Year One Self-Evaluation Report

Submitted to

Northwest Commission on Colleges and Universities

by

Oregon Health & Science University

March 1, 2011
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Introduction

Classified as a “Special Focus Institution: Medical Center” by the Carnegie Foundation for the Advancement of Teaching, Oregon Health & Science University strives for excellence in education, research, patient care, and community service. The university educates the next generation of health care professionals, biomedical scientists and leaders of health-related organizations; creates new knowledge; translates scientific research into therapies and cures for disease; provides compassionate, evidence-based patient care; and improves health in all communities through access and policy initiatives.

OHSU is comprised of four schools (Dentistry, Medicine, Nursing and Pharmacy), two hospitals, clinics, various research institutes and centers, Office of Rural Health and Area Health Education Center. Through its missions – education, research, healthcare, and community service – OHSU touches and enhances the lives of people in Portland, the state of Oregon and beyond. OHSU’s rich learning environment includes traditional lectures, small group discussions and tutorials, research labs, simulation labs, a range of hospitals and other clinical practice settings throughout Oregon, as well as local communities.

OHSU is governed by a Board of Directors. The Board consists of ten members, appointed by the Governor and confirmed by the Oregon Senate for three-year terms. Terms are renewable only once. One member is a representative of the OHSU student body (who serves a two-year term) and another is a member of the State Board of Higher Education. The Board of Directors appoints a President of OHSU, who has overall administrative responsibility for leading the entire university and serves on the Board of Directors.

Joseph Robertson Jr., M.D., M.B.A., is the current OHSU President, beginning this position on September 15, 2006. The president relies on the nine-member executive leadership team to provide leadership and oversight of individual departments and programs. The executive team reports to the president, and their effectiveness is evaluated on an ongoing basis. The president reports to the OHSU Board of Directors, which evaluates effectiveness based on how well the president performs the duties and the overall performance of the University.

OHSU offers fifty educational programs leading to degrees or certificates on three campuses in Portland and throughout the state. It is the only university in Oregon that grants doctoral practice degrees in medicine and dentistry, research doctoral degrees in biomedical sciences and nursing, and master’s degrees and certificates in Clinical Research, Dentistry, Dietetic Internship, and Human Investigations.

OHSU offers the only public option for Nursing at the baccalaureate level in Oregon. It also provides statewide access by locating its programs on the campuses of four Oregon University System universities, offering an on-line program for R.N. to B.S. completion, and partnerships with numerous Oregon community colleges. The university partners with other public Oregon universities including Pharmacy (with Oregon State University), Public Health (with OSU and Portland State University), Healthcare Administration (with PSU), Medical Physics (with OSU), as well as Clinical Laboratory Sciences and Advanced Paramedic Education (with Oregon Institute of Technology).

Within and because of this context, OHSU’s mission plays an essential role in the State of Oregon. The following Year One Report, focuses on the core themes of that mission, the objectives through which it achieves the substance of these themes, and how it measures its success.
Institutional Context

**Full-time enrollment.** In fall 2010, 2,721 students enrolled in Oregon Health & Science. Of these, 70% were graduate and professional students. Two-thirds of all students were full-time. Many master’s degree programs target working professionals offer part-time enrollment.

**Programs tilt toward advanced degrees.** Carnegie Foundation also classifies OHSU as “graduate and profession focus.” In 2009-10, OHSU awarded a total of 946 degrees and certificates, including joint degrees. Of this total, 30% are first-professional degrees (D.M.D., M.D., D.N.P. and Pharm.D.); 5% are Ph.D.s; 17% are master’s degrees; 37% are undergraduate degrees; and 10% are graduate certificates.

**General education not offered here.** Less than two in five OHSU students are undergraduates, of which 9 out of 10 in nursing. Undergraduates enter as transfer students from another university or community college with either significant undergraduate work completed or a bachelor’s degree in another field. The admission requirements specify that all general education requirements be met prior to matriculation.

**Regulated by professions.** The content and competencies for most of our programs and students are regulated by the health-care professions. First, specialized accreditation bodies identify the specialized body of knowledge, attitudes, ethics, and skills needed to practice. Second, professional licensure examinations administered by state and national bodies verify individual competence.

**High success rate.** Nearly all OHSU students complete programs on time. For the cohorts that entered in 2004-05, 96% of dental students completed the D.M.D. within six years; 84% within four years; 98% of medical students completed the M.D. within six years; 82% within four years; 90% of nursing students completed the B.S. within three years after transferring; 83% within two years; and 95% of pharmacy students completed Pharm.D. within 5 years; 85% within four years.

**Personalized education.** OHSU’s ratio of students to faculty is nearly 1:1. Of the 2,045 faculty members, 321 are Professors, 318 Associate Professors, 747 Assistant Professors, 412 Instructors, 62 Staff Scientists, and 185 Adjunct faculty members. These ratios create a fertile environment in which faculty and students can learn together.

**Research emphasis.** OHSU earned $391 million in research funding in fiscal year 2010; faculty averaged nearly $200,000 per faculty member. OHSU serves as a catalyst for the region’s bioscience industry and is an incubator of discovery, averaging one new breakthrough or innovation every three days. OHSU disclosed 115 inventions in 2010, many of which opened new markets, spun-off businesses and created new opportunities.

**Healthcare emphasis.** In fiscal year 2010, OHSU’s Hospitals & Clinics had over 700,000 inpatient and outpatient visits. OHSU staffs 534 hospital beds, with a 2010 average occupancy rate of 79%. In 2010, the average length of stay for OHSU inpatients was 5.4 days.

**Community benefits.** OHSU’s clinical and university operations make substantial financial contributions to local community needs. In fiscal year 2009, OHSU reported $258 million in total Community Benefit expenses, stemming largely from losses from charity care, government insured patients, health professions education, research, and community building activities.

**Good financial outlook.** With an annual budget of $1.9 billion and more than 13,000 employees, OHSU is Portland’s largest, and the state’s fourth largest employer (excluding government). In fiscal year 2010, OHSU had total operating revenues of $1.9 billion. Two-thirds of this amount was from $1.25 billion in patient service revenue, 23% was from $429 million in gifts, grants, and contracts, 2.7% was from $50 million in student tuition and fees, and 2% was provided by $38 million in state appropriations.
Preface

Institutional Changes

The 2010 NWCCU Regular Interim Evaluative Report contained two concerns. First, the evaluator noted, *the lack of permanent leadership in these key positions may prevent timely decision making and result in organizational uncertainty (Standard 6.C.5).* They also noted, *the steady decline in state financial support of the University that began prior to the current financial crisis threatens future healthcare reform initiatives are likely to decrease the availability of funds to support the academic mission, while simultaneously increasing clinical demand and detracting from the education mission (Standard 7.B.5).*

As to the first concern expressed, the university filled two of the three key leadership positions (Chief Financial Officer, Chief Administrative Officer) and the search is in its final stages for a permanent Provost.

- **Lawrence J. Furnstahl, B.S.**, became OHSU’s new chief financial officer. Furnstahl was chief financial and strategy officer for the University of Chicago Medical Center and Biological Sciences Division, and vice president for financial planning for science at the University of Chicago.
- **Norwood Knight-Richardson, M.D., M.A., M.B.A.**, to the newly created position of vice president and chief administrative officer. In this role Knight-Richardson will oversee facility operations, campus planning and real estate as well as central human resources. He also will handle special assignments for the president, will supervise the university’s affirmative action and equal opportunity efforts and serve as the chief diversity officer.

As to the second concern expressed, OHSU has been fine tuning the strategic plan, *Vision 2020*, to reflect the conditions of the U.S. economy, health care reform and Oregon’s decline in state resources. We have completed substantial review of the entire university’s entire business operations to stabilize our financial picture after interviewing over four hundred employees. The OHSU Leadership Committee of one hundred employees participated in four different roundtable briefings as the process unfolded. The David Robinson, Ph.D., Interim Provost, is also completing the benchmark analysis of various academic processes for streamlining, which will have the benefit of strengthening the university overall and each academic unit. Academic processes include admissions, scheduling, course evaluation, and tuition setting.

Standard & Poor’s advanced OHSU’s bond credit ratings up two notches to “A” from “BBB+” reflecting the university’s solid financial performance. In announcing the rating change, Standard & Poor’s cited OHSU’s improved operating performance and overall financial profile. The factors it considered in the decision were, among other things, strong demand for education and specialty health-care services, OHSU’s diverse portfolio of revenue sources, including strong hospital operations, as well as a solid management team that is working to contain costs.

New Academic Programs

Since its last visit, NWCCU has approved two new academic programs. These programs exemplify the university’s focus on interdisciplinary programs and partnerships:

- On November 17, 2010, NWCCU approved the new degree program, Doctor of Philosophy (Ph.D.) in Cancer Biology through the Program in Molecular and Cellular Biology (P.M.C.B.)
within the OHSU’s School of Medicine as a minor change under Commission Policy A-2, Substantive Change. This is a joint effort of the School of Medicine and OHSU Knight Cancer Institute in which basic scientists and clinicians – 21 primary and 34 adjunct faculty members – will teach the interdisciplinary program, putting the "bench to bedside" research philosophy into an educational context for cancer biology.

- On January 4, 2011, NWCCU approved a graduate certificate program in Health Sciences Entrepreneurship, as a minor change under Commission Policy A-2. Substantive Change. This program in technology entrepreneurship is jointly offered by the University of Portland and Oregon Health & Science University and is open to ten students, five from each school. This program complements an individual's graduate education by offering a variety of opportunities to learn commercialization skills in an environment that combines practice and theory.

Response to Recommendations by the Commission


Recommendation One

While OHSU has laid the foundation for assessment of educational programs through the development of policies for student learning objectives and assessment, the implementation of an institutional process of assessment and improvement has not been achieved. The Assessment Council has been instrumental in the progress that has been made to date, but appears to lack the authority to ensure that student learning outcomes meet an institutional standard and that the assessment of outcomes is leading to programmatic and institutional improvement. It was not clear during the visit whether the decentralized process of outcome assessment and improvement at the School and academic program level meets the needs of the institution. The answer to this question is essential to ensuring compliance with Policy 2.2 Educational Assessment. (Standard 2.8 and Policy 2.2)

OHSU has taken steps to strengthen the role of the Assessment Council in ensuring that student learning outcomes meet an institutional standard and that the assessment of outcomes leads to the continuous improvement in individual programs and overall institutional effectiveness. In response to Recommendation One, we centralized the authority for assessing the achievement of student learning outcomes through a revision to the Assessment Council charter and processes needed to verifying programs are using assessment to improve. (See Attachment 1.A)

- The Assessment Council reviews and approves student learning outcome statements required for all degree and certificate programs as part of the initial filing of the program-level Assessment Plan. Using a rubric for scoring program-level outcome statements, the Assessment Council determines whether institution-wide standards and criteria are met and whether the assessments are aligned with outcomes. (See Attachment 1.B)

- The Office of Academic Affairs informs program heads and deans of their status and makes suggestions for improvement, if needed. If the student learning outcomes statements are judged not to be proficient, a deadline is set to meet proficiency.

- To comply with OHSU academic policy, all programs must publish and distribute the expected learning outcomes to students and prospective students. In order to do so, the learning outcome statements must meet all five quality criteria.
• When programs are judged not to meet standards, staff experts in Educational Technology will provide technical assistance to support program faculty in achieving proficiency. The Assessment Council is finding this resource helpful in their initial review of the submitted learning outcomes as members teach one another through their dialogue and sense-making.

• The Assessment Plan requires programs link program assessments with each of the learning outcomes and determines if seem appropriate. Each school reports annually the results of the assessments and provides evidence the results (when there are gaps between expectations and performance) are used to improve instruction, learning, assessments and/or academic curricula. (See Attachment 1.C)

Recommendation Two

OHSU should ensure that all of its academic programs have student learning outcomes, assess the achievement of the outcomes, and use the assessment to lead to program improvement. In particular, OHSU should complete the development of a process of periodic review for all graduate programs and implement the process during the 2010 year. (Standard 2.B)

Oregon Health & Science University is committed to providing the highest quality of education for health professions and biomedical science available to the citizens of Oregon. We recognize that periodic review of our academic programs coupled with coordinated, long-range strategic planning is essential to insure the quality of academic programming. Given the preponderance of education for health professions, OHSU has relied on the evaluation of specialized accreditors of many of our programs in conjunction with the academic review and approval processes of the Oregon University System for proposed new academic programs and their follow-up five-year review. Graduate courses have been reviewed by the School of Medicine’s Graduate Council.

Based on Recommendation Two, we designed a centralized process to review all of OHSU’s academic programs at least once every five years. (See Attachment 2.A) The Assessment Council has the authority to conduct this review which is intended to be a periodic self-examination that will contribute to the school and institution-level strategic plans. The primary goal of the review is to improve the program’s effectiveness and quality. (See Attachment 2.B) The objectives of the review are to provide a clear assessment of the program’s strengths and weaknesses and to develop a guide for the program’s future direction. (See Attachment 2.C) The review engages the faculty and administration from the development of the self-study to the program response to the final report to the implementation of accepted recommendations. In 2010, the university adopted policy on the institution-wide academic program review process, designed a report template for all academic programs to use, and scheduled reviews of all academic programs over the next five years. (See Attachment 2.D) A template for academic program review and evaluation is included as Attachment 2.E.

Last Review of Mission and Core Theme

As the first submission of a Year One Report to Northwest Commission on Colleges and Universities, OHSU’s Mission and Core themes have not had a prior review.
Chapter One: Mission, Core Themes and Expectations

Section I: Standard 1.A

The Institution’s Mission Statement

The mission for OHSU is specified in two Oregon statutes. The 1993 statute recognizes the tripartite mission of all higher education in Oregon to “provide instruction, research and public service programs to support and enrich the cultural life of Oregon and to support and maintain a healthy economy.” ORS 351.009 [1993 c.240§] In 1995, OHSU separated from the governance of the Oregon State System of Higher Education/Oregon University System as reflected in statute, “The university shall be an independent corporation with statewide purposes and missions without territorial boundaries.” ORS 353.020 [1995 c. 162 §2; 1999 §2:2001 c. 123 §]

In 2004, the provost initiated discussions with faculty and administrative groups across the institution to develop a mission statement to guide OHSU into the future:

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice, and community service.

Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative, and cooperation among students, faculty and staff. Setting the example for integrity, compassion and leadership, OHSU strives to:

• Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.

• Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.

• Deliver excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.

• Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and healthcare missions through community service, partnerships and outreach.

This mission statement was approved by the OHSU Board of Directors in February 2005. The mission is widely published throughout the university in its internal and external documents.

President Robertson used the mission statement to give direction for the university’s strategic planning process initiated in fall 2006. The strategic planning document articulates for the institution “what we are,” “what we want to become,” and “how we plan on getting there.” The president and Executive Leadership Team spent a year gathering feedback about our past work and future directions from our internal and external constituents throughout Oregon. OHSU Vision 2020 now provides a roadmap.

The Board of Directors adopted Vision 2020 in November 2007. The vision statement is: OHSU will partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

The strategic plan builds on recent achievements and identifies new priorities in the six strategic goals.

• 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.

Vision 2020 reflects and reinforces our commitment to transparency, service excellence, diversity and quality. All OHSU units have adopted unit-level mission statements that are aligned with the institutional mission statement. When faced with challenges, Vision 2020 guides our decision-making and focuses our efforts to help meet Oregon’s healthcare workforce needs and improve the health and well-being of all Oregonians. This is accomplished through the continuous learning of our students, faculty and staff in classrooms, hospitals and clinical practices, and research laboratories.

OHSU is completing a two-year long planning process to update Vision 2020 and develop options for improving the operational and business models we use to fulfill our mission. The operational and business models support two of the six strategic goals: Build financial wherewithal for the long-term advancement of all our missions and Align OHSU enterprises to support sustainable innovation in order to fulfill the institution’s mission through the other four strategic goals.

Interpretation of Fulfillment of the Institution’s Mission

OHSU’s mission is a very problem–focused statement aimed at specific outcomes. The problems are increasing educational attainment in health professions and biomedical scientists to meet Oregon’s workforce needs; increasing research activity to find better ways to deliver health care more affordably to individuals and populations; improving the quality and safety of clinical care outcomes; and adopting of evidence-based health care in our clinical settings around the state. In essence, we are about promoting health care reform and improving the health, wellness and quality of life of all Oregonians. The theory of action is: we can fulfill the mission by attracting talented individuals – faculty, staff and students—into the OHSU community. Mission fulfillment is evaluated by tracking our progress and developments related to reducing these problems and attaining the desired outcomes, some needing a generation or two to attain.

OHSU’s six strategic goals, on the other hand, suggest a values-focused statement about how our work will be done. We are to work collaboratively across our silos to develop new approaches, build sustainable capacity, develop community partnerships, prevent disease, and inform public policy. The theory of action is: bring innovative, creative and committed people together and we can improve the health of individuals and populations in Oregon and beyond. Mission fulfillment is evaluated by tracking, how the work is carried out, and how values inform developments. Process matters in the solution of the problem, because the means matter.

OHSU’s state of affairs is made present in the articulation of the strategic plan and reflection of our ongoing planning activities. Through this process, the university makes the internal and external
communities aware of what we are and what we are becoming. OHSU is intentionally setting out to be more efficient, work in more collaborative ways, and innovate to achieve excellence. For this reason, we have indicators that look at reducing problems of lack of health insurance or preparing our students to work in team-based environments as well as indicators that look at the number of faculty working on collaborative research teams and number of students who are engaged in an interprofessional learning experience. The latter, by necessity, are process indicators. The goal is to change the individualistic and hierarchical culture to a culture that fosters and credits working together to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of all Oregonians.

Articulation of an Acceptable Threshold orExtent of Mission Fulfillment

For each of the four core themes aligned with the four components of the institutional mission statement, we have identified threshold performance or what the university considers as evidence of mission fulfillment for each of the indicators associated with the core theme objectives. About one-third of these measures are also state-mandated Key Performance Measure with legislatively approved improvement targets. The state provides a guideline for determining whether performance is met based on target achievement. This target was used as the “meets mission expectation” when performance falls within 5%, in either direction (lower or higher). For the remaining measures, we are in the process of developing final performance targets. The matrix articulating these thresholds can be found in the appendix. (See Attachment 3.A).
Section II. Standard 1.B

Introduction

The campus initiated the process to develop the Standard One report in 2010. David Robinson, Ph.D., Interim Provost and Vice President for Academic Affairs appointed the NWCCU Core Theme Steering Committee. He charged them to develop the core themes, generate broad institutional support, and help guide the process of identifying objectives and indicators. The committee is co-chaired by Nancy P. Goldschmidt, Ph.D., Associate Vice Provost of Academic Affairs and Robert L. Vieira, Ed.D., Vice Provost for Academic and Student Affairs and NWCCU Accreditation Liaison Officer for the university. The Steering Committee includes the interim provost, vice provost, associate vice provost, four deans and the leaders of the four core theme teams. The four deans are:

- Jack Clinton, D.M.D., Dean of the School of Dentistry
- Mark Richardson, M.D., M.B.A., Dean of the School of Medicine and Vice President;
- Michael Bleich, Ph.D., R.N., F.A.A.N., Dean of the School of Nursing and Vice Provost for Interprofessional Education; Carol A Lindemen Distinguished Professor;
- Mark Zabriskie, Ph.D., Dean of the College of Pharmacy, Oregon State University.

The core theme teams included more than fifty representatives of OHSU’s community—faculty, administrative and student leaders from across the campus, representatives from the OHSU Faculty Senate, schools and programs. The core theme teams ranged in size from eight to twenty-one members. The Learning Community core theme had the largest team.

To ensure transparency and a broad spectrum of input, this draft was posted on the Accreditation website www.ohsu.edu/nwccu. We also circulated the draft for review and comment to OHSU Faculty Senate Executive Committee, deans, associate deans, and OHSU Student Council. For the first time, the university introduced SharePoint for the OHSU community to participate in the process of developing the core themes.

The four core themes which manifest essential elements of our mission are as follows:

I. Learning Community
II. Interprofessional Education
III. Clinical and Translational Research
IV. Leadership in Health Care and Health Policy

These core themes reflect the changing paradigms for health profession education, health care delivery, biomedical research, and health policy and health systems. (List of Contributors: OHSU Core Theme Committees).
I. Learning Community

The conditions of learning are central to understanding what is learned. Training is thought of as the transmission of explicit, abstract knowledge from the head of someone “who knows,” the faculty member, into the head of someone “who does not know,” the student. In an academic health center, the surroundings for educating and training do not exclude the complexities of practice and the communities of practitioners and researchers.

Our students learn in actual work settings, such as hospitals and clinics or on funded research projects, beginning under close faculty supervision and progressing onto increasing independence. Students advance from one work setting to another throughout their programs. They learn to function in a community, acquire a particular community's subjective viewpoint and learn to speak its language. Learners are enculturated in the way to behave as community members, usually this means as “nurses,” “physicians,” “dentists,” “nutritionists,” or “scientists.” The culture for faculty and students within an academic health center has been very individualistic and competitive. The rewards are for the superstars with the newest, most brilliant, innovative and fundable ideas.

Over the last decade, growing concerns within each health profession have recognized the need to change learning and practice conditions. Some of the “old ways” no longer work in the face of great change in health delivery systems and health policy. The Institute of Medicine calls for focused attention on faculty preparation and reward structures, professional development, and instruction and learning of students. ¹ They are also calling for learners to develop additional skills related to working effectively as a member and leader of an interprofessional/interdisciplinary team, communicating effectively, developing cultural competency and implementing systems-based quality improvements.

We are expressing this call for change as one of the university’s core themes “Learning Community.” The goal is for learning to cross and connect organizational boundaries. Everyone learns—faculty, physicians, staff as well as students are learners, whether he or she is working in the clinical setting, research laboratory, lecture hall, office or having an impromptu conversation. The university’s commitment to support learning throughout the organization, requires institution-wide opportunities to work in interprofessional or interdisciplinary teams, share insights and perspectives, build partnerships to innovate and engage in system-based quality improvement to provide ultimately the best health care.

OHSU has many outstanding faculty development programs that target unit-specific knowledge or skill development including K Awards, OCTRi Scholars Program, Paths to Leadership, Lead Mentors in the School of Medicine; Clinical Scientific Inquiry and Multi-Cultural ESL Language Curriculum in the School of Dentistry; and Master Classes, Academic Summit, and Promoting Creativity in Research Teams in the School of Nursing. Many of these models are scalable to the larger university.

The “Learning Community” links to the OHSU’s mission statement in several ways: Stimulate the spirit of inquiry, initiative, and cooperation among students, faculty and staff; and Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution. It also links with at least three of the six strategic goals in OHSU’s strategic plan Vision 2020, Be a great organization, diverse in people and ideas; Develop and retain a faculty that will collaborate to drive excellence and innovation across OHSU; and 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.

We have identified four core theme objectives and corresponding indicators related to foster a learning community to produce highly-competent graduates, faculty and staff.

Core Theme Objective 1.1
Meet standards for learning outcomes of academic programs and university.

Indicator 1.1.1 Percent of students attaining program-level learning outcomes based on assessments of knowledge, skills, attitudes, proficiencies and competencies.

Indicator 1.1.2 Percent of students attaining university-level learning outcomes based on the assessment of communication skills; work relationship, team building and leadership skills; cultural competency skills; and knowledge of health policy, population health, and health systems.

Indicator 1.1.3 First-time pass rates of students/graduates on state and national exams required for entry into health care practice or to move onto the next training level.

Indicator 1.1.4 Percent of programs with specialized accreditation required that meet quality standards.

Rationale. These indicators are accessible and meaningful measures of student learning: (1.1.1) student learning outcome statements are specified for each program and linked with assessments which are reviewed annually by Assessment Council; (1.1.2) requires development of competencies and baseline; (1.1.3) track for Key Performance Measures reported to state for medicine, dentistry, nursing, pharmacy and will add physician assistant, clinical nutrition, dietetic internship, and radiation technology therapy; and (1.1.4) currently monitor accreditation status.

Core Theme Objective 1.2
Support degree-seeking students so they progress and graduate within an appropriate timeframe.

Indicator 1.2.1: Median time-to-degree and completion rates for baccalaureate; master’s degrees; professional practice doctorates, and research doctorates.

Indicator 1.2.2: Percent of students that are “satisfied” with academic and student support services.

Indicator 1.2.3: Percent of graduates of clinical programs completing clinical experience in rural and underserved communities in Oregon.

Indicator 1.2.4: Number of baccalaureate-level nursing graduates produced annually, number and percent completed outside Portland region, and OHSU’s proportion as a percent of total state production.

Indicator 1.1.5 Total degrees produced and by program to meet Oregon workforce needs.
**Rationale.** These indicators are accessible and meaningful measures of student learning: (1.2.1) Completion rates tracked for state’s Key Performance Measure (KPM) process; (1.2.2) each unit conducts their assessments; (1.2.3) tracked as a KPM; and (1.2.4) tracked as a KPM.

**Core Theme Objective 1.3**
Diversify our student, faculty and staff populations to improve overall performance of teams and institution.

**Indicator 1.3.1** Percent of underrepresented students recruited, matriculated, retained and graduated across academic programs compared to majority students.

**Indicator 1.3.2** Percent of underrepresented faculty, residents, and fellows recruited, hired, promoted, and time-in rank compared to majority faculty, residents and fellows.

**Indicator 1.3.3** Percent of annual faculty turnover by rank, program and school.

**Indicator 1.3.3** Percent of employees and students that say they are supported by their supervisor (advisor) and institution and are satisfied with work (academic program) by unit, ethnicity, gender, job class or student level.

**Rationale.** These indicators are accessible and meaningful measures of diversity and inclusion as: (1.3.1) data already collected and monitored; (1.3.2) faculty evaluation, promotion and tenure data are collected by departments; (1.3.3) overall faculty churn data are collected; and (1.3.4) baseline data collected in 2010 re: organization climate for employees and students.

**Core Theme Objective 1.4**
Value and support faculty to create an effective culture that supports collaboration, team work, patient-centered care, and learner-centered culture in which all learn and all teach.

**Indicator 1.4.1** Percent of courses in which faculty are using techniques and electronic technology to enhance effectiveness of instruction and courses by program of study.

**Indicator 1.4.2** Percent of faculty who participate in and are satisfied with skill development programs: (a) evidence-based teaching, (b) effective mentorship of students and junior faculty, (c) leadership and management, (d) interprofessional education.

**Indicator 1.4.3** Percent of courses that have integrated interprofessional education concepts.

**Rationale.** These indicators are accessible and meaningful measures of opportunities for faculty development at OHSU: (1.4.1) requires baseline data development; (1.4.2) requires baseline data development to demonstrate whether there is a growth in interest by increase in numbers enrolled; and (1.4.3) requires data development; duplicates indicator in interprofessional education.
II. Interprofessional Education

The Institute of Medicine, 2 Josiah Macy Foundation, American Association of Colleges of Nursing, PEW Charitable Trusts, Liaison Committee on Medical Education, American Dental Education Association, and others have called for the health professions to develop education that fosters interprofessional learning, based on the notion that when these professionals understand each others’ role and are able to work effectively together, patient outcomes improve (IOM, 2003). The working definition for interprofessional education (IPE) at OHSU is derived from the Centre for the Advancement of Interprofessional Education, “Interprofessional education occurs when two of more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE 2011).” 3

The context for interprofessional education was strengthened when OHSU President Joe Robertson asked President Emeritus Peter Kohler to lead an initiative to chart a course for the implementation of interprofessional education at OHSU in 2009. A group of academic leaders from across schools and programs identified key themes that could be taught across different professions and developed a set of guiding principles to describe how new educational facilities should support interprofessional activities. In their final report, they recommended that groups within OHSU should be charged with developing content in modules or through case-based simulations: health profession roles in a reformed health system, team functioning with conflict resolution strategies, exercising leadership to achieve change management, quality and safety science, global health perspectives, ethics, gerontology, and clinical care in practice settings.

Following this report, the Interim Provost appointed Dean Michael Bleich, School of Nursing, as Vice-Provost for Interprofessional Education. In December 2010, one hundred campus stakeholders met to launch work to achieve these interprofessional education themes. As discussions ensured, we learned of interdisciplinary efforts between and within schools that reflect the potential spectrum of working together:

- **Center for Ethics in Health Care**, has partnered since 1989 with practitioners of all disciplines regionally and nationally to be a leading voice for compassionate health care. The scope of its work is broad and far reaching. Its mission - to raise the level of ethical standards in all aspects of health care throughout our community - puts the needs and rights of patients and their families directly at the center of that care.

- **Oregon Geriatric Education Center** is a grant-funded collaboration between the SOM and SON for over twenty years that provides a joint training program among OHSU, PSU, and Oregon State University. The center’s charge is to train clinicians in the care of older adults. The four tracks of clinicians that participate are nurses, physicians, pharmacists, and social workers.

- **The Division of Management** contracts with two DMICE faculty to teach in the M.B.A. in Healthcare Management program.

- **Physician Assistant** and **Medical** students learn together in three courses—Gross Anatomy, Embryology and Imaging, and Principles of Clinical Medicine.

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• **Center for Global Health**, created by the interest of OHSU students about five years ago, facilitates the university's collaboration with the global health community to promote quality and equity in health care internationally. Through the center, OHSU promotes global health awareness, research, education and advocacy; facilitates situated learning experiences; and developed elective courses available to all OHSU students.

Individual faculty participate in meetings on interprofessional education: others have served on key national task forces to advance interprofessional education. The School of Nursing has researchers who have done work in areas germane to interprofessional education, such as collaboration. Finally, OHSU is a recognized international leader in simulation, with sophisticated faculty, support staff, and technology to advance learning; some simulations are interprofessional in nature.

While there are a number of positives, there are also barriers to the success of advancing Interprofessional Education (IPE) university-wide:

- With the exception of ethics content, there has been no systematic interprofessional review of curricula for the purpose of identifying IPE content overlap.
- Each discipline/specialty practice area has domain-specific content that must be accomplished to meet accreditation standards, which limits interprofessional courses and electives.
- OHSU has thirteen different academic calendars. Typical for academic health centers, the programs have academic year calendars and start/stop dates that align with external demands;
- State support is available for some but not all programs; tuition and fees are set to make up the gap between cost and state support; and the analysis of what the “market will bear” creates a highly differentiated tuition policy.
- IPE has been accomplished on a small scale; how would large numbers of university-wide students be accommodated?
- OHSU faculty have limited experience in curricular mapping and development across programs and schools.

With professional accrediting bodies in health professions increasing their expectations for interprofessional education as part of discipline-specific learning experiences and the public’s expectations for safe and effective care, interprofessional education is an essential direction for OHSU to undertake. OHSU is committed to providing innovative learning experiences for students, and with the addition of the new academic building the timing is ideal to incorporate IPE concepts into the design and planning that is already underway. The goal is for OHSU graduates to complete a core set of IPE learning experiences that fosters improvement in patient access, safety and outcomes.

There is a public call for health professionals to work together effectively and efficiently to advance health and ensure safe passage by patients through complex health systems. Through Interprofessional Education, our students acquire and integrate critical didactic, experiential, and simulation content across disciplines to apply all that science and technology brings to the art of caring. Oregon Health & Science University’s mission resonates with the collaborative nature of IPE as we boldly claim that **cross-disciplinary faculty will actively collaborate in partnerships to drive excellence and innovation across OHSU**. OHSU is developing integrated strategies to ensure a robust and competent workforce for Oregonians, and we will promote **sustainable innovation** in our academic enterprise to deliver high-quality interprofessional education. We have identified four core theme objectives and corresponding indicators related to Interprofessional Education:
Core Theme Objective 2.1
Engage students in interprofessional learning experiences that increase in complexity and relevance as they progress through their programs of study.

Indicator 2.1.1 Number/percent of graduates that have completed at least one IPE course with students and/or faculty from other disciplines (also Indicator 1.4.3)

Indicator 2.1.2 Number/percent of students/graduates that have completed an interprofessional certificate by program.

Rationale 2.1 These indicators are accessible and meaningful measures of engagement of students in interprofessional education: (2.1.1) requires extracting enrollments from student database system; and (2.1.2) requires review of transcripts.

Core Theme Objective 2.2
Prepare students for jobs in a reformed health care system requiring collaborative and effective team dynamics to improve patient care outcomes.

Indicator 2.2.1 Number/percent of clinical students who demonstrate proficiency in interprofessional education.

Rationale 2.2 This indicator is meaningful measure of IPE competency attainment at or prior to graduation: (2.2.1) need to develop assessments and rubrics, by working with specialized accreditors and Institute of Medicine.

Core Theme Objective 2.3
Integrate interprofessional education in key areas of curricula.

Indicator 2.3.1 Number of local faculty and staff experts dedicated to teach interprofessional modules.

Indicator 2.3.2 Number of faculty, students and staff engaged in interprofessional courses, modules, simulations by school.

Rationale 2.3 These indicators are accessible and meaningful measures of objective: (2.3.1) “local expert” will be defined and proficiencies identified.

Core Theme Objective 2.4
Enable faculty involvement and student participation in interprofessional education.

Indicator 2.4.1 Number of critical structural barriers eliminated to facilitate implementation.

Rationale 2.4 This indicator will measure specific progress toward improving the structural conditions: from list of barriers, identify priorities, develop work breakdown structures, timelines to check off achievement of these essential process indicators (2.4.1) (e.g., creating space in curriculum for joint courses, having fewer calendars, developing facilities)
III. Leadership in Health Care and Health Policy

OHSU Healthcare aspires to be the clinical care leader in the state. The Education mission is inextricably linked with OHSU’s clinical care operations. The clinical setting is critical part of the learning environment at OHSU, and all clinical operations provide essential financial support for all of OHSU’s operations. At the heart of current healthcare reform efforts is the pursuit of (1) increased population health, (2) enhanced individual care, and (3) reduced per capita healthcare costs. Only by achieving all three of these objectives can genuine improvements be realized in our healthcare system.

In 2011, the U.S. healthcare industry represents more than 15% of the national economy, and every year citizens face healthcare cost increases far in excess of general inflation. Discussions about how to resolve health policy issues dominate the national political discourse, and in 2010, the U.S. Congress passed the broadest healthcare reform legislation since the creation of Medicare in the 1960s.

In Oregon, healthcare policy and reform have long been public priorities. The creation of the Oregon Health Plan in the 1990s, marked the first effort by a state to address out of control Medicaid program costs by applying for a waiver to the standard federal entitlement system, and instead creating one in which prioritizing of cost effective medical services and rationing of total available public resources were central tenets. During the state’s last legislative session in 2009, the Oregon Legislature passed House Bill 2009, which created a new state agency, the Oregon Health Authority (OHA), to coordinate and supervise health policy reforms and initiatives across the state.

With so many regulatory complications and unknowns facing today’s healthcare providers and the providers of the future, it is imperative that OHSU’s graduates understand the important issues and interests in the health policy arena.

This theme is closely aligned with OHSU’s mission and strategic plan. The following institutional goal, from OHSU’s mission statement, demonstrates the commitment to training our students to understand, participate in, and lead local and national health policy discussions: Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and health care missions through community service, partnerships and outreach. OHSU’s strategic plan, Vision 2020, also highlights the importance of institutional engagement in health policy discussions, with the goal of developing a faculty that will: [Join] others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians. Oregon Center for Health Systems and Effectiveness Research is taking the lead for these institutional priorities. We identified four core theme objectives related to leadership in health care and health policy:

In addition to the health policy environment, OHSU’s clinical settings represent opportunities for leadership in health care practitioners, scientists and students to learn from one another and further the university-wide value of working together. Improving quality and safety outcomes is linked to health care providers working together, standardizing routines, developing checklists and fulfilling their unique role on the team.

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Core Theme Objective 3.1
Achieve system-based improvements in hospital clinical quality and safety outcomes.

Indicator 3.1.1 Meet the annual quality priorities set by the UHS board.

Indicator 3.1.2 Ratio of observed mortality over expected mortality for OHSU inpatients.

Indicator 3.1.3 Overall rating of adult inpatient experience with OHSU Hospital.

Indicator 3.1.4 Overall rating of pediatric inpatient experience with OHSU Doernbecher Children’s Hospital.

Indicator 3.1.5 Percent of families who report that, “Staff worked together to care for you.”

Rationale 3.1: These indicators are accessible given the required reporting by external groups and meaningful for determining OHSU’s results in improving clinical care quality and safety outcomes for hospital inpatients: (3.1.1) have baseline data for national quality measures; (3.1.2) state – approved Key Performance Measure; (3.1.3) state – approved Key Performance Measure; (3.1.4) state – approved Key Performance Measure; and (3.1.5) internal measure to determine if families perceive OHSU as we purport to be. These indicators are developed by the University Hospital System Board (UHS). One of the goals for interprofessional education, according to the Institute of Medicine is to train faculty, clinicians and students in the process of system-based quality improvement. Students working on teams often provide novel insights into process redesign. They question the basic assumptions necessary to begin to see things differently.

Core Theme Objective 3.2
Engage students to develop knowledge about health systems and health policy.

Indicator 3.2.1 Percent of graduates completing at least one significant assignment related to the analysis of health improvement strategies (e.g., systems and policy advocacy, program or policy development, community-based interventions, organization and financing of clinical care and effects on access, utilization and quality of care).

Indicator 3.2.2 Student outcomes on assessments of health competencies related to health policy analysis, awareness of health policy issues, and regulatory issues affecting healthcare delivery and systems.

Rationale 3.1 These indicators are accessible and meaningful as all OHSU graduates should be expected to know about health delivery systems and policy: (3.1.1) develop data to document nature and extent of student participation; and (3.1.2) develop student learning outcome statements, assessments and rubrics to determine proficiency.
Core Theme Objective 3.3
Partner with Oregon communities to integrate practice, policy and research for health care and health care delivery systems in Oregon and beyond.

**Indicator 3.3.1** Number of faculty engaged with community partners leading change in health care and health delivery systems.

**Indicator 3.3.2** Number of healthcare community partners actively engaged with OHSU faculty.

**Rationale 3.3** These indicators are accessible and meaningful because developing and tending relationships and partnerships are critical to using population data and evidence-based practices to improve health outcomes. Both (3.2.1 and 3.2.1) require new tracking system to develop baseline and monitor activity and impacts.

Core Theme Objective 3.4
Advance the evidence base for improvement in health delivery systems and health policy.

**Indicator 3.4.1** Number of faculty experts contributing to knowledge development and application by serving on local, regional and national advisory boards or other organizations.

- a) Editor or associate editor in related publications
- b) National or international professional association representation
- c) National or international grant review panel
- d) Publications and presentations at professional meetings
- e) Research-based publications in peer reviewed journals related to health policy research and impact (citations).

**Rationale 3.4** This indicator is accessible through faculty reports (a through d) and publication and citation database maintained by the OHSU Library. This indicator is meaningful for determining OHSU’s reach through the faculty who are regarded as “thought leaders” in the local, regional, national and international scenes.

Core Theme Objective 3.5
Create synergies to foster interdisciplinary/interprofessional collaborations on health policy research.

**Indicator 3.5.1** Percent of ongoing health policy research projects that involve faculty from more than one department or school.

**Indicator 3.5.2** Percent of total grant funding awarded for translational research.

**Rationale 3.4** These indicators are accessible and meaningful for determining the scope and magnitude of faculty activity aligned with the mission and strategic priorities: (3.5.1) tracks spread of collaborative working relationships throughout OHSU (3.5.2) measures faculty productivity and overall OHSU strength.
IV. Clinical and Translational Research

As Oregon’s only academic health center, Oregon Health & Science University has a unique role in the region with substantial clinical and patient resources, a large educational program, and a vigorous research portfolio. In 2010 more than 1,500 OHSU scientists are working on 4,100 basic, clinical, translational, and applied research projects. OHSU had $392 million in annual research expenditures, the majority awards from the National Institutes of Health. NIH awards to OHSU have grown over the last five years despite limitations in inflation-adjusted federal research funding. OHSU was the recipient of $84 million in awards from stimulus grants allocated through the American Recovery and Reinvestment Act. OHSU currently supports a broad portfolio of biomedical research grants that span the translational spectrum.

OHSU includes multiple departments, research centers and institutes that form the foundation of a diverse and vital research enterprise. A partial listing of these entities includes the four schools; Vollum Institute, Oregon Clinical and Translational Research Institute; Knight Cancer Institute; Oregon National Primate Research Center; Child Development and Research Center; Center for Coastal Margin Observation and Prediction, Oregon Rural Practice-Based Research Network; Institute of Environmental Health, OHSU Hospital and Clinics; Portland Veterans’ Administration Hospital; Hartford Center of Geriatric Nursing Excellence, Shriners Hospital for Children; and Oregon Center for Health Systems and Effectiveness Research, a new venture between OHSU and the State of Oregon to align health systems research (which is represented in a core theme).

Translational research at OHSU occurs within all of these entities, and is characterized by a strong and vibrant scientific community; a vigorous research portfolio with rapid growth of funding; high value on collaboration among researchers and comparatively low barriers to intra-institutional research; recent expansion of physical facilities for research; and institutional research infrastructure, including well-established educational training programs in translational research methods. OHSU has a long and successful history of collaborating with local, state, and regional partners to advance the research agenda, including extensive outreach into the community. The research portfolio spans the translational spectrum, from basic science investigations, through clinical research, early phase therapeutic trials, population-based studies, and finally to health systems research. In 2010, approximately 60% of OHSU grants supported basic science, 30% clinical research (including early phase clinical trials), and 10% population-based research. This broad and robust translational research platform is essential for the education and career development of OHSU trainees.

OHSU’s institutional mission and OHSU Vision 2020 are well aligned with this core theme. The primary mission of OHSU (paraphrased) is to improve the well-being of people in Oregon and beyond, including through excellence in research, clinical practice, and scholarship. This includes providing high-quality health care emphasizing the development and dissemination of new knowledge and cutting-edge technology, which is only achievable through achievements in research that span the translational spectrum. Similarly, Vision 2020, a strategic roadmap for the future of the institution, includes developing a faculty that will collaborate to drive excellence and innovation across OHSU; and joining others in developing policy and care delivery solutions that improve access to high-quality health care for all, especially Oregonians. The existence of a strong translational research portfolio at OHSU will enhance the educational mission. Translational medicine – which pairs research investigators with clinicians – will be central to the new program, which emphasizes both course work and extensive laboratory training in order to prepare students for careers in basic and applied cancer research.
Training components include application of biotechnology to research and the dissemination of information to the next generation of scientists and lay public.

In the development of the specific translational research goals that follow, we have drawn upon two important planning processes that have been ongoing in 2010, including the ongoing research roadmap process conducted by the School of Medicine Collaborative Leadership Group, and the reapplication for our NIH Clinical and Translational Science Award. The School of Medicine vision of the roadmap process is as follows: “By 2015, the OHSU School of Medicine will be recognized regionally, nationally, and internationally as a center for academic and research excellence, through collaborative innovation, discovery, and the translation of new knowledge to improve human health and well-being.” All of OHSU’s other schools are also participating in translational research activities.

We have identified three core theme objectives and corresponding indicators related to the vision for the Translational Research core theme:

**Core Theme Objective 4.1**

**Provide training and improve career development of clinical and translational scientists campus wide.**

- **Indicator 4.1.1** Number and percent of graduates who achieve mastery in translational research competencies.
- **Indicator 4.1.2** Number and percent of clinical program graduates that pursue research as part of post-graduate training.
- **Indicator 4.1.3** Number and percent of students enrolled in academic courses that (1) receive certification, and (2) require the completion of a thesis or dissertation.
- **Indicator 4.1.4** Number and percent of OHSU research doctorate recipients and post-doctoral students/fellows employed as clinician-scientists in university, industry, government agency or self-employed.
- **Indicator 4.1.5** Number of cases in which standard of care changed at the local, state and national levels.

**Rationale 4.1** These indicators are accessible and meaningful for determining OHSU’s impact on the development of a workforce with clinical and translational research competencies as follows: (4.1.1) translational research competencies are identified; (4.1.2) data collected and reported to funding agency; (4.1.3) data collected and reported to funding agency; (4.1.4) use data from annual Survey of Earned Doctorates and use social media to track trainees after dissertation to independence. (4.1.5) provides evidence of impact, but could require a generation of tracking.

**Core Theme Objective 4.2**

**Build clinical and translational research capacity.**

- **Indicator 4.2.1** Total research expenditures for clinical and translational research.
- **Indicator 4.2.2** Number of invention disclosures.
- **Indicator 4.2.3** Number of successful startup companies.

**Rationale 4.2** These indicators are accessible and meaningful for determining OHSU’s impact and progress in enhancing OHSU’s translational research portfolio as follows: (4.2.1) currently track faculty
grant competitiveness using trusted indicators and report data on state-required Key Performance Measures; (4.2.2) currently track commercialization using trusted indicators.

Core Theme Objective 4.3
Develop partnerships to support and advance collaborative, multidisciplinary translational research.

  Indicator 4.3.1 Number faculty engaged in translational research teams.

  Indicator 4.3.2 Number and percent of program projects, center grants, and other cross-disciplinary funding mechanisms at OHSU.

  Indicator 4.3.3 Number and percent of research subcontracts and shared grants with external partners and community-based organizations.

  Indicator 4.3.4 Number and percent of research publications by OHSU faculty and students that involve collaborative team science.

  Indicator 4.3.5 Health status of populations and individuals in Oregon.

Rationale 4.3 These indicators are accessible and meaningful for determining the progress in collaborative research: (4.3.1) data available from OCTRI; (4.3.2) data available from Research represent faculty outcomes in obtaining competitive grants; (4.3.3) need baseline data for external partners; (4.3.4) data available in tracking system; (4.3.5) data available from population statistics, but is lag indicator.
Conclusion

The four core themes, core theme objectives and indicators reflect the institutional mission statement and strategic directions for the university. We selected the short titles to represent the seeds of four ideas that are expressed across our missions of teaching, healing, discovery and leading in community service. A recent survey asked six hundred Oregonians to rate OHSU’s performance on each of the nine mission areas. The findings showed well above average ratings for each area.

- The top tier ratings are educating health professionals, medical research, and providing public services like the Poison Control Center and services for children with disabilities.
- The middle tier included bringing engineers together with doctors and scientists to develop new drugs and medical devices; providing healthcare services to the general public; partnering with others to improve the health and wellbeing of Oregonians; and bringing federal and private research funds into Oregon from out of state
- The lowest tier included leading discussions on healthcare issues or health reform in the state of Oregon; and providing healthcare specifically to the poor.

These findings about how Oregonians view OHSU suggest directions of emphasis for the future, where we are excelling and where we can make continuous improvements. Through the core themes, OHSU will continue to leverage OHSU’s highly valued description of excellent healthcare professionals, research, cutting edge treatment, and compassionate hospital care to reinforce differentiation from other healthcare systems and Oregon universities. In this health reform environment, the university is strengthening its value proposition regarding its role in providing routine care, in improving access to care and in working to control healthcare costs. In addition to providing direct care, the university is focused on continuing to reach Oregonians and communities outside of the Tri-County and Willamette Valley to improve access to care, improve individual and population outcomes by translating research findings into evidence-based care, and controlling health care costs.
Oregon Health & Science University
Assessment Council Charter

**Charge**
The OHSU Assessment Council is a standing committee advising the Provost/Vice President for Academic Affairs on matters concerning institution-wide assessment of educational programs, student learning outcomes, and the resources needed to support such assessments. The Assessment Council ensures that academic assessment and accountability are institutional priorities and supports OHSU’s mission to educate health care professionals, scientists, and leaders in top-tier positions.

**Composition of the Assessment Council**
The Assessment Council will meet at least quarterly, and more frequently as needed, to meet its charge. The composition of the Assessment Council will include:

- One representative appointed by the Dean of the School of Dentistry
- Three representatives appointed by the Dean of the School of Medicine (one each from medical education, graduate science education, and PA/allied health)
- Two representatives appointed by the Dean of the School of Nursing
- One representative appointed by the Dean of the School of Pharmacy
- One faculty representative appointed by the OHSU Faculty Senate
- One representative from the Office of Academic and Student Affairs

The Provost/Vice President for Academic Affairs may appoint other members to the Assessment Council as needed to complete its charge and scope of work.

**Responsibilities**
The responsibilities of the OHSU Assessment Council shall be to:

- Contribute to the self-study process required to maintain the university’s regional accreditation by the Northwest Commission on Colleges and Universities (NWCCU);
- Develop standards for assessment of educational programs and student learning outcomes at the institutional level;
- Develop mechanisms by which academic units and programs can engage in academic program review contributing to the continuous improvement of their program offerings and student outcomes;
- Ensure clarity, specificity, functionality and alignment of the programmatic evaluation and student assessment practices with OHSU’s mission and strategic goals;
- Monitor the established educational assessment process and performance outcomes data from a university-wide perspective forwarding analysis to the Deans’ Council and Provost for consideration and integration into the overall University strategic planning process.

As needed, the Assessment Council will recommend improvements in instruction, staffing, curriculum, and student and academic services to the OHSU Provost and Vice President of Academic Affairs.

Approved by the Assessment Council – Winter 2011
# Student Learning Outcomes Rubric

Standard: OHSU programs provide information about what it expects students to know, be able to do, and present (dispositions, values, ethics, attitudes) following program completion in multiple formats which are accessible to students and prospective students. Criteria: The learning outcome statements are reviewed against five criteria. To be approved by the Assessment Council, programs must achieve proficiency or level 3 for each criterion. Review is ongoing until the program-level student learning outcome statements meet the standard.

<table>
<thead>
<tr>
<th>SLO Criteria</th>
<th>Level 1-Awareness</th>
<th>Level 2-Developing</th>
<th>Level 3-Proficient</th>
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</thead>
<tbody>
<tr>
<td>1. <strong>Focus.</strong> Applies perspective of student to statements</td>
<td>SLOs are stated from the perspective of the professor as expert.</td>
<td>Some are stated from the perspective of the learner</td>
<td>All are stated from the perspective of the learner</td>
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<tr>
<td>2. <strong>Clarity.</strong> Stated clearly and concisely by starting phrase with an action verb; uses present tense</td>
<td>Witten in an inappropriate tense. Uses less concrete verbs; not action verbs; not simple. All are subject to different learner interpretations; unclear; too many or two few SLOs.</td>
<td>Some are stated in past tense verbs, are too complex, do not start with concrete action verbs. Some statements are not clear.</td>
<td>All are written in present tense; use more specific, action verbs and are stated simply All are stated clearly, well-written, not subject to different learner interpretations Appropriate number of SLOs</td>
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<tr>
<td>3. <strong>Complexity and Mastery.</strong> Reflects appropriate level of complexity and mastery for degree level in learning domain(s) used.</td>
<td>Does not articulate the differences or conditions in learning expectations (under supervision, some guidance, autonomously, team) Not appropriate; too high or too low.</td>
<td>Some statements reflect appropriate level of complexity and mastery.</td>
<td>Complexity and mastery level appropriate to award level</td>
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<tr>
<td>4. <strong>Measureable.</strong> Can be measured; but is not an assessment</td>
<td>Not measurable or observable behaviors/attitudes/skills Emphasizes process over results Not linked with assessments</td>
<td>Not all are measureable and/or observable Some emphasize process over results</td>
<td>All are measureable and can be observed All emphasizes results Linked with assessments</td>
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<tr>
<td>5. <strong>Aligned.</strong> Communicates the unique aim or purpose of the program and what the graduate should expect to be able to know and do.</td>
<td>SLOs appear to be too tied to individual courses, not holistic or gestalt of program</td>
<td>SLOS moving in right direction</td>
<td>SLOs reflect purpose or aim and the integrated components or holistic view of a graduate’s abilities.</td>
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Student Learning Outcomes Scoring Sheet

Review Date:

Program Name: __________________________ Award Level: □ ______ ____________

Reviewers: ________________________________________________________________

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Comments/Recommendations:

Action:

□ Approved, ready to be posted

□ Slight improvement needed and resubmit by ________________ (date).

□ Substantial improvement needed and resubmit by ________________
# Assessment Plan (Initial Submission)

<table>
<thead>
<tr>
<th>1: Summary</th>
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<tbody>
<tr>
<td>Date:</td>
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<tr>
<td>Program Name: XXXXX</td>
</tr>
<tr>
<td>Program/Department Chair: XXXX email:</td>
</tr>
<tr>
<td>Person completing report:</td>
</tr>
<tr>
<td>Student access to information: <a href="http://www">www</a>. (web link on school/program homepage)</td>
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<tr>
<td>Program length: XXXX</td>
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<tr>
<td>Admit by Student Cohort: □ YES □ NO</td>
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<tr>
<td>Authorized Award(s): XXXXXXXX (CIP Code: XX.XXXX)</td>
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<tr>
<td>Number of graded credit hours (minimum): XXX credit units</td>
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<td>Minimum standard of performance or acceptable OHUS GPA X.X GPA</td>
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(Example: The aim of the DMD program is to provide a specialist program for students wishing to undertake the practice of dentistry within Oregon or elsewhere.)

## 2: Aim or Purpose

All of our graduates will be able to:

1. 
2. 
3. 
   etc.

## 3: Student Learning Outcomes (degree level)

Describe how students are assessed for each of the outcomes enumerated (list SLO # next to appropriate assessment. Check all that applies in each category.

### A. Written Examinations (SLO #____)
- Qualifying
- Comprehensive
- Professional licensure
  - During program (identify term/year of study)
  - After degree awarded
- Other examinations/tests (Identify completely)
- None or not applicable

### B. End-of Program Research/Data-based Assessments (SLO #____)
- Master’s Thesis
- Capstone Project (Primary focus on the appraisal and translation of theory and evidence to practice. Data may take on a variety of forms such as interpretive, empirical and evaluative.)
- Ph.D. Dissertation
- Other requirement (Identify completely below)
- None or not applicable
### C. End-of Program Clinical/Practice-based Assessments (SLO #_____)
- [ ] Clinical practice/clerkship
- [ ] Internship
- [ ] Other practice based (Identify completely below)
- [ ] Research Lab
- [ ] Simulation
- [ ] Other Lab (Identify completely below)
- [ ] None or not applicable

### D. Surveys/Qualitative Data Collection (indirect program-level assessments) (SLO #_____)
- [ ] Applicants that did not accept offer or did not matriculate
- [ ] New entrants (with 9 months of start term)
- [ ] Student satisfaction (after 9 months and before graduation)
- [ ] Student exit interview (left before completing program)
- [ ] Student exit interview (completed program)
- [ ] Graduate survey (< 12 months after graduation)
- [ ] Alumni survey (# years after graduation)
  - [ ] 1 year to 18 months
  - [ ] 2 to 4 years
  - [ ] 5 to 10 years
  - [ ] 11 years or more
- [ ] Employer satisfaction
- [ ] Stakeholder feedback
- [ ] Social networking technologies
- [ ] Other (Identify completely)
- [ ] None or not applicable

### 5. Standards, Rubrics, Criteria

Identify how individual student performance on the direct assessments identified above are evaluated/judged to meet standards?
For example, what are criteria/rubrics used to determine whether performance standards are met? Do you compare the average first-time pass rate on professional licensure exams with the national average first-time pass rate?
Academic Program Review Policy

The University shall conduct broad reviews of the quality of undergraduate and graduate degree programs on a regular cycle, in addition to, or as part of, existing internal and external reviews of academic programs. The intention of the Academic Program Review is to provide a complete picture of the quality of all academic programs including strengths and weaknesses of the programs, history relevant to the present status, and directions in which programs are heading, relative to the appropriate field/discipline/profession and alignment with OHSU’s mission and strategic priorities. The focus of this process is on continuous quality improvement and developing information to influence the institution’s planning and resource allocation processes as required by the standards and criteria of OHSU’s regional institutional accrediting agency, Northwest Commission on Colleges and Universities.

Among the outcomes of the above reviews should be a clearer understanding of the academic program’s quality of education, research, public service and community engagement. Each review will focus on (1) the intended student learning outcomes and competencies; (2) assessment of student progression and graduate performance against program standards (3) program effectiveness in supporting and aligning with OHSU’s mission; (4) resources available and requirements (faculty, baseline budget required, etc); and (5) changes or improvements needed to achieve future program goals and objectives.
Academic Program Review Guidelines

University Role and Responsibilities

The University has designated the Provost’s Office of Academic Affairs to facilitate the academic program review process and gives the OHSU Assessment Council the authority to conduct the academic program review process.

1. Academic Program Review is the joint responsibility of the Dean of the School, or designee, and the Provost. This designee for each school or program should be the representative on the Assessment Council.

2. Each program will complete an Academic Program Review at least once every five years to align this review cycle with review cycle for institutional accreditation by the Northwest Commission on Colleges and Universities.

3. This process does not supersede the Oregon University System Newly approved academic programs will continue to be reviewed after five years as required by the Oregon University System. For the program’s initial review, the program will meet the process requirements and standards of OUS and OHSU. The schedule of the OUS review will be taken into account in the scheduling of the OHSU review.

4. Degree programs offered jointly with another university shall be included in the Academic Program Review process; these reviews will be conducted as a joint responsibility with the partnering institution, as designated by the Provost of the partner institution.

5. Academic Program Review focuses on all program offerings of a unit (i.e., all related degree and certificate programs in a distinct discipline by CIP). (See List of Academic Program Units)

Office of Academic Affairs Role and Responsibilities

1. In fulfilling this important quality improvement function, the senior-level administrator will work closely, collectively and individually, with the Deans, Assessment Council and Program Directors to continue the dialogue and sustain the effort to enhance all of OHSU’s education programs.

2. To ensure a fair and effective process for all, the Office will (1) create a "program review template," (2) develop a five-year schedule of program reviews, which will be updated annually, (3) oversee the administration of a review process, and (4) work with programs on appropriate follow-up.

3. The Office will distribute a copy of the program’s self-evaluation report to each member of the Assessment Council ten (10) business days in advance the Assessment Council meeting in which it is scheduled for review.

4. The program-level reports and results of the Academic Program Review process will be posted on the Provost’s website.
5. The Office of Academic Affairs with the Assessment Council will prepare the program-level evaluative reports as well as an annual report of the outcome of the work of the Assessment Council for the Provost for purposes of academic quality improvement and institutional strategic planning.

Assessment Council Responsibilities

In fulfilling this important quality improvement function, the Assessment Council has the authority to (1) request detailed program information or interview faculty and/or students, (2) highlight programmatic problems and recommend solutions, (3) request additional information and/or intermediate reports, and (4) report back to the Provost with recommendations on programs individually and collectively for purposes of institutional strategic planning.

1. Each member will have reviewed the self-evaluation report and supporting materials developed by the program in advance of each scheduled review and come prepared to discuss the program with her/his Assessment Council colleagues and the program representative(s) attending the review.

2. The program chair and/or senior faculty member will represent the program at the Assessment Council meeting in which the review is scheduled.

3. The program representative(s) will assume their full report has been reviewed by the Assessment Council in preparing for the review. (See Program Responsibilities for more information).

4. The intention of the Assessment Council is to foster a dialogue of inquiry among colleagues in a supportive environment that supports collaborative thinking and organizational learning. The Council will ask questions to help the program find its own answers.

5. The Assessment Council will prepare an evaluative report to provide feedback to program faculty and administrators as soon as practical.

6. The Assessment Council will review factual or other errors in the evaluative report brought to their attention by the program or dean within thirty (30) days. The final decision on content, however, rests with the Assessment Council.

7. The Assessment Council will take up the review of the evaluator reports stemming from specialized accreditation reviews as these reviews are undertaken and completed.

School-level Responsibilities

1. Each academic program shall be affiliated with a school/program-level faculty advisory structure charged with completing the Academic Program Review at the school- or program level.

2. After completing the school- or program-level process, the self-evaluation report will be forwarded as an electronic copy to the Office of Academic Affairs at least fifteen (15) business days in advance of the scheduled review by the Assessment Council. If available, the attachments and appendices may be sent as a separate file.
Program-level Responsibilities

1. An initial review will take the form of a departmental self-study best described as a process of self-inquiry and self-reflection.

2. The maximum length of the self-study report is 25 pages including attachments and appendices.

3. For accredited programs, the OHSU Academic Program Review will be scheduled to align with the review cycle of specialized accreditation, preferably in the midterm of the specialized accreditation cycle. Following the receipt of the evaluative report from the accrediting agency, the program will forward two copies of the evaluative report, one electronic and one hardcopy, to the Office of Academic Affairs within forty-five (45) days of their receipt from the accrediting body.

4. The program chair or senior faculty will attend the Assessment Council meeting at which the review is scheduled. If the designated program representative or substitute is unable to attend, the review will be rescheduled.

5. To prepare for the review, which they should expect to last about thirty (30) minutes, they will be asked to address: (1) what are the program’s strengths? (2) what are the program’s weaknesses or areas of needed improvement? (3) where is the program headed? (4) how does the program plan to address areas of needed improvement and/or changing directions in the discipline/profession?

6. For purposes of appeal, faculty of the academic program under review have thirty (30) days to respond to Assessment Council recommendations and make known and correct factual or other errors in the evaluative report. The final decision on content, however, rests with the Academic Program Review committee.
Characteristics of Degree Programs

Quality
- Academic training of faculty
- National reputation of faculty
- Research productivity of faculty
- Teaching effectiveness of faculty
- Diversity in faculty hiring
- Academic standards and degree requirements
- Ongoing assessment of curriculum
- Qualifications of entering students
- Scholarly significance of dissertation research
- Student-faculty interaction
- Program leadership and organization
- Collegial atmosphere and faculty welfare

Value to Students
- Admissions policies, including diversity
- Advising and concern for student development
- Time-to-degree and proportion who complete degrees
- Student evaluation of program
- Clear, stated learning objectives and outcomes
- Achievements, knowledge, skills at degree completion
- Placement of graduates
- Accomplishments of graduates

Role within University
- Purposes of program
- Need for program at the University
- Relationships with other units and work with other units to plan future initiatives
- Appropriateness of organizational setting

Resources
- Financial support from the University
- External support
- Availability of assistantships to students
- Availability of scholarships to students
- Proportion of students with loans and average loan indebtedness
- Library and information resources
- Laboratory equipment and facilities
- Computer facilities staff

Objectives
- Relevant history
- Present strategic directions
- Future goals, and ability to achieve them
- Impact of program on the community
# Academic Program Review Schedule, 2010-11 through 2016-17

<table>
<thead>
<tr>
<th>Program</th>
<th>School-level Review</th>
<th>Assessment Council/Academic Quality Improvement Panel (AQIP)</th>
<th>Next Specialized Accreditation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Year 2010-11</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Neuroscience Dietetic and Human Nutrition (OUS 5yr)</td>
<td>January 11, 2011</td>
<td>April 7, 2011</td>
<td>NA</td>
</tr>
<tr>
<td>Nurse Anesthesia</td>
<td>TBD</td>
<td>April 7, 2011</td>
<td>COA – 2019</td>
</tr>
<tr>
<td>Clinical Research and Human Investigation</td>
<td>April 12, 2011</td>
<td>June 2, 2011</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>July – Aug 2011</td>
</tr>
<tr>
<td><strong>Academic Year 2011-12</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Midwifery</td>
<td>-</td>
<td>September 1, 2011</td>
<td>ACNM – 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>October 6, 2011</td>
</tr>
<tr>
<td>Paramedic Education Program</td>
<td>2011</td>
<td>November 3, 2011</td>
<td>TBD</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>December 1, 2011</td>
</tr>
<tr>
<td>Medical Informatics &amp; Clinical Epidemiology</td>
<td>October 2011</td>
<td>January 2012</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>February 2012</td>
</tr>
<tr>
<td>Cell &amp; Developmental Biology</td>
<td>January 2012</td>
<td>March 2012</td>
<td>NA</td>
</tr>
<tr>
<td>Pharmacy (PharmD) – Joint degree program</td>
<td>Winter 2011-12</td>
<td>April 2012</td>
<td>ACPE – 2011</td>
</tr>
<tr>
<td>Conjoint Course Review</td>
<td>April 2012</td>
<td>May 2012</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>June – Aug 2012</td>
</tr>
<tr>
<td><strong>Academic Year 2012-13</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing&lt;sup&gt;5&lt;/sup&gt;</td>
<td>TBD</td>
<td>September 2012</td>
<td>CCNE – 2013</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>TBD</td>
<td>October 2012</td>
<td>JRCERT – 2012</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>September 2012</td>
<td>November 2012</td>
<td>CODA – 2014</td>
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<td></td>
<td></td>
<td></td>
<td>December 2012</td>
</tr>
<tr>
<td>Molecular &amp; Medical Genetics</td>
<td>October 2012</td>
<td>January 2013</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>February 2013</td>
</tr>
<tr>
<td>Physiology &amp; Pharmacology</td>
<td>January 2013</td>
<td>March 2013</td>
<td>NA</td>
</tr>
<tr>
<td>MD/MPH</td>
<td>TBD</td>
<td>April 2013</td>
<td>LCME &amp; CEPH</td>
</tr>
<tr>
<td>Public Health &amp; Preventative Medicine (SOM)</td>
<td>April 2013</td>
<td>May 2013</td>
<td>CEPH – 2013</td>
</tr>
<tr>
<td>Public health (SON)</td>
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<td>May 2013</td>
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<td>June – Aug 2013</td>
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<tr>
<td><strong>Academic Year 2013-14</strong></td>
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<tr>
<td></td>
<td>September 2013</td>
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<td>October 2013</td>
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<td>December 2013</td>
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</tr>
</tbody>
</table>

<sup>5</sup>Includes all programs accredited by Commission on Collegiate Nursing Education (CCNE): BS, MS/MN (FNP, PMHNP, Nursing Education, Community Health Care Systems), Post-master certificate (NM, Nursing Education, PMHNP, and Advanced Practice Gerontological Nursing), DNP (Post-Bacc & Post-master tracks), PhD; excludes nursing midwifery.
<table>
<thead>
<tr>
<th>Program</th>
<th>School-level Review</th>
<th>Assessment Council/Academic Quality Improvement Panel (AQIP)</th>
<th>Next Specialized Accreditation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Assistant Program</td>
<td>September 2013</td>
<td>January 2014</td>
<td>ARC-PA – 2014</td>
</tr>
<tr>
<td>Biochemistry &amp; Molecular Biology</td>
<td>October 2013</td>
<td>February 2014</td>
<td>NA</td>
</tr>
<tr>
<td>Neuroscience Graduate Program</td>
<td>January 2014</td>
<td>March 2014</td>
<td>NA</td>
</tr>
<tr>
<td>Medicine (MD) Program</td>
<td>October 2013</td>
<td>April 2014</td>
<td>LCME – 2017</td>
</tr>
<tr>
<td>MD/PhD Program</td>
<td>TBD</td>
<td>May 2014</td>
<td>TBD</td>
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<td>June – Aug 2014</td>
</tr>
</tbody>
</table>

**Academic Year 2014-15**

<table>
<thead>
<tr>
<th>Program</th>
<th>School-level Review</th>
<th>Assessment Council/Academic Quality Improvement Panel (AQIP)</th>
<th>Next Specialized Accreditation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Laboratory Science</td>
<td>October 2014</td>
<td>October 2014</td>
<td>2014</td>
</tr>
<tr>
<td>Molecular Microbiology &amp; Immunology</td>
<td>October 2014</td>
<td>November 2014</td>
<td>NA</td>
</tr>
<tr>
<td>Computer Science &amp; Engineering (MS/PhD)</td>
<td>December 2014</td>
<td>January 2015</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>February 2015</td>
</tr>
<tr>
<td>Environmental &amp; Biomolecular Systems</td>
<td>January 2015</td>
<td>March 2015</td>
<td>NA</td>
</tr>
<tr>
<td>Electrical Engineering (MS/PhD)</td>
<td>TBD</td>
<td>April 2015</td>
<td>NA</td>
</tr>
<tr>
<td>Biomedical Engineering (MS/PhD)</td>
<td>March 2015</td>
<td>May 2015</td>
<td>NA</td>
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<td>June – Aug 2015</td>
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</tbody>
</table>

**Academic Year 2015-16**

<table>
<thead>
<tr>
<th>Program</th>
<th>School-level Review</th>
<th>Assessment Council/Academic Quality Improvement Panel (AQIP)</th>
<th>Next Specialized Accreditation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Management</td>
<td>May 2015</td>
<td>September 2015</td>
<td>NA</td>
</tr>
<tr>
<td>Medical Physics (OUS 5yr)</td>
<td>Spring 2015</td>
<td>October 2015</td>
<td>NA</td>
</tr>
<tr>
<td>Cancer Biology (OUS 5yr)</td>
<td>TBD</td>
<td>November 2015</td>
<td>NA</td>
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<td>December 2015</td>
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<td>June – Aug 2016</td>
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</tbody>
</table>

**Academic Year 2016-17**

<table>
<thead>
<tr>
<th>Program</th>
<th>School-level Review</th>
<th>Assessment Council/Academic Quality Improvement Panel (AQIP)</th>
<th>Next Specialized Accreditation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentistry (DMD), Endodontics, Orthodontics, Periodontics</td>
<td>October 2016</td>
<td>February 2017</td>
<td>CODA - 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>March 2017</td>
</tr>
<tr>
<td></td>
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<td>April 2017</td>
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<td>May 2017</td>
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<td></td>
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<td>June – Aug 2017</td>
</tr>
</tbody>
</table>

**NOTE:** Initial reviews for new programs will be represented by the programs' five year review reports prepared for the Oregon University System. Subsequent reviews will be produced according to OHSU APR guidelines.
Academic Program Review and Evaluation

PROGRAM INFORMATION
School: □ Dentistry □ Medicine □ Nursing □ Other
Program Name:
Degree/Certificate Level(s):
Program Chair:
Contact Information: E-mail: ____________@ohsu.edu OHSU Phone:

MISSION, CORE THEMES AND EXPECTATIONS

MISSION. The program supports the OHSU’s vision, mission statement, and strategic plan. The mission gives direction to guide the program’s purpose and development of appropriate educational, research and/or service initiatives and activities.

PROGRAM MISSION FULFILLMENT. The program defines mission fulfillment in the context of its purpose, characteristics, and expectations. It articulates program accomplishments or outcomes that represent an acceptable threshold or extent of mission fulfillment. Major modifications to the program from the last Academic Program Review or OUS Five-Year Review of New Academic Programs (if programs were implemented five years ago or less) enhance mission fulfillment. Modifications of the program envisioned for the next three to five years are designed to enhance mission fulfillment. OHSU’s strategic goals and core themes are manifested in program planning, initiatives and accomplishments.

DIVERSITY. The program assesses and enhances the climate for diversity and inclusion in its recruitment, retention, advancement and engagement of diverse students, residents, fellows, faculty, and staff; and in the design of curriculum, learning experiences and faculty development activities (e.g., cultural competency in teaching, learning, research and campus activities). The program’s efforts are consistent with OHSU’s definition of diversity, the business case for diversity and the OHSU Diversity Strategic Plan. Improving the diversity of OHSU is a driver of excellence in outcomes related to teaching, research, health care, and community service.

ACADEMIC PROGRAM

PROGRAM. The expectations for the level of study offered by the program meet standards appropriate to the degree(s) and/or certificate(s) which are described in OHSU’s policy regarding essential qualifications for degree awards. When programs are offered at more than one level of study, the progression to more advanced work is articulated clearly in expectations and requirements for its students. These expectations are reflected in the depth of study, degree-level student learning outcome statements, demand on student intellectual or innovative capacities; knowledge of the literature in the field; student engagement in research, scholarship, and/or appropriate high-level professional practice.

LEARNING OUTCOMES. The content and rigor of the program is consistent with the OHSU mission; culminate in achievement of clearly identified student learning outcomes; and lead to degrees and/or or certificates with designators consistent with the program content of recognized fields of
study and OHSU’s policy regarding essential qualifications for degree awards. The program publishes expected course, program and degree student learning outcomes approved by the Academic Policy Advisory Council which uses an appropriate typology or framework. Credit and degrees are based on documented student achievement and awarded in a manner consistent with OHSU policies.

**ASSESSMENTS.** The academic program engages in ongoing systematic collection and analysis of meaningful, accessible and verifiable data (quantitative and/or qualitative; direct and indirect measures), as the basis for evaluating student accomplishment of its student learning outcomes at the degree or certificate level and at appropriate transitions in the program. Graduates meet the standards and indicators of achievement contained in the degree-level student learning outcome statements and are prepared for employment and/or further professional or graduate level activities of program completers.

**EMPLOYMENT OUTCOMES.** OHSU prepares graduates to assume positions in industries, agencies, organizations and/or professions. Graduates demonstrate readiness for jobs or appointments in teaching, research or scholarship in a range of employment settings. Graduates demonstrate high levels of knowledge and performance skills directly related to effective practice within the profession.

**IMPROVEMENT.** The program utilizes an effective and widely understood system of faculty governance at the school –or program-level in addition to institution-level systems. The decision making structures and processes provide for the views of faculty, staff, administrators and students on matters of interest (e.g., curriculum, Admission & Progression, and Faculty Promotion & Tenure). The division of authority and responsibility between institution, school, and program unit or department are delineated clearly. The faculty and staff have regular opportunities to reflect about how to improve student learning by changing curricula and developing student competencies and have developed a clear rationale to guide change.

**RESOURCES AND CAPACITY**

**Advisory Board.** The academic program has a functioning advisory board that invites experienced professionals, business and community leaders, some of whom are OHSU’s alumni, to become part of the program and curriculum planning and review process to assure relevance and applicability to the discipline. Representatives of the academic community build strong relationships between the University and relevant employer groups to enhance student learning.

**Demand.** The degree or certificate program has an ongoing and systematic collection of data and its analysis to determine the state, regional, national, or global demand for additional qualified individuals such as the program is producing.

**Faculty.** The educational program has a sufficient number of qualified faculty to deliver the program under review. Criteria, qualifications, and procedures for selection of faculty are clearly and publicly stated. The Faculty responsibilities, workloads and tangible products are commensurate with the institution’s expectations for teaching, research and scholarship, and service/citizenship. The program collects and disseminates consistent and reliable quantitative and qualitative information on faculty productivity.

**Financial Resources.** The total resources and per student resources necessary to support this program are adequate (e.g., faculty FTE, student enrollment, state appropriations, tuition and fees, training grant income, library, computer equipment, facilities, labs, equipment, FTE for administrative support). The resources available are comparable with resources available for similar programs at peer institutions on the approved lists of universities and program peers.
## OHSU Mission Fulfillment Rubric for Learning Community

### Core Theme I: Learning Community

<table>
<thead>
<tr>
<th>#</th>
<th>Surpasses mission expectation</th>
<th>Meets mission expectation</th>
<th>Requires a plan of action to meet mission expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>% of graduates meet program-specific learning outcomes as documented in annual Assessment Report required by degree program.</td>
<td>% of graduate meet program-specific learning outcomes as documented in annual Assessment Report required by degree program.</td>
<td>% of graduates meet program-specific learning outcomes as documented in annual Assessment Report required by degree program.</td>
</tr>
<tr>
<td>1.1.2</td>
<td>95% of students meet university-level learning outcomes as documented in annual Assessment Report required by degree program.</td>
<td>% of students meet university-level learning outcomes as documented in annual Assessment Report required by degree program.</td>
<td>% of students meet university-level learning outcomes as documented in annual Assessment Report required by degree program.</td>
</tr>
<tr>
<td>1.1.3</td>
<td>KPM Above state target by more than 5% for any of the eligible programs (or in 25% of programs to designate overall exceptional institutional achievement)</td>
<td>Achieves state target. Ave. first-time pass rate for OHSU students is within national average by ± 5 percentage points for 95% of all licensure examination per year.</td>
<td>Falls short of state target by &gt;9% for any of the eligible licensure examination per year (or in 25% of programs to declare overall institutional weakness).</td>
</tr>
<tr>
<td>1.1.4</td>
<td>1% of programs accredited fully meet standards and criteria.</td>
<td>% of programs accredited fully meet standards and criteria.</td>
<td>% of programs accredited fully meet standards and criteria.</td>
</tr>
<tr>
<td>1.2.1</td>
<td>KPM Proportion of programs in which &gt;95% full-time entering student cohorts complete degrees on-time; and 90% within 150% time.</td>
<td>Proportion of programs in which 90% of full-time entering student cohorts complete degrees on-time and 85% complete within 150% time.</td>
<td>Proportion of programs in which &lt;85% of full-time student cohorts complete degrees on-time and 80% within 150% time.</td>
</tr>
<tr>
<td>1.2.2</td>
<td>KPM % are satisfied with academic and student support services</td>
<td>% are satisfied with academic and student support services</td>
<td>% are satisfied with academic and student support services</td>
</tr>
<tr>
<td>1.2.3</td>
<td>KPM Exceeds state target for nursing graduates by 10% or more.</td>
<td>Achieves state target for nursing graduates ± 5 percentage points.</td>
<td>Falls short of state target by 10% or more</td>
</tr>
<tr>
<td>1.2.4</td>
<td>KPM Exceeds state target for clinical rotations in rural and underserved communities by 10% (by eligible program).</td>
<td>Achieves state target for clinical rotations in rural and underserved communities (± 5 percentage points).</td>
<td>Falls short of state target for clinical rotations in rural and underserved communities by 10% (by eligible program).</td>
</tr>
<tr>
<td>1.3.2</td>
<td>Achieve % representation of diversity (women, minorities, other historically underrepresented groups) in senior faculty and leadership positions.</td>
<td>Achieve % representation of diversity (women, minorities, other historically underrepresented groups) in senior faculty and leadership positions.</td>
<td>Less than % representation of diversity (women, minorities, other historically underrepresented groups) in senior faculty and leadership positions.</td>
</tr>
<tr>
<td>1.3.3</td>
<td>Rank distribution is N% senior faculty and N% junior faculty.</td>
<td>Rank distribution is N% senior faculty and N% junior faculty.</td>
<td>Rank distribution is N% senior faculty and N% junior faculty.</td>
</tr>
</tbody>
</table>

**Additional Notes:**

- **KPM** indicates Key Performance Measure.
- **Ave.** stands for Average.
- **±** represents an approximate or tolerance range.
- **%** signifies percentage.
- **N%** refers to a specific percentage.
- **Rural** and **Underserved** refer to specific demographic groups.
- **Degree** can imply either undergraduate or graduate level.
- **Program** may refer to various educational or training programs.
- **Learning** community encompasses various aspects of educational outcomes and standards.
- **Assessment** is critical for evaluating and improving educational processes and outcomes.
- **Achievements** and **targets** set goals and expectations for programmatic success.
- **Misalignments** or **shortfalls** indicate areas for improvement and corrective action.
## Core Theme I: Learning Community

<table>
<thead>
<tr>
<th>#</th>
<th>Surpasses mission expectation</th>
<th>Meets mission expectation</th>
<th>Requires a plan of action to meet mission expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4.1</td>
<td>% of high enrollment courses taught by faculty proficient in using intentional teaching techniques and appropriate technologies that enhance effectiveness.</td>
<td>% of high enrollment courses taught by faculty proficient in using intentional teaching techniques and appropriate technologies that enhance effectiveness.</td>
<td>% of high enrollment courses taught by faculty proficient in using intentional teaching techniques and appropriate technologies that enhance effectiveness.</td>
</tr>
<tr>
<td>1.4.2</td>
<td>% of faculty engaged in professional development or career advancement activities.</td>
<td>% of faculty engaged in professional development or career advancement activities.</td>
<td>% of faculty engaged in professional development or career advancement activities.</td>
</tr>
<tr>
<td>1.4.3</td>
<td>% of faculty say program increased their confidence and ability to make changes.</td>
<td>% of faculty say program increased their confidence and ability to make changes.</td>
<td>Less than % of faculty say program increased their confidence and ability to make changes.</td>
</tr>
<tr>
<td>IPE</td>
<td>% of courses has integrated interprofessional and/or university-level learning outcomes.</td>
<td>% of courses has integrated interprofessional and/or university-level learning outcomes.</td>
<td>% of courses has integrated interprofessional and/or university-level learning outcomes.</td>
</tr>
</tbody>
</table>

KPM = Key Performance Measure: state mandated measurements and approved targets by Governor and Legislature.
### Core Theme II: Interprofessional Education (IPE)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>% or more of students have completed interprofessional experience before graduation beginning in 2015-16.</td>
<td>% of students have completed an interprofessional experience before graduation beginning in 2015-16.</td>
<td>Less than % of students have completed an interprofessional experience before graduation beginning in 2015-16.</td>
</tr>
<tr>
<td>2.1.2</td>
<td>% of clinical programs graduates complete an IPE certificate beginning in 2015-16.</td>
<td>% of students in clinical programs completed an IPE certificate beginning in 2015-16.</td>
<td>Less than % of students in clinical programs completed an IPE certificate beginning in 2015-16.</td>
</tr>
<tr>
<td>2.2.1</td>
<td>% of students in clinical programs demonstrates IPE proficiency beginning in 2015-16.</td>
<td>% of students in clinical programs demonstrates IPE proficiency beginning in 2015-16.</td>
<td>% of students in clinical programs demonstrates IPE proficiency beginning in 2015-16.</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Supply of trained local faculty and staff experts matches 100% of student demand in 2015-16.</td>
<td>Supply of trained local faculty and staff experts matches 75% of student demand in 2015-16.</td>
<td>Supply of trained local faculty and staff experts matches less than 50% of student demand in 2015-16.</td>
</tr>
<tr>
<td>2.3.2</td>
<td>% of identified key curricula areas have integrated IPE components.</td>
<td>% of identified key curricula areas have integrated IPE components.</td>
<td>Less than % identified key curricula areas have integrated IPE components.</td>
</tr>
<tr>
<td>2.4.1</td>
<td>All identified high priority structural barriers to IPE implementation are successfully removed or reduced facilitating implementation by fall 2013.</td>
<td>% of identified high priority structural barriers to IPE implementation are successfully removed or reduced facilitating implementation by fall 2013.</td>
<td>&lt;% of identified high priority structural barriers to IPE implementation are successfully removed or reduced facilitating implementation by fall 2013.</td>
</tr>
</tbody>
</table>
## Core Theme III: Leadership in Healthcare and Policy

<table>
<thead>
<tr>
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<th>Requires a plan of action to meet mission expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1</td>
<td>% of standards and expectations for all health care systems met by OHSU Hospital.</td>
<td>% of standards and expectations for all health care systems met by OHSU Hospital.</td>
<td>% of standards and expectations for all health care systems met by OHSU Hospital.</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Ratio of observed mortality over expected mortality for OHSU inpatients is at least 10% greater than target performance.</td>
<td>Ratio of observed mortality over expected mortality for OHSU inpatients is within ± 5% of target performance.</td>
<td>Ratio of observed mortality over expected mortality for OHSU inpatients is at least 10% less than target performance.</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Overall rating of pediatric inpatient experience with OHSU Hospital is at least 10% greater than target performance.</td>
<td>Overall rating of adult inpatient experience with OHSU Hospital is within ± 5% of target performance.</td>
<td>Overall rating of pediatric inpatient experience with OHSU Doernbecher Children’s Hospital is at least 10% less than target performance.</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Overall rating of pediatric inpatient experience with OHSU Doernbecher Children’s Hospital is at least 10% greater than target performance.</td>
<td>Overall rating of pediatric inpatient experience with OHSU Doernbecher Children’s Hospital is at least 10% less than target performance.</td>
<td>Overall rating of pediatric inpatient experience with OHSU Doernbecher Children’s Hospital is at least 10% less than target performance.</td>
</tr>
<tr>
<td>3.1.5</td>
<td>% families who report that, “Staff worked together to care for you.”</td>
<td>% families who report that, “Staff worked together to care for you.”</td>
<td>% families who report that, “Staff worked together to care for you.”</td>
</tr>
<tr>
<td>3.2.1</td>
<td>% graduates completing at least one significant assignment related to the analysis of health improvement strategies</td>
<td>% graduates completing at least one significant assignment related to the analysis of health improvement strategies</td>
<td>% graduates completing at least one significant assignment related to the analysis of health improvement strategies</td>
</tr>
<tr>
<td>3.2.2</td>
<td>% graduates achieve proficiency on assessments of health competencies related to health policy analysis, awareness of health policy issues, and regulatory issues affecting healthcare delivery and systems.</td>
<td>% graduates achieve proficiency on assessments of health competencies related to health policy analysis, awareness of health policy issues, and regulatory issues affecting healthcare delivery and systems.</td>
<td>% graduates achieve proficiency on assessments of health competencies related to health policy analysis, awareness of health policy issues, and regulatory issues affecting healthcare delivery and systems.</td>
</tr>
<tr>
<td>3.3.1</td>
<td>Number of faculty engaged with community partners leading change in health care and health delivery systems.</td>
<td>Number of faculty engaged with community partners leading change in health care and health delivery systems.</td>
<td>Number of faculty engaged with community partners leading change in health care and health delivery systems.</td>
</tr>
<tr>
<td>3.3.2</td>
<td>Number of healthcare community partners actively engaged with OHSU faculty.</td>
<td>Number of healthcare community partners actively engaged with OHSU faculty.</td>
<td>Number of healthcare community partners actively engaged with OHSU faculty.</td>
</tr>
<tr>
<td>3.4.1</td>
<td>Number of faculty experts contributing to knowledge development and application by serving on local, regional and national advisory boards or other organizations.</td>
<td>Number of faculty experts contributing to knowledge development and application by serving on local, regional and national advisory boards or other organizations.</td>
<td>Number of faculty experts contributing to knowledge development and application by serving on local, regional and national advisory boards or other organizations.</td>
</tr>
<tr>
<td>3.5.1</td>
<td>Percent of ongoing health policy research projects that involve faculty from more than one department or school.</td>
<td>Percent of ongoing health policy research projects that involve faculty from more than one department or school.</td>
<td>Percent of ongoing health policy research projects that involve faculty from more than one department or school.</td>
</tr>
<tr>
<td>3.5.2</td>
<td>Percent of total grant funding awarded for translational research.</td>
<td>Percent of total grant funding awarded for translational research.</td>
<td>Percent of total grant funding awarded for translational research.</td>
</tr>
</tbody>
</table>
## Core Theme IV: Clinical and Translational Research

<table>
<thead>
<tr>
<th>#</th>
<th>Surpasses mission expectation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>4.1.1</td>
<td>Number and percent of graduates who achieve mastery in translational research competencies.</td>
<td>Number and percent of graduates who achieve mastery in translational research competencies.</td>
<td>Number and percent of graduates who achieve mastery in translational research competencies.</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Number and percent of clinical program graduates that pursue research as part of post-graduate training.</td>
<td>Number and percent of clinical program graduates that pursue research as part of post-graduate training.</td>
<td>Number and percent of clinical program graduates that pursue research as part of post-graduate training.</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Number and percent of students enrolled in academic courses in translational research that receive certificate and completed master’s thesis or Ph.D. dissertation.</td>
<td>Number and percent of students enrolled in academic courses in translational research that receive certificate and completed master’s thesis or Ph.D. dissertation.</td>
<td>Number and percent of students enrolled in academic courses in translational research that receive certificate and completed master’s thesis or Ph.D. dissertation.</td>
</tr>
<tr>
<td>4.1.4</td>
<td>Number and percent of OHSU research doctorate recipients and post-doctoral students/fellows employed as clinician-scientists in university, industry, government agency or self-employed.</td>
<td>Number and percent of OHSU research doctorate recipients and post-doctoral students/fellows employed as clinician-scientists in university, industry, government agency or self-employed.</td>
<td>Number and percent of OHSU research doctorate recipients and post-doctoral students/fellows employed as clinician-scientists in university, industry, government agency or self-employed.</td>
</tr>
<tr>
<td>4.1.5</td>
<td>Number of cases in which standard of care changed at the local, state and national levels.</td>
<td>Number of cases in which standard of care changed at the local, state and national levels.</td>
<td>Number of cases in which standard of care changed at the local, state and national levels.</td>
</tr>
<tr>
<td>4.2.1</td>
<td>Total research expenditures for clinical and translational research.</td>
<td>Total research expenditures for clinical and translational research.</td>
<td>Total research expenditures for clinical and translational research.</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Number of invention disclosures.</td>
<td>Number of invention disclosures.</td>
<td>Number of invention disclosures.</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Number of successful startup companies defined as:</td>
<td>Number of successful startup companies defined as:</td>
<td>Number of successful startup companies defined as:</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Number faculty engaged in translational research teams.</td>
<td>Number faculty engaged in translational research teams.</td>
<td>Number faculty engaged in translational research teams.</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Number and percent of program projects, center grants, and other cross-disciplinary funding mechanisms at OHSU.</td>
<td>Number and percent of program projects, center grants, and other cross-disciplinary funding mechanisms at OHSU.</td>
<td>Number and percent of program projects, center grants, and other cross-disciplinary funding mechanisms at OHSU.</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Number and percent of research subcontracts and shared grants with external partners and community-based organizations.</td>
<td>Number and percent of research subcontracts and shared grants with external partners and community-based organizations.</td>
<td>Number and percent of research subcontracts and shared grants with external partners and community-based organizations.</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Number and percent of research publications by OHSU faculty and students that involve collaborative team science.</td>
<td>Number and percent of research publications by OHSU faculty and students that involve collaborative team science.</td>
<td>Number and percent of research publications by OHSU faculty and students that involve collaborative team science.</td>
</tr>
<tr>
<td>4.3.5</td>
<td>% of improvement in health status of populations and individuals in Oregon.</td>
<td>% of improvement in health status of populations and individuals in Oregon.</td>
<td>% of improvement in health status of populations and individuals in Oregon.</td>
</tr>
</tbody>
</table>
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Core Theme One: Learner-Centered Environment  
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