J Credit for Studies at other Institutions.
1. **Transfer of Graduate Credits.** Graduate credits may be transferred from another accredited institution for use in completing the requirements for Master's or Ph.D. degrees. Credits must be from formal coursework, not research or independent study and must not have been used towards completion of a previous degree at another institution. The number of transferable credits shall be determined within the first year following admission to graduate school and shall not exceed 20 credit hours for Master's degrees and 45 credit hours for Ph.D. degrees. Only those courses in which the student's performance was satisfactory (B grade or better) will be acceptable for transfer. Transfer coursework applied toward degrees at OHSU is subject to the same time limits as specified for credits earned at OHSU (Section G.3). Transfer of graduate credits from another institution must be approved by the student's Program Director, the Associate Dean for Graduate Studies (who may consult Graduate Council), and the Registrar.

2. **Appointment to Advanced Standing.** Under special circumstances, candidates for the doctorate, who have passed their qualifying exam or its equivalent at another institution, may request appointment to advanced
standing when their mentors move to Oregon Health & Science University. Under these circumstances, courses in which the student obtained a grade of at least 3.0 may be used in partial fulfillment of the requirements for the Ph.D. degree. In these cases, transfer coursework applied toward the Ph.D. degree at OHSU is subject to the same time limits as specified for credits earned at OHSU (Section G.3). Appointment to advanced standing must be approved by the Program Director, Associate Dean for Graduate Studies and Graduate Council.

Section K  Leave of Absence. A student in good standing may petition for Leave of Absence. The cumulative amount of leave may not exceed 4 terms. Leave of absence status assures the student a continuation of admission in the program during the period of the leave of absence. A leave of absence is granted only to students in good standing and may, with program approval, constitute a waiver of the time limit for completion of the graduate degree (Section I). The student’s Program Director and the Associate Dean for Graduate Studies must approve petitions for a leave of absence. Students who fail to return to the graduate program within 12 months of initiating a leave of absence will be administratively withdrawn from the program.

Students on an approved leave of absence do not register for courses and are not required to pay instructional or other fees. Access to university or program facilities and services and use of faculty or staff time may be restricted according to policies established by the university and each program.

Section L  Voluntary Withdrawal from a Graduate Program. Students may petition for withdrawal from the graduate program, which officially severs the student’s connection with the graduate program and the university. The Program Director and Associate Dean for Graduate Studies must approve petitions for withdrawal before forwarding to the Registrar. Students who wish to return to the program after voluntary withdrawal must apply for readmission to the program, which will require re-examination of the student’s credentials and approval by the Program Director, the Graduate Council and the Associate Dean for Graduate Studies.

Section M  Administrative Withdrawal from a Graduate Program. Students will be administratively withdrawn from graduate programs if they fail to meet requirements for continuous enrollment (Section E) or if they fail to return from an approved leave of absence within 12 months (Section K). Students who wish to return to the program after administrative withdrawal must apply for readmission to the program, which will require re-examination of the student’s credentials and approval by the Program Director, the Graduate Council and the Associate Dean for Graduate Studies.

Section N  Exceptions. No exceptions from the regulations described in this article shall be made except upon approval by the Graduate Council. In matters related to coursework, exceptions must first be approved by the course director and the Program Director. Other exceptions must first be approved by the Program Director.
ARTICLE X
STUDENT CONDUCT

Section A  Professional Conduct Policy.  The Graduate Council shall establish a Professional Conduct Policy that applies to all students enrolled in School of Medicine graduate programs. This policy must describe conduct expected of all graduate students, conduct considered to be meritorious, and conduct considered to be unacceptable. Further, this policy must establish procedures for addressing complaints of unacceptable student conduct or other concerns related to violations of OHSU policies, including procedures for recommending or imposing sanctions. In cases where suspension or dismissal is the recommended sanction, the Professional Conduct Policy must defer to policies and procedures described in the remaining sections of this Article.

Section B  Suspension or Dismissal of Students from a Graduate Studies Program. Students may be suspended or dismissed from graduate programs only by the Dean of the School of Medicine.

1. Academic Performance: Programs may recommend a student for dismissal for the following reasons:
   a. Failure of any required course (Obtaining a D, F or NP).
   b. Failure to pass the examination for advancement to candidacy.
   c. Failure to pass the oral thesis/dissertation examination.
   d. Failure to complete all requirements within the time limits specified in Article IX Section I without having an extension from the Graduate Council.
   e. Failure to achieve a cumulative grade point average of 3.0 within the time limits specified in these bylaws.
   f. Failure to correct deficiencies which led to academic probation within the specified time limit for reasons other than cumulative grade point average.
   g. Failure to satisfactorily complete clinical, research or professional rotations as judged by established professionalism and/or practice-based competencies.

2. Professional Conduct: Programs may recommend a student for dismissal, suspension or other sanctions for Unacceptable Conduct as described in the Graduate Council Professional Conduct Policy. Failure to comply with the terms of sanctions imposed under the Professional Conduct Policy may be used as the basis of a recommendation for suspension or dismissal.

3. Suspension/Dismissal Procedure. To recommend suspension or dismissal of a student, a graduate program shall inform the Associate Dean for Graduate Studies in writing of the reasons for its recommendation. The Associate Dean may return the recommendation
to the program for further consideration, deny the recommendation or appoint a committee to evaluate the recommendation. The suspension/dismissal review committee will include at least three members of the Graduate Faculty. The Associate Dean will select one of the committee members to serve as chair. The chair of the committee will convene a meeting to evaluate the proposed recommendation for suspension or dismissal. The student shall be informed in writing at least 10 weekdays prior to the meeting of the time and place of the meeting and the reasons that led to the consideration of a recommendation for suspension or dismissal. The chair will supervise a meeting to review matters relevant to the recommendation for suspension or dismissal. In addition to the committee members and representatives of the student’s Program, the meeting may be attended by the student and an advisor of his or her choice. The advisor may counsel the student concerning responses to questions or recommend questions to be asked of the committee. The advisor will not be permitted to speak on behalf of the student or to participate in any other manner not approved by the committee. The committee may, at any time, request additional information or documentation from the student and/or others and may request that individuals appear before it during the hearing process, to provide information. The chair may recess the meeting whenever he or she considers it appropriate. All committee sessions, except for the committee’s deliberations will be tape-recorded.

At the completion of the hearing, the committee will deliberate in private and recommend a decision concerning suspension or dismissal. The standard for decision making shall be the preponderance of evidence. A recommendation should be reached within 20 weekdays of the conclusion of the hearings process. The committee will prepare a report summarizing the committee’s findings and decision concerning suspension or dismissal. The findings and recommendation of the committee will be communicated in writing to the Dean and Associate Dean for Graduate Studies of the School of Medicine and to the Program Director. The decision of the Dean will be the final action of the School of Medicine. The Dean shall reach a final decision concerning suspension or dismissal within 10 weekdays of receipt of the committee report. A copy of the decision will be sent to the student and members of the suspension/dismissal committee, the Associate Dean for Graduate Studies, and the Program Director. Suspension and dismissal may be appealed to the Provost in accordance with the OHSU Policy Manual on Student Affairs, 02-03-050. A suspended or dismissed student may not register while such an appeal is pending.

Suspended students are not eligible for the privileges and services provided to currently enrolled students, including registering, attending class, receiving a stipend or health insurance, or using other University services or facilities. The suspension may be specified for any length of time. If a student is suspended, fees will be refunded in accordance with the refund schedule adopted by Oregon Health & Sciences University. The conditions of suspension take effect immediately after the student has been informed of the decision. If an appeal is filed, the imposition of the suspension will be stayed until the conclusion of the appeal process. However, if a pending misconduct hearing or appeal may result in
suspension, awarding of an academic degree sought will be postponed pending the outcome of the hearing. Upon expiration of the period of suspension, the student may submit in writing to the Associate Dean for Graduate Studies a request for permission to re-enroll in the Graduate Studies Program. The request should include a description of the student's activities since the suspension went into effect and should include a letter of support by the Program Director. If the Associate Dean for Graduate Studies decides that the terms of suspension have been met, the student may re-enroll. If the terms of suspension have not been met, the student may be subject to dismissal proceedings.

ARTICLE XI
STUDENT GRIEVANCES

Section A

Students have the right to grieve matters related but not restricted to the following areas: rights of authorship on scientific publications, student-mentor relationships, laboratory safety concerns, and grading policies. Students may not grieve disciplinary action, grades (including failure of the qualifying exam or failure of the oral thesis/dissertation exam), dismissal or other action taken under the Professional Conduct Policy or Article IX above. If the grievance involves discrimination on the basis of race, color, religion, marital status, national origin, sex, sexual orientation, age or disability, it will be referred to the office of Affirmative Action/Equal Opportunity.

Section B

Informal Procedure. Students who wish to grieve a matter are encouraged to first discuss the problem with the individual(s) directly involved in the issue and see whether the matter can be resolved informally. Students who do not feel comfortable doing so, or otherwise choose not to, should discuss the potential grievance with the Program Director. If the student feels that the situation is such that the Program Director cannot be approached, the student should communicate with the Associate Dean for Graduate Studies. The individual who is initially approached will meet with the grievant and/or the person or persons complained against and try to reach an informal resolution of the matter.

Section C

Grievance Hearing. If the parties are unable to resolve the issue to their mutual satisfaction through the informal resolution process, the grievant may file a written grievance with the Associate Dean for Graduate Studies within 20 business days after the termination of the informal grievance resolution procedures. The document should describe the nature of the grievance, the circumstances under which the grievance took place, previous efforts to resolve the problem and the nature of the redress the grievant is seeking. The Associate Dean for Graduate Studies will appoint, within 20 business days, a committee consisting of at least three members of the Graduate Faculty and one graduate student. The Associate Dean for Graduate Studies will designate one of the members to serve as chair of the committee. The committee will first meet within 10 business days of its appointment, if feasible. The committee will set a time and place for the grievance hearing and send written notification to the parties involved. The hearing may consist of a series of meetings between the committee and individuals involved in the grievance or a single meeting with all parties present. At any stage of the proceeding, each party to the grievance may be accompanied by an advisor of that party's choice. The advisor will not be permitted to speak on behalf of the party or participate in any other manner not
approved of by the committee. The committee may, at any time, request additional information or documentation from the grievant and/or others, and may request that individuals appear before it during the hearing process to provide information. All committee sessions, except for the committee’s deliberations, will be tape-recorded.

At any stage of the proceeding, the committee may attempt to resolve the grievance. If an acceptable resolution is reached, the committee will prepare a Statement of Understanding for all parties to sign. A copy of the statement will be provided to the parties and the Associate Dean for Graduate Studies.

If a resolution is not reached before the conclusion of the hearings process, the committee will deliberate in private and reach a decision with respect to the grievance. A decision should be reached within 20 weekdays of the conclusion of the hearings process. The committee will prepare a report summarizing the committee’s factual findings, the committee’s conclusions based on the evidence presented at the hearing and the committee’s recommended solution or determination of the grievance. A copy of the report will be forwarded to the Associate Dean for Graduate Studies, the Dean of the School of Medicine, the student’s Program Director and to the parties to the grievance. The Dean shall reach a final decision on the grievance within 10 business days of receipt of the report. A copy of the decision will be sent to the parties, members of the grievance committee, the Associate Dean for Graduate Studies and the Program Director. The Dean’s decision may be appealed to the Provost in accordance with OHSU policy.

ARTICLE XII
AMENDMENTS

Section A  Manner of Presentation. Any member of the Graduate Council may initiate proposals for amending, repealing, or adding new By-Laws. Such proposals must be submitted in writing to the Associate Dean for Graduate Studies at least two weeks prior to the meeting at which they are to be considered.

Section B  Notice of Intended Amendments. The Associate Dean for Graduate Studies shall supply each member of the Council copies of the proposed amendments at least one week prior to the meeting at which they are to be considered.

Section C  Adoption of Amendments. Adoption of the proposed amendments shall require a majority of affirmative votes of Council members whose votes were either received by mail prior to the meeting, or cast personally following discussion of the amendments at the meeting. Final approval of amendments to the By-Laws is contingent upon approval by the School of Medicine Faculty Council and Dean.
ARTICLE XIII
PARLIAMENTARY PROCEDURE

All proceedings at the meetings of the Graduate council and any questions of order not provided by these By-Laws shall be governed by the most recent edition of Robert's Rules of Order.

Approved by Graduate Council

Allison D Fryer
Professor
Associate Dean Graduate Studies, School of Medicine OHSU

Approved by Faculty Council

Mark A Richardson
Professor
Dean, School of Medicine OHSU
Appendix B.3.1. OHSU Technical Standards for Admission

Health Sciences programs have a societal responsibility to train competent healthcare providers and scientists that demonstrate critical judgment, extensive knowledge and well-honed technical skills. All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. These include academic (e.g., examination scores, grade point average) as well as technical standards. These technical standards are nonacademic criteria, basic to all of OHSU’s educational programs. Each OHSU program may develop more specific technical standards.

OHSU’s Technical Standards include:

Acquire information from experiences and demonstrations conveyed through online coursework, lecture, group seminar, small group activities, and other.

Ability to recognize, understand and interpret required instruction materials including written documents, computer-information systems, and non-book resources.

Ability to manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the domain of study, practice or research.

Ability to follow universal precautions against contamination and cross contamination with infectious pathogens, toxins and other hazardous chemicals.

- Solve problems and think critically to develop appropriate products and services (e.g., treatment plan, a scientific experiment.)
- Synthesize information to develop and defend conclusions regarding observations and outcomes
- Use intellectual ability, exercise proper judgment, and complete all responsibilities within a timeframe that is appropriate to a given setting.
- Maintain effective, mature, and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals.)
- Communicate effectively and efficiently with faculty, colleagues, and all other persons encountered in any OHSU setting.
- Work in a safe manner and respond appropriately to emergencies and urgencies.
- Demonstrate emotional stability to function effectively under stress and adapt to changing environments inherent in clinical practice, health care and biomedical sciences and engineering.

Disabilities:
It is our experience that a number of individuals with disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, are qualified to study and work as health care professionals and scientists with the use of reasonable accommodations. To be qualified for health sciences programs at OHSU those individuals must be able to meet both our academic standards and the technical standards, with or without reasonable accommodations.
OHSU Diversity Advisory Council

Joe Robertson, MD, MBA
President
Lesley Hallick, PhD
Vice President & Provost, Academic Affairs
Rick Bentzinger
Vice President, Human Resources
Leslie Garcia, MPA – DAC Co-Chair
Center for Diversity & Multicultural Affairs
Mariann Hyland, JD – DAC Co-Chair
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Martin Epsom
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Valerie Palmer
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Renee Rice
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Samia Saad
Interpreter Services
Steven Scott
Hospital
Linda Strahm, MS
Human Resources
Eric Switzer
Marketing and Communications
Michael Tom
Affirmative Action and Equal Opportunity
Robert Vieira, EdD
Academic and Student Affairs
Kristen Wall
Workforce Development
Dean Westwood
Center for Self Determination
Xuemei Wu, PhD
Research Institutes
Luci Zarour
Student Senate Council

Diversity is vitally important to OHSU’s evolution as a world-class health and science university. Being a diverse institution creates an intellectually vibrant climate where a variety of ideas and perspectives work together to foster innovation. Diversity is key to maintaining a competitive workforce advantage. Integrating diversity within all areas of the university and all parts of our mission is critical to OHSU’s strategic goal of being a great organization, diverse in people and ideas.

Joe Robertson, MD, MBA

THE CHARGE
Recognizing the value that diversity enriches our campus, the OHSU Diversity Advisory Council (DAC) created a plan for supporting and enhancing an inclusive and culturally competent campus environment to allow the university community to thrive and lead diversity efforts.

The DAC advises the President and the Executive Leadership Team to enhance diversity, multiculturalism and equal opportunity for all aspects of the university’s mission. As a campus-wide group, the DAC supports diversity initiatives across the university—everything from helping units understand the business case for diversity to providing practical resources for students, faculty, staff, residents, fellows and community members to advance our institutional mission.

DEFINING DIVERSITY AT OHSU
One of the DAC’s first tasks was to develop a definition of diversity and a compelling diversity business case for OHSU.

Diversity Definition
Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers and our local and global communities. Diversity includes age, culture, disability, ethnicity, gender, national origin, race, religion, sexual orientation, diversity of thought, ideas and more. Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence and outstanding service.

OHSU Policy No. 03-05-030

Diversity Business Case
Diversity is essential to realize our multifaceted mission and to set the example for integrity, compassion and leadership in health care, education, research and community service.

Diversity is fundamental to OHSU’s ability to attract and retain top talent, achieve innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive.

OHSU Policy No. 03-05-030

*Membership and policies updated December 14, 2009.*
VISION
The DAC’s vision is to effectively use the talent of all OHSU community members to increase innovation, productivity, satisfaction, communication, inclusion and coordination in delivering effective organizational objectives for diversity.

DAC’s PLANNING PROCESS
Planning took place from April to September 2008. The DAC began by identifying existing opportunities for enhancing diversity within OHSU’s existing programs, policies, procedures and institutional norms. The identified opportunities were ranked according to urgency, feasibility of improvement and congruency with OHSU’s overall strategic plan, Vision 2020. From the ranking process, the DAC identified six objectives as the highest priority to address during the next five years. The recommended objectives are presented in the following section. Specific action steps will be taken to achieve the objectives, and measurements will be created to identify the success of each action.

DIVERSITY OBJECTIVES
1. Assess and enhance the university climate to support and advance diversity and inclusion.
2. Increase recruitment and representation of diverse students, residents, fellows, faculty and staff throughout the university.
3. Implement a comprehensive program to enhance retention, advancement and engagement of diverse people at OHSU.
4. Develop and implement standards to ensure responsibility and accountability for achieving OHSU’s diversity, multiculturalism, cultural competency and affirmative action related goals and objectives.
5. Develop and implement a comprehensive communication plan that reflects a consistent and positive representation of diverse people and ideas throughout OHSU and the community.
6. Enhance community collaborations and business partnerships designed to engage diverse communities in healing, teaching, research and community outreach.
**NEXT STEPS**
This strategic plan outlines the overall structure the University seeks to achieve over the next five years. As each objective is approached, specific action plans will be published delineating the institutional authority within the organizational structure (e.g., Executive Leadership Team, deans, divisions, units) and the timeline for each action to be delivered and evaluated.

**REQUIREMENTS FOR SUCCESS**
Successful diversification and inclusion require the Executive Leadership Team to endorse a comprehensive and transparent diversity plan that is carried out by every member, in every mission area, and every activity of business. Integrating diversity and inclusion throughout the university requires commitment, resources, and cultural transformation. Successful and enduring diversity can only exist when certain conditions exist. These prerequisites for success include the following:

1. OHSU must continue to make a significant financial commitment and investment in individuals and programs, most notably in the areas of faculty recruitment and development of students, faculty, staff, residents, fellows and the community at large.

2. All OHSU community members must understand that issues of diversity are a shared responsibility. The goal of enhancing diversity cannot be limited to only a few individuals, units or missions.

3. Diversity is a result of coordinated and sustained efforts of all members of the campus community. It requires innovative leadership who are willing to take perceived risks and implement different strategies to build and sustain diversity throughout OHSU.

4. All OHSU members must value different people, ideas and methods in significant and meaningful ways throughout the campus community.
Objective 1

Assess and enhance the university climate to support and advance diversity and inclusion.

1. Develop and implement a university-wide diversity climate assessment and improvement process, including periodic surveys, diverse focus groups and diversity program inventories.
   a. Publish assessment and inventory results.
   b. Based upon assessment results, create and enhance programs and procedures supporting all elements of diversity, including race, ethnicity, gender, disability and sexual orientation.
   c. Every three years the university will conduct a campus climate survey and compare the results to the initial baseline data to assess the effectiveness of implemented diversity initiatives. Additionally, such data will be used to guide the planning, development and implementation of future initiatives.

2. Assess, develop and enhance university policies and procedures for inclusion and incorporation of diversity.
   a. Create and enhance policies and training to advance diversity, inclusion and cultural competency.
   b. Increase awareness of policies and guidelines supporting diversity, such as those developed by Affirmative Action & Equal Opportunity, the Center for Diversity & Multicultural Affairs and other university units.
   c. Implement and adopt best practices across the university.

3. Enhance accessibility at OHSU and create accessibility design standards to meet the access needs of individuals with disabilities.
   a. Assess existing practices, policies, procedures and services for individuals with disabilities.
   b. Increase number of construction improvement projects to eliminate barriers to accessibility in existing buildings and grounds.
   c. Develop and adopt standards which exceed the requirements of the Americans with Disabilities Act to meet needs of individuals with disabilities.
   d. Develop and modify university policy governing use of accessibility standards.
   e. Implement and adopt best practices for construction design across the university.
   f. Develop culture and sensitivity training regarding people with disabilities.

4. Create a mechanism to increase inclusion by adopting diverse images, events and activities at OHSU.
   a. Increase the number of works of art by diverse artists or depicting diverse subjects displayed on campus.
   b. Increase exposure of diversity within all OHSU events and activities.
   c. Create an exhibit of diversity located in a prominent place on campus.
   d. Create inclusive process for diversifying permanent art installations on campus.

5. Create a President’s Diversity Award to recognize and honor members of the OHSU community who contribute to the advancement of diversity initiatives.
   a. Develop and publicize award criteria with the assistance of Marketing & Communications.
   b. Increase in the numbers of nominees and attendees at annual recognition event.
Objective 2

Increase recruitment and representation of diverse students, residents, fellows, faculty and staff throughout the university.

1. Establish a unified process for enhancing recruitment and retention of diverse students, residents, fellows, faculty, staff and board members, and for reporting and evaluating results.
   a. Assess existing practices, policies and procedures.
   b. Campus units will develop, present and implement individual diversity plans consistent with the goals, principles and suggestions outlined in the diversity strategic plan. These self-developed plans will be used to help assure accountability and assess progress.
   c. Implement recruitment best practices across the university.
   d. Increase communication, participation and accountability by all schools and units to increase diversity of applicant pools from hiring to selection.
   e. Expand local and national collaboration and community outreach activities to increase diversity of applicant pools.
   f. Enhance efforts with “Employer of Choice” committee to create a recruitment resource that communicates benefits, programs and other incentives.
   g. Increase funds for diversity outreach and enrichment activities.

2. Develop and implement a required diversity recruitment plan for faculty, research and unclassified administrative vacancies to be used by all units.
   a. Assign a high-level university official to oversee the diversification of the faculty, residents and fellows.
   b. Centralize efforts to establish a plan and an evaluation process followed by annual review and report.
   c. Establish reduction target for waivers based on assessment.
   d. Increase the number of online advertisements and printed announcements of vacancies in mainstream and diversity-focused professional organizations.
   e. Establish diversity recruitment toolkits and provide training and support to search committees to effectively diversify search and pools.
   f. Increase and track number of diverse members on search committees, requiring an annual search committee report from each school and unit.

3. Create new university-wide accountability and incentives for recruitment and retention of diverse students, residents, fellows, faculty and staff, including hiring bonuses, relocation packages, lab funds and program recognition.
   a. Integrate diversity as a component for evaluating all supervisors.
   b. Increase resources for university-supported recruitment and retention programs to enhance university outreach efforts.
   c. Tailor existing grants and stipends to support diversity research.

4. Assess and develop a competitive benefits plan that may include childcare, parking, housing and spouse/partner employment packages.
   a. Explore and recommend new benefits to add to the current plan.
Objective 3

**Implement a comprehensive program to enhance retention, advancement and engagement at OHSU.**

1. Guide OHSU Health System, Schools, Centers and Institutes and the OHSU Foundation to enhance university curriculum and training programs for inclusion and support of diversity and cultural competency.
   a. Provide faculty and students with opportunities to cultivate and integrate cultural competency in their learning, teaching, research and campus activities.
   b. Host diversity forums and workshops to provide resources regarding diversity ideas and multicultural perspectives to enhance curriculum, program, and service delivery content and to integrate and welcome diverse populations.
   c. Incorporate diverse perspectives and diversity training for students, residents, fellows, faculty and staff.
   d. Increase number of diverse speakers and topics for Grand Rounds and other university speaker programs.
   e. Provide educational opportunities in university programming and campus event planning to enhance understanding and appreciation for diversity.
   f. Increase community service opportunities and rotations in diverse communities across the state of Oregon.

2. Enhance career path development, guidance, support and resources for staff, faculty, residents and fellows.
   a. Assess, enhance and develop as appropriate the university training, leadership and mentorship programs.
   b. Create an internal fellowship program to advance research assistant professors to tenure-track positions.
   c. Develop resources for employees to map career options.
   d. Create and enhance communications to inform employees of current resource availability and opportunities.
   e. Add diversity to Passport and other essential areas of employee orientation and trainings.

3. Create a welcoming environment to enhance retention of students, residents, fellows, faculty, and staff.
   a. Update and distribute OHSU diversity resource guide.
   b. Invite diverse students, faculty and staff to participate in Say Hey, NW! and to other local community gatherings.
   c. Send welcome communication packet to new employees from HR.

4. Evaluate employee retention by job types, including entrance and exit interviews through a centralized process led by Human Resources.
   a. Review trends and make recommendations for departments as needed.

“I enjoy the camaraderie of my classmates and the collaborative work environment fostered at OHSU. It seems like there is a place for all different personalities and backgrounds.”

-Gene Paek
Student
School of Medicine
Objective 4

Develop and implement standards to ensure responsibility and accountability for achieving OHSU’s diversity, multiculturalism, cultural competency and affirmative action related goals and objectives.

1. Establish guidelines for departments and units to incorporate diversity within the process of merit and promotion consistent with departmental criteria and regional standards.
   a. Develop appraisal tools, policies and practices which include diversity accountability and progress.
   b. Increase accountability of hiring entities for diversity outreach, hiring and appointments.

2. Evaluate OHSU Health System, Schools, Centers and Institutes and the OHSU Foundation regarding progress of diversity goals.
   a. Publish diversity progress in evaluation materials.
   b. Track quality and quantity of appraisals by department and units.

3. Produce an annual university report of progress toward achieving diversity, multiculturalism, cultural competency and affirmative action goals.
   a. Develop terminology to classify identification of students, residents, fellows, faculty, staff, patients and others by adopting and using same categories and subcategories related to race and ethnicity.
   b. Collect information and publish a document for each department and or mission measuring progress toward achieving DAC strategic plan activities on established timeline.

4. Create the position of Vice President for Diversity to lead and implement change advancing OHSU’s diversity activities, strategies and initiatives across the university.
   a. Continue to lead existing and to create new diversity initiatives throughout the university.
   b. Evaluate and report participation of units, departments and schools to support and practice diversity strategic objectives as recommended.
   c. Review, evaluate and report progress of tactics to President and Executive Leadership Team (ELT).
   d. Provide advice to the President and ELT on best practices.
   e. Serve as a central resource to the OHSU community.

5. Enhance the Diversity & Multicultural Affairs fund to support diversity and multiculturalism at OHSU.
   a. Develop comprehensive marketing plan for DAC membership and the OHSU foundation to lead fundraising efforts for the diversity fund.
   b. Increase amount of fund balance and number of contributors.

6. Strengthen relationships with the foundation, schools, alumni and other entities to develop diversity scholarships to increase outreach to diverse populations.
   a. Set annual goals for fundraising and award amounts per individual units.
   b. Create criteria for student scholarship and application stipend awards.

“The existence of diversity in this cooperative environment serves to remind us that diversity is a strength, and not a dividing factor.”

Amala Soumyanath, PhD
Associate Professor
Neurology
Objective 5

Develop and implement a comprehensive communication plan that reflects a consistent and positive representation of diverse people and ideas throughout OHSU and the community.

1. Enhance positive communication about diversity news and opportunities throughout OHSU via all forms of communication.
   a. Integrate diversity into Marketing & Communication’s communication plan.
   b. Enhance OHSU publications to contain at least one diversity-related item with a positive message per publication.
   c. Provide official definition of diversity and diversity-related tools in all employee and student recruitment and orientation materials.
   d. Highlight Diversity Calendar and events to serve as a resource and opportunity to increase cultural sensitivity and understanding.

2. Develop an official OHSU definition of diversity and diversity business case statement.
   a. Adopt definition and business case into OHSU policy.
   b. Communicate and publish in university publications and all forms of communication official definitions.
   c. Create official OHSU definitions for common diversity-related terminology and publish a reference glossary.

3. Enhance communication and partnership to advance diversity initiatives across OHSU Health System, Schools, Centers and Institutes and the OHSU Foundation.
   a. Create consistent language and message of diversity in all communications.
   b. Increase use of images and stories of diverse OHSU students, faculty, staff, patients, volunteers and the community at large.
   c. Increase documentation of stories about diverse people and programs reflecting our missions.

4. Develop an institutional diversity website to support resources.
   a. Create and launch website to increase diversity inclusion and awareness.
   b. Unify resources and support individual diversity objectives.
   c. Develop metrics to assess traffic to and use of site.
   d. Collect and respond to feedback gathered through submissions through the site from students, residents, fellows, faculty, staff, board members, patients, collaborators and community members.
   e. Develop a comprehensive publicity effort to promote, advertise and communicate diversity campus activities throughout the calendar year.

“I feel that all the work we do here at OHSU contribute to the general welfare of our beautiful city, our state, our country and our world - the entire world.”

Donovan Redtomahawk, CMA Research Assistant Division of Pulmonary & Critical Care Medicine
Objective 6

Enhance community collaborations and business partnerships designed to engage diverse communities in healing, teaching, research and community outreach.

1. Develop a university community engagement plan.
   a. Increase attendance at community events and interactions between OHSU students, residents, fellows, faculty, staff, board members and the community at large.
   b. Increase OHSU partnerships and collaborations.
   c. Create an annual community report to inventory and track partnerships.

2. Strategically match OHSU sponsorship initiatives to engage local and national diverse communities and organizations.
   a. Publish criteria for sponsorship qualification and consideration.
   b. Increase the percentage of sponsorship funds donated to diverse organizations and communities.
   c. Publish a list of OHSU-sponsored activities and encourage employees to attend in support of diversity and increase individual cultural competency.

3. Enhance the OHSU supplier, procurement and contracting program to increase inclusion of women- and minority-owned small businesses.
   a. Create Diversity Supplier program to increase the number of contracts awarded to women- and minority-owned small businesses by Contracting Services.
   b. Increase the percentage of overall spending and contract awards to women- and minority-owned small businesses.
   c. Develop best practices to increase outreach with diverse community organizations and chambers of commerce.
   d. Develop and track the number of notices in minority newspapers and other communications to reach out to diverse communities.
   e. Review and evaluate program on an annual basis.

4. Analyze ways to increase the representation of minorities, women and other underserved populations in research trials.
   a. Determine targets for increasing minority and women study participants based on comprehensive analysis.
   b. Adopt centralized plan to increase representation of women and underserved populations.
   c. Explore ways to increase research at OHSU that address health disparities.
   d. Create a toolbox for supporting research, including promulgating information about funding opportunities.

5. Enhance the dissemination of health and education information to historically underserved populations.
   a. Increase participation in community health fairs or other related events to deliver public health information or screenings in diverse communities.
   b. Create a communication plan addressing the needs to produce resources and information in multiple languages.
   c. Establish a self reporting mechanism to collect information from the various units on outreach efforts.
   d. Increase university participation in educational outreach to promote OHSU academic programs at local and national levels.

“Students are constantly contributing examples from their life experiences to the ongoing academic conversation. Sharing and taking ownership in our collective experiences will ultimately help us to appreciate our differences, making us stronger clinicians who are better able to solve problems.”

Jacob R. Morrow, MPH
Student
School of Dentistry
Glossary of Key Terms

**Affirmative Action**
Affirmative action encompasses OHSU’s legal obligation and good faith efforts to establish an affirmative action plan that includes goals and procedures for the purpose of increasing the proportion and effective utilization of minorities and women employed in positions where minorities and women are underrepresented.

**Cultural Competency**
Cultural competency is a comprehensive collection of behaviors, attitudes, practices and policies that creates an inclusive environment for people of diverse backgrounds. Cultural competency is achieved by integrating the awareness, knowledge base and learned skills needed to effectively and sensitively educate, work with and provide health care to people of diverse backgrounds. Striving to be culturally competent allows OHSU to best serve its diverse constituencies, including people who have been historically marginalized or excluded based on factors such as race, ethnicity, gender, sexual orientation or disability.

**Diversity**
Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers and our local and global communities. Diversity includes age, culture, disability, ethnicity, gender, national origin, race, religion, sexual orientation, diversity of thought, ideas and more. Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence and outstanding service.

**Diversity Business Case**
Diversity is essential to realize our multifaceted mission and to set the example for integrity, compassion and leadership in health care, education, research and community service. Diversity is fundamental to OHSU’s ability to attract and retain top talent, achieve innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive.

**Equal Opportunity**
OHSU provides equal opportunities to all individuals without regard to race, religion, national origin, disability, age, marital status, sex, sexual orientation, military service, or any other status protected by law. This policy applies to all employment, student and patient related activities.

**Inclusion**
Inclusion encompasses an environment that supports and embraces members of diverse backgrounds. Inclusion enhances the environment for all members of the OHSU community by cultivating a campus climate where all members feel they belong and by encouraging engagement with multiple points of view that represent the variety of understanding and knowledge necessary for a healthy society.

**“Person First” Language**
“Person First” language reflects a positive approach to persons with disabilities. It involves using the term “person with a disability” in lieu of “disabled person” and other terminology that does not put the person before the disability, and avoids the use of stereotypes and negative labels such as “victim,” “afflicted,” “crippled” or “handicapped.”

The definition of diversity, diversity business case and use of “Person First” language are incorporated into OHSU policy by the Equal Opportunity Policy (#03-05-030).
Acknowledgements

We would like to acknowledge the individuals who contributed to and facilitated the creation of this plan. Their input, advice and support.

Jennifer Boyd
Director
President’s Office

Mike Tom
Equal Opportunity Compliance Officer
Affirmative Action & Equal Opportunity

DAC Members

The individuals pictured in this document represent the diversity that OHSU represents. Featured include:

Kevin Arce, DMD, MD
Assistant Professor
Oral and Maxillofacial Surgery

Joshi Alumkal, MD
Assistant Professor
Hematology/Oncology

Binoy Appukuttan, MD
Senior Research Associate
Casey Eye Institute

Elisa Cardenas
Graduate Student
School of Medicine

Alan Chen
Student
School of Dentistry

Mary Church
Volunteer
Casey Eye Institute

Mohamud Daya, MD, MS
Associate Professor
Emergency Medicine

Beth Darnall, PhD
Assistant Professor
Anesthesiology & Peri-Operative Medicine

Dodie de la Cruz
Student
School of Medicine

Jose Michael Dietrich-Leis
Research Assistant
Center for Hematologic Malignancies

Xiuhong Feng, PhD
Senior Research Associate
Molecular Microbiology & Immunology

Deonetae Gates
Quinton Harold
Office Specialist
Center for Hematologic Malignancies

Pat Holdner
Lucien Lapierre
Pharmacy Technician
Central Pharmacy

Moqing Liu, PhD
Post Doctorate Fellow
Molecular Microbiology & Immunology

John Ma, MD
Professor and Chair
Emergency Medicine

Carol Marquez, MD
Associate Professor
Radiation Oncology

Jill Miller, MD
Assistant Professor
Internal Medicine

Jacob Morrow, MPH
Second Year Student
School of Dentistry

Celine Nardi
Student
School of Dentistry

Eneida Nemecek, MD, MS
Assistant Professor of Pediatrics
Hematology/Oncology

Maddalla Noel
Self Enhancement, Inc. Intern
Center for Diversity & Multicultural Affairs

Gene Paek
Second Year Student
School of Medicine

Leonardo Pereira, MD
Assistant Professor Obstetrics & Gynecology

Alex Perepechaev
CURE Student
OHSU Cancer Institute

Donovan Redtomahawk, CMA
Research Assistant
Division of Pulmonary & Critical Care Medicine

Rich Reed, PA
Patient Care Coordinator
Cardiothoracic Surgery

Teresa Seely, RN
Registered Nurse
Pediatric Intensive Care

Michelle Singer, BS
Communications Coordinator
One Sky Center
Center for American Indian Health Education & Research

Amala Soumyanath, PhD
Associate Professor
Neurology

Anita Taylor, MAEd
Associate Professor, Family Medicine

Charles Thomas, MD
Professor & Chair
Radiation Oncology

Jorge E. Tolosa MD, MSCE
Associate Professor Obstetrics & Gynecology

Tony Tucker
Volunteer
Casey Eye Institute

Luzviminda Tulipat
Lead Dental Assistant
Graduate Periodontology

Laura Villasana
Third Year Graduate Student
Behavioral Neuroscience

Karl Welke, MD
Assistant Professor
Cardiothoracic Surgery

Jason E. Williams, MD, MPH
Gastroenterology Fellow
Internal Medicine

Latasha Williams, MD
Assistant Professor Pediatric

We wish to thank the OHSU students, faculty, staff, residents, fellows, volunteers and OHSU patients who participated in the strategic planning process with gratitude,

Leslie Garcia, MPA & Mariann Hyland, JD
Diversity Advisory Council, Co-Chairs
Appendix B.3.3. Student Profile

Enrollment: Fall 2009

In fall 2009 OHSU total enrollment reached 2,583 students, a one-year increase of 6.6% (159 students) compared to fall 2008. Fall 2009 enrollment was distributed as follows:

- 728 undergraduates (28.2%),
- 1,803 research and professional practice graduate students (69.8%), and
- 52 (2.0%) students in non-degree courses.

One-year enrollment growth varied by school due to targeted nursing workforce investments by the 2007 Legislative Assembly.

- School of Nursing increased 16.1% (129 students) with a 21.2% increase in undergraduates and a 4.4% increase in graduate students;
- School of Medicine increased by 2.9% (37 students) – 8.6% increase in graduate enrollment; no change in undergraduates; and one fewer MD student;
- School of Dentistry declined by 2.1% (7 students), six in the DMD program.

Degrees & Certificates: 2008-09

In 2008-09, 888 degrees were awarded:

- 10.5% (93) in Dentistry
- 56.0% (497) in Medicine
- 33.6% (290) in Nursing

Dentistry awarded 93 degrees with 78 DMDs, 4 master’s degrees, and 11 graduate certificates.

Medicine awarded 336 degree as follows:

- 121 MDs;
- 86 master’s degrees in physician assistant studies (34), public health (27), biomedical informatics (13), clinical research (11), and clinical dietetics (1), and engineering (1);
- 39 PhDs and 45 master’s degrees in basic sciences;
- 46 graduate certificates in biomedical informatics (25), human investigations (11), and engineering (10).

Degrees awarded jointly include:

- 80 PharmDs with Oregon State University
- 46 undergraduate degrees with Oregon Institute of Technology

Nursing awarded 298 degrees: 211 baccalaureates, 60 master’s degrees, 19 doctorates and 8 graduate certificates.

Total awards in 2008-09 fell short of the historical high of 969 degrees in 2005-06.

Productivity: 2008-09

Proportion of new OHSU students in 2003 that completed by 2008-09:

- 97.3% of DMD students
- 96.2% of MD students
- 95.2% of baccalaureate nursing students
**Student Profile 2009 (continued)**

## Diversity

In fall 2009, the majority of OHSU’s students were white (82.7%), followed by Asian (10.5%), Hispanic or Latino (3.3%), Black or African American (1.4%), American Indian or Alaska Native (1.3%) and Hawaiian or Pacific Islander (0.8%), and more than one race (0.1%). This distribution excludes students that declined to select an ethnicity (8.5%), foreign students (3.9%) and students who selected more than one race (0.1%).

- Historically underrepresented minority groups – Hispanic/Latino, Black/African American, American Indian/ Alaska Native and Hawaiian/Pacific Islander – made up nearly 6% of total enrollment in fall 2009 and more than a third of OHSU’s minority student population in fall 2009.
- In fall 2009, student ethnic diversity was 17% in the School of Dentistry, 21% in the School of Medicine and 13% in the School of Nursing.

Minority enrollment varied by program within schools.

- SOO programs: 0% in masters, 16.9% in dentistry, and 27.3% in graduate certificate;
- SOM programs: 12.1% in physician assistant, 16.1% doctoral, 20.7% graduate certificate, 23.2% masters, 26.7% radiation therapy, and 23.6% medicine;
- SON programs: 12.0% undergraduates, 14.4% masters, and 12% doctoral students.

Females comprised the majority of OHSU students in fall 2009 (62.4% or 1,611 students).

The proportion of female students was 30.4% in the DMD program, 53.3% in the MD program, 51.7% in the SOM PhD programs, and 83.5% in undergraduate nursing programs.

In fall 2009, the proportion of first-time, full-time students that are Oregon residents varied by program cohort:

- 73% of medical students (MD)
- 33% of dentistry students (DMD)
- 91% of the baccalaureate nursing students

Oregon residents in these programs paid lower tuition rates than non-resident students due to the availability of state support for these programs.

OHSU enrolled 81 students holding student visas from nearly 25 different countries in 2008, which represents a significant decline from 184 in 2003.

- The majority were enrolled in PhD programs in the basic/biological sciences.
- The top countries of origin for these students included China (17 students), India (17 students), Japan (6 students), Canada (5 students), South Korea (5 students), and Thailand (5 students).

---

**Minority Student Enrollment**

*Fall 2000 through Fall 2009*

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Minority</th>
<th>Under-Represented Minority*</th>
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<tr>
<td>'00</td>
<td>13.6%</td>
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<td>16.5%</td>
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<tr>
<td>'06</td>
<td>17.4%</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

*Excludes "Asian/Pacific Islander" students; 2009 excludes "Asian" students only.

Of the degree and certificate recipients in 2008-09:

- 63.0% were female
- 81.1% were white
- 17.7% self-identified as a racial/ethnic minority

The distribution by racial/ethnic minority group:

- 1.0% American Indian/Alaska Native
- 11.9% Asian/ Pacific Islander
- 1.7% Black/African American
- 3.1% Hispanic/Latino

Of these recipients that are minority students,

- Two-thirds identified as Asian/ Pacific Islander
- 6.0% identified as historically underrepresented minorities.
These policies for faculty appointments and advancement at OHSU are intended as the framework for university wide faculty policy related to these broad topics. As such, they are designed to promote consistency of policy and practice at a high level in treatment of OHSU faculty in the schools, research institutes and centers. At the same time, the University recognizes the importance of providing flexibility to the individual schools and research institutes as needed to recruit, hire, promote, and retain their faculty in accord with their mission(s). In this context, individual units may add to these policies as long as the unit policies and processes comport with OHSU’s policy framework. For example, the units may utilize working titles that differ from the faculty ranks described in this policy as needed to conform to funding agency requirements.

1. **FACULTY SERIES AND RANKS**

   Faculty ranks are organized by series that may be used by any of the OHSU schools and the research institutes and centers, as appropriate to the unit’s mission and programs.

2. **ACADEMIC FACULTY**

   Academic faculty shall consist of those holding academic faculty rank appointments in the Professor, Research Professor, Clinical Professor, or Affiliate Professor series, or other academic faculty ranks using the modifiers Adjunct, Visiting, or Affiliate to denote specific types of appointments as described in section 4 of this policy. The modifier Provisional may be used by the school to denote faculty appointments pending approval by the school’s Promotion and Tenure Committee.

   The Academic Faculty Series shall consist of the ranks listed below (the definitions of each rank follow in section 7). The schools may choose alternate terminology across each series, such as “Professor of Medicine, Professor of Research Medicine, and Professor of Clinical Medicine,” or similar terminology as appropriate to the school’s mission(s).

   A. **PROFESSOR:**
      - Professor
      - Associate Professor
      - Assistant Professor
      - Senior Instructor
B. **Research Professor:**
- Research Professor
- Research Associate Professor
- Research Assistant Professor
- Research Senior Instructor
- Research Instructor

C. **Clinical Professor:** Primary faculty who are appointed/promoted in the new clinical faculty series with OHSU compensation.
- Clinical Professor
- Clinical Associate Professor
- Clinical Assistant Professor
- Clinical Senior Instructor
- Clinical Instructor

D. **Affiliate Professor:** Volunteer or community faculty without OHSU compensation. This faculty series does not apply to faculty in the Scientist series who may conduct research at another OHSU research institute or center on a compensated basis due to funding agency requirements.
- Affiliate Professor
- Affiliate Associate Professor
- Affiliate Assistant Professor
- Affiliate Senior Instructor
- Affiliate Instructor
- Affiliate Faculty (unranked)

3. **Scientist Faculty**

Scientist faculty shall consist of those holding faculty rank appointments in the Scientist or in the Staff Scientist faculty series respectively or other research-related appointments. Definitions for ranks in each faculty series are provided in section 7, “Definitions of Faculty Ranks”.

The Scientist Faculty Series shall consist of:

A. **Scientist**
- Senior Scientist
- Associate Scientist
- Assistant Scientist

B. **Staff Scientist**
- Senior Staff Scientist
- Staff Scientist 3
- Staff Scientist 2
- Staff Scientist 1

C. **Research Assistant Scientist**: Special use title; not a faculty series.

4. **Faculty Rank Modifiers**: The modifiers for faculty rank are:

   A. **Adjunct**: Typically used as a prefix to academic rank for academic faculty engaged with less than 0.5 FTE or a temporary appointment; however, usage may vary by unit if needed for flexibility in faculty recruitment and promotion.

   B. **Provisional**: A suffix to faculty rank of Associate Professor or Professor to denote a faculty appointment pending action by the school’s promotion and tenure committee.

   C. **Visiting**: A prefix to academic rank for individuals who are temporarily appointed to the faculty or who are on leave from another university or college.

   D. **Affiliate**: A designation without employment by OHSU that signifies a relationship with a specific academic department and/or school. Designates volunteer faculty, full- or part-time, and does not apply to joint appointments of faculty between units in the University. Specific services are to be determined by the department chair and/or by the dean. Appointments and rank assignments will be recommended by the dean in accordance with the process established by the school; this process may vary by school. The dean will use this process to ensure that the school’s overall needs for community-based education and other aspects of the school’s mission are met.

   E. **Emeritus**: As per OHSU Policy No. 03-15-070(1), “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 title may also be conferred in writing by the Provost upon recommendation of the Vice President for Research on behalf of a retired faculty member recommended for this distinction by a research institute or center director. Such designation does not bestow regular faculty entitlements such as office or laboratory space.

5. **Faculty Appointment Authority**

   A. The Provost has approval authority for all faculty appointments in accord with Policy No. 03-15-025. The Deans of the School of Dentistry,
School of Medicine, School of Nursing, and the School of Science & Engineering must review and approve all academic faculty appointments within their respective schools that are forwarded to the Provost for approval.

B. The Vice President for Research must review and approve appointments of those faculty members in the Scientist faculty series and the Staff Scientist faculty series in research centers and institutes situated outside of the schools that are forwarded to the Provost for approval. The Directors of certain research institutes, as designated by the Vice President for Research and by the Provost, have authority to recommend primary faculty appointments in the Scientist faculty series within their respective units, and will forward these recommendations to the Vice President for Research and to the Provost for their respective approvals.

C. Joint appointments of faculty require approval by the department chair or program director and the dean or director of the unit awarding the joint appointment. See section (6)(B) of this policy for additional details.

6. PRIMARY AND JOINT APPOINTMENTS

A. Primary appointments are appointments made by the person having approval authority for faculty appointments in a school or research institute, per section 4 of this policy.

B. Joint appointments between OHSU units require approval by the department chair or their equivalent and the dean or director of the unit awarding the joint appointment. A joint appointment may be at different faculty appointment levels/ranks. Joint appointments are awarded to faculty deemed to contribute to the mission(s) of the awarding department or area.

7. DEFINITIONS OF FACULTY RANKS

Definitions are provided for each rank for consistency of use university-wide; however, units may add to these definitions as desired to customize the position requirements within the unit, subject to approvals as noted in this policy.

A. PROFESSOR SERIES

The ranks of Professor, Associate Professor, or Assistant Professor in the Professor Series are appropriate for faculty who have an earned doctorate. The School making the primary appointment may also require additional postdoctoral training. In addition, the ranks of Professor and Associate Professor in the Professor Series are tenurable; the other ranks in this series are tenurable by exception, as explained in section 2(D) of
Policy No. 03-15-025.

(1) **PROFESSOR**: highest academic rank reserved for faculty who have (a) an outstanding record of accomplishment in the mission(s) designated by the school; or (b) a substantial record of accomplishment in at least two of the following categories: teaching, scholarship, or service/practice, and an outstanding record in the third (note that service is referred to as citizenship in the School of Nursing). The faculty member should have achieved national or international recognition as an academician.

(2) **ASSOCIATE PROFESSOR**: academic rank reserved for faculty who have a satisfactory record of accomplishment in two of the following categories: teaching, scholarship, service or practice and a substantial record in teaching or scholarship.

(3) **ASSISTANT PROFESSOR**: junior level academic rank for faculty who have appropriate qualifications (educational background and/or professional experience) and accomplishments demonstrate evidence of competence and capacity for growth.

(4) **SENIOR INSTRUCTOR**: faculty member with special skills or experience needed in an instructional program but who would not normally meet the criteria to be promoted to any of the higher faculty ranks.

(5) **INSTRUCTOR**: entry level instructor who meets minimum qualifications (educational background and/or professional experience) to serve in this capacity.

(6) **LECTURER**: special faculty appointment for persons with limited formal academic preparation, but outstanding professional accomplishment.

B. **RESEARCH PROFESSOR SERIES**

(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 may be required by the school.

(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 may be required by the
school.

(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 may be required by the school.

(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. A contribution to the education program may be required
by the school.

(5) **RESEARCH INSTRUCTOR:** entry level instructor, research
emphasis. The faculty member receives his/her financial support
primarily from grants, contracts, or gifts. A contribution to the
education program may be required by the school. Meets minimum
qualifications (educational background and/or professional
experience) to serve in this capacity.

C. **CLINICAL PROFESSOR SERIES**

(1) **CLINICAL PROFESSOR:** highest academic clinical rank
reserved for faculty engaged primarily in clinical teaching and/or
practice, and meets competencies of faculty rank in service
contribution. A contribution to the research program or some
scholarly activity may be required by the school.

(2) **CLINICAL ASSOCIATE PROFESSOR:** academic clinical rank
reserved for faculty engaged primarily in clinical teaching and/or
practice, and meets competencies of faculty rank in service
contribution. A contribution to the research program or some
scholarly activity may be required by the school.

(3) **CLINICAL ASSISTANT PROFESSOR:** junior level academic
clinical rank reserved for faculty engaged primarily in clinical
teaching and/or practice, and meets competencies of faculty rank in
service contribution. A contribution to the research program or
some scholarly activity may be required by the school.

(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.

(5) **CLINICAL INSTRUCTOR:** entry level instructor; clinical emphasis. Meets minimum qualifications (educational background and/or professional experience) to serve in this capacity.

D. **AFFILIATE PROFESSOR SERIES** (formerly volunteer faculty series)

(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. Alternate terminology as appropriate: Affiliate Clinical Professor or Affiliate Research Professor.

(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. Alternate terminology as appropriate: Affiliate Clinical Associate Professor or Affiliate Research Associate Professor.

(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. Alternate terminology as appropriate: Affiliate Clinical Assistant Professor or Affiliate Research Assistant Professor.

(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. Alternate terminology as appropriate: Affiliate Clinical Senior Instructor or Affiliate Research Senior Instructor.

(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. Alternate terminology as appropriate: Affiliate Clinical Instructor or Affiliate Research Instructor.

(6) **AFFILIATE FACULTY:** (unranked).
E. **Scientist Series**

Research institutes (outside the schools) with the authority to make faculty appointments generally utilize the Scientist and the Staff Scientist faculty series.

Faculty in the Scientist series are expected to develop and direct an independent research activity/investigation that is supported by research funds from one or more external sources. Discovery and promulgation of new knowledge is a sine qua non for appointments in this series. Appointees are also expected to have an interest in and capacity for didactic and/or practical teaching, training and/or advising of undergraduate, graduate, medical students, postdoctoral fellows, healthcare professionals, governmental, occupational, and community groups.

(1) **Senior Scientist**: reserved for the most distinguished independent research faculty, with national and international recognition, and with a consistent record of outstanding performance in research, and training/teaching/advising graduate and/or postdoctoral students. Demonstrated competence in the field of specialty by obtaining research funds to support and direct a research activity/investigation; supervising research activity/teams; contributing to the scientific community by publishing in highly regarded peer-reviewed scientific journals; having national or international recognition.

(2) **Associate Scientist**: requires a record and peer recognition of excellence in independent research and in training/teaching/advising graduate and postdoctoral students; evidence of creation of new knowledge with track record of publication in highly regarded peer-reviewed scientific journals; evidence of national and/or international recognition as a research scientist.

(3) **Assistant Scientist**: requires relevant doctorate and several years of postdoctoral training or equivalent experience with major commitment of independent investigation, evidence of very high competency in original research, research productivity, and interest in and capacity for training/teaching graduate and/or postdoctoral students.
F. **STAFF SCIENTIST SERIES**

Faculty in this series conduct research or provide essential research-related services beyond the level of a postdoctoral fellow. May provide high-level research support to other OHSU scientists, where the Staff Scientist’s salary is partially or completely provided by those scientists or by OHSU. Not required to have independent funding, although the Staff Scientist may be funded by and performing research on another scientist’s study, for the purpose of applying for independent funding. Considered independent investigators and may apply for all research grants subject to OHSU procedures. Must have a relevant doctorate. Exception to the requirement for a terminal degree and postdoctoral training may be requested by the division head and authorized by the research institute director, in unique and exceptional circumstances.

(1) **SENIOR STAFF SCIENTIST**: highest rank in the Staff Scientist series; postdoctoral degree in an OHSU laboratory or equivalent training environment required. Must receive external funding, either as co-principal investigator or by directing a research program independent from the principal investigator. At least 25 percent of salary should be provided by own grant(s). Due to funding status, the faculty member can launch own independent research career within OHSU or elsewhere. If serving as a director or providing essential research-related services, the faculty member has primary responsibility for grant writing for the department or unit, supervising personnel, and providing a service that is recognized outside of OHSU for its expertise.

(2) **STAFF SCIENTIST 3**: similar to Staff Scientist 2 rank but faculty is actively engaged in the development and submission of grant/funding proposals and technical reports, either his/her own or in conjunction with the principal investigator, or the department or unit. Postdoctoral degree in an OHSU laboratory or equivalent training environment required. Typically will have some external funding either as co-principal investigator or principal investigator. If serving as a director or providing essential research-related services, the faculty member has greater responsibility for guiding the evolution of the department or unit and adapting new technologies and services.

(3) **STAFF SCIENTIST 2**: perform research consistent with goals of a principal investigator, share a substantial portion of the principal investigator’s responsibilities in managing the laboratory and usually writing grants. Postdoctoral degree in an OHSU laboratory or equivalent training environment required. If serving as a director or providing essential research-related services, assist in
grant writing and developing new services. Required to have an exceptional or singular command of a professional sphere of knowledge. Operate within established functional goals and provides general management to the unit.

(4) **STAFF SCIENTIST 1:** perform research consistent with the goals of a principal investigator, or because of his/her singular expertise, may either manage a service core or perform essential research-related services requiring specialized or technological expertise, including mastery of complex principles and practices. Management elements may require coordinating activities, sub-functions, and organizational needs and priorities. Postdoctoral degree in an OHSU laboratory or equivalent training environment required.

G. **RESEARCH ASSISTANT SCIENTIST**

Working title for senior post-doctoral employee who is applying for an NIH grant. This title satisfies NIH criteria for eligibility to submit grants.

8. **IMPLEMENTATION DATE**

Full implementation of this policy is expected to begin July 1, 2008.

Background:  OAR 580-20-005
Formerly Policy No. 03-10-020 (renumbered 1/05/10)

Related policies, procedures and forms:

Implementation date:  October 10, 1996

Revision dates:  July 8, 1999; September 14, 1999; February 27, 2008

Responsible office:  Academic Affairs
Appendix B.4.2. Faculty Employment Contracts/Appointments Policy

Policy Name: FACULTY EMPLOYMENT CONTRACTS/APPOINTMENTS

Effective Date: January 1, 2009

1. GENERAL

A. NOTICE OF APPOINTMENT (NOA)

The terms of the faculty employment contract/appointment are contained in the Notice of Appointment (NOA) and the Clinician Employment Agreement (CEA). The NOA is issued by the Provost on behalf of the University after approval of the faculty hire by the appropriate unit and university authorities. The CEA is issued by the School of Medicine to faculty who will provide clinical services beyond those, if any, provided under their NOA. Both temporary and regular faculty on OHSU payroll receive NOAs and, where applicable, CEAs, at the time of hire.

University primary academic appointments reflect FTE and unit-provided funding.

The NOA shall include, but not be limited to, the following:

(1) Effective date and duration of the faculty appointment/contract;

(2) Description of position offered, including references to any unusual duties, and a statement that the job description shall be maintained at the department or unit office;

(3) Tenure status;

(4) Compensation;

(5) Other major conditions of employment.

The CEA shall include, but not be limited to, the following:

(a) Effective date and duration of the agreement;

(b) Description of duties of clinician and OHSU;

(c) Provisions relating to confidentiality, non-solicitation, and non-competition, if applicable;

(d) Other major conditions of employment.
B. **Offer Letter**

With the exception of Fixed Term (One-Year) faculty appointments/contracts, the Provost approves Offer Letters for all faculty appointments/contracts including Fixed Term (Multi-Year), Tenure Track, or Tenure.

C. **NOA and Offer Letter**

The Offer Letter, NOA and, if applicable, the CEA constitute the initial faculty employment contract.

D. **Appointment Letter**

Faculty in the Affiliate Professor series (volunteer or community faculty who do not receive compensation from OHSU) are issued an Appointment Letter from the dean of the appointing school instead of an NOA from the Provost.

E. **Letter of Renewal**

After the initial NOA and, if applicable, CEA, annual or other periodic renewal of both may be accomplished via a Letter of Renewal. The terms of the Letter of Renewal must be agreed upon by the department chair and/or the dean or unit head holding the primary appointment prior to approval by the Provost.

F. **Change of Faculty Employment Contract/Appointment Status**

A new NOA will also be generated if there is a change of status to any of the following: faculty position description, faculty rank, change in term (e.g., move from a one-year fixed term to a multi-year fixed term contract), and/or tenure status. Certain terms and conditions of the NOA may also be changed by a Personnel Action (PA) form, including a change in compensation or funding source(s) without issuance of a new NOA.

Changes or directives regarding specific assignment of duties or compensation will be issued by the supervisory office of the unit. If the appointment/contract is to be renewed at the expiration of the term, notice of the renewal will be provided to the appointee by the department or unit office.

G. **Personnel Records**

Faculty records are governed by Policy No. 03-60-005, “Personnel Records of Unclassified Employees.” Sections of particular interest include section 2, “Contents of Personnel Records;” section 5, “Release of and
2. **TYPES OF FACULTY EMPLOYMENT CONTRACTS/APPOINTMENTS**

Academic faculty appointments may be:

- Fixed Term (One-Year)
- Fixed Term (Multi-Year)
- Tenure Track, or
- Tenure

Research institutes (outside the schools) with the authority to make primary faculty appointments may utilize:

- Fixed Term (One-Year)
- Fixed Term (Multi-Year), or
- Tenure (only in exceptional cases and with approval by the Vice President for Research and by the Provost.)

**A. FIXED TERM, ONE-YEAR CONTRACT/APPOINTMENT**

May be offered by the units for initial appointments or appointment renewals.

**B. FIXED TERM, MULTI-YEAR CONTRACT/APPOINTMENT**

May be offered by the schools for initial appointments and for appointment renewals to recruit and/or retain candidates with outstanding qualifications, performance history and promise. Initial appointments are generally for a three-year period but can be granted for a maximum term that is determined by faculty rank:

- three (3) years for Assistant Professor;
- four (4) years for Associate Professor;
- five (5) years for Professor.

A fixed term, multi-year appointment may revert to a fixed-term, one-year appointment in any successive appointment.

**C. TENURE TRACK APPOINTMENT**

Tenure Track appointments require 0.5 FTE or more; include periodic reviews and evaluation for appointment to tenure after a specified probationary period; and require that timely notice be given to faculty if initial or successive tenure track appointments are to be terminated other
than for cause or financial exigency.

If tenure is not awarded after a period not to exceed nine years in active status in the Tenure Track, the faculty member may be continued on a Fixed Term appointment. This does not preclude further consideration of Tenure in the future. In addition, individual school policies may impose additional requirements or shorter timelines as long as they are in keeping with overall University policy. The Tenure Track appointment is also subject to fiscal and programmatic considerations of the faculty member’s department or area and/or school.

D. TENURE

The award of Tenure reflects a mutual commitment between the University and the faculty member. Tenure is an employment contract that can be terminated only for cause, financial exigency or as the result of a program reduction or elimination. Refer to Policy No. 01-15-001 through 01-15-006, “Program Reduction, Elimination and Reorganization,” for more details. The terms of the contract are as stated in the Notice of Appointment (NOA). Both the Offer Letter and the NOA constitute the employment contract.

Tenure appointments are a school-based decision limited to selected faculty members; require 0.5 FTE or more; are approved by the Provost or the President in witness of the University’s formal decision that the faculty member has demonstrated such professional competence that the University will not terminate employment except for cause, financial exigency, or school, program or department reductions or eliminations.

The Tenure appointment includes a financial component, or University supported salary base (permanent funding), which represents funding support from one or more of the following sources: state General Fund appropriations distributed by the university to the school, MEIF funds (School of Medicine only), tuition, and/or endowment income from endowed chairs and professorships according to school policy. Sources of funding for tenure appointments in the schools may differ; however, an appointee with tenure is guaranteed only the amount of salary specified in the University supported salary base during the term of tenure.

Tenure may be granted to faculty hired at the rank of Associate Professor or Professor at the time of their initial appointment. In addition, individual schools may impose additional requirements as long as they are in keeping with overall University policy. Tenure granted upon initial appointment must be approved by both the dean and by the Provost. Faculty with the rank of Instructor and Assistant Professor are not eligible for the award of Tenure.
The requirement for years in rank at the Associate Professor or Professor levels prior to consideration for a Tenure appointment may be set by the school. In addition, Tenure can only be granted to a faculty member for whom permanent funding is available to cover the total amount of the tenure guarantee.

E. **ACADEMIC FREEDOM**

Academic tenure and academic freedom are separate but related concepts. While academic tenure is addressed in this policy, academic freedom is addressed in Policy No. 03-30-001(1)(A) & (B) and ensures that all academic staff, which includes faculty, are entitled to academic freedom.

3. **GUIDING PRINCIPLES FOR REVIEW, PROMOTION AND TENURE OF FACULTY**

A. **ANNUAL PERFORMANCE REVIEW**

The University recognizes that faculty growth, development, and improvement are of critical importance in its pursuit of excellence. To that end, all regular faculty shall be evaluated annually by the person to whom the faculty member reports, generally the department chair, area/program director, dean, or research institute director, as appropriate. The performance evaluation shall be conducted in accord with OHSU institutional policies, as well as the school’s or research institute’s faculty evaluation policies and processes, and shall refer to the faculty member’s current position description and key performance criteria established for the position. In accordance with policy No. 03-10-080, generally faculty are exempt from evaluation using the OHSU Performance Appraisal System. Faculty who also have administrative roles may also be evaluated using the OHSU Performance Appraisal System as described in Policy No. 03-10-080 but only for purposes of evaluating their administrative duties.

B. **GENERAL PROCESS FOR ADVANCEMENT TO FACULTY RANK AND TENURE**

Candidates for promotion and tenure will be evaluated objectively for evidence of excellence in their performance of assigned duties, in their teaching, scholarship, and/or professional service or practice apropos to their defined mission(s) in the school or research institute. The responsibilities of individual faculty in relation to these fundamental commitments will vary and will be specified in position descriptions developed at the time of initial appointment and revised periodically, as necessary, as well as more generally in the unit’s faculty handbook or its equivalent. Units not having their own documented promotion process will
adhere to the unit promotion process designated by the Vice President for Research or by the Provost, as appropriate.

In addition to these primary responsibilities, all faculty are expected to be collegial members of their units, and to perform appropriate service that contributes to the effectiveness of their departments, units, and the University, and of their professions. Relative contributions expected in the principal areas of responsibility will depend on the faculty member’s assignment and shall be in accord with the principles established in the unit’s faculty handbook or its equivalent.

Faculty members shall have access to all records relating to their evaluation in the promotion process. Faculty who choose to waive their right to access evaluations from outside reviewers will be asked to sign a “Waiver of Access” form, as described in policy No. 03-60-005, Personnel Records of Unclassified Employees.

C. PROMOTION PROCESS IN THE SCHOOLS

Each OHSU school has its own process for promotion of faculty holding primary appointments in the school. These processes are documented and maintained by the Office of the Dean for each school and must be consistent with the guiding principles outlined in this OHSU policy on promotion and tenure. In all schools, the chair of the faculty member’s department (or the program director or equivalent if the school does not have a departmental structure) has the primary responsibility for initiating and supporting the nomination for promotion of faculty in the department or area to the dean of the school. The department chair or area director is ultimately responsible for assembling and submitting the records necessary for promotion review.

D. PROMOTION PROCESS IN THE RESEARCH INSTITUTES AND CENTERS (OUTSIDE OF THE SCHOOLS)

Many of the research institutes and centers have their own promotion process for faculty holding primary appointments in the unit. These processes are documented and maintained by the office of the director of the research institute or center and must be consistent with the guiding principles outlined in this OHSU promotion policy for these units. Units not having their own documented promotion process will adhere to the unit promotion process designated by the Vice President for Research.

E. PROCESS FOR APPOINTMENT TO TENURE

The process for appointing a faculty member to tenure status is separate
from the promotion of the faculty member to the rank of Assistant Professor, Associate Professor or Professor. That is, a promotion or appointment to any of these professorial ranks does not equate to awarding of tenure status, the process for which is described below.

In all schools, the chair of the faculty member’s department (or the program director if the unit does not have a departmental structure) has the primary responsibility for initiating and supporting the nomination for award of tenure status of faculty in the department or program to the dean of the school. The department chair, unit director, or dean as applicable is ultimately responsible for assembling and submitting the records necessary for tenure review. The school’s promotion and tenure committee (or equivalent) has responsibility for reviewing and advising the dean on appointment and promotion of faculty at the Assistant Professor, Associate Professor and Professor ranks for Tenure Track and Tenure nominations.

Generally, in their fifth year (or not later than in the ninth year) in the Associate Professor or Professor rank, faculty on a Tenure Track will be reviewed for Tenure. If the faculty member is not granted Tenure, he/she may be appointed to a Fixed Term contract. Faculty on Tenure Track will be provided notice of a non-renewal of their contract in accordance with the Timely Notice for Tenure-Track Faculty, Policy No. 03-20-010.

Applications for Tenure are based on the faculty member’s performance on the three missions of teaching, research, and service/citizenship; however, the faculty member may be reviewed primarily on their performance on two of the three missions, in accordance with the school’s promotion and tenure guidelines.

4. **KEY CRITERIA FOR APPOINTMENT AND PROMOTION TO ACADEMIC AND SCIENTIST RANKS**

**A. ACADEMIC FACULTY**

Includes Professor, Research Professor, Clinical Professor, and Affiliate Professor faculty series and other academic faculty positions as defined in this policy. In specialized areas such as Allied Heath, Library and Comparative Medicine, faculty who hold an advanced and/or terminal degree in their respective discipline may be promoted in accordance with the Promotion and Tenure Guidelines of their unit.

**PROFESSOR**

Qualifications: This rank is the highest academic rank. It is reserved for appointment or promotion of persons who show clear evidence of a high level of professional accomplishment beyond the training and
qualifications required for appointment to the Associate Professor rank. Those who aspire to this rank must have (1) an outstanding record of accomplishment in the mission(s) designated by the school; or (2) a substantial record of accomplishment in at least two of the following categories: teaching, scholarship, and service/practice and an outstanding record in the third. The faculty member should have achieved national or international recognition as an academician.

Years in rank for promotion: In general, candidates for appointment or promotion to this rank will have completed five years in Associate Professor or equivalent rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

ASSOCIATE PROFESSOR

Qualifications: This rank is a mid-to-senior level faculty rank requiring evidence of substantial accomplishment beyond the training and qualifications required for appointment to the Assistant Professor rank. Those who aspire to this rank must have a satisfactory record of accomplishment in two of the following categories: teaching, scholarship, service or practice and a substantial record in teaching and/or scholarship.

Years in rank for promotion: In general, candidates for appointment or promotion to this rank will have completed three to five years in Assistant Professor or equivalent rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

ASSISTANT PROFESSOR

Qualifications: This rank is appropriate for faculty who have an earned doctorate. The School making the primary appointment may also require additional postdoctoral training. Persons who do not hold these academic degrees or have this training may be appointed or promoted to this rank in accordance with the specific requirements of the individual school or unit. A potential for academic accomplishment should be evident.

Years in rank for promotion: N/A
Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

**SENIOR INSTRUCTOR**

Qualifications: This rank may be used for the appointment or promotion of staff members who have special skills or experience needed in the instructional programs of the institution but who would not normally meet the criteria to be promoted to any of the higher academic ranks. Persons appointed or promoted to this rank will usually have a baccalaureate or higher academic degree(s) and/or specialized professional training. However, in contrast to the rank of Instructor, persons appointed to this academic rank will have demonstrated competence in performing the assigned duties which are usually related to instruction.

Years in rank for promotion: N/A

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

**INSTRUCTOR**

Qualifications: Minimal experience required in instruction at the college or university level, experience in research and service/practice to the institution and to the public. A person appointed to this academic rank shall have appropriate professional preparation and the potential to function competently in the assigned responsibilities. Appointees will usually have an academic degree at the baccalaureate or higher level and/or specialized professional training.

Years in rank for promotion: N/A

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

**B. RESEARCH PROFESSOR SERIES**

**RESEARCH PROFESSOR**

Qualifications: Advanced degree at the doctoral level is required. The faculty member will have attained a research career of national prominence as indicated by the number and significance of papers published in peer-reviewed journals over a sustained period, a sustained
program of research, and external funding. Other indicators of accomplishment may include patents issued, invited papers, review papers, and monographs published, technology transfer, and evaluative comments by senior scientists in the same field. In general, this position is not eligible for a tenure appointment.

Years in rank for promotion: In general, candidates for promotion will have completed five years in Research Associate Professor or equivalent rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

**Research Associate Professor**

Qualifications: Advanced degree at the doctoral level is required. The faculty member will have established a significant research career as evidenced by authorship of successful research proposals, publications in peer-reviewed journals, and success in securing external funding for research.

In addition, the faculty member will demonstrate the capability of providing the contribution to the education program that may be required by the school. In general, this position is not eligible for appointment to tenure track or tenure.

Years in rank for promotion: In general, candidates for promotion will have completed three years in Research Assistant Professor rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school’s faculty handbook or equivalent policy document, as applicable.

**Research Assistant Professor**

Qualifications: Advanced degree at the doctoral level is required. The faculty member will show promise of developing a significant research career and demonstrate the capability of providing the contribution to the educational program that may be required by the school. In general, this position is not eligible for appointment to tenure track or tenure.

Years in rank for promotion: No specific requirements.

Other criteria for promotion: Successfully meets performance criteria set
forth in the position description and within the guidelines established in the school's faculty handbook or equivalent policy document, as applicable.

C. **Clinical Professor Series**

**Clinical Professor**

Qualifications: Advanced degree at the doctoral level is required. Highest academic clinical rank reserved for faculty engaged primarily in clinical teaching and practice that meet the competencies of faculty rank in service or practice and receive their financial support primarily from clinical activities. Must demonstrate the capability of providing the contribution to the educational program that may be required by the school. In general, this position is not eligible for appointment to tenure track or tenure.

Years in rank for promotion: In general, candidates for promotion will have completed five years in Clinical Associate Professor rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school's faculty handbook or equivalent policy document, as applicable.

**Clinical Associate Professor**

Qualifications: Advanced degree at the doctoral level is required. This rank is a mid-to-senior level faculty rank reserved for faculty engaged primarily in clinical teaching and practice who meet the competencies of faculty rank in service/clinical practice. In general, this position is not eligible for appointment to tenure track or tenure.

Years in rank for promotion: In general, candidates for promotion will have completed three to five years in Clinical Assistant Professor rank prior to promotion; however, this requirement may vary by school.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school's faculty handbook or equivalent policy document, as applicable.

**Clinical Assistant Professor**

Qualifications: Advanced degree at the doctoral level and/or advanced degree in field of specialty and equivalent level of professional experience are required. Faculty member’s accomplishments must demonstrate evidence of competence and capacity for growth. In general, this position is not eligible for appointment to tenure track or tenure.
Years in rank for promotion: No specific requirements.

Other criteria for promotion: Successfully meets performance criteria set forth in the position description and within the guidelines established in the school's faculty handbook or equivalent policy document, as applicable.

D. **Scientist Faculty Series**

**Senior Scientist**

Qualifications: This rank is reserved for the most distinguished independent research faculty, with national and international recognition, and with a consistent record of outstanding performance in research, and training/teaching/advising graduate and/or postdoctoral students.

Advanced degree at the doctoral level and postdoctoral training during which time the incumbent demonstrates skills related to the position is required. Must have demonstrated ability to plan, develop, organize and direct an independent research program. Demonstrated competence in the field of specialty is also required.

Years in rank: In general, years in rank is not a criterion for promotion in the Scientist series.

Other criteria for promotion: The investigator must have made substantial contributions to the professional field in the form of peer-reviewed research publications, appointments to editorial boards of scientific journals, memberships on grant review panels, invitations to present research at symposia or meetings, organization of national or international scientific events, or other examples of leadership in the scientific profession.

**Associate Scientist/Scientist**

Qualifications: Appointment or promotion to this rank implies an established independent research program and a record of productivity and excellence at the national level. Requires a Ph.D., M.D., or equivalent earned doctorate.

Years in rank: In general, five years in rank are required to establish eligibility for promotion to the Senior Scientist rank; however, this requirement may vary by unit.

Other criteria for promotion: It is expected that the scientist holding this rank will continue to demonstrate the high levels of scientific performance,
such as publications, grants, service, and so forth that will eventually satisfy the criteria for promotion to Senior Scientist, as described above.

**Assistant Scientist**

Qualifications: This is the entry level rank in the Scientist series. Requires a Ph.D., M.D., or equivalent earned doctorate. An Assistant Scientist is expected to establish an independent research program by obtaining major grant support from external sources. Management of an independent research program requires planning, scheduling, budgeting, and directing and evaluating laboratory or research staff.

Years in rank: In general, three years in rank are required to establish eligibility for promotion to the Associate Scientist or Scientist rank; however, this requirement may vary by unit.

Other criteria for promotion: It is expected that the assistant scientist holding this rank will have demonstrated the ability to manage an independent research program or research activity and obtain grant funding support from external sources.

**E. Staff Scientist Faculty Series**

General Qualifications & Requirements for all ranks in this series: Faculty members in this series conduct research or provide essential research-related services beyond the level of a postdoctoral fellow. May provide high-level research support to other OHSU scientists, where the Staff Scientist’s salary is partially or completely provided by those scientists or by OHSU. Not required to have independent funding, although the Staff Scientist may be funded by, and performing research in another scientist’s laboratory, for the purpose of applying for independent funding. Considered independent investigators and may apply for all research grants subject to OHSU procedures. Must have a relevant doctorate. Exception to the requirement for a terminal degree and postdoctoral training may be requested by the division head and authorized by the research institute director, in unique and exceptional circumstances.

Qualifications and Requirements by rank in this series:

**Senior Staff Scientist**

Qualifications: Level of research responsibility and supervision as described in Policy No. 03-15-020(6)(F)(1).

Research experience required for promotion to this rank: 3-5 years
Other criteria for promotion to this rank: As described in the general qualifications and requirements for all ranks in this faculty series.

**STAFF SCIENTIST 3**

Qualifications: Level of research responsibility and supervision as described in Policy No. 03-15-020(6)(F)(2).

Research experience required for promotion to this rank: 2-3 years

Other criteria for promotion to this rank: As described in the general qualifications and requirements for all ranks in this faculty series.

**STAFF SCIENTIST 2**

Qualifications: Level of research responsibility and supervision as described in Policy No. 03-15-020(6)(F)(3).

Research experience required for promotion to this rank: 2 years

Other criteria for promotion to this rank: As described in the general qualifications and requirements for all ranks in this faculty series.

**STAFF SCIENTIST 1**

Qualifications: Level of research responsibility and supervision as described in Policy No. 03-15-020(6)(F)(4).

Research experience required for promotion to this rank: None

Other criteria for promotion to this rank: As described in the general qualifications and requirements for all ranks in this faculty series.
1. **GENERAL**

Within the context of the OHSU Foundation (OHSUF) and Doernbecher Children’s Hospital Foundation (DCHF) policies, an endowed fund is a permanent fund established for a specific purpose by the donor. The assets of the fund are invested to provide earnings that are used to support an annual spending distribution that will be paid in perpetuity to the program benefited by the endowed fund. Any remaining income, beyond the spending distribution and management fees, is invested to preserve and grow the original gift and to sustain a legacy for the future. Management and administration of endowed funds is governed by the policies of both OHSU and its foundations, and by Oregon law.

Once the funding goal has been reached for an endowed fund, investment income will be posted to the endowment income account on a monthly basis, and in most cases will be available for use in supporting the spending distribution after twelve (12) months of earnings have accumulated. When an endowment’s fair value drops below the cumulative fair value of all gifts made to the fund (the fund’s “Gift Value”), the endowment is considered to be “underwater.” When an endowment fund is underwater for a sustained period of time, spending distributions from the fund will be suspended until the fair value of the fund is equal to the fund’s Gift Value plus the value of one year’s spending distribution. This applies to true and quasi-endowments.

Quasi endowment funds are funds functioning as an endowment that are established by the foundations or OHSU from either donor or institutional funds, which will be retained and invested rather than expended. The quasi endowment must retain the purpose and intent as specified by the donor or source of the original funds and earnings may be expended only for those purposes. Since quasi endowments are established by the institution rather than by an external source, the principal may be expended as stipulated by the donor. Requests to establish or liquidate a quasi-endowment are made by an OHSU school or department. Decisions to establish or liquidate a quasi-endowment are made by the President of OHSU if the funds are OHSU funds or by the Board of Trustees/Directors if the funds are OHSUF/DCHF funds.

This policy is intended as the framework for university-wide endowed faculty positions/appointments. As such, it is designed to promote consistency of policy and practice in treatment of OHSU endowed faculty positions in the schools, research institutes and centers. At the same time, the University recognizes the importance of providing flexibility to the individual schools, research institutes and centers (units) to recruit, hire, promote and retain faculty in accord with OHSU’s missions.
In this context, units may add to this policy as long as the addition comports with OHSU’s policy framework and is approved by a dean (for a school) or by the appropriate Vice President for those areas outside of the schools that make faculty appointments (e.g., research institutes, library, comparative medicine) and by the Provost and the President.

2. **PURPOSE OF ENDOWED POSITIONS**

There are four primary purposes of faculty endowments:

A. To allow a donor to leave a legacy in perpetuity that is in keeping with the OHSU Foundation’s objectives for all endowments;

B. To permit an OHSU school or department to utilize Quasi-endowment funds that have been approved by the OHSU Foundation for purposes of faculty endowments and within the specified time frame for the Quasi-endowment;

C. To acknowledge or recruit an outstanding faculty member; and

D. To provide the financial support to a faculty member, allowing them to pursue interests that align with the goals described in the endowment agreement.

3. **LEGAL AND INSTITUTIONAL REQUIREMENTS FOR ENDOWED POSITIONS**

A. **NAMING OF ENDOWMENTS**

The exact name applied to an endowment fund for faculty support will be agreed upon by the donor(s), the OHSU Foundation, and the appropriate OHSU dean (for a school) or by the appropriate Vice President for those areas outside of the schools that make faculty appointments, with final approval by the Provost.

The generic name of an endowed faculty position should remain standard but may be preceded by a name suggested by the donor and followed by a department modifier. Some examples include:

- John and Jane Doe Chair in Dermatology
- John and Jane Doe Professor of Pediatrics
- John Doe Teaching Professor in Ophthalmology
- Jane Doe Professor of Cancer Nursing
- Jane Doe Deanship of Nursing
B. **ACTIVITIES**

In cooperation with the OHSU Foundation, deans and the Vice President for Research shall ensure that donors receive updates on the activities of the holder of the endowed chair or professorship at least annually. Annual or periodic events sponsored by OHSU recognizing donors of named faculty positions will be coordinated through the OHSU Foundation.

C. **AGREEMENTS**

Copies of endowment agreements will be retained at the OHSU Foundation and the OHSU Office of Academic Affairs to ensure appropriate donor stewardship and to maintain required record keeping.

D. **RELINQUISHMENT AND REINSTATEMENT**

If an individual holding an endowed position leaves his/her position to join a different OHSU unit, retires or departs OHSU for any reason, he or she simultaneously relinquishes the rights to hold the endowed position. In reviewing the circumstances that exist as a result of the endowed position being relinquished, the dean (for a school) or the appropriate Vice President for those areas outside of the schools that make faculty appointments (will consider relevant information including the donors’ intent, department priorities and current funding available to the unit in making recommendations to the Provost and the OHSU Foundation regarding the endowed position.

Options may include reinstatement of the endowed position for a period not to exceed the original term if the faculty member is staying at OHSU and otherwise continues to meet the requirements for the endowed position; no action for a specified time; or designation of a new individual to hold the endowed position.

4. **TYPES OF ENDOWED POSITIONS; MINIMUM FUNDING LEVELS**

Endowed faculty positions shall include endowed deanships, chairs, professorships, and fellowships. All endowed positions shall be funded at established minimum levels as set forth below and shall be funded for purposes consistent with the University missions of teaching, scholarship, and service/practice. A dean (for a school) or the appropriate Vice President for those areas outside of the schools that make faculty appointments may recommend to the Provost that funding for an Endowed Deanship, Chair or Professorship fund more than one position if this is in alignment with the donor’s intent.

A. **ENDOWED DEANSHIP**

The highest honor bestowed by the University on an outstanding dean or prospective dean being recruited by the University.

Minimum funding level: $5,000,000
B. **Endowed Chairs**

A high honor bestowed by the University on an outstanding member of the faculty or a faculty member being recruited by the University.
Minimum funding level: $2,500,000

C. **Named Professorships**

To recognize distinguished faculty member(s) or to recruit distinguished faculty member(s).
Minimum funding level: $1,000,000

D. **Endowed Fellowships/Directorships**

To support faculty development in teaching or research from the junior (and above) ranks.
Minimum funding level: $500,000

5. **Uses of Endowed Funds**

A. Management of endowed funds is governed by the policies of OHSU and its foundations, and by Oregon law. In general, endowment income may be used to supplement or offset budget requirements for a faculty position that will free funds to meet other high priority program needs of the unit. Examples include salary, recruitment, travel, administrative support, and other such expenses related to the ongoing teaching, research, and clinical activities of the endowed position or related unit, department or division.

B. In accordance with IRS code, donors are not permitted to designate a gift for a particular person as the holder of a named position or appointment.

C. If an account holder personally establishes an endowment, or contributes to the funds raised in support of the endowment that he or she will hold, the fiscal authority will need to reside with the fund holder’s department chair, the dean (for a school) or by the appropriate Vice President for those areas outside of the schools that make faculty appointments.

6. **Appointments for Endowed Positions**

A. Nominations for endowed faculty position/appointment within an OHSU unit must be submitted by the dean (for a school) or the appropriate Vice President for those areas outside of the schools that make faculty appointments to the Provost.

B. All appointments are approved by the Provost and communicated to the OHSU Foundation. Records will be kept at the OHSU Foundation and the Office of Academic Affairs.
C. Endowed positions normally will have a fixed term of appointment, with an opportunity for renewal so long as the holder continues to meet the criteria for appointment and the terms of the endowment agreement. Renewal of the position requires approval of the dean (for a school) or by the appropriate Vice President for those areas outside of the schools that make faculty appointments and by the Provost. A review will be conducted prior to renewal to ensure that the work of the holder of the endowed position continues to be consistent with the donor’s intent and continues to meet the appointment criteria.

D. Appointments made prior to the adoption of this policy will remain in force, except in cases of dereliction of duty or unproductive or ineffective scholarship, service and/or teaching.

7. CRITERIA FOR APPOINTMENT TO AN ENDOWED POSITION

A. Regardless of the primary basis of the appointment (teaching, scholarship or service/practice), appointees to endowed positions are expected to have a satisfactory record of accomplishment in the missions relevant to their specific rank and track, i.e., teaching, scholarship or service/practice.

B. Appointed individuals must have:

(1) Demonstrated truly exceptional contributions to the mission(s) designated by the school and OHSU missions of healing, teaching, discovery or outreach.

(2) Stimulated or substantially altered his/her field through scholarly work, research or clinical practice.

(3) Received local, national and/or international recognition by peers within the field, as relevant.

(4) A provisional or standard appointment as Professor, Associate Professor, Assistant Professor; Research Professor, Research Associate Professor, Research Assistant Professor; Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor; Senior Scientist, Associate Scientist, Assistant Scientist in accord with Policy No. 03-10-020. Subsequent changes in rank do not change the endowed position the faculty member holds.

8. RENEWAL OF AN ENDOWED POSITION

If a term limit is associated with an endowed position, the dean (for a school) or the appropriate Vice President for those areas outside of the schools that make faculty appointments will submit a letter to the Provost proposing the renewal and recommended renewal term and confirming that the individual holding the endowed position continues to meet the donor’s intent and criteria for the endowed position.
9. **ADVANCEMENT OF ENDOWED POSITIONS**

In certain circumstances, an endowed faculty position may be advanced to the next level (e.g., an endowed professorship to an endowed chair). To accomplish this, the following shall have occurred:

A. The value of the fund must have grown to an amount that equals or exceeds the minimum required funding level for the desired faculty position plus the amount of the annual spending distribution.

B. The endowment agreement must provide for the endowed faculty position to be advanced to the next level. In the event that the endowment agreement does not provide for this, a new agreement must be executed. In the event that the donor is deceased, the OHSU Foundation will need to obtain approval of the Oregon Circuit Court and/or the Attorney General.

C. The advancement to the next faculty endowed position level is subject to consultation with the donor(s) to the endowed fund or the donor's designee, agreement with the OHSU Foundation, and approval by the Provost.

D. The current holder of the position must qualify for the newly designated position as described in Section 7 above, or the position must be opened to someone who is currently qualified, as determined by the dean (for a school) or the appropriate Vice President for those areas outside of the schools that make faculty appointments.

**Background:**

**Related policies, procedures and forms:**
- Policy No. 03-10-020, Academic and Research Institute Faculty Appointments
- Policy No. 03-10-025, Faculty Employment Contracts/Appointments
- Policy No. 03-30-040, Foundations and Use of Gift, Grant and Contract Funds

**Responsible office:** Academic Affairs
1. **POLICY**

OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender identity or expression, military service, or any other status protected by law. This policy applies to all employment, education and patient care related activities.

2. **DIVERSITY DEFINITION**

Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers and our local and global communities.

Diversity includes age, culture, disability, ethnicity, gender, national origin, color, race, religion, sexual orientation, diversity of thought, ideas and more.

Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence and outstanding service.

3. **BUSINESS CASE FOR DIVERSITY**

Diversity is essential to realize our multifaceted mission and to set the example for integrity, compassion and leadership in health care, education, research and community service.

Diversity is fundamental to OHSU’s ability to attract and retain top talent, achieve innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive.

4. **OFFICIAL EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

The following statements should be used in job postings as needed:

A. All job announcements and advertisements must include: “OHSU is an equal opportunity, affirmative action institution.”

B. Best practice language when posting space permits should include: “OHSU is an equal opportunity, affirmative action institution. Applicants with disabilities can request reasonable accommodation by contacting the Affirmative Action & Equal Opportunity department at 503-494-5148.”
5. **DISABILITIES**

It is a policy of the State of Oregon (ORS 410.710) that all persons regardless of any disability have the right to live their lives with dignity and to participate in society and all state programs to the fullest extent possible. OHSU echoes this policy.

A. **REFLECT A POSITIVE APPROACH TO PERSONS WITH DISABILITIES**

   In all correspondence and publications:

   (1) Avoid the use of stereotypes and negative labels such as “victim,” “afflicted,” “crippled” and “handicapped” except as such terms are required by statute or federal law and/or regulation.

   (2) Use positive terminology such as, “person with disabilities” instead of “disabled person,” “handicapped” or other negative words except as such terms as required by statute, or federal law and/or regulation.

   (3) Develop and seek input regarding positive terminology and portrayal of persons with disabilities from persons who have disabilities and their advocates.

   (4) Foster corrective measures and avoid stereotypes and negative labeling in texts used by schools, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company owners or appropriate agencies.

B. **REASONABLE ACCOMMODATION FOR EMPLOYEES**

   Any employee who has a physical or mental disability that substantially limits an individual’s ability to perform the job is encouraged to advise his or her supervisor or OHSU’s Affirmative Action & Equal Opportunity (AAEO) department regarding the disability, the work limitations covered by the disability, and any suggested reasonable accommodations.

   Students with disabilities who seek reasonable accommodation should contact the Center of Diversity and Multicultural Affairs.

   Patients who seek reasonable accommodations due to a disability are encouraged to contact the Patient Advocate or AAEO.

   Public event attendees with disabilities may contact the event contact person or AAEO prior to the event to request reasonable accommodation to attend or participate in the event.

   Information regarding requests for accommodation will be kept confidential, with limited exceptions recognized by law. Any individual who receives a report relating to an employee’s disability or a request for accommodation shall promptly notify the AAEO department.
6. **REPORTING DISCRIMINATION**

OHSU encourages any individual who believes they have been discriminated against in violation of this policy to come forward promptly. Concerns regarding discrimination may be brought to:

A. The supervisor or department head most directly concerned, excluding the person accused;

B. Any academic or administrative official of OHSU including but not limited to the President, a Vice President, Legal Counsel, the Provost or a Vice Provost, a Dean, a Chair, a Director, a Human Resources Business Partner, or a Supervisor;

C. The Affirmative Action & Equal Opportunity (AAEO) department;

D. The Human Resources department;

E. The Office of Academic Affairs;

F. The Integrity Office;

G. The Patient Advocate Office.

Any person who receives a report of discrimination shall promptly notify the AAEO department of the complaint. The AAEO department has primary responsibility for investigating and resolving reports of discrimination.

7. **OPTIONS FOR RESOLUTION**

Each individual who reports discrimination will be advised of their options for resolution of the complaint. These options include:

A. Informal resolution of the complaint, pursuant to the University’s Equal Opportunity Complaint Procedure of Policy No. 03-05-050.

B. Formal investigation by the AAEO department, pursuant to the University’s Equal Opportunity Complaint Procedure of Policy No. 03-05-050.

8. **CONFIDENTIALITY**

To the extent possible, OHSU treats as confidential all information received in connection with reports of discrimination. It may become necessary, however, to disclose particulars in the course of the investigation. All individuals who participate in an investigation have an obligation to maintain confidentiality of the matters discussed.

9. **NON-RETALIATION**

Retaliation against an individual for reporting discrimination or for participating in an investigation is strictly prohibited. Any act of reprisal violates this policy and will result in appropriate disciplinary action.
10. **FALSE COMPLAINTS**

It is a violation of this policy for anyone to make an intentionally false accusation of discrimination. Any employee or student who is found to have made an intentionally false accusation of discrimination will be subject to disciplinary action.

11. **CORRECTIVE ACTION**

Where discrimination is found, steps will be taken to ensure that the discrimination is stopped immediately. Appropriate corrective measures may range from counseling, verbal or written reprimands, suspensions, or other action, up to and including dismissal, in accordance with established OHSU policies and procedures and applicable laws and regulations.

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**Background:**

- OAR 580-22-050
- ORS 182.109
- ORS 410.710

**Related policies, procedures and forms:**

- Policy No. 03-05-032, Harassment
- Policy No. 03-05-035, Sexual Harassment
- Policy No. 03-05-050, Compliant Procedure
- Policy No. 02-01-002, Equal Access for Students with Disabilities
- Policy No. 08-01-005, Access for Members of the Public to Programs, Services & Activities
- Policy No. 08-01-006, Physical Access Committee
- Public Event Disability Access Accommodation Request Form
- Public Event Disability Accommodation Request Procedure
- “Person First” Document

**Implementation date:** June 24, 1997

**Revision dates:** March 15, 1999; October 9, 2001; November 25, 2008

**Responsible office:** AAEO Department
Appendix B.4.5. Outside Activity/Outside Compensation

Policy Name: OUTSIDE ACTIVITY/OUTSIDE COMPENSATION
No. 10-01-015

Effective Date: January 1, 2009

1. **GENERAL**

OHSU recognizes the value of and encourages its faculty and other employees to undertake outside activities that will benefit the employee, support the missions of the University and be of service to the community. An activity is considered an "outside" activity when it is "outside" of the requirements and/or scope of the individual's employment with OHSU.

No OHSU employee may engage in an outside activity that:

A. Does not comport with or is in conflict with the missions of the University;

B. Substantially interferes with the employee’s duties to the University;

C. Compromises the ability of OHSU to achieve its missions;

D. Compromises the ability of any employee to fulfill the academic, professional, or institutional responsibilities for which OHSU employs him/her;

E. Damages the reputation or compromises the integrity of OHSU or any of its employees;

F. Diverts any education, research, or clinical practice activity that might appropriately be conducted within OHSU; or

G. Violates any of the provisions of the OHSU Conflict of Interest Policy of 10-01-020.

When an outside activity is, or could be, related to the role of an OHSU employee who is a "Disclosing Employee" (defined below), the employee must disclose the activities and receive appropriate approval prior to initiating such activity. In addition, if such an employee's related outside activity could create an actual, potential, or perceived conflict of interest, the employee must also comply with the Conflicts of Interest (Policy 10-01-020) and/or Conflicts of Interest in Research (Policy 10-01-035) policy requirements.

For purposes of this policy a "Disclosing Employee" means and includes the following individuals:

A. OHSU faculty members;

B. Other persons who serve in a management capacity at OHSU (including without limitation directors, supervisors, managers, and department administrators);
C. Other persons who have delegated contracting authority or delegated fiscal authority over $100.00;

D. Other persons designated by an OHSU Officer or Unit Leader. The Officer or Unit Leader must notify the OHSU Integrity Office when designating these additional persons.

2. **DETERMINATION OF NEED FOR DISCLOSURE/APPROVAL OF RELATED OUTSIDE ACTIVITIES**

   A. The Disclosing Employee shall evaluate the "outside activity" and determine whether it is related to the employee's OHSU employment and requires disclosure and/or approval in advance or on an annual basis. For purposes of this policy, an activity shall be considered a "related outside activity" requiring disclosure and approval when the activity:

   (1) Requires the employee to use the same academic, professional or institutional expertise for which he or she is employed by OHSU; or

   (2) Is conducted at OHSU owned or controlled premises, or uses OHSU facilities or support contrary to OHSU policies.

3. **RELATED OUTSIDE ACTIVITIES NOT NEEDING DISCLOSURE OR APPROVAL; EXCEPTIONS**

   The specific "outside activities" listed below are considered to be outside the scope of this policy and do not require disclosure or approval as long as the activities do not fall within A through G of Section 1 of this policy:

   A. Pro-bono professional activities by any employee or faculty member; or

   B. Unpaid (other than expense reimbursements and modest honoraria) service for, or on behalf of, governmental or other not-for-profit organizations related to the employee's work, including but not limited to scientific and technical groups, commissions and professional associations.

4. **RELATED OUTSIDE ACTIVITIES NEEDING ANNUAL DISCLOSURE**

   The specific "related outside activities" listed below must be disclosed annually but are considered approved as a class as long as they do not fall within A through G of Section 1 of this policy:

   A. Receipt of royalties for published scholarly work developed using minimal University resources

   B. Occasional lecture or seminar participation with receipt of no more than modest honoraria and expense reimbursement. OHSU employees participating as lecturers must determine the content of the presentation. See also policy 10-01-030 Section 4J on requirements for participating in industry-sponsored lectures.

   C. Occasional expert witness testimony that is not on a contract basis.

   Such disclosure may be made on an annual basis (retroactively).
5. **RELATED OUTSIDE ACTIVITIES NEEDING ADVANCED DISCLOSURE AND APPROVAL**

Examples of activities that must be disclosed and approved in advance include but are not limited to (examples include paid or unpaid activities unless exempt under Section 3):

A. Consulting agreements

B. Contract appointments to serve as “on-call” expert witnesses

C. Taking a position in a related outside-entity (including but not limited to board position, ownership, or other employment)

D. Appointment to a scientific advisory board

E. Any other related outside activity where a signed contractual agreement will be required.

6. **OUTSIDE ACTIVITIES OBLIGATIONS GENERALLY**

A. All Disclosing Employees must complete and file an annual disclosure statement in the form provided and electronically posted by the OHSU Integrity Office. Those who have nothing to disclose will be provided with an expedited method to indicate this.

B. Disclosing Employees who engage in a related outside activity that requires advanced disclosure/approval (as in Section 5 above) shall:
   
   (1) Complete and file an "Outside Activity Disclosure" prior to initiating involvement in the related outside activity and update it if the activity is modified; and

   (2) Complete an updated disclosure annually throughout the duration of the employee's involvement in the activity;

C. Disclosing Employees who engage in related outside activities that do not require advanced approval (as in Section 4 above) may disclose these activities retroactively on an annual basis. On the annual disclosure, an estimate of the continuation and frequency of those activities for the next 12 months should be provided.

7. **SPECIFIC DISCLOSURE ABOUT ACTIVITIES**

The "Outside Activity Disclosure" shall contain sufficient documentation and detail to allow the approving authority to make an informed decision regarding the appropriateness of the activity. The disclosure form contained within the electronic conflict of interest system must be used. The disclosure form will be electronically routed for approval to the appropriate approving authority.
A copy of the proposed agreement between the employee and the outside organization or, if the agreement is oral, a written summary. However, information subject to reasonable confidentiality agreements between the employee and the outside organization may be redacted to honor the confidentiality requirements.

This information is subject to the confidentiality provisions of OHSU's Personnel Records Policy (No. 03-60-005).

8. **REVIEW AND APPROVAL OF DISCLOSURES**

Approving authorities shall promptly review disclosure statements appropriately submitted to them. In determining the appropriateness of approving the related outside activity, the approving authority shall evaluate:

A. Whether the related outside activity is, or could be, in conflict with the missions of the University.

B. Whether the activity, alone or through cumulative effect, materially interferes with the employee's ability to fulfill assigned duties to the University by:
   
   (1) Requiring a substantial time commitment that materially detracts from the employee's assigned work;
   
   (2) Negatively impacting the needs of the employee's assigned unit/department; or
   
   (3) Detracting from the time allocation required by the employee's current FTE status.

C. The nature and extent of prospective benefits to the employee, the University and the community.

D. Whether it can be assured that the outside activity will not have a negative impact on students or interfere with the employee's instructional, research, and other related institutional responsibilities.

E. The appropriateness of the proposed use of institutional facilities and support personnel, including written documentation that the reasonable cost thereof will be reimbursed to the University. Use of institutional facilities and support personnel must comply with all other applicable OHSU policies.

F. Determining whether a management plan should be instituted to monitor the employee's related outside activities, and if so, developing that plan with the employee.

A time commitment to related outside activities that materially interferes with the employee's duties to the University shall ordinarily require a reduction in FTE status. A reduction in FTE must be approved by the approving authority and may be approved only if the reduction will not, in the judgment of the approving authority, be detrimental to the unit the employee serves. Any subsequent increase in FTE must also be approved...
by the approving authority and is dependent on verification that the time commitment to related outside activities no longer materially interferes with the employee's duties to the University, and adequate funding is available from institutional or other resources to support the employee's salary.

9. **Appeals**

A. An employee (other than a Unit Leader) who disagrees with the decision of an approving authority may appeal that decision in writing within twenty (20) calendar days of the decision.

B. The appeal shall be directed to the Dean or Director in charge of the employee's unit. The decision of the Dean or Director shall be final.

C. In circumstances where the Dean or Director was involved in making the original decision, and the employee who disagrees is a faculty member, any appeal shall be directed to the Provost. If the employee is not a faculty member, the appeal shall be directed to the Executive Vice President.

D. An officer to whom an appeal is made shall, within thirty (30) calendar days, reverse, affirm or modify the decision. The officer may, at his or her discretion, appoint a panel of three persons to review the issue and information and make recommendations regarding the decision.

E. In a case where an appeal is to the Provost or Executive Vice President, the appeal shall be in writing only and only upon grounds of:

   (1) Procedural irregularity that resulted in prejudice to the faculty member;

   (2) New material information that could not have been presented to the Dean or Director; or

   (3) That the decision is in conflict with applicable laws, rules or OHSU policies.

The decision of the Provost or Executive Vice President shall be final.

F. A Unit Leader who disagrees with the decision of the officer to whom he or she is accountable may appeal that decision in writing to the President. The decision of the President shall be final.

G. If the Unit Leader is appealing a decision originally made by the President, the Unit Leader may appeal in writing to the Board but only upon grounds of:

   (1) Procedural irregularity that resulted in prejudice to the Unit Leader;

   (2) New material information that could not have been presented to the President; or

   (3) The decision is in conflict with applicable laws, rules or OHSU policies.
10. **RELATIONSHIP TO STATE LAW AND DISCIPLINE**

OHSU employees are public officials subject to the Oregon law concerning conflict of interest and ethics of public officials. Therefore, failure to observe this policy, in addition to subjecting an employee to standard institutional disciplinary actions including withdrawal of the privilege to receive outside compensation, also subjects the employee to potential sanctions by the Oregon Government Standards and Practices Commission.

11. **EDUCATION AND AWARENESS**

At initial hire, all OHSU directors, supervisors, managers and department administrators or their designees are required to inform all employees in their areas about the content of this policy and to provide them an opportunity for questions and answers. In addition, Schools, units, divisions, and departments are required to provide annual reminders of the policy to all employees. The OHSU Integrity Office will provide education and reminders related to this policy and all other related policies upon request.

**Background:**
- ORS 244.040
- ORS 353.270
- Policy No. 03-30-020, repealed 8/27/01

**Related policies, procedures and forms:**
- [Policy No. 01-50-001, Authority to Enter into Agreements](#)
- [Policy No. 03-30-060, Terms and Conditions Relating to Faculty Clinicians](#)
- [Policy No. 03-60-005, Personnel Records of Unclassified Employees](#)
- [Policy No. 10-01-020, Conflicts of Interest](#)
- [Policy No. 10-01-035, Conflicts of Interest in Research](#)

**Implementation date:** August 27, 2001

**Revision dates:** October 11, 2001; February 20, 2002; December 23, 2002; July 11, 2006; January 1, 2009

**Responsible office:** Integrity Office
Appendix B.4.6. Conflicts of Interest

Policy Name: CONFLICTS OF INTEREST
No. 10-01-020
Effective Date: August 5, 2009

1. CONFLICT OF INTEREST

A conflict of interest (CoI) exists when an OHSU employee’s financial interests or other obligations interfere, or appear to interfere, with the employee's obligations to act in the best interest of OHSU and its missions, and without improper bias. The appearance of a conflict may be as serious and potentially damaging to the public trust as an actual conflict. Therefore, potential conflicts must be disclosed, evaluated, and managed with the same thoroughness as actual conflicts.

2. TO WHOM THIS POLICY APPLIES

This policy applies to all persons employed by OHSU whether full or part time. Some OHSU employees have specific disclosure requirements under this policy. Additionally, potential conflict of interest situations may arise involving OHSU students, other trainees, or volunteers. For those situations, OHSU managers and other administrators overseeing the students or volunteers may choose to apply the review mechanisms discussed in 5.A. of this policy, as applicable.

3. DEFINITIONS

A. Clinician: OHSU employees who provide clinical care to patients.

B. Relative: A spouse, registered domestic partner, domestic partner (as those terms are defined in the current year’s OHSU Program Selection Guide, whether or not proof of the relationship is provided to OHSU pursuant to that Guide), or dependent child of an OHSU employee.

C. Significant Financial Interest:

(1) Equity interest or entitlement to equity (e.g. stocks, stock options, warrants, or contractual rights to acquire or receive ownership interests other than interests in a diversified mutual fund) of any amount in a non-publicly traded company.

(2) Equity interest or entitlement to equity greater than $10,000 or 5% ownership interest in a publicly traded company.

(3) Compensation (anything of monetary value) totaling greater than $10,000 in the prior 12 months or expected to exceed greater than $10,000 in the next 12 months from any one “entity.”

(4) Royalty income or the right to receive future royalties under a patent license, or copyright agreement with an entity.
(5) Serving in an executive position (any position that includes responsibilities for a material segment of the operation or management of a business, including a position on a Board of Directors).

(6) Significant Financial Interests do not include the following:

(a) Salary and other payments for services from the institution, including approved faculty practice plan earnings and the distribution of those earnings that may be established by departmental or other similar agreements provided that those agreements and departmental/divisional group plans are approved by the President.

(b) Income from occasional seminars, lectures, or teaching engagements sponsored by public or nonprofit entities.

(c) Income from service on governmental and not for profit advisory Boards of Directors, (including scientific and technical groups) commissions, committees of professional associations related to the employee's work, and consultations with persons in other governmental agencies or not for profit organizations on matters of mutual interest to the entity and OHSU.

4. **EXAMPLES OF CONFLICTS OF INTEREST**

Examples of OHSU employee CoI as defined in this policy include but are not limited to:

A. OHSU employees who are involved in decision-making concerning the approval or purchase of medications, devices, or equipment, or the negotiation of other contractual relationships with industry and who have or whose relative has a significant financial interest in a company that might benefit from the institutional decision. Any such interests must be disclosed as described in 5.B. below.

B. Receiving royalties on a product used or prescribed for use in patients.

C. OHSU clinicians who have or whose relative has a financial interest in any entity that produces, manufactures, distributes, or sells a health care device, implant, pharmaceutical, or other health care related product recommended or prescribed for patients. Any such interests must be disclosed as described in 5.C. below.

D. Teaching, conducting research or providing patient care at another educational or health care institution by any disclosing employee as defined in Policy No. 10-01-015 without prior written approval from an authorized OHSU official.

E. Diverting clinical research trials, research grant applications or patient care (where not medically indicated) away from OHSU to other persons or organizations.

F. Accepting or arranging a charitable gift or contribution to OHSU or OHS or Doernbecher Foundation in return for a business relationship with OHSU.
G. Privately pursuing patents, licensing agreements, copyrights, or trademarks for intellectual property in which OHSU might have a legitimate interest (see Policy No. 04-50-001).

H. Service on a board of directors or scientific advisory board or acting in any management capacity for a private enterprise from which the employee, employee's relative, or an entity associated with the employee, or employee's relative, receives support for any OHSU activity without prior approval from an authorized OHSU official and review by the Conflict of Interest in Research Committee if related to research support.

The examples provided above are only illustrative and are not all inclusive. OHSU employees are expected to always disclose and resolve any CoI before taking action that may be improper or detrimental to OHSU.

5. **COI DISCLOSURE STATEMENTS AND APPROVAL OR MANAGEMENT PROCESS**

   A. **GENERAL DISCLOSURE REQUIREMENTS**

   If any OHSU employee is subject to a CoI as defined in this policy or believes a CoI exists or may appear to exist, the employee must disclose the circumstances and request his or her direct supervisor to give directions on how the issue giving rise to the conflict is to be resolved. The person to whom an employee must disclose shall specify what, if anything needs to be done to avoid or dispose of a disclosed conflict. For example, a department chair may require the employee to not be involved in or influence a decision in which OHSU has an interest or may require the employee to take specific action relative to his or her conflicting interest.

   Where required by the faculty member's Dean or Director, the department chair or supervisor shall forward the employee’s disclosure statement and its resolution to the Dean or Director who may, at his or her discretion, affirm or modify the resolution. A copy of a faculty member's disclosure statement and its resolution shall be sent to the Provost if the issue giving rise to the disclosure is one of those listed as requiring review and management by the Provost on the OHSU Integrity CoI website. In which case, no resolution of the conflict may be made without the approval of the Provost, whose decision shall be final.

   For other OHSU employees (classified and unclassified), a copy of the disclosure statement and its resolution shall be sent to the Executive Vice President if the issue giving rise to the disclosure is one of those listed as requiring review and management by the Executive Vice President on the OHSU Integrity CoI website. In which case, no resolution of the conflict may be made without the approval of the Executive Vice President, whose decision shall be final.

   If an OHSU employee is a Unit Leader, that employee must disclose to the Executive Leadership Team member to whom he or she is accountable and comply with that person's directive on how to dispose of the conflict. The President must disclose to the Chair of the Board of Directors and comply with the Board's directive on how to dispose of the conflict.
B. **DISCLOSURE REQUIREMENTS FOR COI RELATED TO PURCHASING DECISIONS**

OHSU employees who participate on standing purchasing committees or other committees involved in the selection of products and services (such as the Value Analysis Committee and Pharmacy and Therapeutics Committee) must complete annual disclosures during their service on these committees. The disclosure form or process will be developed and administered by the department or unit supporting each committee in consultation with the Integrity Office.

The disclosure process will include requirements to disclose any significant financial interests in entities that may benefit from the institutional decision to purchase a product or service from that entity, as described in 4.A. above.

The committee or appropriate OHSU Logistics or Pharmacy official will determine appropriate management, such as:

1. Assuring that the person with the financial interest does not have sole decision-making authority in the purchase or contract;

2. Public disclosure of the conflicting interest to the other committee members if serving on a purchasing committee; and/or

3. Recusing the member from the specific purchasing decision.

C. **DISCLOSURE REQUIREMENTS FOR CLINICAL COI**

OHSU clinicians who have or whose relative has a financial interest in any person or entity that produces, manufactures, distributes, or sells a health care related product or service, including a health care device, implant, pharmaceutical product, or other health care related product or service (collectively defined as “Health Care Vendor”) must complete an annual CoI disclosure using the CoI module in Big Brain and update this disclosure as needed.

In addition, OHSU clinicians who receive payment of any amount for outside activities with a Health Care Vendor must certify in their CoI disclosure that any payments made to them are pursuant to a written agreement entered into by them with the Health Care Vendor describing the services provided and reflecting fair market value for services rendered. Such clinician may not be involved in institutional decision-making related to the use of any product or service provided to OHSU by that Health Care Vendor.

Positive disclosures will be reviewed by the employee’s supervisor, in conjunction with the appropriate medical, dental, or nursing official (as determined by the Executive Leadership Team member of the school/unit). Certain financial relationships may require management, as determined by the reviewers. Management may include:

1. Disclosure to patients (documented in patient record);
(2) Corroboration by a colleague of any prescription involving a product from an entity with which that provider has a CoI (documented in patient record);

(3) Appointment of an oversight committee or monitor to review practice patterns;

(4) Transfer of patient care to another colleague; and/or

(5) Cessation or modification of the relationship with the entity.

6. **APPEAL PROCESS**

   A. An employee (other than a Unit Leader) who disagrees with his or her designated approver on how to resolve a CoI issue may appeal in writing that decision within twenty (20) calendar days of the decision to the Dean or Director in charge of his/her unit. This person shall, within thirty (30) calendar days, reverse, affirm, or modify the decision. The Dean or Director may elect to appoint a panel of three persons to review the issue and information and advise him or her as to what decision to make.

   B. In circumstances where a Dean or Director was involved in making a decision on how to respond to a conflict disclosure, an OHSU employee may appeal in writing that decision to the Provost if the employee is a faculty member or to the Executive Vice President if the employee is not a faculty member. Such an appeal may only be made upon grounds of:

   (1) Procedural irregularity that resulted in prejudice to the employee;

   (2) New material information that could not have been presented to the Dean or Director; or

   (3) Conflict with applicable laws, rules, or OHSU policies.

   The Provost's or Executive Vice President's decision shall be final.

   C. A Unit Leader who disagrees with a decision of the officer to whom he or she is accountable may appeal in writing that decision to the President, if the President is not the officer whose decision the Unit Leader is appealing. The President's decision shall be final. However, if it is the President's decision with which the Unit Leader is dissatisfied then the Unit Leader may appeal in writing to the Chair of the OHSU Board of Directors. Any appeal to the Board may only be made upon grounds of:

   (1) Procedural irregularity that resulted in prejudice to the Unit Leader;

   (2) New material information that could not have been presented to the President; or

   (3) Conflict with applicable laws, rules, or OHSU policies.
7. **RELATIONSHIP TO STATE LAW**

In addition to this policy, OHSU employees are subject to the State of Oregon Government Standards and Practices Law of ORS Chapter 244 (including the Code of Ethics of ORS 244.040).

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**Background:**
- ORS 244.010 through 244.135

**Related policies, procedures and forms:**
- Policy No. 03-05-040, Employment of Family Members
- Policy No. 04-50-001, Intellectual Property and Royalty Distribution
- Policy No. 10-01-015, Outside Activity/Outside Compensation
- Policy No. 10-01-021, Institutional Conflicts of Interest
- Policy No. 10-01-025, Individual Acceptance of Gifts
- Policy No. 10-01-030, Requirements for Solicitation and Acceptance of Gifts to OHSU
- Policy No. 10-01-035, Conflicts of Interest in Research
- OHSU Integrity CoI Website (http://www.ohsu.edu/xd/about/services/integrity/coi/)

**Implementation date:** August 27, 2001

**Revision dates:** October 11, 2001; February 20, 2002; December 23, 2002; May 12, 2004; July 11, 2006; August 5, 2009

**Responsible office:** OHSU Integrity Office
Rank
OHSU employed 1,947 faculty in 2009 to support its teaching, research, clinical, and public service missions. The faculty were distributed by rank as follows:

- 15.5% professors
- 15.9% associate professors
- 38.3% assistant professors
- 18.3% instructors
- 2.8% staff scientists
- 9.1% adjunct faculty

Women Faculty
Of the total faculty, men comprised 54.2% (or 1,056) and women comprised 45.8% (or 891).

- The majority of full professors (78.5%), associate professors (59.7%), staff scientists (67.4%), and adjunct faculty (62.1%) were men.

- Women faculty members were more prevalent in the junior ranks of assistant professor (47.6%) and instructor (73.4%).
Faculty Profile (page 2)

Minority Faculty

At the time of their employment, 279 of the 1,947 faculty self-identified as a racial/ethnic minority.

- One in five of the 746 assistant professors self-identified as a minority.
- More than one in four staff scientists self-identified as a minority.
- Of the minority faculty, 41.6% (116) were women.
- Of the minority faculty, 25% are from historically underrepresented minority groups.

The proportion of minorities holding faculty appointments at OHSU in 2009 varied as follows:

- School of Dentistry—11.5% or 18 faculty
- School of Medicine – 15.9% or 214 faculty
- School of Nursing – 4.9% or 7 faculty
- Research Institutes—4.9% or 25 faculty
- CDRC –20.2% or 7 faculty
- Academic Affairs –9.1% or 4 faculty
- Hospitals and Clinics –6.1% or 4 faculty

![Minority Faculty by Rank 2009](image)


Change

The quality of education and research at OHSU is assured by the diversity of its faculty—diversity in teaching and research areas, educational background, talent, and now more than ever, diversity in ethnicity and gender. The University has demonstrated progress in hiring more minority and women faculty as position vacancies and new positions have come on line.

- OHSU employed 1,829 faculty in 2003 compared to 1,947 in 2009, which represents an increase of 118 positions or 6.4% growth.
- In 2009, the number of minority faculty was 34.8% higher than in 2003.
- In 2009, the number of women faculty was 13.2% higher than in 2003.

Nearly 20 percent of OHSU’s faculty in 2008 was over the age of sixty, and as this group retires in the next five to fifteen years, the effort to recruit a diverse faculty population is essential. Increasing this diversity by actively recruiting under-represented minorities to the OHSU faculty has been and continues to be a goal.
Appendix B.6.1. OHSU Organizational Chart
### REGULATORY/ACCREDITATION AGENCIES for OHSU

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>FREQ. OF VISITS</th>
<th>DEPARTMENT/PROGRAM RESPONSIBLE</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA Commission on Dental Accreditation</td>
<td>Every 2 years</td>
<td>School of Dentistry</td>
<td>Kimberly Poole</td>
</tr>
<tr>
<td>Accreditation Council for Continuing Medical Education (ACCME)</td>
<td>Every 4-5 years</td>
<td>Dean’s Office</td>
<td>Pat Iverson</td>
</tr>
<tr>
<td>Accreditation Council for Graduate Medical Education (ACGME)</td>
<td>Every 4-5 years</td>
<td>GME</td>
<td>Sue Simmons</td>
</tr>
<tr>
<td>Adult Protective Services; Multnomah</td>
<td>Complaint invest</td>
<td>Compliance/Psych</td>
<td>S Coombes/Cindy Scherba</td>
</tr>
<tr>
<td>American Association of Poison Control Centers</td>
<td>Every 5 years</td>
<td>Poison Center</td>
<td>Sandy Giffin</td>
</tr>
<tr>
<td>American College of Radiology</td>
<td>Every 3 years</td>
<td>Imaging</td>
<td>Erwin Schwarz</td>
</tr>
<tr>
<td>American College of Surgeons: Bariatric Surgery Center Network</td>
<td>Every 2 years</td>
<td>Bariatric Surgery</td>
<td>Sherry Garrelts</td>
</tr>
<tr>
<td>American College of Surgeons: Trauma</td>
<td>Every 3 years</td>
<td>Trauma</td>
<td>Maureen Harrahall</td>
</tr>
<tr>
<td>American College of Surgeons: Commission on Cancer</td>
<td>Every 3 years</td>
<td>Cancer Services</td>
<td>Gail Harper</td>
</tr>
<tr>
<td>American Society for Histocompatibility &amp; Immunogenetics (ASHI)</td>
<td>Annual</td>
<td>LITLab-Immunogenetics &amp; Transplant’n</td>
<td>Paula Wetzsteon</td>
</tr>
<tr>
<td>American Society of Hospital Pharmacists</td>
<td>Every 3 years</td>
<td>Pharm Residency</td>
<td>Mike Brownlee</td>
</tr>
<tr>
<td>Association for Accred &amp; Assessment of Lab Animal Care</td>
<td>Every 3 years</td>
<td>Research</td>
<td>--</td>
</tr>
<tr>
<td>Association of Organ Procurement Organizations</td>
<td>Every 3 years</td>
<td>PNTB</td>
<td>Craig Van De Walker</td>
</tr>
<tr>
<td>Centers for disease Control and Prevention (CDC)</td>
<td>Random</td>
<td>EHRS/EoC Program</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services</td>
<td>Random</td>
<td>Compliance</td>
<td>Susan Coombes/</td>
</tr>
<tr>
<td>-Transfusion</td>
<td>Complaint Invest.</td>
<td>Labs</td>
<td>Karl Simon/ Pat Ivie</td>
</tr>
<tr>
<td>-Transplant</td>
<td>Every 3 years</td>
<td>Transplant</td>
<td>Tim Stevens</td>
</tr>
<tr>
<td>-Pacific Northwest Transplant Bank (PNTB)</td>
<td>Every 3 years</td>
<td>PNTB</td>
<td>Craig Van De Walker</td>
</tr>
<tr>
<td>-EMTALA (Patient Transfers, Office of Civil Rights, and Hill-Burton Signage)</td>
<td>Complaint Invest.</td>
<td>State for CMS</td>
<td>Judi Workman, Laurie Irwin, Terri Meier, Mela Gant, Christine Slusarenko, John Burnham</td>
</tr>
<tr>
<td>AGENCY NAME</td>
<td>FREQ. OF VISITS</td>
<td>DEPARTMENT/PROGRAM RESPONSIBLE</td>
<td>CONTACT PERSON</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
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<tr>
<td>City of Portland - Plumbing</td>
<td>Random</td>
<td>Facilities</td>
<td>Mark Schnackenberg</td>
</tr>
<tr>
<td>City of Portland - Bureau of Environmental Services (BES)</td>
<td>Random</td>
<td>CHH and EHRS/EoC Program</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>City of Portland - Fire Marshal (PFD)</td>
<td>Annual or cause</td>
<td>EHRS/EoC Program</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>Clean Water Services (CWS)</td>
<td>Random</td>
<td>Pacific Onc Labs(4) Labs</td>
<td>Stasia Burt</td>
</tr>
<tr>
<td>COLA (Lab Accreditation)</td>
<td>Every 2 years</td>
<td>PANDA</td>
<td>Juanita Petersen</td>
</tr>
<tr>
<td>College of American Pathologists (CAP)</td>
<td>Every 4 years</td>
<td>Cystic Fibrosis</td>
<td>Mike Nurre</td>
</tr>
<tr>
<td>Commission on the Accreditation of Medical Transport Services</td>
<td>Every 5 years</td>
<td></td>
<td>Mike Wall</td>
</tr>
<tr>
<td>Cystic Fibrosis Foundation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Enforcement Agency (DEA)</td>
<td>Annual</td>
<td>Pharmacy</td>
<td>Mike Brownlee</td>
</tr>
<tr>
<td>Equal Employment Opportunity Commission (EEO)</td>
<td>Random</td>
<td>Human Resources</td>
<td>Priscilla Andres</td>
</tr>
<tr>
<td>Federal Aviation Administration (FAA)</td>
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<td></td>
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<tr>
<td>Federal Drug Administration (FDA)– Blood Banks/PNTB/All</td>
<td>3 yrs or for cause</td>
<td>EHRS/EoC Program Lab Transplant</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>Fire Departments in other communities</td>
<td>Random 2/yrs</td>
<td>Andrology</td>
<td>Juanita Petersen</td>
</tr>
<tr>
<td>Food and Drug Administration (FDA)</td>
<td>Annual or cause</td>
<td>EHRS/EoC Program Research</td>
<td>Curt Kandra</td>
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<tr>
<td>Foundation for the Accreditation of Cellular Therapy, The (FACT)</td>
<td>Every 5 years</td>
<td>Bone Marrow Lab</td>
<td>David Battaglia</td>
</tr>
<tr>
<td>Health Resources and Services Administration (HRSA)</td>
<td>Random</td>
<td>Family Medicine (Richmond / Scappoose)</td>
<td>Peggy Appel</td>
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<tr>
<td>Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)</td>
<td>Every 3 years</td>
<td>Vascular Lab</td>
<td>Byron Williams</td>
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<tr>
<td>The Joint Commission</td>
<td>3 years</td>
<td>Compliance</td>
<td>Susan Coombes / Karl Simon / Pat Ivie</td>
</tr>
<tr>
<td>-Hospitals and Clinics</td>
<td>Complaint invest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Special Function Labs / POCT</td>
<td>Random</td>
<td></td>
<td>Karen Ellmers</td>
</tr>
<tr>
<td>-Stroke</td>
<td>Every 2 years for Lab, Stroke, VAD</td>
<td></td>
<td>Fred McNeil</td>
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<td>LVAD</td>
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<tr>
<td>Mammography Quality Standards Act/FDA – All sites</td>
<td>Every year</td>
<td>Mammography</td>
<td>Brock Price</td>
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<td>Multnomah County Health Dept, Health Services</td>
<td>Every 6 month</td>
<td>Food &amp; Nutrition</td>
<td>Steven Hiatt / Margaret</td>
</tr>
<tr>
<td>AGENCY NAME</td>
<td>FREQ. OF VISITS</td>
<td>DEPARTMENT/PROGRAM RESPONSIBLE</td>
<td>CONTACT PERSON</td>
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<tr>
<td>National Institutes of Health (NIH)</td>
<td>Random &amp; focus visits Random</td>
<td>EHRS/EoC Program</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>National Labor Relations Board Nuclear Regulatory Commission (NRC)</td>
<td>Random Random</td>
<td>Human Resources EHRS/EoC Program</td>
<td>Priscilla Andres Ben Richards</td>
</tr>
<tr>
<td>Occupational Safety and Health Act (OSHA) Office of Human Subject Protections (DHHS) Office of Federal Contracts and Compliance Oregon -- Department of Health and Human Service Oregon -- Department of Transportation (ODOT) Oregon Health Division -- Radiation Protective Services &amp; Others Oregon Health Division -- Psychiatric units Oregon Division of Medical Assistance Program (Medicaid) Oregon State Department of Mental Health Oregon State Fire Marshal (OSFM) Owner Controlled Insurance Program (OCIP)</td>
<td>Random Audit only Every 3 years Random Every 3 years or for cause Annual or cause Random Annual Every 2 years 3 yrs or cause Weekly during project covered</td>
<td>EHRS/EoC Program Research Human Resources System EHRS/EoC Program EHRS/EoC Program</td>
<td>Ben Richards Ben Richards Ben Richards Ben Richards Cindy Scherba Ben Richards Ben Richards</td>
</tr>
<tr>
<td>Society of Chest Pain Centers State Board of Medical Examiners State Board of Nursing State of Oregon Board of Pharmacy State of Oregon Bureau of Labor State of Oregon Department of Environmental Quality (DEQ) State of Oregon – Elevator, Boiler, Building Surveys State of Oregon Lab Licensing – A few mod / high complex sites</td>
<td>Every 3 years Random Random Every year Random 5 years - RCRA 10 years - Crematory 3 years - UST Annual - Title 5 Random</td>
<td>Chest Pain Center Providers Nursing Pharmacy Human Resources EHRS/EoC Program Facilities Non-Path Labs</td>
<td>Mary Spiering Iris Johnson Jennifer Jacoby Mike Brownlee Priscilla Andres Ben Richards John Burnham</td>
</tr>
<tr>
<td>Vattiat</td>
<td>Random</td>
<td>EHRS/EoC Program</td>
<td>Ben Richards</td>
</tr>
</tbody>
</table>
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<th>CONTACT PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Network for Organ Sharing</td>
<td>Random</td>
<td>Transplant Clincs</td>
<td>Mike Seely</td>
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<tr>
<td>U.S. Census Bureau</td>
<td>Every 2 years</td>
<td>Research</td>
<td>Mike Matthews</td>
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<td>U.S. Department of Agriculture – Animal Care Program</td>
<td>Every 6mo-3yrs</td>
<td>EHR/EoC Program</td>
<td>Gary Chiodo</td>
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<tr>
<td>U.S. Environmental Protection Agency (EPA)</td>
<td>Random and special focus visits</td>
<td>Research</td>
<td>Ben Richards</td>
</tr>
<tr>
<td>U.S. State Department – Visitor Exchange Program – (foreign scientist visa program)</td>
<td>Audit only</td>
<td></td>
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<tr>
<td>Washington Fire Marshal</td>
<td>Random</td>
<td>System</td>
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