



UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

Reaccreditation Self-Study Report

for
Middle States Commission on Higher Education

March 2013



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SELF STUDY COMMITTEE STRUCTURE

STEERING COMMITTEE

Co-Chair: Stephen Henske, MHA

Co-Chair: Donna Waechter, Ph.D.

CAPT Tanis Batsel - Stewart, MC, USN
William Bester, RN, MSN, NEA-BC
Sandra Bibb, DNSc, RN
COL Charles Callahan, USA, MC

CAPT Margaret Calloway, MC, USN

ENS James Contestable, MC, USN
Teresa Dunn, Ph.D.
William Gilliland, M.D.
Eric Hanson, MBA
Maureen Hood, Ph.D.
John Johnson, D.D.S.

Christine Kasper, Ph.D.
Ildy Katona, M.D.
David Krantz, M.D.
Jeffrey Longacre, M.D.
Eleanor Metcalf, Ph.D.
Kenneth Moritsugu, M.D, MPH
Brian Reamy, M.D.
Carol Romano, Ph.D.
LT David Rusthoven, DC, USN

Eric Schoomaker, M.D.
Patrick Sculley, D.D.S.

Leonard Sperling, M.D.
Elena Spieker, MS
Dennis Stutz, BS
Gary Wind, M.D.

Assistant Vice President, Accreditation & Organizational Assessment

Associate Dean for Medical Education (SOM - Resigned 2012)

Brigade Commander
Vice President, External Affairs (Retired 2012)
Associate Professor and Dean for Faculty Affairs (GSN)
Representative, Walter Reed National Military Medical Center, (PCS* 2012)

Associate Dean for Recruitment and Admissions (SOM - PSC* 2012)

Representative, Member Medical Student Advisory Council
Basic Sciences Chair's Committee (SOM)

Associate Dean for Medical Education

Chief Knowledge Officer

Student Representative (GSN)

Director, NPDS Orofacial Pain Fellowship/Residency, Professor (PDC)

Professor (GSN)

Chair, Department of Pediatrics (SOM)

Chair, Department of Medical & Clinical Psychology (SOM)

Vice President, Affiliations and International Affairs

Associate Dean, Graduate Education (SOM)

Member, Board of Regents

Associate Dean for Faculty (SOM)

Associate Dean for Academic Affairs (GSN)

Student Representative, Naval Postgraduate Dental School (PDC)

Scholar-in-Residence, Distinguished Professor

Senior Vice President, University Programs, Executive Dean, (PDC)

Representative, Clinical Sciences Chair's Committee (SOM)

Student Representative, SOM Graduate Program

Director, Customer Support Services

Past President of Faculty Senate

EXECUTIVE COMMITTEE

Co-Chair: Stephen Henske, MHA

Co-Chair: Donna Waechter, Ph.D.

Eleanor Metcalf, Ph.D.

Carol Romano, Ph.D.

Patrick Sculley, D.D.S.

Assistant Vice President, Accreditation & Organizational Assessment

Associate Dean for Medical Education (Resigned 2012)

Associate Dean, Graduate Education (SOM)

Associate Dean for Academic Affairs (GSN)

Senior Vice President, University Programs,

Executive Dean, Postgraduate Dental College

SUBCOMMITTEES (**Steering Committee Members are in Bold**)

I MISSION AND GOALS, INTEGRITY AND INSTITUTIONAL ASSESSMENT

Chair: Sandra Bibb, DNSc, RN

Chair: William Bester, RN, MSN, NEA-BC

Associate Professor and Dean for Faculty Affairs (GSN)

Vice President, External Affairs (Retired 2012)

Kenneth Moritsugu, M.D., MPH

David Krantz, Ph.D.

Steve Henske, MHA

John Baker, J.D.

CDR Anthony Artino, MSC, USN

Edmund Howe, M.D., J.D.

Joseph McCabe, Ph.D.

John McManigle, M.D.

Trueman Sharp, M.D.

CAPT Glenn Munro, DC, USN

Mary Dix, M.S.

Member, Board of Regents

Chair, Department of Medical & Clinical Psychology (SOM)

Assistant Vice President, Accreditation & Organizational Assessment

General Council

Assistant Professor, Department of Preventive Medicine and Biometrics (SOM)

Professor, Department of Psychiatry (SOM)

Professor, Department of Anatomy, Physiology, and Genetics (SOM)

Vice Dean (SOM)

Chair, Department of Military and Emergency Medicine (SOM)

Dean, Naval Postgraduate Dental School (PDC)

Vice President for Special Projects

II PLANNING, RESOURCE ALLOCATION, & INSTITUTIONAL RENEWAL INSTITUTIONAL RESOURCES

Chair: Jeffrey Longacre, M.D.

Vice President for Affiliations and International Affairs

Timothy Rapp, MHA, MHIS

Col Lester Huff, USAF, MC, SFS

Arta Mahboubi, J.D.

Brian Reamy, M.D.

Stephen C. Rice, MS

Leonard Sperling, M.D.

Dennis Stutz, BS

Diane Seibert, Ph.D., CRNP

CAPT Glen Imamura, DC, USN

Steven Kaminsky, Ph.D.

Janice Muller

Vice President, Information and Education Technology

Interim Director, Armed Forces Radiobiology Research Institute

Assistant Vice President for Administration

Associate Dean for Faculty (SOM)

Vice President, Finance and Administration

Chair, Department of Dermatology (SOM)

Director, Customer Support Services

Director, Family Nurse Practitioner Program (GSN)

Professor, Naval Postgraduate Dental College (PDC)

Vice President for Research (Resigned 2012)

Director, Learning Resource Center (Retired 2012)

III LEADERSHIP, GOVERNANCE and ADMINISTRATION

Chair: Patrick D. Sculley, D.D.S.

Patricia Burke

Ernest Hepler, Ph.D.

Marguerite Littleton-Kearney, Ph.D.

Patricia McKay, M.D.

James Schooley

Kenneth Schor, D.O.

Mark Stephens, M.D.

Antoinette Whitmeyer, MSHA, MSFM

Gary Wind, M.D.

Col Thomas Schneid, USAF, DC

*Senior Vice President, University Programs, Executive Dean,
Postgraduate Dental College*

Equal Employment Manager

Assistant Dean for Finance and Administration (GSN)

Associate Dean of Research, Graduate School of Nursing

Professor, Department of Surgery (SOM)

Former President, AFGE Local 1408

Acting Director, National Center for Disaster Medicine and
Public Health

Chair, Department of Family Medicine (SOM)

Assistant Vice President, Integration of University Programs

Past President Faculty Senate

Dean, Air Force Postgraduate Dental School (PDC)

IV EDUCATIONAL OFFERINGS, RELATED EDUCATIONAL ACTIVITIES and ASSESSMENT OF STUDENT LEARNING

Chair: William Gilliland, M.D.

Chair: Donna Waetchter Ph.D.

MAJ Craig Budinich, USA, NC

Richard Conran, M.D., Ph.D., J.D.

Thomas Cote, Ph.D.

Mary Lou Cutler, Ph.D.

Maureen Hood, Ph.D.

John Johnson, D.D.S.

2LT Elizabeth Marx, USA, MC

Merrily Poth, M.D.

Carol Romano, Ph.D.

LT David Rusthoven, DC, USN

Col Micheala Shafer, USAF, NC

Linda Wanzer, MSN, CNOR

Associate Dean for Medical Education (New Chair)

Associate Dean for Medical Education (SOM - Resigned 2012)

Graduate Medical Student (SOM)

Professor, Department of Pathology (SOM)

Professor, Department of Pharmacology (SOM)

Director, Molecular and Cell Biology Program (SOM)

**Assistant Professor, Radiology and Radiological Science
(SOM)**

**Director, NPDS Orofacial Pain Fellowship/Residency,
Professor (PDC)**

Student, School of Medicine 2014

Professor, Department of Pediatrics (SOM)

Associate Dean for Academic Affairs (GSN)

Student, Naval Postgraduate Dental College (PDC)

Associate Professor (GSN)

Director, Perioperative Clinical Nurse Specialist Program (GSN)

V STUDENT ADMISSIONS AND RETENTION; STUDENT SUPPORT SERVICES

Chair: CAPT Tanis Batsel Stewart, MC, USN Brigade Commander

CAPT Margaret Calloway, MC, USN

LTC Ilinada Chinneth, USA, NC

Gail Hewitt-Clarke, MS

Eleanor Metcalf, Ph.D.

CDR Lisa Pearse, MC, USN

Charles Privitera, M.D.

CDR Jeffrey Quinlan, MC, USN

William Wittman, Ph.D.

2LT Elizabeth Marx, USA, MC

2LT Daniel Brillhart, USA, MC

Ashley Shaloo

LCDR Robert Roadfuss, NC, USN

LT Christopher Connors, DC, USN

Anthony Maurelli, Ph.D.

Timothy Rapp, MHA, MHIS

Sharon Willis

Dustin Taylor, 2LT, NC, US

Shannon Rotruck, LT, NC, USN

LtCol Susan Perry, USAF, NC

Associate Dean for Recruitment and Admissions (SOM - PCS* 2012)

Commandant, Graduate School of Nursing (GN - PCS*2012)

Assistant Vice President Academic Records/University Register

Associate Dean for SOM Graduate Programs

Commandant (SOM)

Director, Behavioral Health Sciences (SOM)

Director, University Health Clinic

Assistant Dean Academic Services Support (SOM)

Student, School of Medicine 2014

Student, School of Medicine 2012

Student, SOM Graduate Programs

Student (GSN)

Student, Naval Postgraduate Dental College (PDC)

Professor, Department of Microbiology and Immunology (SOM)

Vice President, Information and Education Technology

Deputy Vice President of External Affairs

Student, School of Nursing

Student, School of Nursing

Director of Clinical Education Deputy Program Director,

Registered Nurse Anesthesia Program (GSN)

VI FACULTY

Chair: Gary Wind M.D.

Brian Reamy, M.D.

Simon Auster, M.D., J.D.

Sandra Bibb, DNSc, RN

Christine Kasper, Ph.D.

Paul Rapp, Ph.D.

Mark Haigney, M.D.

Regina Armstrong, Ph.D.

Neil Grunberg, Ph.D.

David Benedek, M.D.

CDR Istvan (Steve) Hargitai, DC, USN

CAPT Sean Meehan, DC, USN

Eric Marks, M.D.

Past President of Faculty Senate

Associate Dean for Faculty (SOM)

Associate Professor, Department of Family Medicine (SOM)

Associate Professor and Dean for Faculty Affairs (GSN)

Professor, School of Nursing (GSN)

Professor, Department of Military and Emergency Medicine (SOM)

Professor, Department of Medicine (SOM)

Director, Center for Neuroscience and Regenerative Medicine

Professor, Department of Medical and Clinical Psychology (SOM)

Professor, Department of Psychiatry (SOM)

Professor, Naval Postgraduate Dental College (PDC)

Professor, Naval Postgraduate Dental College (PDC)

Professor, Department of Medicine (SOM)

*PCS – Military Permanent Change of Station (Normal Rational Re-assignment)

GLOSSARY OF ACRONYMS

AACN	American Association of Colleges of Nursing
AAMC	Association of American Medical Colleges
ABET	Accreditation Board for Engineering and Technology
ADAA	Associate Dean for Academic Affairs
ADFA	Associate Dean for Faculty Affairs
ACHE	American College of Healthcare Executives
ADA	American Dental Association
ADF	Associate Dean for Faculty Affairs
ADFO	Alternate Designated Federal Official
ADGE	Associate Dean for Graduate Education
APDS	Army Postgraduate Dental School
AFRRI	Armed Forces Radiobiological Research Institute
AFPDS	Air Force Postgraduate Dental School
AISPC	Automated Information System Policy Committee
AMSUS	Association of Military Surgeons of the United States
APA	American Psychological Association
ASD/HA	Assistant Secretary of Defense for Health Affairs
ATL	Anatomical Teaching Laboratories
BIC	Biomedical Instrumentation Center
BOR	Board of Regents
BRAC	Base Realignment and Closure Commission
CAGR	Compound Annual Growth Rate
CAPT	Committee on Appointments, Promotion and Tenure
CD-ROMs	Compact Disc- Read Only Memory
CEPH	Council on Education for Public Health
CCNE	Commission on Collegiate Nursing Education
CHR	Civilian Human Resources Directorate
COA	Council on Accreditation of Nurse Anesthesia Educational Programs
CODA	Commission on Dental Accreditation
CNRM	Center for Neuroscience and Regenerative Medicine
CPMS	Civilian Personnel Management Services
CSD	Customer Service Directorate
DAEO	Designated Agency Ethics Officer
DEOMI	Defense Equal Opportunity Management Institute
DFO	Designated Federal Official
DNP	Doctor of Nursing Practice
DoD	Department of Defense
DRE	USU Office of Review and Evaluation
DVA	U.S. Department of Veterans Affairs
DTF	Dental Treatment Facility
ECC	Executive Curriculum Committee

EID	Emerging Infectious Diseases
EL-1	Executive Level 1
EO	Equal Opportunity
EEO	Equal Employment Opportunity
EURRC	Equipment and Unfunded Requirements Review Committee
FACA	Federal Advisory Committee Act of 1972
FGARC	Faye Glenn Abdellah Research Center
FMFIA	Federal Managers' Financial Integrity Act of 1982
FNP	Family Nurse Practitioner
FYDP	Future Years Defense Program
GEC	Graduate Education Committee
GEO	Office of Graduate Education
GPA	Grade Point Average
GME	Graduate Medical Education
GRE	Graduate Record Examination
GSA	Graduate Student Association
GSN	Graduate School of Nursing
HA	Department of Defense, Health Affairs
HJF	Henry M. Jackson Foundation
HPSP	Health Professions Scholarship Program
HVAC	Heating, Ventilation, Air Conditioning
IACUC	Institutional Animal Care and Use Committee
ICM	Introduction to Clinical Medicine
IG, DoD	Department of Defense Inspector General
ILIR	In-House Laboratory Independent Research
IM/IT	Information Management and Information Technology
IRB	Institutional Review Board
JC	The Joint Commission (formerly Joint Commission on Accreditation of Hospital Organizations)
LCME	Liaison Committee on Medical Education
LTCOS	Long-Term Career Outcomes Study
LRC	Learning Resource Center (USU Library)
MCAT	Medical College Admission Test
MDL	Multidiscipline Laboratories
MED	Department of Medicine, School of Medicine
MEP	Master Evaluation Plan
MHS	Military Health System
MILCON	Military Construction Program
MS-I	First Year Medical Student
MS-II	Second Year Medical Student
MS-III	Third Year Medical Student
MS-IV	Fourth Year Medical Student
MSA-CHE	Middle States Association, Commission on Higher Education
MRI	Magnetic Resonance Imaging

MSN	Master of Science in Nursing
MTF	Military Treatment Facility
NAVFAC	Naval Facilities Engineering Command
NBME	National Board of Medical Examiners
NCA	National Capital Area
NCC	National Capital Consortium
NCI	National Cancer Institute
NIAID	National Institute of Allergy and Infectious Diseases
NICHD	National Institute of Child Health and Human Development
NIDDK	National Institute of Diabetes & Digestive & Kidney Diseases
NIH	National Institutes of Health
NNMC	National Naval Medical Center
NOC	Network Operations and Communications
NONPF	National Organization of Nurse Practitioner Faculties
NPDS	Naval Postgraduate Dental School
NSAB	Naval Support Activity Base
NSF	National Science Foundation
OCIO	Office of the Chief Information Officer
OGE	Office of Government Ethics
O&M	Operations and Maintenance
OSA	Office of Student Affairs
PB	President's Budget
PDC	Postgraduate Dental College
PDCC	Peer Development Consultation Committee
PGY-1	Post-Graduate Year 1
PHS	Public Health Service
PMB	Department of Preventive Medicine and Biometrics
PMHNPP	Psychiatric Mental Health Nurse Practitioner Program
POM	Program Objective Memorandum
POPS	Patient Oriented Problem Set
PPBES	Planning, Programming, Budgeting, and Execution System
PSL	Patient Simulation Laboratory
RCM	Responsibility Center Manager
RDT&E	Research Development Test and Evaluation
REA	Office of Research
ROTC	Reserve Officer Training Corps
SAC	Student Advisory Council
SecDef	Secretary of Defense
SGE(s)	Special Government Employees
SOM	School of Medicine
SPC	Student Promotions Committee
STARS-II	Student Tracking and Registration System
TMA	Tricare Management Activity
TSNRP	TriService Nursing Research Program

TRICARE	Military Managed Care Program
UMES	University of Maryland Eastern Shore
URM	Underrepresented Minority
USAMRIID	United States Army Medical Research Institute for Infectious Diseases
USC	University Space Committee
USMLE	United States Medical Licensing Examination
USU	Uniformed Services University
USPHS	United States Public Health Service
USD P&R	Under Secretary of Defense for Personnel Readiness
VA	U.S. Department of Veterans Affairs
WRAMC	Walter Reed Army Medical Center (Now integrated into WRNMMC)
WAVE	Wide Area Virtual Environment
WRNMMC	Walter Reed National Military Medical Center
WWW	World-wide Web

INTRODUCTION

A Unique Institution: The Uniformed Services University of the Health Sciences (USU) is recognized as an essential source of highly qualified health care professionals with strong leadership skills and the capability to support medical readiness for our Nation and the Military Health Care System (MHS). The USU serves as the only Federal advanced degree Academic Health Education Center. It provides career-oriented uniformed graduates with: medical readiness expertise; a long-term commitment towards ensuring force health protection; modern simulation technology-oriented educational experience; and, a dynamic understanding of their role in the National Medical Preparedness and Public Health arena. As recognized by the Office of the Secretary of Defense (OSD), USU graduates continue to make an immeasurable impact in areas critical to our National Security. Additionally, the University's research program supports the training of the next generation of government research scientists and physicians with a sound understanding of the scientific basis of good medicine.

The creation of the university started with Congressman F. Edward Hébert's post World War II vision on how the government could best meet the future military health care requirements of the Armed Forces. In the Last of the Titans, The Life and Times of Congressman F. Edward Hébert of Louisiana, Congressman Hébert quotes from his 1947 testimony before the House Armed Services Subcommittee: "...if the armed services had a **West Point for doctors**, perhaps that would solve the problem of the continuing critical shortage of medical men in the military." However, it wasn't until the university was established, by Public Law 92-426, on September 21, 1972, that the Congressman's vision for addressing the special needs of military medicine came to fruition. On July 10, 1975, during the USU groundbreaking, the first USU president set forth the university's mission as envisioned by its Congressional founders: "The mission of this university will be to train a cadre of motivated, dedicated young officers who will be serving global medicine in terms of cure and control. In addition, this university will provide opportunities for aspiring young military officers to attain academic recognition and support continuing education of health providers."

The university currently operates as a component of the Department of Defense (DoD) and functions under the direction of DoD Instruction 5105.45. This instruction reinforces Congressional direction for USU to ensure continuity, leadership, and medical readiness by uniquely preparing individuals for careers in the health professions within the Uniformed Services. At present, the USU provides graduate-level education through the School of Medicine Undergraduate Medical Education, the SOM Graduate Programs, the Graduate School of Nursing (GSN), and the Postgraduate Dental College (PDC), multiple institutes, centers, research activities, and a GSN PhD distance learning site (see Appendix 171); all of which directly address USU's mission and the needs of the MHS. The university is also the academic home for Graduate Medical Education (GME) in the National Capital Region, serving as the accredited institution for 69 GME programs. In an ongoing response to the special needs of the MHS, the USU mission has greatly expanded over the past 40 years; a chronological list of selected examples of mission expansion is provided at Appendix 0.

Documented Success in Recruitment and Retention: The USU continues to fulfill its critical mandate for a high-percentage source of uniquely-trained and dedicated career uniformed officers not available through alternate sources (*direct accessions generally decrease during combat deployments and the HPSP Scholarship Program is not designed for a long term commitment*). A 2010 Association of American Medical Colleges (AAMC) survey projects that the civilian employment market cannot feasibly supply uniquely trained physician specialists as required by the MHS due to the inadequate availability of qualified preceptors (*58% of responders*), clinical training sites (*72% of responders*) and economic conditions (*52% of responders*). Unlike many civilian institutions, retention and subsequent placement of students has not been an issue for USU, as the USU admissions process has demonstrated a sustained record of successfully identifying applicants willing to make a long-term commitment to the MHS. As reported by the **Center for Naval Analyses (CNA)**, the median length of non-obligated service for physician specialists in the MHS, not including USU SOM alumni, is 2.9 years;

whereas, the median length of non-obligated service for USU SOM alumni is 9 years, making USU the recommended accession source for leadership positions in the MHS. Today, the USU SOM alumni represent over 13% of new medical officer accessions; over 23% of the total medical officer force; and, approximately 33% of those in leadership ranks of Lieutenant Colonels, Colonels and equivalent Navy ranks. The university's meticulous focus on a commitment-oriented application system has secured recognition by OSD, uniformed and civilian health care communities, and the United States Congress as the most stable and primary source of uniformed physicians, advanced-practice nurses, graduate level dentists, and scientists who have a better understanding of, commitment to, and preparation for the practice of health care in austere contingencies for the Uniformed Services. No events more dramatically demonstrate the reality of the need for a "balanced portfolio" of recruitment and retention strategies for healthcare professionals than 12 years of continuous combat. While direct accessions of highly qualified health care professionals at the graduate level have often fallen short of MHS requirements due to periods of large operational deployments, family and home separations, and the challenges of service in austere and dangerous environments, USU has consistently exceeded its share of qualified graduates.

Focused Medical Readiness Expertise: The university meets, and/or exceeds, the Services' requirements for developing and employing a military-unique, integrated curriculum with educational programs that are grounded in a multi-Service, inter-disciplinary environment. Today, USU continues to prepare its career-oriented physicians, advanced practice nurses, and dentists for the practice of health care in contingency environments. Students are provided comprehensive backgrounds in tropical medicine and hygiene, parasitology and the use of epidemiologic methods and preventive medicine (*i.e., the USU curricula includes far more hours dedicated to the study of preventive medicine as compared to that generally provided in civilian SOMs*). In addition, the USU Center for Deployment Psychology (CDP) provides essential live and internet-based training to military and civilian mental health providers to ensure that high quality deployment-related behavioral health services can be rendered to military personnel and their families (*CDP's flagship program is a two-week course on deployment-related issues – over 700 providers have completed the course; more than 2,200 have completed CDP's one-week course educating civilian providers on treating service members, veterans and their families; 12,000+ providers have attended lectures, seminars, and other CDP workshops*). Upon graduation, USU alumni possess the essential knowledge, skills and attitudes required for deployment in a Joint Service environment. The fact that licensed USU alumni (physicians/advanced practice nurses/dentists) are immediately deployable is critical to fulfilling essential medical readiness requirements (*i.e., Service requirements for physicians and the cost of temporary replacements prevent significant Professional Military Education [PME]; the USU SOM is the one accession source that provides pre-commissioning, basic and branch-specific PME as part of its basic undergraduate medical curriculum*). The GSN Nurse Anesthesia Program, consistently ranked in the Nation's TOP TEN PROGRAMS (#5 in 2011, see <http://grad-schools.usnews.rankingsandreviews.com/best-graduate-schools/top-health-schools/nurse-anesthesia-rankings>), currently provides training for critically required nurse anesthetists for the MHS (*100% of Navy and Public Health Service and 70% of Air Force CRNAs*). Close coordination with the Surgeons General of the Uniformed Services, who serve on the USU Board of Regents, ensures relevant knowledge in the psychological stresses of combat and trauma and the medical effects of nuclear, chemical, and biological weapons and extreme environments, which are integrated throughout USU's educational programs. The university leadership provides oversight and direction of resources toward USU's internationally recognized operational exercise, *Bushmaster*, which ensures flexibility to meet the ever-evolving requirements of medical readiness. All GSN Nurse Practitioner students participate in the Military Contingency Medicine Course/Bushmaster Course with the 4th year medical students. Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) content is formally taught in the didactic component of the course and further reinforced in the Bushmaster Field Exercise as students rotate through the Combat Stress Team Encounter at Fort Indiantown Gap, Pennsylvania.

Formidable Support for Force Health Protection (FHP): USU holds a significant role in FHP (*a model focused on health promotion, disease & injury prevention, and attention to the comprehensive well-being of the*

individual military member). The multi-disciplinary, team-based patient-and person-centered care training received by USU students in combat and peacetime health care is essential to the MHS. For example, the American Academy of Family Physicians recognized USU, on April 29, 2011, as one of the TOP TEN schools in the Nation for students entering the critical and cost-effective specialty of Family Medicine from 2008-2011. The GSN Psychiatric/Mental Health Nurse Program option addresses identified MHS requirements (*i.e., TBI and PTSD are presented in the GSN Foundation Course covering the basic knowledge required by a health care provider to include the Neuroscience of PTSD and TBI; enrollment has tripled since its establishment in 2008*). The newly established Postgraduate Dental College (PDC) directly responds to the medical requirements of the Uniformed Services; students are taught unique tenets of military dentistry, which allows them to practice advanced procedures in a broad range of settings. Dental students contribute to the body of scientific knowledge and support creative breakthroughs in many specialty areas, completing laboratory and clinical studies on bonding agents, composites, regeneration therapy and sleep apnea – thus creating a complete dedication to overall health and wellness for service members. Also in support of FHP, USU’s military relevant research provides significant collaborative opportunities for USU’s 4,877 off-campus faculty. For example, the USU Center for Neuroscience and Regenerative Medicine (CNRM), a collaborative intramural Federal program between the DoD/USU and the National Institutes of Health, operated and managed by USU, brings the expertise of clinicians and scientists, across disciplines, to catalyze innovative approaches for addressing traumatic brain injury and psychological health in combat casualties using advanced neuroimaging technology at the NIH Clinical Center. The CNRM supports over 200 investigators conducting unique research across 70 funded projects. Already, CNRM’s multiple studies have generated data supporting potential therapeutic targets or interventional strategies; planning for an interventions development pipeline is underway to standardize testing options and to compare results more effectively across injury models and assessments. Through its ever-increasing collaborative programs, USU research was recognized in Science as one of the top ten scientific breakthroughs, when two USU researchers identified a photoreceptive net, a new light-detecting apparatus in the retina. These findings should ultimately allow uniformed personnel to remain awake longer with fewer detriments to performance and reasoning capabilities under battlefield conditions. The USU Center for the Study of Traumatic Stress (CSTS), globally recognized for national leadership in research, education, and public health initiatives, which support the health and resilience of the Uniformed Services and their families and the response to disaster mental health, currently directs the largest-ever collaborative study of risk and protective factors for military suicide and other health-risk outcomes (*the Army STARRS Project*). During 2012, the Modular Prosthetic Limb project, developed as part of a four-year research program by the Johns Hopkins University Applied Physics Laboratory, the Walter Reed National Military Medical Center (WRNMMC), and the USU Center of Rehabilitation Sciences was recognized for a new prosthetic arm, operated by a wounded soldier at WRNMMC, which enabled the soldier to control the device’s metallic fingers and wrist with his thoughts.

Such ever increasing collaborative efforts led to The Chronicle of Higher Education (August of 2011) ranking USU as number one in the category of largest gain in Federal funding for research and development in science and engineering between 1999-2009 (*Federally-sponsored research at USU grew from \$12,507,840 to \$124,314,000, an increase of 894%; by 2011, USU grants totaled \$130 million*).

Successful Implementation of Simulation Technology Training with Expanding Capabilities: The USU provided visionary leadership in the establishment of the National Capital Area Medical Simulation Center (SIM Center). The SIM Center is a world-class, cutting-edge medical education facility, and serves as a template for more than 35 educational institutions currently attempting to employ similar simulation technology into their own medical education programs. The USU’s SIM Center has been featured in *Discovery Channel* series, major newspapers and professional journals. Today, this teaching facility is unique among the Nation’s limited simulation centers because five state-of-the-art teaching components are included under one roof: standardized patients; multi-media, interactive, clinical case presentations on LAN or web-based CD-ROMS; virtual reality software applications; computerized mannequin simulators; and, video-teleconferencing and distance education capabilities. The SIM Center uses technology and actors posing as patients to provide students and residents

instruction on readiness skills and focused pre-deployment training for wartime, peacekeeping, and humanitarian missions. Currently, the SIM Center is moving forward to implement, in 2013, a Wide Area Virtual Environment (WAVE); the WAVE will be an immersive, virtual reality environment suitable for simulating mass casualty, triage and/or bio-chemical training scenarios where students will be physically immersed in a virtual environment with either virtual, live, or high fidelity computer-driven human patient simulators. These training scenarios will be linked to other geographic locations so that other uniformed or reserve responders can cost-effectively participate in the same training scenario.

A Vigilant Role in National Medical Preparedness and Public Health: Since December of 1998, the Association of American Medical Colleges (AAMC) has consistently confirmed the critical role of USU in National Security. USU is the one place where physicians of tomorrow get thorough preparation to deal with many contingencies, including the medical aspects of chemical and biological terrorism. USU students learn how nuclear, biological, and chemical agents act on the human body and what to do in the event of a suspected exposure. The degree of attention given to developing expertise in man-made (terrorist and otherwise) and natural infectious disease prevention and response is a unique and essential element of USU's military medical education. The focus on the protection of the military force as well as Homeland Defense speaks to the important role which military and US Public Health Service (USPHS) officers have globally provided. Through vigilant oversight, USU's academic centers and research programs have established international credibility for: Military unique medical expertise; communication and assessment of military medical humanitarian assistance training; addressing traumatic stress in uniformed and civilian health care communities; and, developing medical radiological countermeasures and providing unique training for the response to radiological emergencies. Recently, USU has collaborated with the AAMC and the White House in the establishment of "iCollaborative" – a platform for medical school faculty, nation-wide, to share information and unique curriculum; USU faculty have made significant contributions in the areas of PTSD and TBI (*i.e.*, USU is currently funded by "iCollaborative" to develop a curriculum intended to serve as an introduction to the military and military culture for civilian medical schools). The American Medical Association has recognized that USU not only educates its own graduates, but also provides a significant national service through its medical education courses for military physicians in combat casualty care, tropical medicine, combat stress, disaster medicine, and medical responses to terrorism; courses not available through civilian medical schools. Significantly, the USU SOM Emerging Infectious Diseases (EID) Graduate Program provides courses on the agents and effects of bioterrorism and is one of the first graduate programs in the Nation to offer formal training in these critical areas.

Recognition and Commitment: In testimony before the House Appropriations Committee, Defense Subcommittee, on May 11, 2011, the Honorable Jonathan Woodson, ASD/HA, stated the following:

The foundation of our success lies with our training and education systems. Chief among these education institutions is our Nation's outstanding medical university – the Uniformed Services University of the Health Sciences (USU). Since the first class graduated in 1980, USU alumni have become an integral part of our military health system and many of USU's graduates are assigned in key leadership positions throughout each of our Service Medical Departments.

The university does not take this recognition lightly; it remains focused on its mission and goals and the vision of its founders to meet the special needs of the MHS.

This Self-Study describes the University's evolution during the last ten years; its growth and expanded contributions to the Military Health System and the Nation during two simultaneous wars; the largest Base Realignment and Closure process in the Department of Defense's history; and, the expansion of joint medical service operations both in the continental US and at installations across the globe. The Self Study highlights how USU has measured its successes, identified its weaknesses and provided recommendations and plans for improvement.

EXECUTIVE SUMMARY

Background: The Uniformed Services University of the Health Sciences (USU) was founded by Public Law, 92-426 with a mission to provide uniquely educated medical officers for the Uniformed Services. The university operates today as a component of the Department of Defense (DoD) and functions under the direction of DoD Instruction 5105.45. This instruction directs that USU ensure continuity, leadership and medical readiness by uniquely preparing individuals for careers as health professionals in the Uniformed Services. The history of USU, as discussed in the Introduction and documented in this self-study, demonstrates that these mandates have been met and surpassed over the past 40 years. During these four decades, USU has gained recognition as DoD's Academic Health Education Center and continues to fulfill the critical requirement for a high-percentage source of uniquely-trained and dedicated career uniformed officers not available through other accession sources. At present, the USU provides graduate level education through the School of Medicine Undergraduate Medical Education, the SOM Graduate Programs, the Graduate School of Nursing (GSN), and the Postgraduate Dental College (PDC). The university also supports multiple institutes, centers and research activities, all of which directly address USU's mission and the needs of the MHS. In an evolving response to the special needs of the MHS, the USU mission has greatly expanded over the past 40 years; a chronological list of selected examples of mission expansion is provided at Appendix 0.

USU Governance & Board of Regents (see Appendix 185): Because of the unique placement of the university within DoD, the MSCHE carefully worked with OSD and USU to ensure the accreditation of USU through the creation of a governance structure for the Board of Regents (BOR) that would meet its statutory requirements to advise and report to the Secretary of Defense, through the ASD/HA and the Under Secretary for Personnel and Readiness, while simultaneously ensuring the BOR's independence from the perception, or influence, of political decisions. The USU Board of Regents enjoys a unique status in law, having an obligation to advise the USU President and OSD on all academic matters at the University. A selective appointment process has been developed by OSD to ensure that individuals of outstanding character with validated professional reputations are appointed to the BOR. Until 2006 the BOR was appointed by the President of the United States with confirmation of the Senate, but the process was slow and resulted in frequent vacancies and long periods of members awaiting replacement. Congress, recognizing that active involvement of the Board was essential to the academic integrity of the University reformed the appointment process in 2006, expanding the scope of those eligible for appointment and vesting appointment in the Secretary of Defense (OSD). As a result of extensive coordination between Congress, USU, OSD, and accrediting entities, the BOR, as a unique advisory body, complies in full with all Federal regulations and integrity assessments while simultaneously maintaining applicable accreditation standards. The Congressional mandate has strengthened and reshaped the USU BOR into a body that is more deeply involved in the academic and operational functions across the entire spectrum of USU. For example, the BOR was engaged as an active participant during an inclusive review and the eventual determination to eliminate a clinical laboratory function at the university, the closure of the Office of Continuing Education and the establishment of the Postgraduate Dental College, among many other initiatives. Extensive collaborative efforts between the BOR and the USU President have supported mission accomplishment and increased the dissemination of vital information to the USU community through Town Hall meetings and the USU web sites. In addition, the BOR has become more independently engaged with the USU budget and strategic framework processes, thus enhancing the university's ability to accomplish its mission. This effective relationship has also been strengthened through the use of vetted facilitators from the Association of Governing Boards during 2006, 2009 and 2011, which resulted in the BOR's ability to assess its own effectiveness and to expand the spectrum of its participation at USU. Throughout this evolutionary process, the USU leadership and OSD have worked carefully with the university's leadership and accrediting entities to address and avoid potential concerns over the academic independence of the BOR.

The Self Study Process: Since October of 2010, the faculty, students, and staff of USU have completed a comprehensive institutional review of the university's mission, goals, governance, resources, educational programs, faculty, students, and support structures. The self-study was written within the context of the approved Self-Study Design and the standards outlined in the MSCHE *Characteristics of Excellence* document. This Self-Study Report utilized charge questions to address applicable standards and to permit an in-depth organizational appraisal. A 25-member Steering Committee, appointed by the USU President, provided oversight for the self-study process; its membership represented a wide spectrum of USU components: faculty; students; Board of Regents; administrative, academic and uniformed leadership; the Faculty Senate; and the Medical Center. A five-member Executive Committee was established from the Steering Committee membership to facilitate data collection and support report consolidation activities. Six subcommittees, with a total membership of 76, were formed. Each subcommittee was chaired by a member of the Steering Committee, with the MSCHE accreditation standards assigned to the various committees. Sixty-two charge questions were issued to the subcommittees to: 1) assess institutional strengths and weaknesses relative to each applicable MSCHE standard; 2) ensure that the policies and practices of USU are congruent with its mission and goals; 3) ensure that USU's mission and goals effectively align with the MHS's strategic and tactical imperatives; 4) propose specific recommendations for institutional improvement through systematic planning, orderly implementation of change, and continued growth; and, 5) propose specific recommendations for helping the institution manage growth and development within the context of mission, funding and structural changes in DoD. **It should be noted that USU only offers advanced degree level education; therefore, Standard 12: General Education and Standard 13: Related Educational Activities (except for functional elements related, in general, to distance learning) apply in only limited and specific ways.**

Methodologies Applied: The USU applies a variety of methodologies to measure student achievement and learning as well as to assess institutional effectiveness. The academic healthcare institutions and the healthcare industry have, for decades, utilized measurements of competency and educational effectiveness. As such, the primary focus of this report has been designed to show the methods utilized which have continuously assessed institutional and student outcomes as a means to measure accomplishment of strategic goals. Likewise, outcomes assessment activities, which directly tie to the USU Strategic Framework, are conducted by each school, and other activities (the sum of the whole as a measure of institutional effectiveness as noted in Appendices 20 and 181). The Executive Committee organized the data for analysis by the six subcommittees, which included: numerous and regularly compiled institutional surveys; the 2012 USU Reaccreditation Survey; questionnaires; and reports. The six subcommittees provided outcome assessment findings in their reports and provided conclusions describing institutional strengths and weaknesses with recommendations for improvement. Subcommittee reports were submitted to the Steering Committee for review and compilation; further compilation and editing was then conducted by a small group led by the Steering Committee Chair. Next, the draft was provided to the President's Cabinet, the Steering Committee and six Subcommittees for final review prior to sending it to the internal and external communities for their review.

Major Findings: The overall results from the self-study were generally quite positive. A complete listing of conclusions and recommendations for the applicable MSCHE standards are found on page xix. In addition, a cross reference document has been provided which identifies where each of the MSCHE standards has been addressed throughout the self-study (page xxvii).

Changes in Organization: Since the last self-study, a *new USU President*, Charles L. Rice, M.D., was appointed in July 2005; by May 2006, the President reorganized the senior leadership to serve the immediate and long-term strategic needs of USU. The *Office of the Senior Vice President* was created to enhance the oversight of academic management activities, including accreditation and organizational assessment, learning resources, information management, registrar, management control, university inspector general functions, strategic planning, and affiliations and international affairs. And a *Senior Vice President for University Programs, Southern Region*, was appointed to provide support and outreach to USU stakeholders remote to the Bethesda

campus. The reorganization also provided for the *appointment of a Chief Information Officer (CIO)*; and, the eventual *disestablishment of the USU Office of Continuing Education (CHE)* following the identification of a redundancy of CHE accreditation responsibilities across the MHS. The reorganization is positively viewed in the self-study.

Evolving Governance: As reflected in the self-study, the governance structure and functions of the university are well defined; communication of administrative policy and direction has been enhanced through the use of web sites and Town Hall meetings.

Centralization of Registrar Functions: The USU President is addressing a critical requirement to establish a central office for the university's registrar functions across its four Schools. The SOM, GSN, Graduate Programs, and the PDC identified the need for their independent registrar offices to digitalize and establish a central point of coordination. Since that decision was made, the USU leadership has focused on the necessary resources to accomplish this undertaking; within the past two years, an Assistant Vice President for Academic Records (Registrar) has been appointed and resourced with initial staff and space. Extensive coordination is taking place with the CIO and leadership of the four Schools to identify the appropriate software to meet the needs of the centralized function. A recent review of "Off-the-shelf" software has not demonstrated suitability for addressing all requirements; the CIO, Registrar, and the USU Senior Vice President are working the issue with a goal to identify an appropriate route to a new system, with appropriate resources and staffing beginning during Academic Year 2013-14.

Enhancement of Communication: Communication issues identified during the past self-study have been greatly enhanced at USU. In the 2011 Faculty Survey, 63% of the faculty agreed (slightly or strongly) that they were well-informed by the administration regarding important issues at USU. The 2012 Reaccreditation Survey documented that 82.2% of the full-time and part-time faculty expressed an opinion that they were satisfied or very satisfied with their opportunity to provide feedback regarding university issues; and, 92.99% of responding civilian and active duty students reported that they were satisfied or very satisfied with the communication provided to students from the USU leadership. In addition, USU-wide communication has been greatly facilitated through the completion, in July 2012, of the USU Faculty E-Mail Distribution List Project, with oversight from the Office of the USU President. This project was coordinated with, and approved by, the Faculty Senate, the four Schools, and the CIO. Today, USU leadership, Deans, and the Faculty Senate are effectively utilizing these distribution lists to communicate with their on- and off-campus faculty. However, the University leadership acknowledges that continued focus remains on maintaining up-to-date information throughout the USU. The self-study recommendations support increased resourcing of essential staff and expanding IT capabilities to address this on-going process.

Graduate Programs – Recruitment and Retention: USU's image in the academic community has grown as its Graduate Programs in the Biomedical Sciences and Public Health have expanded. While the number of applicants and matriculates to the USU graduate programs has risen over the years (*i.e., from 2006-2011, the number of applicants increased from 226 to 414 per year, a 71% increase, with an increase in matriculates each Fall, 61 in 2006 to 77 in 2011, a 26% increase*), as at any institution the doctoral biomedical graduate programs at USU would benefit from a broader and deeper applicant pool. Efforts to strengthen the SOM Graduate Programs have occurred since the last self-study: Henry M. Jackson Foundation (HJF) resources have been utilized to ensure that USU stipends are competitive. Since 2008, civilian graduate students are offered health insurance which is paid for by the HJF Research and Education Endowment Fund. The pool of international applicants and the number of matriculates has increased since USU's ability to accept international students was reinstated in 2003. The current attrition rates for the doctoral programs indicate that the selection processes for doctoral students require some restructuring, which should further enhance retention and graduation rates through revised selection processes, ongoing recruitment efforts to improve the quality and quantity of the applicant pool, and increased oversight and attention to student needs by programs, faculty and the Graduate Education Office. To

that end, a program of early counseling and accountability for each incoming student will be initiated with the 2013 incoming class. Several months after matriculation, the Associate Dean for Graduate Education will interview each doctoral student and establish an educational record that will be analyzed throughout the student's education program. The self-study recommendations identify that additional resources are required to support this requirement.

Academic Program Assessment: As recognized throughout the MHS, *USU SOM graduates* are able to pursue any form of Graduate Medical Education training spanning the gamut of "traditional" medical careers from neonatologist to geriatrician. Career selection and future success of SOM graduates is continuously tracked and validated through: student performance on national licensing examinations; GME selection rates; specialty selection of SOM alumni; annual program director surveys; the annual AAMC Graduation Questionnaire; and, the reports of the SOM Long-Term Career Outcome Study (LTCOS). Success of the SOM alumni is also discussed in the Introduction section of this document. Current and informal discussions with program directors indicate that the *graduates of USU's Graduate Programs* have no difficulty in obtaining sought-after post-doctoral appointments. In many cases, graduates are actively recruited and the SOM's graduate programs are regarded as a source of productive post-doctoral fellows; during the first four years post-graduation, more than 65% of civilian Ph.D. graduates were in post-doctoral positions. In recent years, 32-55% of graduates held appointments in government research and regulatory agencies. Formal collection of assessment data is being addressed by the USU leadership and will be resourced as requirements are identified. *GSN alumni and employers indicate high satisfaction with the nursing programs*. Extensive outcome assessment and evaluation are continuously conducted and documented in this self-study; the GSN programs continue to be fully accredited with national recognition. The high pass rates of *the PDC alumni* on specialty board examinations serve as both an outcome and external validation measure of the educational effectiveness in preparing the PDC residents for clinical and educational career paths; the PDC also provides the necessary training for graduates to assume first-tier management roles within the MHS. The four USU School educational programs will continue with assessment activities and identify additional resources as required.

Curriculum Reform and outcome studies: As part of a Nation-wide effort, and a commitment to meet the evolving requirements of the MHS, USU has initiated an expansive curriculum reform initiative, implemented in August 2011. Three tenets of USU's curriculum reform retain USU's existing strengths while reinvigorating the essential elements of the military unique curriculum (i.e., *integration of the basic sciences* throughout all four years of the SOM Curriculum; *incorporation of early and meaningful patient contact*; and, *enhanced utilization of advanced technologies and contemporary learning styles*). In direct support of curriculum reform, the USU SOM Long-Term Career Outcome Study (LTCOS) team, established in 2005, continues to expand its electronic database of current and past students and to utilize alumni surveys to assess outcomes of USU graduates in terms of leadership positions, operational accomplishments, awards, and academic landmarks (see Appendix 27). The LTCOS findings enhance and strengthen the SOM curriculum reform initiative. In like manner, the GSN conducts multiple end-of-program evaluations with its graduates; such information is tracked and analyzed to identify needed revisions or additions to courses, clinical content, and/or experiences. The SOM Graduate Programs also plan to initiate curricula reviews due to the curriculum reform initiative. As indicated below, resources have been allocated to support these efforts.

Transparent Resource Allocation: Since the last self-study, USU has undergone a period of institutional growth as it aggressively pursued additions to its core budget, research funding, technology transfer income, and endowment opportunities. Funds have been added to its core budget for a number of educational, research, and infrastructure initiatives; the total value of these additions to the core program in Fiscal Year 2013 will be approximately \$83,000,000; by the end of 2011, the USU endowments portfolio administered by the HJF totaled more than \$63,000,000. The Instruction, Institutional Support, and Academic Services data reflect substantial increases over the past ten years, with Instruction growing at a slightly faster rate than the two support categories. The trend line for Instruction is expected to increase substantially as USU executes resources in support of faculty

recruitment and retention efforts, along with curricula reform. The USU leadership expects the trend lines for Institutional Support and Academic Services to continue in much the same direction and proportion over the next five years, with increases targeted for information assurance requirements and academic computing support, respectively. The USU Research and Operation/Maintenance of Plant also demonstrate substantial growth since Fiscal Year 2002. In response to concerns raised over communication and participation in the allocation processes, the USU Strategic Framework strategies now ensure that resource allocation and decision-making processes include the broad spectrum of USU's Schools, faculty, students and staff. Strategic planning sessions, the USU committee structure, and a successful relationship through the DoD Planning, Programming, Budgeting, and Execution process have combined to alleviate past concerns, but efforts to continue to improve communication will be ongoing.

Conclusion: The Self-Study has been viewed as a positive process which will strengthen USU in meeting its mission and responding to the MHS. Specific conclusions and recommendations regarding aspects of the University's operations, structure, policies, practices and future assessment and development are incorporated in the various subcommittee reports and summarized in the **Conclusions and Recommendations** section.

CONCLUSIONS AND RECOMMENDATIONS

STANDARD I: Mission and Goals

CONCLUSIONS

The USU Strategic Framework is essential to the continuity and relevance of the university; the process has successfully secured funding over the recent years to meet its mission and goals and offers significant opportunities for the university to expand its contributions to the MHS and the Nation. There is a well-established process for USU to secure the necessary resources to achieve its mission and emanating goals through the DoD strategic planning process so that they can be supported in the annual Executive Branch and Congressional appropriation process.

RECOMMENDATION

- The university must continue to maximize resources in support of the University Strategic Framework Process and maintain ongoing communication and participation through the USU website and other venues. The expanded staff would monitor the process for reporting the achievements of the Strategic Framework goals and objectives.

STANDARD 2: Planning, Resource Allocation, and Institutional Renewal

CONCLUSIONS

Within the context that the University is a DoD institution, it nonetheless fosters an internal “top down” and “bottom up” planning and resource allocation process conducted within the parameters of the Federal appropriation process. USU has successfully undergone a period of institutional growth during the past several years as it pursued additions to its core budget, research funding, technology-transfer income and endowment opportunities. Substantial programmatic investments in faculty and infrastructure have been made. The creation of Walter Reed National Military Medical Center (WRNMMC) as a globally recognized academic health center, with the university at its academic center, represents a huge collaborative DoD effort. The university’s future roles, goals and mission and funding appear secure. Lack of adequate space to support any future program growth and curriculum reform will be an essential issue to confront.

RECOMMENDATIONS

- Continue efforts to secure permanent funding that supports the ability of the University to be competitive in retaining and recruiting quality faculty members.
- The university and HJF need to work toward solutions that provide asset clarification and visibility of all financial resources.
- Efforts for expansion of space need to be continued.

STANDARD 3: Institutional Resources

CONCLUSIONS

USU’s future funding, roles, and missions within the DoD are secure because of the following: substantial programmatic investments in faculty and infrastructure; expanding collaborative academic and research relationships across the MTFs; decisions by the Base Realignment and Closure (BRAC) Commission to create the Walter Reed National Military Medical Center (WRNMMC) on the Bethesda campus; and, the ASD/HA goal to create WRNMMC as globally-recognized academic health center with the university as its academic center.

As previously noted, the university's strategic planning and budgeting process facilitates oversight for the resource allocation to the respective schools, programs, centers and institutes. Routine budgetary and expenditure reviews between the university's financial leadership and the DoD provide the necessary oversight to ensure compliance with governing regulations. The university's infrastructure master plan and life-cycle management plans continue serving as excellent guides in identifying, planning, and prioritizing renovation and construction in support of the USU's missions. The DoD has been very supportive in providing funding support through its financial planning and budgeting process for teaching, research and administrative equipment requirements. Continued support is expected. Clinical resources available to the School of Medicine, SOM Graduate Programs, Graduate School of Nursing, and Postgraduate Dental College are sufficiently ample throughout the Military Healthcare System. The quality of these resources is assured by inspection and certification by appropriate outside accrediting organizations.

For the most part, USU capital equipment needs are currently being met through Federal appropriations for research and teaching requirements; and, USU expects that future appropriations will continue to meet its needs. Some research equipment needs are met by NIH research grants. Over the past several years, additional funds appropriated by Congress and special allowances from the MHS have provided the capability to finance several much needed facility repairs and major upgrades. The university's capital needs are being met through a variety of sourcing methods. The USU position is that it has the resources to continue to sustain and improve the capital plant of the university and thus ensure the quality of teaching, research and student life.

RECOMMENDATIONS

- Continue promoting the priority funding for the construction of Building F through the medical Military Construction (MILCON) program.
- Absent the availability of on-campus space, continue pursuing additional off-campus lease space.

STANDARD 4: Leadership and Governance

CONCLUSIONS

Unlike other health science universities, the USU governance structure must meet Federal and DoD regulations. Congressional legislation establishes and the DoD leadership authorizes and approves the University's overall mission, governance, organization, responsibilities, functions, relationships, operation funding and authorities. While the USU BOR is advisory in nature, it ensures that USU operates within the framework of public law, regulations and ethical guidelines, and reports to the Secretary of Defense through its appointed Chairman. The DoD leadership and the BOR are actively engaged in monitoring and evaluating the administrative operations, resource management baseline reviews, institutional assessments and organizational decision-making. The relationship between the BOR, the University President, and the faculty and staff are clearly defined, understood and function in a cohesive, collaborative and collegial manner.

RECOMMENDATIONS

- Increased communication of the BOR's actions would enhance the appreciation of the institution's governance among all staff and faculty.
- Continue to identify and institutionalize communication pathways that increase collaboration between faculty, students, staff and administration.

STANDARD 5: Administration

CONCLUSIONS

A number of USU executive-level positions have been reclassified, reorganized, or added in response to new programs and requirements. Overall, the stability of the President's and Deans' leadership staff is viewed as sound. USU has processes for organizational decision-making through shared governance. Decisions are made in a timely manner. Wherever possible, community involvement is encouraged especially on those issues which are less time sensitive. Subordinate operational leaders or activity heads have an internal leadership structure and shared governance model that is used to make immediate key decisions and to plan for mission change and future growth. Efficient operation of the university requires regular monitoring of its administrative units to ensure they continuously support quality education and research programs. The combination of regular internal and external reviews, as well as periodic surveys of faculty, staff and students, provides an effective basis for assuring adequacy of support to the university's mission.

The university's initiatives and achievements have created a major shift in the perception and realization of the value USU brings to the Department of Defense and the Nation. In response to the needs of the MHS, USU has: developed or expanded existing or new academic programs; initiated curriculum reform; restructured the organization and created a President's Executive Cabinet to enhance communication and efficiency; created new interactive communications methods; replaced the financial accounting system; broadened the investment in IM/IT infrastructure; added the Postgraduate Dental College with five distant operational sites; established an additional nursing doctoral learning site with the VA; realigned the Armed Forces Radiobiology Research Institute directly under the University's auspices; and, revitalized the University's infrastructure. The USU leadership has also established key collaborative alliances with National Institutes of Health, the National Library of Medicine and the Institute of Medicine. During this same period, the leadership team implemented a Responsibility Center Management model to enhance the USU administration and financial processes. In addition, the annual organizational self-assessment process was significantly expanded into a key internal management review program. And, wherever possible, the concept of shared governance has been promoted.

RECOMMENDATIONS

- It would be beneficial to establish a succession plan for senior leadership positions to ensure continued stability and continuity of the USU mission.
- Address continuing IM/IT infrastructure requirements with appropriate staffing and resources.
- Monitor and measure the success of recently implemented recommendations for improving human resource management processes.
- Evaluate the value of increasing the resources necessary to expand the in-house capability for providing programmatic assessments.

STANDARD 6: Integrity

CONCLUSIONS

USU manages its affairs in accordance with all Federal laws and regulations as well as applicable DoD policy directives. It also incorporates best practices found in other universities. There have been positive changes to continually improve communication between the faculty and university leaders as well as with students and university leadership. Continued progress in communication improvement is needed. The process for periodic assessment of the integrity of evidence in institutional policies, processes, and practices is well-structured and ongoing.

RECOMMENDATIONS

- Continue to improve communication between the USU community and its leadership.
- Add additional resources and staff to the process for ensuring recurring and ongoing review and updates of USU websites and electronic publications.

- Continue efforts to promote multiple avenues to protect and enhance a culturally diverse environment.
- Enhance the university's ability to maintain a pulse on gender, racial, ethnic, and cultural environment by developing a program of ongoing annual climate surveys for all USU faculty, staff and students.

STANDARD 7: Institutional Assessment

CONCLUSIONS

Measures of institutional assessment (as listed in Appendix 20) are appropriate for the mission and goals of the university and many are widely recognized throughout the educational community as valid sources of data for outcomes assessment. There is also considerable involvement at all levels of the USU community in the evaluation process. Program monitoring and development are active components of the university's activities. The evaluation process is linked to USU's dynamic Strategic Framework which serves as a guide in utilizing outcomes data for subsequent planning. USU recurrently collects and analyzes outcomes data to evaluate both educational and administrative programs and to assist in institutional planning. Considerable attention is given to communication of findings across faculty, staff, and student boundaries, which reflects an institutional commitment to monitoring its activities; and, recognizes the value of involving both internal and external constituents in the assessment process.

RECOMMENDATIONS

- Fully resource and staff USU's organizational assessment efforts and corresponding functions to conduct more ongoing periodic assessments of the university's policies, processes, and practices.
- Establish a reference repository of institutional assessments to be shared with programs and Schools within the university.
- Establish a university web site dedicated to communicating the results of institutional assessments, surveys and other reviews of institutional effectiveness.
- Formalize the process of identification of metrics and collecting applicable data that provide supporting evidence of mission and goals accomplishment.

STANDARD 8: Student Admissions and Retention

CONCLUSIONS

The USU admissions processes are open, transparent, and managed by the four major educational divisions of the university: the SOM; the SOM Graduate Programs; the GSN; and, the PDC. Recruitment information, whether online or in printed brochures, meets accepted industry-wide practices as well as government ethics guidelines. Selection of students has been through well-orchestrated administrative and committee processes that are regularly reviewed each year. All programs provide solid orientations at matriculation, clear guidance throughout the term of education, flexibility for individual innovation, mentorship in many forms, and ready access to the administration and faculty. The USU student body is quite unique, ranging in age from the early 20s to the mid-50s; it is largely composed of personnel serving on active duty in one of the Uniformed Services. Civilian students maintain the same visibility and community attention as do the uniformed personnel. Both uniformed and civilian students have a broad capability to positively influence their programs. A primary focus during the last six years has been to successfully increase the recruitment of underrepresented candidates, particularly in the School of Medicine. In each of USU's programs, the selection criteria are validated through academic performance, non-cognitive performance and yearly reviews by on-site supervisors, faculty and mentors. The majority of USU graduates go on to complete a full government service career, far surpassing length of service of those who enter government service through other academic institutions.

Multiple pathways are in place to identify and address deficient academic performance and non-academic disciplinary issues. Likewise, sound practices are regularly reviewed to ensure there is community-wide knowledge and acceptance of guidelines regarding equal opportunity and fair treatment of students. Civilian and active duty Uniformed Services students have a voice in nearly every aspect of university policy and procedure development through: USU's open-door policy; the students' governmental organization in each School; regular meetings with University and School leadership; and, the military chain-of-command, if they are in one of the uniformed services.

RECOMMENDATIONS

- Once established, assess the effectiveness of the new SOM Master Recruitment Plan for Enlisted to Medical School Preparation Program and identify modifications, as appropriate. This assessment should involve all components of the institution involved in the recruitment process.
- Continue the ongoing coordination of all SOM recruitment efforts (graduate and doctoral programs). Enhance recruiting efforts, selection processes, data assessment tracking, and new strategies to increase the depth and quality of the applicant pool in many of the SOM Graduate Programs, thus improving retention and graduation rates.
- Provide a level of internal support for graduate students similar to that provided to medical students for dealing with academic and personal problems.
- Ensure that the university provides sufficient resources to enhance and track a more rigorous recruitment program designed to continue to increase applications from highly qualified civilian, military, majority and under-represented applicants for USU schools.
- Restructure selection processes for doctoral students in the SOM Graduate Programs to enhance the quality of the applicant pool in an effort to improve our retention and graduation rates.
- Consider implementation of an IT content management system, which will allow for the maintenance of university-wide branding, layout, and navigation standards while providing greater flexibility to individual departments to maintain their own content without reliance on a single webmaster.
- As the academic programs of USU continue to grow, the University Registrar will need to be vigilant to ensure all systems remain compliant with university and DoD standards and that all student academic records are maintained and stored with the strictest confidence.
- Continue the aggressive search for a suitable records management system to integrate with the USU Learning Management System.
- Continue cycle of review and edits for resource material at all schools.

STANDARD 9: Student Support Services

CONCLUSIONS

Enhancing student support services has been an ongoing priority for the university. Based on input from the student leadership, study space and hours of availability became a university prime focus in the last three years. Significant facility modifications were made during the last two years and based on the June 2012 Reaccreditation Survey, students responded with an 85% satisfaction level. A new base fitness center and the refurbishing of the university's fitness area have also garnered positive feedback. While significant resources have been devoted to improving the IM/IT infrastructure to support student learning and university operations, increasingly restrictive DoD requirements have diverted resources to addressing implementation of cyber-security measures. An IM/IT strategic plan is in place to improve the technology demands pending available funding.

RECOMMENDATIONS

- In addition to regular leadership meetings with student leaders, conduct periodic student surveys to determine if there are support services that need improvement.
- Continue to support the newly established counseling and remediation systems within the SOM Graduate

Programs.

- Review options for increased on-site mental health resources for civilian students.
- As the academic programs of USU continue to grow, the University Registrar must continue to ensure all systems remain compliant with university and DoD standards and that all student academic records are maintained and stored with strictest confidence.
- Recognizing extended delays in new construction on campus, efforts should be explored to meet Graduate Students' need for multi-purpose activity space.
- Collect and compare DEOMI surveys from all branch campuses and collate them into a university-wide assessment.
- Conduct an annual DEOMI survey in conjunction with a university-wide climate survey.
- Due to recent reductions in base and university parking availability the need for increased student storage space has become essential.
- Popular student study spaces in the Multidisciplinary Labs need to be updated.
- Organize the materials and electronic hardware in the MDL to better utilize study space.

STANDARD 10: Faculty

CONCLUSIONS

The faculty and leadership have an opportunity to be involved in the university's decision-making processes through regular meetings with senior university leadership and the BOR. They are actively engaged in BOR meetings and advisory subcommittees, participate in Town Hall meetings, meet separately with key leaders and participate in strategic planning development meetings.

Assessing the adequacy of the quality, number and types of faculty for the teaching, research, and service missions of the university proves to be a moving target due to: the increasing need to support deployment requirements for both full-time assigned and adjunct uniformed clinical faculty; the implementation of curriculum reform with an emphasis on small group seminars and the resulting demand for additional faculty; the demand for additional academic programs to support the DoD mission; and, the competitive recruitment environment. Concerns exist that additional clinical faculty must be hired at both the university and the MTFs in order to support the USU teaching mission; this issue is being addressed and funding to support hiring for these positions has been identified.

Faculty development programs exist at both the university level and the individual Schools. Each School has adopted individual program activities for providing opportunities for both new and experienced faculty to improve their skills in teaching and evaluation through readily available training sessions. At the university level, the Faculty Senate Education Committee annually organizes an "Education Day." The Faculty Senate Mentoring Committee has also established a robust orientation during the annual New Faculty Orientation Day. New faculty at all USU Schools are introduced to a mentoring website designed to identify senior faculty members who have similar scholarly interests. This has facilitated both research and professional collaboration and mentoring.

Recently, the university leadership, in concert with the faculty, initiated an assessment of the current university appointment, promotion, and tenure process to determine procedures that can be streamlined and made consistent across all three Schools. That process continues. Likewise, the processes related to academic performance and annual reviews have just been reevaluated and updated.

RECOMMENDATIONS

- The USU leadership should continue an ongoing dialogue with the faculty regarding Instruction 1100 on appointments, promotions and tenure.
- The USU leadership should review the present method for evaluating the performance of department chairs

- with regard to accomplishing their administrative and leadership responsibilities and goals.
- The university administration and faculty leadership should continually seek avenues to extend communication and seek input from the faculty on key issues.

STANDARD 11: Educational Offerings

CONCLUSIONS

A unique aspect of the educational offerings at an all-graduate level health science academic institution is that USU must frequently respond to multiple professional accreditation organizations with a primary focus on ensuring that the educational programs meet nationally recognized standards of excellence. Accreditation organizations such as: The Liaison Committee on Medical Education; the Commission on Collegiate Nursing Education; the Commission on Dental Accreditation; and, the Council on Education for Public Health are just a few of the 16 professional accreditation bodies that assess the university on a scheduled basis (Appendix 56). Each of these professional accreditation organizations has standards that require the institution, and the programs within, to demonstrate that it achieves established outcome-based learning objectives. Student progress and competencies are routinely assessed to ensure their individual success in meeting these objectives and translating them into clinical practice. As noted above and in appendices, outcome measures include: faculty evaluations; licensure examinations; national specialty certification examinations; quality of research assessments; student surveys and evaluations; and, future employer satisfaction feedback. All contribute to the assessment of student learning and educational effectiveness. In order to continually meet Middle States standards and those of other accreditation organizations, it is essential that faculty, learning resources, instructional equipment, technological support, administrative support and facilities all must be aligned to maximize the educational success of each student. An area of ongoing concern is the University's ability to maintain a viable and current knowledge management system. With the increase in DoD requirements for IT security and the increasing growth of knowledge online, the university finds itself continually challenged to meet the student and faculty demands for worldwide access. In April of 2008, the USU Knowledge Management (KM) Strategy (Appendix 126) was developed to address these future needs. This plan provides a road map to enhance information technologies for allowing the USU community to more effectively leverage technology on a daily basis. The Strategy outlines 37 recommendations grouped into five thrust areas. It is believed that this institution meets the mission and educational objectives set out in its strategic framework.

RECOMMENDATIONS

- The University needs to continue its efforts in searching for an appropriate student records management system sufficient to meet the unique recordkeeping needs of each individual School and Program.
- The University needs to find resources necessary to continue supporting the unfinished strategies initiated as part of the April, 2008 IM/IT Strategy Plan.

STANDARD 12: General Education

CONCLUSION

The university does not currently offer an undergraduate program in general education. Therefore, this standard does not apply.

RECOMMENDATION

No recommendations identified.

STANDARD 13: Related Educational Activities

CONCLUSIONS

With the exception of the functional element regarding the quality of instruction, academic rigor and educational effectiveness, the remaining portion of this Standard has no applicability to the educational endeavors at USU. The branch campus in San Antonio, Texas, consists of the Office of the Senior Vice President, University Programs, Southern Region; the Air Force Postgraduate Dental School; and, the Office of the Dean, Army Postgraduate Dental School. In addition, this branch campus administration provides oversight for four additional locations: the Army Postgraduate Dental School including programs at Fort Bragg, North Carolina; Fort Hood, Texas; Schofield Barracks, Hawaii; and the Naval Postgraduate Dental School in Bethesda, Maryland. Each of these sites have been evaluated and accredited by the Commission on Dental Accreditation. Their faculty have all completed the university's appointment process with the recommendation of the BOR and approved by the university President. The student admissions process and curriculum has been scrutinized and found to have the same level of academic rigor and educational effectiveness as all of our academic programs. The Graduate School of Nursing has recently established an alternate location for its doctoral program. The Middle States Commission reviewed this substantive change and completed a site visit in March 2012 and found the new program to be in compliance with all applicable standards.

RECOMMENDATION

No recommendations identified.

STANDARD 14: Assessment of Student Learning

CONCLUSIONS

As noted in the subcommittee's input above, documentation of student learning outcomes is linked to the core competencies laid out by various health professional organizations such as: the Accreditation Council for Graduate Medical Education; the Commission on Collegiate Nursing Education; the Commission on Dental Accreditation; the Council on Education for Public Health; and, others. These core competencies and the outcome measurements can be found in the previously referenced appendices. Each program documents, organizes and sustains its respective assessment process for evaluating and improving student learning. Individual schools have programs and activities which study student and alumni performance and publish the results in peer-reviewed journals (for example, see the September, 2012 Special Issue supplement to *Military Medicine*, Vol. 177, No. 9 [Appendix 27]).

RECOMMENDATION

- Consider centralizing compiled and student assessment information and results into one office and digitize for archiving.

CROSSWALK TO STANDARDS

Standard / Functional Element	Functional Element Description	Evidence in Self- Study (P = page, Q = charge question number)
Standard 1: Mission and Goals		
1.1	Clearly defined mission and goals that: a. guide faculty, administration, staff and governing bodies in making decisions related to planning, resource allocation, program and curriculum development, and definition of program outcomes; b. include support of scholarly and creative activity, at levels and of the kinds appropriate to the institution's purposes and character; c. are developed through collaborative participation by those who facilitate or are otherwise responsible for institutional improvement and developments; d. are periodically evaluated and formally approved; e. are publicized and widely known by the institution's members;	a. P3 Q1 b. P3 Q1; P4 Q4 Q5; P24 Q1; P26 Q3 c. P1-2 Q1 d. P2 Q1 e. P1 Q1; P1 Q3
1.2	Mission and goals that relate to external as well as internal contexts and constituencies;	P1 Q1; P3 Q3
1.3	Institutional goals that are consistent with mission; and	P1 Q1; Appendix 3, P9
1.4	Goals that focus on student learning, other outcomes, and institutional improvement.	P1 Q1; P2-3 Q1; P26-27 Q3; Appendix 20
Standard 2: Planning, Resource Allocation, and Institutional Renewal		
2.1	Goals and objectives or strategies, both institution-wide and for individual units that are clearly stated, reflect conclusions drawn from assessment results, are linked to mission and goal achievement, and are used for planning and resource allocation at the institutional and unit levels;	P14-19 Q 12; P21 Q14; Appendix 3
2.2	Planning and improvement processes that are clearly communicated, provide for constituent participation, and incorporate the use of assessment results;	P1 Q1; P24 Q1; P32 Q7; P19 Q13; P21 Q14
2.3	Well defined decision-making processes and authority that facilitates planning and renewal;	P2 Q1; P24 Q1; P30 Q6
2.4	The assignment of responsibility for improvements and assurance of accountability;	P14 Q12; P24 Q1; P25 Q2
2.5	A record of institutional and unit improvement efforts and their results; and	P14 Q12; P26 Q2; P28-29 Q4; P30 Q6; Appendix 20
2.6	Periodic assessment of the effectiveness of planning, resource allocation, and institutional renewal processes.	P14 Q12; P24 Q1; P32 Q7
Standard 3: Institutional Resources		
3.1	Strategies to measure and assess the level of, and efficient utilization of, institutional resources required to support the institution's mission and goals;	P26 Q3; P24-25 Q1; P28 Q4; P32 Q7; P33 Q8
3.2	Rational and consistent policies and procedures in place to determine allocation of assets;	P24 Q1; P28 Q4

3.3	An allocation approach that ensures adequate faculty, staff, and administration to support the institution's mission and outcomes expectations;	P24 Q1
3.4	A financial planning and budgeting process aligned with the institution's mission, goals, and plan that provides for an annual budget and multi-year budget projections, both institution-wide and among departments; utilizes planning and assessment documents; and addresses resource acquisition and allocation for the institution and any subsidiary, affiliated, or contracted educational organizations as well as for institutional systems as appropriate;	P24 Q1; P28 Q4; P27 Q3
3.5	A comprehensive infrastructure or facilities master plan and facilities/infrastructure life-cycle management plan, as appropriate to mission, and evidence of implementation;	P30-31 Q6
3.6	Recognition in the comprehensive plan that facilities, such as learning resources fundamental to all educational and research programs and the library, are adequately supported and staffed to accomplish the institution's objectives for student learning, both on campuses and at a distance;	P30-31 Q6; P29 Q5; P32 Q7
3.7	An educational and other equipment acquisition and replacement process and plan, including provision for current and future technology, as appropriate to the educational programs and support services, and evidence of implementation;	P29 Q5; P32 Q7; P30-32 Q6 & Q7
3.8	Adequate institutional controls to deal with financial, administrative and auxiliary operations, and rational and consistent policies and procedures in place to determine allocation of assets;	P24 Q1; P25 Q2; P28 Q4
3.9	An annual independent audit confirming financial responsibility, with evidence of follow-up on any concerns cited in the audit's accompanying management letter; and	P27 Q3; P28 Q4; P45 Q7; Appendix 38
3.10	Periodic assessment of the effective and efficient use of institutional resources.	P24 Q1; P26 Q3; P28 Q4; P32 Q7; P45 Q7
Standard 4: Leadership and Governance		
4.1	A well-defined system of collegial governance including written policies outlining governance responsibilities of administration and faculty and readily available to the campus community;	P37 -39 Q1
4.2	Written governing documents, such as a constitution, by-laws, enabling legislation, charter or other similar documents, that: a. delineate the governance structure and provide for collegial governance, and the structure's composition, duties and responsibilities. In proprietary, corporate and similar types of institutions, a separate document may establish the duties and responsibilities of the governing body as well as the selection process; b. assign authority and accountability for policy development and decision making, including a process for the involvement of appropriate institutional constituencies in policy development and decision making; c. provide for the selection process for governing body members;	a. P37-40 Q1 & Q2; P40 Q3 b. P37-39 Q1 c. P37 Q1 paragraphs 1-2; P39 Q2
4.3	Appropriate opportunity for student input regarding decisions that affect them;	P45 Q6
4.4	A governing body capable of reflecting constituent and public interest and of an appropriate size to fulfill all its responsibilities, and which includes members with sufficient expertise to assure that the body's fiduciary responsibilities can be fulfilled;	P37-38 Q1; P39 Q2; Appendix 185, Appendix 191
4.5	A governing body not chaired by the chief executive officer;	P39 Q2 ; P40 Q3
4.6	A governing body that certifies to the Commission that the institution is in compliance with the eligibility requirements, accreditation standards and policies of the Commission; describes itself in identical terms to all its accrediting and regulatory agencies; communicates any changes in its accredited status; and agrees to disclose information required by the Commission to carry out its accrediting responsibilities, including levels of governing body compensation, if any;	P37 Q1; P39 Q2; P40-41 Q3

4.7	A conflict of interest policy for the governing body (and fiduciary body members, if such a body exists), which addresses matters such as remuneration, contractual relationships, employment, family, financial or other interests that could pose conflicts of interest, and that assures that those interests are disclosed and that they do not interfere with the impartiality of governing body members or outweigh the greater duty to secure and ensure the academic and fiscal integrity of the institution;	P39-40 Q2
4.8	A governing body that assists in generating resources needed to sustain and improve the institution;	P5 Q6; P24 Q1; P41 Q3
4.9	A process for orienting new members and providing continuing updates for current members of the governing body on the institution's mission, organization, and academic programs and objectives;	P18 Q13
4.10	A procedure in place for the periodic objective assessment of the governing body in meeting stated governing body objectives;	P40-41 Q3
4.11	A chief executive officer, appointed by the governing board, with primary responsibility to the institution; and	P37-39 Q1; P40 Q3
4.12	Periodic assessment of the effectiveness of institutional leadership and governance.	P11 Q3; P45 Q7; P48 Q7
Standard 5: Administration		
5.1	A chief executive whose primary responsibility is to lead the institution toward the achievement of its goals and with responsibility for administration of the institution;	P5 Q6; P38 Q1
5.2	A chief executive with the combination of academic background, professional training, and/or other qualities appropriate to an institution of higher education and the institution's mission;	Appendix 172
5.3	Administrative leaders with appropriate skills, degrees and training to carry out their responsibilities and functions;	P41 Q4; Appendix 191
5.4	Qualified staffing appropriate to the goals, type, size, and complexity of the institution;	P47 Q7
5.5	Adequate information and decision-making systems to support the work of administrative leaders;	P44-45 Q5; P45-48 Q7
5.6	Clear documentation of the lines of organization and authority; and	P37 Q1; P44-45 Q5
5.7	Periodic assessment of the effectiveness of administrative structures and services.	P11-12 Q9; P14 Q12; P45-48 Q1
Standard 6: Integrity		
6.1	Fair and impartial processes, published and widely available, to address student grievances, such as alleged violations of institutional policies. The institution assures that student grievances are addressed promptly, appropriately, and equitably;	P8 Q6; P8 Q7; P10 Q8; P84 Q9
6.2	Fair and impartial practices in the hiring, evaluation and dismissal of employees;	P5 Q6; P10 Q8; P6 Q7
6.3	Sound ethical practices and respect for individuals through its teaching, scholarship/research, service, and administrative practice, including the avoidance of conflict of interest or the appearance of such conflict in all its activities and among all its constituents;	P9 Q7; P10 Q7; P10 Q8; P11-12 Q9
6.4	Equitable and appropriately consistent treatment of constituencies, as evident in such areas as the application of academic requirements and policies, student discipline, student evaluation, grievance procedures, faculty promotion, tenure, retention and compensation, administrative review, curricular improvement, and institutional governance and management;	P5-6 Q6; P6 Q6; P9-10 Q7; P10 Q8; P11-12 Q9; P78-80 Q6; P89-92 Q3, Q4, & Q5
6.5	A climate of academic inquiry and engagement supported by widely disseminated policies regarding academic and intellectual freedom;	P6-8 Q6; P10-11 Q8; P93-94 Q5 & Q6

6.6	An institutional commitment to principles of protecting intellectual property rights;	P10 Q8; P93 Q5; P98 Q11
6.7	A climate that fosters respect among students, faculty, staff, and administration for a range of backgrounds, ideas, and perspectives;	P8-10 Q7; P98 Q11
6.8	Honesty and truthfulness in public relations announcements, advertisements, and recruiting and admissions materials and practices;	P7 Q6; P12 Q10; P13 Q11; P72-74 Q1
6.9	Required and elective courses that are sufficiently available to allow students to graduate within the published program length;	Not Applicable
6.10	Reasonable, continuing student access to paper or electronic catalogs;	P12 Q10
6.11	When catalogs are available only electronically, the institution's web page provides a guide or index to catalog information for each catalog available electronically;	Not Applicable
6.12	When catalogs are available only electronically, the institution archives copies of the catalogs as sections or policies are updated;	Not Applicable
6.13	Changes and issues affecting institutional mission, goals, sites, programs, operations, and other material changes are disclosed accurately and in a timely manner to the institution's community, to the Middle States Commission on Higher Education, and to any other appropriate regulatory bodies;	P1 Q1; P3 Q2; P5 Q6
6.14	Availability of factual information about the institution, such as the Middle States Commission on Higher Education annual data reporting, the self-study or periodic review report, the team report, and the Commission's action, accurately reported and made publicly available to the institution's community;	Available on-site
6.15	Information on institution-wide assessments available to prospective students, including graduation, retention, certification and licensing pass rates, and other outcomes as appropriate to the programs offered;	P13 Q11
6.16	Institutional information provided in a manner that ensures student and public access, such as print, electronic, or video presentation;	P13 Q11
6.17	Fulfillment of all applicable standards and reporting and other requirements of the Commission; and	Appendix 192
6.18	Periodic assessment of the integrity evidenced in institutional policies, processes, practices, and the manner in which these are implemented.	P8 Q7; P11 Q9
Standard 7: Institutional Assessment		
7.1	<p>Documented, organized, and sustained assessment process to evaluate and improve the total range of programs and services; achievement of institutional mission, goals, and plans; and compliance with accreditation standards that meets the following criteria:</p> <p>a. a foundation in the institution's mission and clearly articulated institutional, unit-level, and program-level goals that encompass all programs, services, and initiatives and are appropriately integrated with one another (see Standards 1: Mission and Goals and 2: Planning, Resource Allocation, and Institutional Renewal);</p> <p>b. systematic, sustained, and thorough use of multiple qualitative and/or quantitative measures that:</p> <ol style="list-style-type: none"> 1. maximize the use of existing data and information; 2. clearly and purposefully relate to the goals they are assessing; 3. are of sufficient quality that results can be used with confidence to inform decisions; <p>c. support and collaboration of faculty and administration;</p> <p>d. clear realistic guidelines and a timetable, supported by appropriate investment of institutional resources;</p> <p>e. sufficient simplicity, practicality, detail, and ownership to be sustainable;</p> <p>f. periodic evaluation of the effectiveness and comprehensiveness of the institution's assessment process;</p>	<p>a. P2 Q1; P14 Q12</p> <p>b1. P14-19 Q12; Appendix 11, 12, 16, 20, 25, 33, 34 35, 59, & 60</p> <p>b2. P14-19 Q12</p> <p>b3. P14-19 Q12</p> <p>c. P1 Q1; P5-6 Q6; P19 Q13; P21-22 Q14</p> <p>d. P5-6 Q6; P14-19 Q12; Appendix 16</p> <p>e. P1 Q1; P14-20 Q12 & 13</p> <p>f. P10 Q7; P14-19 Q12; Appendix 16</p>

7.2	Evidence that assessment results are shared and discussed with appropriate constituents and used in institutional planning, resource allocation, and renewal (see Standard 2: Planning, Resource Allocation, and Institutional Renewal) to improve and gain efficiencies in programs, services and processes, including activities specific to the institution's mission (e.g., service, outreach, research); and	P2-3 Q1; P19-20 Q13 & 14; P21-22 Q14; P78-80 Q5; Pxxiii; Appendix 178
7.3	Written institutional (strategic) plan(s) that reflect(s) consideration of assessment results.	P24 Q1; Appendix 3,4,5
Standard 8: Student Admissions and Retention		
8.1	Admissions policies, developed and implemented, that support and reflect the mission of the institution;	P50-53 Q1; P72-74 Q1; Appendix 3,4,& 5
8.2	Admissions policies and criteria available to assist the prospective student in making informed decisions;	P72 Overview; P75-77 Q2; Appendix 133 & 134
8.3	Programs and services to ensure that admitted students who marginally meet or do not meet the institution's qualifications achieve expected learning goals and higher education outcomes at appropriate points;	P78-80 Q5
8.4	Accurate and comprehensive information regarding academic programs, including any required placement or diagnostic testing;	P75-77 Q2
8.5	Statements of expected student learning outcomes and information on institution-wide assessment results, as appropriate to the program offered, available to prospective students;	P50-53 Q1; P70 Conclusions; P75-77 Q2; Appendix 181
8.6	Accurate and comprehensive information, and advice where appropriate, regarding financial aid, scholarships, grants, loans, and refunds;	P77-78 Q 5, Appendix 145
8.7	Published and implemented policies and procedures regarding transfer credit and credit for extra-institutional college level learning; and	Appendix 149, P55; Appendix 186; Appendix 106; Appendix 134, P13; Appendix 174
8.8	Ongoing assessment of student success, including but not necessarily limited to retention, that evaluates the match between the attributes of admitted students and the institution's mission and programs, and reflects its findings in its admissions, remediation, and other related policies.	P72-74 Q4; P77 Q3
Standard 9: Student Support Services		
9.1	A program of student support services appropriate to student strengths and needs, reflective of institutional mission, consistent with student learning expectations, and available regardless of place or method of delivery;	P77-78 Q4; P78 – 80 Q5; P85-86 Q10; Appendix 145
9.2	Qualified professionals to supervise and provide the student support services and programs;	P67-68 Q9; P68-69 Q10; P77-78 Q4
9.3	Procedures to address the varied spectrum of student academic and other needs, in a manner that is equitable, supportive, and sensitive, through direct service or referral;	P77-78 Q4; P78-80 Q5; Appendix 145
9.4	Appropriate student advisement procedures and processes;	P75-77 Q2; P77-78 Q4; P78-80 Q5
9.5	If offered, athletic programs that are regulated by the same academic, fiscal, and administrative principles, norms, and procedures that govern other institutional programs;	Not Applicable
9.6	Reasonable procedures, widely disseminated, for equitably addressing student complaints or grievances;	P10-11 Q8; P78-80 Q5; P84-85 Q9; Appendix 24
9.7	Records of student complaints or grievances;	P10-11 Q8; P84-85 Q9

9.8	Policies and procedures, developed and implemented, for safe and secure maintenance of student records ;	P68-69 Q10; P82-83 Q7;
9.9	Published and implemented policies for the release of student information; and	P82-83 Q7
9.10	Ongoing assessment of student support services and the utilization of assessment results for improvement.	P77-78 Q4; P85-86 Q10 Appendix 33, 34
Standard 10: Faculty		
10.1	Faculty and other professionals appropriately prepared and qualified for the positions they hold, with roles and responsibilities clearly defined, and sufficiently numerous to fulfill those roles appropriately;	P33-35 Q8; P89-90 Q1
10.2	Educational curricula designed, maintained, and updated by faculty and other professionals who are academically prepared and qualified;	P19-20 Q13; P21 Q14; Pxi
10.3	Faculty and other professionals, including teaching assistants, who demonstrate excellence in teaching and other activities, and who demonstrate continued professional growth;	P89-90Q1; P90-91 Q2
10.4	Appropriate institutional support for the advancement and development of faculty, including teaching, research, scholarship, and service;	P91-92 Q3; P99-100 Q12
10.5	Recognition of appropriate linkages among scholarship, teaching, student learning, research, and service;	P91-92 Q3; P95 Q6; P95-96 Q7
10.6	Published and implemented standards and procedures for all faculty and other professionals, for actions such as appointment, promotion, tenure, grievance, discipline and dismissal, based on principles of fairness with due regard for the rights of all persons;	P92-93 Q4; P93-94 Q5; P98 Q11
10.7	Carefully articulated, equitable, and implemented procedures and criteria for reviewing all individuals who have responsibility for the educational program of the institution;	P92-93 Q4; P95 Q6; P99-100 Q12; Appendix 117; Appendix 176
10.8	Criteria for the appointment, supervision, and review of teaching effectiveness for part-time, adjunct, and other faculty consistent with those for full-time faculty;	P33-34 Q8; P92-93 Q4; Pxxxv; Appendix 86-94; Appendix 160
10.9	Adherence to principles of academic freedom, within the context of institutional mission; and	P10-11 Q8; P70 Std 11 Conclusion; P91-92 Q3; P93-94 Q5; P98-99 Q11
10.10	Assessment of policies and procedures to ensure the use of qualified professionals to support the institution's programs.	P37-38 Q1; P41-44 Q4; P58-60 Q4; P92-93 Q4; Appendix 047
Standard 11: Educational Offerings		
11.1	Educational offerings congruent with its mission, which include appropriate areas of academic study of sufficient content, breadth and length, and conducted at levels of rigor appropriate to the programs or degrees offered;	P50-53 Q1; P60 Q5
11.2	Formal undergraduate, graduate, and/or professional programs—leading to a degree or other recognized higher education credential—designed to foster a coherent student learning experience and to promote synthesis of learning;	P56-57 Q3; P60-63 Q5; P63-65 Q6
11.3	Program goals that are stated in terms of student learning outcomes;	P53-56 Q2

11.4	Periodic evaluation of the effectiveness of any curricular, co-curricular, and extra-curricular experiences that the institution provides its students and utilization of evaluation results as a basis for improving its student development program and for enabling students to understand their own educational progress (see Standards 9: Student Support Services and Assessment of Student Learning);	P5860 Q4; P60 Q5; Appendix 25, 30, 73, 80, 80, 180
11.5	Learning resources, facilities, instructional equipment, library services, and professional library staff adequate to support the institution's educational programs;	P67 Q8; P67 Q9; P65 Q7
11.6	Collaboration among professional library staff, faculty, and administrators in fostering information literacy and technological competency skills across the curriculum;	P67 Q9; P68 Q10
11.7	Programs that promote student use of a variety of information and learning resources;	P68 Q10
11.8	Provision of comparable quality of teaching/instruction, academic rigor, and educational effectiveness of the institution's courses and programs regardless of the location or delivery mode;	P63 Q7; P56 Q3
11.9	Published and implemented policies and procedures regarding transfer credit. The consideration of transfer credit or recognition of degrees will not be determined exclusively on the basis of the accreditation of the sending institution or the mode of delivery but, rather, will consider course equivalencies, including expected learning outcomes, with those of the receiving institution's curricula and standards. Such criteria will be fair, consistently applied, and publicly communicated;	P70-73 Q1; P73 Q2; Appendix 174, 186
11.10	Policies and procedures to assure that the educational expectations, rigor, and student learning within any accelerated degree program are comparable to those that characterize more traditional program formats;	P50-53 Q1; P56 Q1
11.11	Consistent with the institution's educational programs and student cohorts, practices and policies that reflect the needs of adult learners;	P5 Q6; P63 Q6
11.12	Course syllabi that incorporate expected learning outcomes; and	P60 Q5
11.13	Assessment of student learning and program outcomes relative to the goals and objectives of the undergraduate programs and the use of the results to improve student learning and program effectiveness (see Standard 14: Assessment of Student Learning)	Appendix 181
Additional Elements for Graduate and Professional Education		
11.14	Graduate curricula providing for the development of research and independent thinking that studies at the advanced level presuppose;	P7 Q6; P53-55 Q2; P58 Q4
11.15	Faculty with credentials appropriate to the graduate curricula; and	P89-90 Q1
11.16	Assessment of student learning and program outcomes relative to the goals and objectives of the graduate programs (including professional and clinical skills, professional examinations and professional placement where applicable) and the use of the results to improve student learning and program effectiveness (see Standard 14: Assessment of Student Learning).	P50-53 Q1; P53-55 Q2; P57-59 Q4; P60 Q5; Appendix 181
Standard 12: General Education		
12.1	A program of general education of sufficient scope to enhance students' intellectual growth, and equivalent to at least 15 semester hours for associate degree programs and 30 semester hours for baccalaureate programs; (An institution also may demonstrate how an alternative approach fulfills the intent of this fundamental element.)	Not Applicable
12.2	A program of general education where the skills and abilities developed in general education are applied in the major or concentration;	Not Applicable
12.3	Consistent with institutional mission, a program of general education that incorporates study of values, ethics, and diverse perspectives;	Not Applicable

12.4	Institutional requirements assuring that, upon degree completion, students are proficient in oral and written communication, scientific and quantitative reasoning, and technological competency appropriate to the discipline;	Not Applicable
12.5	General education requirements clearly and accurately described in official publications of the institution; and	Not Applicable
12.6	Assessment of general education outcomes within the institution's overall plan for assessing student learning, and evidence that such assessment results are utilized for curricular improvement.	Not Applicable
Standard 13: Related Educational Activities		
Basic Skills		
13.1	Systematic procedures for identifying students who are not fully prepared for college level study;	Not Applicable
13.2	Provision of or referral to relevant courses and support services for admitted under-prepared students; and	Not Applicable
13.3	Remedial or pre-collegiate level courses that do not carry academic degree credit.	Not Applicable
Certificate Programs		
13.4	Certificate programs, consistent with institutional mission, that have clearly articulated program goals, objectives and expectations of student learning and that are designed, approved, administered, and periodically evaluated under established institutional procedures;	Not Applicable
13.5	Published program objectives, requirements, and curricular sequence;	Not Applicable
13.6	Program learning goals consistent with national criteria, as appropriate;	Not Applicable
13.7	Available and effective student support services; and	Not Applicable
13.8	If courses completed within a certificate program are applicable to a degree program offered by the institution, academic oversight assures the comparability and appropriate transferability of such courses.	Not Applicable
Experiential Learning		
13.9	Credit awarded for experiential learning that is supported by evidence in the form of an evaluation of the level, quality and quantity of that learning;	Not Applicable
13.10	Published and implemented policies and procedures defining the methods by which prior learning can be evaluated and the level and amount of credit available by evaluation;	Not Applicable
13.11	Published and implemented policies and procedures regarding the award of credit for prior learning that define the acceptance of such credit based on the institution's curricula and standards;	Not Applicable
13.12	Published and implemented procedures regarding the recording of evaluated prior learning by the awarding institution;	Not Applicable
13.13	Credit awarded appropriate to the subject and the degree context into which it is accepted; and	Not Applicable
13.14	Evaluators of experiential learning who are knowledgeable about the subject matter and about the institution's criteria for the granting of college credit.	Not Applicable
Non-Credit Offerings		
13.15	Non-credit offerings consistent with institutional mission and goals;	Not Applicable
13.16	Clearly articulated program or course goals, objectives, and expectations of student learning that are designed, approved, administered, and periodically evaluated under established institutional procedures;	Not Applicable

13.17	Academic oversight assures the comparability and appropriate transferability of such courses, if courses completed within a non-credit or certificate program are applicable to a degree program offered by the institution; and	Not Applicable
13.18	Periodic assessment of the impact of non-credit programs on the institution's resources (human, fiscal, physical, etc.) and its ability to fulfill its institutional mission and goals	Not Applicable
Branch Campuses, Additional Locations, & Other Instructional Sites		
13.19	Offerings at branch campuses, additional locations, and other instructional sites (including study abroad locations and programs offered at business/corporate sites) that meet standards for quality of instruction, academic rigor, and educational effectiveness comparable to those of other institutional offerings;	P42 Q4; P45 Q7; P53 Q1; P57 Q3; P64-65 Q6; P71 Conclusion; P90 Q1
13.20	Activities and offerings at other locations meet all appropriate standards, including those related to learning outcomes;	P48 Q7; P50 Q1; P59-60 Q4; P55 Q2; P64 Q6; P90 Q1
13.21	Adequate and appropriate support services; and	P26 Q3; P91 Q3; Appendix 33 & 34
13.22	Periodic assessment of the impact of branch campuses, additional locations, and other instructional sites on the institution's resources (human, fiscal, physical, etc.) and its ability to fulfill its institutional mission and goals.	P3 Q3; P45 Q7; P55 Q2; P62 Q5; P56 Q4; Appendix 105
Distance or Distributed Learning		
13.23	Distance learning offerings (including those offered via accelerated or self-paced time formats) that meet institution-wide standards for quality of instruction, articulated expectations of student learning, academic rigor, and educational effectiveness. If the institution provides parallel on-site offerings, the same institution-wide standards should apply to both;	Appendix 171, Encl. 5, P10; Appendix 171, P 13-15; Appendix 187
13.24	13.24 consistency of the offerings via distance learning with the institution's mission and goals, and the rationale for the distance learning delivery;	Appendix 171, P9 & 16
13.25	Planning that includes consideration of applicable legal and regulatory requirements;	P64 Q7; Appendix 171, P9 & 11
13.26	Demonstrated program coherence, including stated program learning outcomes appropriate to the rigor and breadth of the degree or certificate awarded;	Appendix 171, P13-17
13.27	Demonstrated commitment to continuation of offerings for a period sufficient to enable admitted students to complete the degree or certificate in a publicized time frame;	Appendix 171, P15
13.28	Assurance that arrangements with consortial partners or contractors do not compromise the integrity of the institution or of the educational offerings;	Appendix 188
13.29	Validation by faculty of any course materials or technology-based resources developed outside the institution;	P56-57 Q3; Appendix 171, P11
13.30	Available, accessible, and adequate learning resources (such as a library or other information resources) appropriate to the offerings at a distance;	Appendix 171, P8 & P14-15
13.31	An ongoing program of appropriate orientation, training, and support for faculty participating in electronically delivered offerings;	Appendix 171, P8 & 12; Appendix 187
13.32	Adequate technical and physical plant facilities, including appropriate staffing and technical assistance, to support electronic offerings; and	P65 Q6; P66 Q7; P69 Q10; Appendix 171, P9 & 14
13.33	Periodic assessment of the impact of distance learning on the institution's resources (human, fiscal, physical, etc.) and its ability to fulfill its institutional mission and goals.	P50 Q7; Appendix 171, P7 & 16

Contractual Relationships & Affiliated Providers		
13.34	Contractual relationships with affiliated providers, other institutions, or organizations that protect the accredited institution's integrity and assure that the institution has appropriate oversight of and responsibility for all activities carried out in the institution's name or on its behalf;	Not Applicable
13.35	Consistency of any course or program offered via contractual arrangement with the institution's mission and goals; and	Not Applicable
13.36	Adequate and appropriate accredited institutional review and approval of work performed by a contracted party in such functional areas as admissions criteria, appointment of faculty, content of courses/programs, instructional support resources (including library/information resources), evaluation of student work, and outcomes assessment.	Not Applicable
Standard 14: Assessment of Student Learning		
14.1	Clearly articulated statements of expected student learning outcomes (see Standard 11: Educational Offerings), at all levels (institution, degree/program, course) and for all programs that aim to foster student learning and development, that are: a. appropriately integrated with one another; b. consonant with the institution's mission; and c. consonant with the standards of higher education and of the relevant disciplines;	a. P50-53 Q1; P55 Q2; P75-77 Q2; P70 Conclusions b. P50-53 Q1 c. P57 Q4; Appendix 181, Appendix 176
14.2	A documented, organized, and sustained assessment process to evaluate and improve student learning that meets the following criteria: a. systematic, sustained, and thorough use of multiple qualitative and/or quantitative measures that: 1. maximize the use of existing data and information; 2. clearly and purposefully relate to the goals they are assessing; 3. are of sufficient quality that results can be used with confidence to inform decisions; and 4. include direct evidence of student learning; b. support and collaboration of faculty and administration; c. clear, realistic guidelines and timetable, supported by appropriate investment of institutional resources; d. sufficient simplicity, practicality, detail, and ownership to be sustainable; and e. periodic evaluation of the effectiveness and comprehensiveness of the institution's student learning assessment processes;	a. 1. P57-59 Q4; P15-18 Q12 2. P2 Q1; P24 Q1; P50-53 Q1 3. P53-55 Q2 4. P53-55 Q2; P57-59 Q4 b. P59-61 Q5 c. P26 Q3 d. P50 Q1 e. P53-55 Q2 P56 Q3; P63 Q6; P68 Conclusions; Appendix 181; Appendix 27, Appendix 176
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Subcommittee I

Standard 1: Mission and Goals

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Standard 7: Institutional Assessment

STANDARD 1: MISSION AND GOALS

- 1. Are the mission and goals of the university stated in terms of results sought and the means by which they are to be attained? Are they consistent with what the institution plans and constructs its programs to accomplish? Describe how they were developed, and the process for review and revision of them.**

The establishing mission and goals of the Uniformed Services University of the Health Sciences (USU), as stated in Public Law 92-426 (see Appendix 1), provided a clearly defined purpose to provide physicians for the Uniformed Services. The United States Congress and the Department of Defense (DoD) envisioned USU as a critical accession source for highly qualified career physicians essential for the success of an all-volunteer military. DoD Instruction 5105.45 further defines USU's mission and goals and delineates the chain-of-command by which they can be obtained (Appendix 2 - DoDI 5105.45, Uniformed Services University of the Health Sciences (USUHS), January 22, 2007). Since 2005, USU, as an integral component of the DoD and the Military Health System (MHS) has been confronted with a dynamic and rapidly changing environment. To ensure the fulfillment of its mission and program goals, the university leadership chose to move from a traditional strategic planning process to a strategic management framework. On March 8, 2012, the USU President posted a draft of the University Strategic Framework on the university webpage (Appendix 3 - University Strategic Framework). This inclusive document provides a refined common vision, reframes the USU mission, and begins developing a roadmap to ensure the university's continued success as an integral component of the MHS. The internal and external USU communities have been encouraged to review the strategic framework and to submit comments and suggestions to the USU Assistant Vice President for Accreditation and Organizational Assessment and other university consultants on strategic management. The refined vision and mission statements set the university's future pathway.

Forty years ago, the initial development of objectives was accomplished through the combined efforts of the Board of Regents (BOR), the Dean of the SOM, and special working groups with representation and consultation from: military medicine (Army, Navy and Air Force Medical Commands); Service Secretaries; civilian medical associations; Federal Agencies (i.e., Department of Health, Education, and Welfare and the National Institutes of Health [NIH]; civilian universities from the National Capital Area; and, the Liaison Committee on Medical Education [LCME]). Today, the USU President has established, refined and published his vision, mission and goals; at the same time, he continuously adapts USU's mission statement and goals to address evolving national strategies and governing documents. Within this framework, the USU communities are encouraged to provide recommendations on specific initiatives, assessments of ongoing activities and programs, and first-tier analyses of resource requirements. Community issues, recommendations and analyses are then synthesized and integrated at the university level and submitted to the USU President for his modification, refinement and approval. Implementation of the framework is then decentralized to the Deans, the USU Brigade, department chairs, and the faculty and staff. The President's office ensures compliance with the framework and actively solicits recommendations for near- and mid-term modifications as the university's operational environment evolves.

USU Vision Statement: *By the end of 2015, the Uniformed Service University of the Health Sciences, recognized as the preeminent educational institution for the creation of career uniformed services health professionals and leaders prepared to serve the Nation wherever and whenever duty calls, will be a central hub for military-related health education and research, and the Nation's center of excellence for the health dimensions of our national security strategies. USU will ensure that each graduate is prepared with an outstanding health education, inter-professional health training, and a deep and abiding commitment to selfless service, responsible leadership, the military ethos and the security of the United States* (Appendix 3 - University Strategic Framework, page 9).

USU Mission Statement: *The mission of the Uniformed Services University of the Health Sciences is to train, educate and prepare uniformed services health professionals, officers and leaders to directly support the Military Health System, the National Security and National Defense Strategies of the United States and the readiness of our Armed Forces* (Appendix 3 - University Strategic Framework, page 10).

The above vision and mission statements are driven by DoD Instruction 5105.45, which directs that USU must: 1) provide dedicated health professionals who will ensure continuity, leadership and medical readiness by preparing individuals for careers in the health professions in the Uniformed Services; 2) conduct the highest quality education programs and research in the health sciences consistent with the academic undertaking of USU; and, 3) establish postdoctoral and postgraduate programs, with applicable advanced academic degrees (Appendix 2). The mission, vision, and guiding principles of both the School of Medicine (SOM) and the Graduate School of Nursing (GSN), two of the major academic components of USU, are aligned with those of the university (Appendix 4 - SOM Mission, Vision, & Strategic Plan; Appendix 5 - GSN Strategic Plan). The recently established Postgraduate Dental College (PDC), with representation from the Army, Navy and Air Force, has also designed its mission, vision, and guiding principles to be in alignment with those of the University Strategic Framework (Appendix 6 - PDC Strategic Plan).

USU's Strategic Framework Methodology: USU's strategic planning and management approach ensures USU's role as an active participant in the iterative planning processes of the DoD. The process begins with a detailed analysis of the health components of key national security documents, including the *National Security Strategy*, the *National Military Strategy*, the *Quadrennial Defense Review*, the *President's Strategic Guidance*, the *Military Health System Strategic Initiatives*, and the biennial *Program Objectives Memorandum*. Following this analysis, USU conducts an internal strategic planning process that concentrates on addressing the medical readiness requirements of the DoD and the Nation, while meeting the specific educational, research, training and MHS support objectives of the university. Much of this effort ensures that USU's institutional mission and emanating goals, including the resources to achieve them, are identified to the Executive Branch and the Congress of the United States so they can be supported in the annual appropriations process. To that end, the USU strategic framework seeks to identify the future requirements necessary to achieve its mission directives and goals.

The current strategic framework process evolved from the 2005 strategic plan and is now an integrated and collaborative process led by the USU President. Key participants in the development of the framework include USU's leadership team (the USU Cabinet) consisting of: 1) University President; 2) Dean, SOM; 3) Dean GSN; 4) Executive Dean, PDC / Senior Vice President, University Programs, Southern Region; 5) Director, AFRRRI; 6) Senior Vice President; 7) USU Chief of Staff; 8) Vice President for Research; 9) Vice President for Finance & Administration; 10) Vice President for External Affairs; 11) USU General Council; and, 12) the Brigade Commander (see Appendix 191). The planning process also involves the directors of USU centers and institutes, department chairs, and faculty and staff membership. Guidance/input is sought from the BOR and the Office of Health Affairs in the Office of the Secretary of Defense (OSD). With the posting of the University Strategic Framework on the USU webpage, the USU internal and external communities are recognized and sought as vital participants in the evolving planning process and in the execution of the resulting framework and supporting plans. Final approval of the mission and goals of the annual Strategic Framework rests with the USU President, with endorsement by the Assistant Secretary of Defense for Health Affairs (ASD/HA), who represents the Secretary of Defense. Responsibility for monitoring the execution of the Strategic Framework at the university level is assigned to the Assistant to the President for University Strategies and Plans. The framework is consistently analyzed and revisions are made following those reviews, as appropriate. The planning process is focused on the following selected requirements to: 1) link all activities and initiatives to national security and concomitant military health system goals and objectives; 2) focus on key student learning needs and outcomes; 3) identify major issues facing the university and strategies to address them; 4) confirm major program goals, timelines, priorities, metrics, methodology, and data sources for new initiatives or program expansions; and, 5) evaluate USU's capacity to support new initiatives, or program expansion, and institutional improvements. The USU Strategic Framework employs a five-year planning cycle, with annual updates to the Strategic Framework itself. Each planning cycle

includes the submission of the biennial *Program Objective Memorandum* (POM) to the ASD/HA, during DoD's strategic planning process. The process culminates in the President of the United States' budget request to the Congress and the subsequent actions of the United States House and Senate in the passage of authorization and appropriation legislation that directs and funds the activities of the DoD. Ultimately, this process consistently ensures that USU's strategic framework is aligned with, and meets, the special requirements of the national security and DoD strategies, the legislative direction of the Congress of the United States, and USU's education, research, and service mission and goals.

The methodology was especially useful to the newly established PDC. For the first two years of its existence, the PDC focused on operational planning, developing processes and documentation for the conduct of the College and subordinate Schools in compliance with accreditation standards, university policies, and Memoranda of Understanding. Admissions, faculty appointments, committee structure and membership, and a myriad of administrative matters were advanced from plan to implementation. The PDC used the promulgation of the 2012 University Strategic Framework to transition from near-term operational planning to long-term strategic planning. The Executive Dean of the PDC had already played a central role in the creation of the USU Strategic Framework working with the Assistant Vice President, Accreditation and Organizational Assessment and the President's Cabinet. The Deans of the PDC reviewed the framework and determined that the PDC was fully aligned to the vision, values, and four major mission areas, adopting only those mission essential tasks appropriate to the PDC, which will be addressed over the ensuing two years.

2. Are the university's mission and goals appropriate for this institution? How realistic are these in relation to where the university is now, and how useful are they in assisting the university in developing its long range and strategic planning for expansion and growth?

The mission of USU is defined by establishing legislation, ongoing congressional mandates, and DoD policies, directives and instructions. As the Nation's only Federal health sciences university, USU is also recognized as DoD's academic health center. The mission of USU is appropriately structured to ensure the consistent alignment of USU's goals in support of Federal medicine, disaster medicine, and military medical readiness and centered on student learning, faculty development, and sound research. As described above, the formal review and revision of the university's mission and goals is consistently conducted within the context of the *National Security Strategy*, the *National Military Strategy*, the *Quadrennial Defense Review*, the *President's Strategic Guidance*, the *MHS Strategic Initiatives*, and DoD's strategic planning and budget process (the *Program Objectives Memorandum*). Due to this process, USU's mission and goals realistically ensure long-range strategic planning that will address its internally developed vision for expansion and growth while simultaneously responding to the needs of the DoD and the Nation; no program is initiated at the university that is not in concert with the USU mission and goals, the needs of the DoD, or National Security.

3. Assess how well the mission and goals accurately relate to the constituencies (internal and external) of the university. How are they made known to the university community?

The USU mission and goals can be accessed by all constituencies on the university website. Selected SOM constituencies include: the medical departments of the Armed Services and institutions supported by the United States Public Health Service (USPHS) and the populations served by those institutions; military commanders; patients within the Military Health System (MHS); deployed and non-deployed military personnel; and, the biomedical and academic communities that benefit from the educational and scientific activities of the SOM faculty. Internal SOM constituencies include medical students, graduate students in the biomedical sciences, and the SOM faculty and staff. The GSN was established to meet a critical requirement for advanced practice nurses in the Uniformed Services and the Federal Health Care System. Therefore, constituencies of the GSN include: the Federal Nursing Chiefs of the Armed Services, the USPHS, the Department of Veterans Affairs, the American Red Cross; and, the various populations served by the Uniformed Services and the Federal Health Care Systems. The GSN students, faculty, and staff constitute the GSN's internal constituencies. The USU PDC addresses the need for

a Master of Science in Oral Biology Degree as identified by the United States Air Force, Navy, and Army. The PDC students, faculty, and staff constitute its internal constituencies. The PDC's external constituencies are the Commission on Dental Accreditation (CODA), the American Dental Education Association (ADEA), the Military Services, the military chain-of-command, and the respective Dental Corps Chiefs.

The mission and goals of USU are designed to respond to the education, healthcare, and research needs of a broad range of external and internal constituencies who benefit from, and are served by, USU activities. The specific needs of these target groups have guided the development of USU's mission and goals, while relevancy is ensured through the university's strategic framing process discussed above. In addition, the Surgeons General of the Army, Navy, Air Force, and USPHS participate in quarterly meetings of the USU Board of Regents to ensure the university's expeditious response to the needs of the Uniformed Services. The SOM, and subsequently, the GSN and PDC, were created to address the Services' needs for high quality physicians, advanced practice nurses, graduate-educated dental specialists, behavioral health providers, and biomedical scientists to ensure the continuity, leadership, and unique training requirements of the Uniformed Services.

4. How are institutional priorities set? How useful are the objectives in establishing priorities, and is there an appropriate balance for program resources?

Since 2005, the university has had to respond expeditiously to a dynamic and rapidly changing environment. In order to set priorities, USU leadership must be cognizant of National Security and DoD priorities by first examining six key documents: the *National Security Strategy*, the *National Military Strategy*, the *Quadrennial Defense Review*, the *President's Strategic Guidance*, the *Military Health System Strategic Initiatives*, and the biennial *Program Objectives Memorandum*. Next, it must ensure that it continues to meet the academic, research and service mission and goals as established in DoD Instruction 5105.45 and Public Law 92-426; and, finally, USU must review its strategic framework and related timelines to ensure that the priorities set by USU consistently respond to those medical, nursing, and dental professional staffing needs as established by DoD and the Executive Branch. After priorities are confirmed/re-confirmed, the USU President communicates with the ASD/HA to validate USU's priorities. The USU President maintains a positive record of securing appropriate funding for the university's academic, research, and institutional priorities (Appendix 7 - USU Funding, Obligations, and Appropriations).

5. Describe how institutional goals are used to facilitate accomplishment of the university's academic purpose, research activities, and service objectives. Is planning a regular institutional activity?

To ensure continuous focus on the strategic priorities of the Nation and the DoD, the USU leadership team makes a concerted effort to verify that its institutional goals, as articulated in the University Strategic Framework, are used as a template for achieving the university's mandated academic, research and service missions and objectives. The USU leadership annually identifies academic, research, and service objectives through the Strategic Framework Process; institutional goals are now provided on the USU webpage, to allow comment and recommendations. As outlined in the USU Fact Sheet (Appendix 8 - USU Fact Sheet), the university continues to achieve its academic purpose, research and service objectives while addressing the requirements of the MHS through its unique, medical readiness-focused training of uniformed physicians, advanced practice nurses, graduate educated dental specialists, and scientists. Academic objectives and service obligations are met through USU's Master's Degree Programs in Public Health; Tropical Medicine and Hygiene; Healthcare Administration and Policy; and, Doctoral Programs in the areas of Public Health, Military Clinical Psychology, and Psychiatry. These issue-current programs produce senior health care leaders for the Uniformed Services and other policy-making Federal government agencies. USU's institutional goals ensure that its scientists and clinicians directly contribute to meeting requirements for basic biological and psychological research that can be applied for improved prevention, protection, diagnosis and treatment of military personnel and their beneficiaries.

STANDARD 6: INTEGRITY

6. Assess the manner in which the institution manages its affairs. How consistent is policy with action? For example, how does the institution specify its goals, select and retain its faculty, admit students, establish curricula, determine programs of research, pursue its fields of service, demonstrate sensitivity to equity and diversity services, allocate resources and serve the public interest?

Institutional Components: The USU consists of four major components, which are supported by administrative and research activities (Appendix 9 - USU Organizational Chart). The major components of the university consist of the SOM, including graduate programs in the biomedical sciences, the GSN, the PDC, and additionally, AFRRI, which conducts research in the field of radiobiology and provides training for radiological readiness and casualty management. The research to support USU's educational mission is encouraged and facilitated by the Vice President for Research. The USU Brigade ensures that uniformed personnel assigned to the university adhere to the appropriate standards set by their parent Service. The USU manages its affairs in a manner consistent with the academic traditions of universities. Notably, USU is a Federal university and, in accordance with chapter 104 of title 10, U.S. Code (Appendix 1 - Public Law 92-426), is organizationally part of the DoD. Section 2113 of title 10 provides that "the business of USU shall be conducted by the Secretary of Defense" and, also, provides for the appointment of a "USU President" by the SecDef. Section 2113a of title 10 provides for the establishment of a USU BOR, "to assist the Secretary of Defense in an advisory capacity." Various DoD directives, instructions and memoranda, most importantly, DoD Instruction 5105.45, The Uniformed Services University of the Health Sciences, (Appendix 2 - DoDI 5105.45), provide specific guidance on (1) the responsibility of the ASD/HA for the development and implementation of overall policies for operational procedures and oversight of USU, (2) the various responsibilities of the USU President, and (3) the role of the BOR in the establishment of USU programs, the conferring of USU degrees, and its responsibility to evaluate the USU President. The relationships of individuals and entities responsible for the management and administration of USU is further described under *Standard 4: Leadership and Governance*, page 37 and *Standard 5: Administration*, page 41.

The university is subject to all Federal laws and regulations as well as to applicable DoD policy directives. In addition to Federal and DoD guidance, USU establishes policy relevant to all aspects of university operations. These policy statements are required in order for the institution to operate in an efficient and effective manner. On a variety of issues, university policy documents, instructions, presidential policy memoranda (PPMs), policies and procedures (P&Ps), and dean policy memoranda (DPMs) provide academic and management guidance to the USU community. Further, a careful examination is made of each instruction to ensure consistency with Federal and DoD policy and with USU's mission and strategic framework. Currently, the university has 109 active instructions. A listing of these university instructions can be found in Appendix 10 - List of USU Instructions and on the USU website at <http://www.usuhs.mil/asd/instructions/>.

University Specific Goals and Allocation of Resources: The USU BOR, as an advisory group for the SecDef, facilitates USU's focus on the allocation of resources in congruence with the university's strategic framework, primary mission areas, and specific goals. Whenever a new program is proposed, the BOR and the USU Leadership measure the proposed program against the strategic framework and available resources. First, the program must be tied to the USU mission through one or more goals in the framework. Second, with limited resources, proposed new programs must include identification of the source of funding. If additional funding is unavailable, a choice is made between eliminating an existing program in order to fund a new program, or postponing the start of a new program, even if the program is approved in concept. The USU President evaluates all recommendations from the BOR and the USU community. In this fashion, the university identifies the most important programs in order to make the most effective use of allocated funding.

Financial support of university goals is coordinated through the university's participation in the Planning, Programming, Budgeting, and Execution System (PPBES) managed by the DoD. As previously discussed, DoD directs its entities to submit an annual Program Objective Memorandum (POM) which outlines (the university's) current budget year activities, its next-year budgetary plans, as well as an additional, five-year vision of budgetary needs and activities. The POM serves as an opportunity for the university to request financial support for its long-term

goals (see *Standard 4: Leadership and Guidance* page 37 and *Standard 5: Administration*, page 41, for more details). Procurement funds are appropriated annually by DoD for equipment items exceeding \$250,000. For items less than this amount, the USU President can utilize operational funding, when available. To equitably distribute equipment funds, the university has an Equipment and Unfunded Requirements Review Committee (EURRC). The EURRC includes representation from across USU components; it reviews equipment requests from faculty and staff for items that would support the teaching, administrative, and research needs of the university. Annually, more requests are submitted than can be funded. The EURRC prioritizes the requests, and provides its recommendations to the USU President for approval. The Vice President for Finance and Administration oversees funds distribution in coordination with the USU Cabinet and the acquisition process in accordance with the approved/prioritized list as additional, discretionary funding is identified. Appendix 11 - USU EURRC Funding for Fiscal Years 2007-2011 shows the trend in unfunded requirements. During this timeframe 100% of the “A” category (high priority unfunded items) were consistently funded.

A similar multidisciplinary group, the Committee for Laboratory Renovations, has been organized to establish guidelines and procedures for setting priorities and allocation of funds for the renovation of university laboratory space. At the initial meeting in September 2002, nine laboratories were approved for funding. As of August 2012, a total of 104 laboratories (40,059 square feet) have been renovated. In order to oversee space management, the University Space Committee (USC) was reconstituted in the Fall of 2001. The USC acts as an advisory group to the USU President, who makes final decisions for all components of the university. The USC prepared a university instruction, which went into effect on May 22, 2008 (Appendix 12 - USU Instruction 5306 - University Space Committee). The USC instruction assigns responsibilities and procedures for utilization, utilization review, and allocation or reallocation of all space in support of the mission and goals of USU. The committee is comprised of presidentially-designated members representing responsibility centers across the university and is chaired by a representative from the Faculty Senate. The USC is charged with undertaking periodic reviews of overall space utilization and accessing space surveys and related data as an aid in evaluating utilization of space and requests for space allocation and reallocation. Based on their review and assessments, the USC forwards recommendations to the USU President for consideration, revision, or approval. The administration also sought and received funds to overhaul the Heating/ Ventilation/Air Conditioning (HVAC) systems on USU main campus, as well as funds for the renovation of deteriorating areas of the campus outdoor plaza.

Selection and Retention of Faculty: Refer to standard 10, page 89.

Faculty Involvement in Policy and Operations: The Faculty Senate provides a conduit for relaying faculty opinions and concerns to USU administrators on behalf of the full Faculty Assembly. The Faculty Senate is instrumental in providing the leadership required to foster a culture of scholarship and to sustain an atmosphere conducive to academic and intellectual freedom. The Faculty Senate, through its Comparability and Faculty Welfare Committee, has been instrumental in monitoring and documenting salary comparability data. Recent efforts by USU leaders towards achieving comparability for USU civilian faculty salaries are considered a positive step toward addressing an important concern of the faculty. However, while the basic sciences faculty are now at, or above, the Association of American Medical (AAMC) mean salary levels, in some cases, the SOM clinical faculty still lag behind comparable levels. The university administration has responded to faculty concerns by securing additional resources to maintain institutional infrastructure (see discussions on pages 26-35).

There have been positive and continuous efforts to improve communication between the faculty and university leadership. Faculty Senate officers (president, past president, president-elect, and secretary-treasurer) currently meet with the USU President, the Deans of the SOM, and GSN, on a monthly basis. The Executive Dean of the PDC meets with the President of the Faculty Senate while attending the BOR and conveys issues, concern, and information from those meetings to the PDC’s Deans and vice versa. Hour-long discussions with each leader cover all aspects of university life that are of concern to the faculty. These issues include the development of better communication between faculty and various support services at USU and faculty involvement in the development of policies that arise from Federal and institutional regulatory matters. More recently, the faculty sought involvement in finding solutions

to Naval Support Activity Base (NSAB) parking restrictions, continuing advocacy of civilian salary comparability, providing input for the prioritization of limited resources due to budget constraints and strategic planning, and addressing potential clinician shortfalls due to deployments and wounded warrior demands. Faculty participation on standing committees has been very strong. The Faculty Senate recommends individuals for service on SOM committees on an annual basis. The Faculty Senate President, or designated alternate, serves on standing or ad-hoc university or SOM committees and working groups. In the GSN, faculty serve on GSN standing committees and Faculty Senate committees. In addition, faculty from all schools and the AFRRRI serve on USU standing committees. The faculty view participation on university committees as one of their critical responsibilities and consider committee membership as a means of effecting change on campus. It is also a way to serve the USU community as institutional citizens. The number and required diversity of committee memberships is dictated in university instructions, with input from committee chairs. The USU committee structure was reviewed, revised, and released to the individual Schools, in August of 2012, by the USU President.

Student Admission Procedures: Please refer to Subcommittee 5, page 72.

Student Admission and Retention: Please refer to page 72.

Establishment of Curriculum: Please refer to page 60-65.

Programs of Research at the Uniformed Services University (USU): The USU faculty have developed a diverse, active, and productive program of research that successfully competes for extramural funding from agencies such as the National Institutes of Health (NIH), National Science Foundation (NSF), Triservice Nursing Research Program (TSNRP), Army, Navy, and Air Force Research and Development Commands, Department of Veterans Affairs, and private foundations. Research at USU is almost exclusively investigator-initiated. Some funds received from the DoD can only be used for support of research that has established relevance for DoD programs; individual faculty members on the basis of their particular research interests initiate applications for such funds. Investigators are encouraged to seek extramural funding to support scholarly activities and thereby strengthen the intellectual and educational enterprises of the university. In Fiscal Year 2006, Extramural DoD funds were almost \$23 million; by Fiscal Year 2011, this amount was over \$111 million. In the same period of time, "Other Extramural" research dollars went from approximately \$42 million to almost \$50 million.

The Vice President for Research, with senior faculty, established a grant development program to provide guidance and support for new assistant professors in developing competitive, fundable grant applications (primarily to NIH and NSF). A similar program is planned for senior faculty to develop their expansion into newer, more encompassing research endeavors. The USU also has a new investigator intramural grants initiative. New investigators must write competitive in-house applications to receive these funds through the university's scientific peer-review process. The amount of these grants is usually between \$10,000 and \$20,000 for two to three years. Most new investigators find this program exceedingly beneficial, since it provides support as an investigator establishes an initial program of research at USU. In Fiscal Year 2006, intramural research funds were approximately \$2.9 million; by 2011, this amount had reached about \$4.6 million. USU does not mandate any research programs, but rather supports an open model of academic freedom for its faculty; faculty are free to develop and pursue research questions of interest. Research policies are published in regard to how USU oversees its research enterprise and what regulatory rules and guidelines are followed, versus, the type of research questions pursued. In all cases, the Office of Research takes an active role of support and counsel. Policies and guidelines related to research at USU can be found at <http://www.usuhs.mil/research.html>.

Public and Community Interest: USU students and faculty serve the public and the local community. Some medical students volunteer two to four days per week assisting physicians to provide free medical care to citizens in the surrounding area who otherwise would not have access to healthcare. Medical and graduate students also volunteer in the local public school system and encourage high school students interested in becoming physicians and/or scientists. Yearly, students on school trips arrive on campus for visits; they meet with USU's faculty for

descriptions of career opportunities and demonstrations in science and medicine. Within the GSN, students volunteer as both individuals and in groups. Students from all programs are individually active in primary and secondary schools as participants in outreach programs, classroom demonstrations, and speakers. In the community, GSN students serve as: sports team coaches; leaders in Boy and Girl Scout Clubs; and, participants and volunteers in runs, walks, or triathlons to support causes related to the eradication of diseases. Each year, in the GSN, the graduating class selects a group public service activity. For the past several years, students have volunteered as a group at the Stepping Stones Shelter, which provides a continuum of services to homeless and formerly homeless families. USU faculty serve as judges and leaders of school science fairs, visit classrooms to provide service or demonstrations, and act as mentors to students who come to the university to gain experience in biomedical, clinical, or nursing research. In addition, faculty actively participates in outreach programs to local primary and secondary schools. Within the PDC, support for Children's Dental Health Month, retiree health fairs, pre-natal oral health education programs, and other health promotion efforts have long been staples of community service for dental faculty and students. More recently, there has been extensive involvement in support of humanitarian missions with DOD and Non-governmental Organizations (NGOs). These programs have provided real-world educational and leadership opportunities on a global scale through the provision of vital health services.

Demonstration of Sensitivity to Equity and Diversity Services: The SOM has an integrated action team, headed by the Associate Dean for Recruitment and Admissions, to design ways to increase the overall pool of applicants, but especially to augment the balance of the student population in terms of gender and ethnic diversity. For the purposes of the SOM, the definition of ethnic diversity is consistent with the definition conveyed by the AACM. The Office of Recruitment and Admissions is tasked to oversee an increase in the ethnic and gender diversity among students. There has been a concerted effort to increase the number of minority applicants; under the current Associate Dean, applications to the SOM have increased 70%. The 2012 First Year Class matriculated 58 women (34%) and 10 underrepresented minorities (6%) in addition to 33 minorities (19%) from other ethnic groups. The mission, goals and expected outcomes of the USU and the GSN reflect a commitment to meeting the needs of the diverse communities in the Uniformed Services and the various cultures existing in the United States. This commitment is demonstrated through the diverse population of students nominated for enrollment by the Army, Navy, Air Force, and the USPHS. Each of the Services is committed to equal opportunity; and, the student populations throughout the USU Schools benefit from that commitment. The university fosters an atmosphere that seeks to protect the rights of its employees, students, faculty and administration and strives to eliminate discrimination, as well as harassment in employment, promotion, or educational opportunities. The USU Equal Employment Office (EEO / <http://www.usuhs.mil/asd/eo.html>) guarantees application of United States equal employment opportunity laws. These programs define, provide surveillance, offer educational and instructional programs, and provide grievance mechanisms for persons who suspect or allege unfair treatment. The activities of this office are well advertised and are a prominent presence in the university. The Brigade has an equivalent Command-managed Equal Opportunity (EO) Program and office to provide training for uniformed personnel (<http://www.usuhs.mil/bde/brigadeeo.html>).

7. Assess the honesty and openness with which the university deals with its constituencies and the public. How are institutional policies made known to our constituencies and the public? Do we pay attention to curriculum evaluation and attempt to deal with problems in an open and effective manner?

The University Deals with its Constituencies and the Public in an Honest and Open Manner: Because of its status as a Federally-chartered educational and research institution, a definition of the university's constituencies is complex. The university is responsible to the DoD, the USPHS, and the legislative branch of the United States Government. The university is also responsible to its own administrative staff, faculty, and students, and particularly to the Army, Navy, Air Force, and the USPHS in which medical, nursing, graduate education, and dental alumni of USU serve. Policies that affect employment and student status are clearly outlined in relevant USU instructions, which are available on the USU website (<http://www.usuhs.mil/asd/instructions/>). Announcements for employment and benefits are available in the personnel office and on its website per Federal guidelines. The personnel office also has brochure racks with booklets on employee benefits and employment opportunities and regularly provides guidance on

benefits and employment to employees through direct consultation, correspondence, and electronic forms. Bulletin boards, throughout the university, post contacts for ethical behavior concerning employment issues, employee safety, medical benefits and compensation, thrift savings plans, harassment, and equal employment opportunity. Overall, in the 2012 USU Reaccreditation Survey, the Civilian Human Resources Directorate (CHR) received a satisfactory or very satisfactory rating of 78.2% (Appendix 13 - USU Reaccreditation Survey, page 24). While there are system improvements needed, as identified by an outside consulting assessment, actions to correct or to streamline the process and increase communication have been initiated. This assessment prompted the 2012 CHR initiative to transform its processes based on assessment of key drivers for excellence in human resources service delivery, to include culture, structure, resources, and processes. An overview of this assessment and transformation were presented to USU faculty and staff by the USU President in a "Town Hall" meeting, in June of 2012. Recommendations for the transformation of the human resources structure include: establishing and maintaining relationships with external stakeholders to keep abreast of changes and benchmark high performing organizations; reviewing current processes and developing a new and better process for requests for personnel actions; and, clarifying roles and responsibilities of human resources and customers in current and/or new processes.

With respect to the student population, uniformed students who feel that they have been mistreated due to gender, racial, ethnic, cultural, or other bias, may seek resolution within the Brigade. The Brigade Commander has designated a military officer within the chain-of-command, the Deputy Commander, to hear complaints of perceived bias. The guiding military instructions that deal with these issues are utilized by the Brigade and are made readily available to the students, staff, and faculty of USU. There is a USU Brigade Commander equal opportunity policy memorandum, which specifies the expectation to maintain a discrimination free environment (Appendix 14 - Brigade Equal Opportunity Memorandum). The Brigade Commander has also established a Tri-Service command-managed Equal Opportunity Program to oversee this policy and provide rapid review and feedback for all allegations through service-specific trained staff. All students and staff, to include civilians, are informed that they may express concerns regarding perceived or verified harassment or unfair treatment at USU. These avenues include: the Student Advisory Council; the Associate and Assistant Deans for Student Affairs; the Associate Dean for Graduate Education; the Assistant Dean for Clinical Sciences; the President's Open-Door program; the Office of the General Counsel; department chairs/program directors; the Student Promotions Committee; the Graduate Education Committee; the USU EEO Office; the command-managed EO Program; the Office of Recruitment and Diversity Affairs; the DoD Hotline; and, finally, through their military chains-of-command or the Office of the Deans of their respective schools. In addition, student rights to articulate their concerns and to seek redress are clearly delineated in student handbooks from their respective programs. Students are educated on the appropriate equal opportunity standards of conduct, their equal opportunity rights, and the procedures for seeking redress, as part of their new student orientation program upon arrival to USU. Additionally, all military staff and faculty annually participate in required EO training.

Periodic organizational climate surveys are performed by the Brigade through an outside DoD agency, the Defense Equal Opportunity Management Institute (DEOMI), to assess the effectiveness of the policies described above. The most recent organizational climate survey was conducted in December of 2010. The aggregate results of the survey (Appendix 15 - DEOMI Climate Survey) were briefed to all members of the academic community, to include students. In general, the scores throughout the organizational climate survey supported a very positive atmosphere toward equal opportunity. The scores, when compared to the DEOMI scores, within the past six months, across the Military Services and other joint DOD agencies, indicate that sexual harassment, discrimination, or differential command behavior toward minorities have very little chance of occurring within USU. Of particular note, in the instances of perceived harassment where reporting occurred, satisfaction with issue resolution was extremely high, particularly within the SOM.

Curriculum Evaluation: Please refer to page 60-65.

Administrative Integrity Reviews: The university is subject to Federally-mandated integrity programs, including the DoD Inspector General (DoD IG) inspections, the Federal Manager's Financial Integrity Act, requests for information

under the Freedom of Information Act, investigations of DoD Hotline complaints, and General Accounting Office reviews. These external programs serve to evaluate administrative compliance with governmental regulations and directives. The Assistant Vice President for Accreditation and Organizational Assessment is the USU manager responsible to the USU President for reviewing USU administrative systems as well as coordinating oversight reviews conducted by the DoD IG, the Office of the ASD/HA, and the General Accounting Office. Within USU, individual directors analyze programs and make recommendations for improvement. Taken together, these analyses comprise the USU institutional integrity program. This process provides for continuing self-assessment and collectively can identify institutional and programmatic weaknesses. The most significant, university-wide program of this type is the Federal Managers' Financial Integrity Act, a congressional act that requires an annual statement of assurance from the head of each Federal entity. At USU, the President must submit an annual statement to the SecDef that provides the "State of the University" regarding the management control program for the protection and effective use of Federal resources. Through this program, each university subordinate unit evaluates and reports the status of management controls and takes corrective actions for weaknesses identified via a written survey (Appendix 16 - 2012 Statement of Assurance). For more information see *Standard 7: Institutional Assessment*, page 14.

8. Assess the commitment of the institution to creating an atmosphere where all members of the institution are protected from harassment or inappropriate pressures that interfere with intellectual and academic freedom.

Commitment to Equal Opportunity: The university shares the commitment of the DoD and the Federal Government toward eliminating discrimination, ensuring fairness, and protecting fundamental rights in all aspects of employment, promotion, and educational opportunities. Respect for equal opportunity is embodied in both the words and examples of the university's civilian and military leadership, and is included in the job description of every university supervisor. Through its EEO Program, the university provides periodic training and educational programs for civilian members of the USU community, as well as informal and formal mechanisms for raising and resolving concerns about discrimination, unfair treatment, or hostile working conditions. The EEO Program is well advertised and occupies a prominent presence at USU, with both permanent staff members and volunteer employee counselors. In 2011, the USU EEO received nine complaints. Six of the complaints were resolved; the remaining complaints are being processed with the Equal Employment Opportunity Commission. The university's EO program provides equal opportunity training and services for uniformed members of the USU community. EO services are coordinated by a collateral duty officer at the university and at offices permanently staffed by the respective Services within the National Capital Region. EEO/EO bulletin boards are widely distributed throughout the university.

Commitment to Intellectual and Academic Freedom: The role of the university's faculty in articulating positions and influencing decisions concerning academic matters (scholarship, curriculum, teaching and research) has always been prominent, encouraged, and respected. As previously discussed, a Faculty Senate with elected members provides a forum for discussion on these matters as well as a mechanism for independent recommendations to the university's leadership. The DoD and other Federal Agencies have strictly avoided any tendency to impose agendas that would limit the ability of USU to establish the academic and intellectual parameters for university courses and classes or narrowly define the research and publication efforts of its faculty and students. For example, faculty members are free to apply for research funding from sources that are not under DoD direction (e.g., National Institutes of Health, National Science Foundation, etc.), and private foundations sponsoring biomedical, clinical, or social science research. In addition, a faculty-directed Merit Review Committee directs and oversees the evaluation of faculty requests for intramural funding and the use of intramural funding not limited by DoD. In Fiscal Year 2011, research funding totaled \$165,666,876 (with \$4,571,793 in Intramural; \$111,138,005 in DoD Extramural; and, \$49,957,078 in Other Extramural).

The university has written policies and procedures (Appendix 17 - USU Instruction 5202.1 - Clearance for Public Release of Information and Scientific Materials) to ensure that articles and other materials written by university faculty members in the course of their duties comply with DoD public information directives. Ordinarily, the

approval of department chairs is sufficient for publication, although materials related to government policies, military operations, or classified matters require additional scrutiny. Finally, all faculty materials released for publication are required to contain disclaimers advising that opinions or assertions contained therein reflect the views of the authors and not the DoD.

Protection from Harassment and Retaliation: There are a number of informal and formal mechanisms available to all employees of the Federal Government (including both civilian and uniformed members of the university's staff and faculty) through which concerns related to: abuse of authority; violations of law, rule, or regulation; gross mismanagement; or, specific dangers to public health or safety may be raised. Informally, employees can always raise concerns and complaints with their supervisors as well as the USU President using the online "open-door" system. Complaints to the President's Electronic Open-Door System (www.usuhs.mil/oac) are confidential. Formal complaints can also be made to government IGs (including the DoD, Service IGs, and the USU IG) and the Office of Special Counsel. Formal complaints and disclosures, and the employees making those complaints, are protected by the "Whistleblower Protection Act of 1989" and implementing guidelines. The faculty grievance procedures set forth in USU Instruction 1205 Faculty Grievances, provide a formal methodology for faculty members to raise grievances in areas such as the relief of responsibilities, failure to be placed in consideration for promotion, denial of tenure, and termination of appointments (Appendix 18 - USU Instruction 1205 - Faculty Grievances). These procedures are university specific. Faculty members may also bring concerns informally to the Associate Deans for Faculty in the SOM and GSN. See charge question 7, page 8 for discussion on the protection of students from perceived or unfair treatment at USU.

Student Complaints and Grievances: The President's written open-door policies, as well as instructions on the NO FEAR Act, are linked on the USU website (www.usuhs.mil). There is a process for academic appeals in both the GSN and SOM handbooks run by the course coordinators, department heads, and finally the Student Promotions Committee. Additionally, the military provides specific resources for specialized types of complaints and grievances. For instance, the Brigade has a designated Equal Opportunity Officer who investigates, manages and tracks harassment and discrimination concerns (for further discussion see page 8). There is also a designated Sexual Assault Response Coordinator (SARC). Both programs are directed by military policy. Finally, as military students they are taught and expected to use their military chain-of-command to raise concerns and grievances.

9. Assess the adequacy of the process for periodic assessment of the integrity evidenced in institutional policies, processes, practices, and the manner in which these are implemented.

Federal Programs: The university is subject to a number of Federally-mandated integrity programs, including IG inspections, requests for information from Congressional committees and from private citizens under the Freedom of Information Act, Government Accounting Office reviews, and Office of Government Ethics reporting requirements. These external programs, in addition to USU's ongoing assessment processes described in the Administrative Integrity Review paragraph above, serve to evaluate administrative compliance with governmental regulations and directives.

University Officials/Directorates: As noted above (question 7, page 8), the Assistant Vice-President for Accreditation and Organizational Assessment is responsible for the periodic review of administrative systems and for coordinating oversight reviews by the DoD IG, the Office of the ASD/HA, and the General Accounting Office. Within USU, the Assistant Vice President for Accreditation and Organizational Assessment analyzes programs, makes recommendations for improvement, and reports serious concerns to the USU President. The OGC is also involved in review and oversight functions. The OGC provides legal review for all major university decisions and, when there are concerns about programmatic or individual lapses in integrity or ethics, provides advice on appropriate corrective measures and actions. Separately, the university's Designated Agency Ethics Officer (DAEO) reviews individual financial disclosure documents, including those of the BOR members, and outside activity requests for conflicts of interest and implements the USU Ethics Program. This implementation includes mandatory orientation training for all new employees and annual training for senior members of the faculty and

staff. The DAEO also maintains a university website where guiding principles, conflict of interest statutes, and answers to frequently asked questions are posted (<http://www.usuhs.mil/ogc/ethics.html>).

The Administrative Support Division (ASD) is responsible for ensuring that offices with primary responsibility for university policies and instructions periodically review policies and instructions and bring those documents up-to-date to reflect new requirements and evolving practices. To ensure USU-wide communication, offices with primary responsibility utilize: training programs (in face-to-face classes and online sessions); university meetings (e.g., the President's Cabinet, Deans' Faculty Council Meetings, and the university administrators' meetings); USU kiosks; university television; and, email group messages for new information and scheduled events.

Board of Regents: The USU BOR, as the university's advisory board, requires routine reports from university officials responsible for institutional policies, processes, and practices in the area of integrity and the implementation of those policies, at its quarterly meetings. The BOR also appoints ad hoc subcommittees and directs the production of information related to specific concerns (e.g., officership and integrity were reviewed by an ad hoc BOR subcommittee in June of 2011 (Appendix 19 - BOR Academic Review Subcommittee Findings & Recommendations). A website with information on each of the BOR members can be found at <http://www.usuhs.mil/vpe/members.html>.

Accreditation Reviews: The university's ongoing commitment to self-assessment and accreditation reviews ensures that institutional policies, processes, and practices are periodically analyzed by broadly-based committees during the reaccreditation process. This process is particularly important in ensuring that new programs, such as the PDC, are fully incorporated and comply with institutional policies, processes, and practices.

Institutional Integrity Program: Taken together, all of the above mentioned mechanisms (institutional policies, practices, and policies) comprise the university's institutional integrity program, providing for continual self-assessment and collectively ensuring that institutional and programmatic weaknesses are identified and corrected.

10. Assess university catalogs for accuracy of information and comprehension of content in stating educational opportunities, requirements, and academic environment of the university.

In addressing this question, a subcommittee examined the bulletins for the SOM, Graduate Education in the Basic Medical Sciences, and the GSN. These publications were assessed for accuracy of information and comprehensiveness of content in stating the educational opportunities, requirements, and academic environment of the university. All auxiliary publications such as brochures, tapes, CD-ROMs and advertisements were assessed for consistency in both content and philosophy with the university bulletin. Within the PDC, command channels are used to communicate with students, prospective students, and faculty since they come from the currently serving military ranks or those already enrolled in the military's Health Professions Scholarship Program (HPSP). The PDC's pages on the USU web site, rather than a bulletin or University catalog, are used to provide information of a general nature to external stakeholders.

University Catalogs: The USU Catalog was last published, in 2007, to cover the academic years 2008 – 2010. The print catalog updated and combined into a university catalog, content that had previously been included in three separate bulletins covering undergraduate education in the SOM, graduate programs in the Biomedical Sciences in the SOM, and the GSN. In 2007, when the catalog was last published, PDC was not yet under the cognizance of USU. The USU Catalog includes general information about USU, statements of mission, and educational goals and objectives. Specific entrance requirements for the various programs at USU are discussed. Graduation and licensure requirements are discussed in general; specific information is included for corresponding specific GPA requirements and remediation and academic performance review policies. Service obligation requirements are discussed for uniformed students (tuition is not charged in any of the USU Schools). Course descriptions are delineated by the year offered. The accreditation status of the university's program is summarized.

In 2007, the uniquely structured schools at USU determined to utilize brochures or hand-outs that could be rapidly updated at little cost to ensure the latest information for the USU students. For example, the SOM provides a pamphlet to medical school applicants titled “What You Need to Know.” The graduate programs in the SOM publish a pamphlet titled “School of Medicine Graduate Programs in Biomedical Sciences and Public Health.” The GSN publishes individual pamphlets for each of its programs. Each GSN pamphlet includes information related to educational opportunities and requirements, and is titled to specifically reflect the program focus (e.g. Ph.D. Program in Nursing Science). Command publications and web resources describe educational opportunities, requirements, and the academic environment within the schools of the PDC. In addition to hard copy print materials, information pertaining to the educational opportunities and requirements for each of the Schools, as well as the USU academic environments, are available on the USU website at www.usuhs.mil. A website for prospective students (<http://www.usuhs.mil/students/prospectivestudents.html>) provides links to webpages for the SOM, Graduate Programs in the SOM, and the GSN. Each of these links provides specific information about the educational opportunities and admission requirements for each program. A link to the USU main website provides information about the academic environment of USU. A link to the PDC webpage (<http://www.usuhs.mil/pdc/>) is also available on the main USU website. The PDC webpage contains information about the organizational structure of the actual programs, as well as a listing of educational opportunities in the PDC. The relevant elements of the USU 2007 Catalog and other current hard copy materials are now provided on the USU website.

11. Assess all auxiliary publications such as films, brochures, tapes and advertisements for consistency in content and philosophy with university catalogs.

The SOM and GSN now use school-specific hard copy and webpage publications to convey current information related to educational opportunities, requirements, and the USU academic environment. The PDC has also developed hand-outs and webpage publications that discuss school-specific educational opportunities, requirements, and the academic environment. Assessment of the consistency of auxiliary publications for students (e.g., bulletins, student handbooks, department brochures, guides, posters, and program specific websites) with content and philosophy on the USU website and the individual Schools’ hard copy and webpages, is discussed under *Standard 9: Student Support Services* (see page 77). In addition to these auxiliary publications, the following USU publications were assessed for consistency.

USU Fingertip Facts: Fingertip Facts is a USU publication, updated annually, which includes a snapshot of USU educational offerings, academic environment, and facts-to-date in relation to the USU operating budget, number of graduates, degrees conferred, and enrollment. The September 2012 publication of Fingertip Facts is available on the USU website at <http://www.usuhs.mil/vpe/pdf/USUFactSheet.pdf>. Information contained in Fingertip Facts is consistent with information included in the individual Schools’ hard copy and webpage information pertaining to educational opportunities and the academic environment.

USU Newsletter: The USU Newsletter, *The Pulse*, is published regularly and provides a discussion of campus news related to the primary mission areas of USU. Electronic copies of back issues of *The Pulse* are available on the USU website at <http://www.usuhs.mil/vpe/pulseissues.html>.

USU Annual Report: The Annual Report is one of USU’s important tools for marketing the university. This 30-page publication contains vital information about current USU research, programs and educational initiatives. Annual Report information is shared with military leaders, policy makers, university heads and other groups interested in USU’s unique mission. The Annual Report is consistent with content and philosophy on the USU website pertaining to the mission, vision, and goals of USU. The USU Annual Reports for 2006 to 2012 are available on the USU website at <http://www.usuhs.mil/vpe/annualreport.html>. Since graduate dentists are already licensed providers, performance on licensing examinations is not tracked on a PDC basis. However, the PDC closely monitors performance on board certification examinations; 100% of PDCs Comprehensive Dentistry master’s graduates passed the written portion of the American Board of General Dentistry. In addition, 100% of the

TRISERVICE orthodontics program (TORP) graduates passed the 2012 written examination of the American Board of Orthodontics. Results for other specialties are pending.

Faculty Handbook: The Faculty Handbook is an electronic resource made available to faculty, internal and external to the USU Bethesda campus, through the USU website. The Faculty Handbook is consistent with content and philosophy found throughout the USU website and with the individual Schools' hard copy and webpages. The handbook is available at <http://www.usuhs.mil/handbook/index.html>.

STANDARD 7: INSTITUTIONAL ASSESSMENT

12. Assess the adequacy of internal and external measures used for institutional assessment. What guidelines and procedures exist to systematically assess educational programs and institutional effectiveness? Are there properly documented, organized, and sustained assessment processes to evaluate and improve the total range of programs and services, and achievement of institutional missions, goals, and plans?

The university utilizes a variety of tools to assess institutional effectiveness (Appendix 20 - Listing of Institutional Assessments). Methods for collecting data internally have been developed by various administrative units at USU and are tied to the missions of those units. Some internal measures, such as the BOR Annual Report, are required by formal institutional policy. Many internal measures, however, are not mandated by institutional policy but, instead, are voluntarily compiled and utilized by staff and faculty. The recently established Office of Accreditation and Organizational Assessment combines the existing organizational assessment and internal management control activities with maintaining the status of accreditation certifications (previously provided by the Office of Review and Evaluation). Other programs administered by the Office of Accreditation and Organizational Assessment include: Management Control; Annual Statement of Assurance Agency Certification; Privacy Act Information Maintenance Refresher Training; the DoD Hotline; and, the USU President's Open-Door Program.

The USU Strategic Framework has guidelines and procedures that foster a systematic assessment of institutional effectiveness in supporting educational programs. Six examples of how the Strategic Framework overlays institutional direction and subsequent institutional assessment and appropriate modification of institutional direction are noted below:

1. Action to address University Strategic Objective S.1.2.2 (attend to parking and transportation concerns) led to the implementation of a series of tasks essential to the USU community and its related missions. In June 2011, the Naval Support Activity Bethesda (NSAB), the university's "landlord," provided a short suspense notification that many base parking spaces were to be re-allocated, resulting in a substantial decrease of available parking for the university personnel. An initial assessment indicated that this reduction would seriously impact student, faculty and staff's ability to access the campus for classes or work. The Office of External Affairs conducted on-going liaison efforts with WRNMMC to address these concerns. An internal task force was assembled with representatives from the major university components to deliberate potential courses of action based on collected data and community input. The results of the data collection indicated a 13% reduction in available spaces (1,355-182 surface parking = 1,173). Parking at USU is required for approximately 2,200 government employees and 650 contract employees. In collaboration with the respective USU Responsibility Centers, a new parking system has been established to best utilize the limited parking spaces, through the promotion of: carpooling, a biking-to-work program, teleworking, use of public transportation, and contractor provided off-campus parking with shuttle service. Follow-up assessments have been performed to optimize space allocation without overloading the USU garage. Significantly, parking is a quarterly agenda item at Cabinet meetings and the University Parking Committee has been created to ensure optimum use of limited parking resources in the future.
2. Strategic Objective 1.2.6 of the USU Strategic Framework (page 26) calls for the development and

implementation of schedules for the assessment of all degree programs. An example of such an assessment is a USU study completed and then published in *Military Medicine*, Vol. 177, November 2012 (see page 31 of Appendix 27). The article points out that the purpose of this study was to develop a survey for measuring students' medical skills self-efficacy and to collect reliability and validity evidence for the instrument. A secondary purpose was to explore differences in students' self-efficacy from year 1 of medical school to year 4. The survey is composed of three subscales measuring patient care self-efficacy, interpersonal skills self-efficacy, and evidence-based medicine self-efficacy. Findings from our comparison of students during different phases of training suggest there are statistically significant differences in students' medical skills self-efficacy across medical school. As one might expect, students in the latter years of medical school report considerably higher patient care and evidence-based medicine self-efficacy than those in the earlier years. This finding suggests that as students' medical knowledge and skills develop, so also do their confidence beliefs. Although not surprising, to our knowledge, this is the first time such an effect has been demonstrated in the medical education literature.

3. Another student outcome assessment was conducted by the members of the faculty and used by SOM to evaluate educational program effectiveness. The results of this assessment were published as a Peer-reviewed article on Postinterview Communication Between Military Residency Applicants and Training Programs, *Military Medicine*, Vol. 177, November 2012 (Appendix 27, page 54).
4. In addition, USU's decision to design and develop a totally new SOM curriculum includes near, intermediate, and longer term quantitative measures (see Appendix 175 - Indicators of Outcomes: SOM, GSN & PDC).
5. In Spring of 2012, the issues of extending the Learning Resource Center's (LRC) hours to accommodate rising interest in "after hour" access by students and faculty again came to the forefront. As a response to their desires and in support of Strategic Framework Task S.2.1 (to improve support services and user satisfaction), the administration extended the LRC hours of operations by expanding and utilizing the security guard services contract already in place. The library has since re-examined after-hour entrance and exit logs to determine time periods of heaviest and lightest use, resulting in the full closure of the LRC on selected holidays. In August 2012, a web-based survey collection tool was created and shared with LRC support personnel working at the circulation and AMI help desks to keep track of both the types and times of questions received "After Hours". Over the course of 128 days, a total of 230 questions were recorded. Questions were sorted into 14 categories. Questions were also sorted into time spans: Saturday, Sunday, Monday - Friday before 8 am, or Monday - Thursday 8 - 9 pm, 9 - 10 pm, or 10 - 11pm. During the reporting period, there were 17 Saturdays, 17 Sundays, 93 days which might collect "before 8:00 a.m." questions, and 75 days which might collect questions between 8:00 p.m. and 11:00 p.m. Detailed results can be found in Appendix 179.
6. The USU leadership initiated a through space study on September 16, 2008 (see Appendix 182). A contract was issued for facility planning and space utilization support services under the coordination of the USU Vice President for Special Projects. Multiple studies were required for the submission of a proposed construction project for inclusion in the Medical Military Construction (MILCON) Program. By October 13, 2009, a complete breakout of analyses had been completed, which resulted in a Facilities Utilization Study (FUS) and the Basic Facilities Requirement (BFR) Report. The FUS and BFR Reports provided a complete assessment of current and future space requirements for the university. The development of these studies relied primarily on qualitative approaches to the data collection and information gathering process. A series of questions, data calls, and facility drawings were required; this information provided background preparation resulting in focused and multiple discussions/interviews. The coordination and communication was completed across the entire spectrum of USU stakeholders. As no clear model or framework emerged that would sufficiently evaluate the academic, research and administrative uniqueness and complexities of USU, five key constructs were identified to analyze the operational efficacy of each element under the most current organizational structure. The five constructs for the analysis included: programmed changes; staffing, academic program and research portfolios; physical assessments; and, coherence of activities. The final product justified a substantial

increase in the overall space presently allocated to the university. The university awaits military funding for a new building to support documented space requirements and highlighted accomplishing this in Strategic Objective S.1.1.

These six examples illustrate the linkage between strategic direction, assessment of impact, and appropriate changes to direction based on assessment results. Many university assessments and subsequent changes are propelled by the measurements found below.

Internal Measures of Institutional Effectiveness

Federal Managers' Financial Integrity Act (FMFIA): One Federal-wide requirement for all government agencies is to produce an annual Statement of Assurance under the Federal Managers' Financial Integrity Act (FMFIA) of 1982. Under this act, each agency must evaluate its systems of control for avoiding fraud, waste, and abuse in protecting government resources and for evaluating the effectiveness and efficiency of its operations. Each of the 79 organizational elements/departments at USU, both civilian and military, must complete an in-depth electronic checklist and submit a written report of its findings to the USU President. The USU Office of Accreditation and Organizational Assessment analyzes the completed checklists and written submissions and composes a single Statement of Assurance from the USU President to the SecDef. Overall, the university program under the FMFIA has been a successful management tool for assessing and reporting systemic weaknesses and instituting corrective actions to improve operations. A copy of the most recent Statement of Assurance Report can be found in Appendix 16 - 2012 Statement of Assurance.

Admissions Reports: The SOM, GSN, and PDC Deans' Offices prepare reports on recruitment and admissions activities, with related numbers, concerns, and issues. Data tracked include the number of applicants by race, gender, and ethnicity; the number of acceptances offered; and, acceptance rates. This information is shared with the BOR and is used by the Deans to monitor progress in the recruitment of students during the current admissions cycle. A variety of tools were used to improve the school's diversity. An example of the institutional efforts to attract a more diversified student body was initiated in 2005 by the creation of the Science, Service, Medicine, and Mentoring (S2M2) Program. This program was established as part of the training and education institutional strategic goal (1.1) focused on improving recruitment, development and retention. Activities, including high school and undergraduate campus visits, weeklong summer camps, and coordination with guidance counselors and student advisors were initiated and continue as an ongoing effort to reach a more diversified national and international community. As a quantitative measure of success, the SOM moved the percentage of diversified community from 2 to 4% for Black/African Americans and 10 to 18% for Asian/Pacific Islanders. A new program, the Enlisted to Medical Degree Preparatory Program (EMDP2) has been initiated to address our strategic objective to develop a more diverse student body and be more reflective of our Armed Services. This two year program, currently in the planning phase, is anticipated to launch in the 2014 academic year.

Student and Alumni Reports: Elements of the Deans' Offices prepare quarterly and annual reports on students and alumni, to include: advancement and retention rates; graduation rates; selection rates for residency training; nursing specialty certification rates; and, assignments/employment. This information is prepared for, and used by, the faculty, administration, and the BOR for purposes of planning and assessment to ensure the successful preparation of students to serve their Nation.

Exit Surveys: The Department of Preventive Medicine and Biometrics (PMB), which has the largest graduate education program within the SOM, has prepared and administered exit surveys for graduating Master's of Public Health students, since 1999. The Office of Graduate Education (GEO) also surveys graduate students. These surveys include questions on satisfaction with program components, degree to which professional goals were met, and the overall quality of core and elective courses. The results are analyzed and summarized in a report to the SOM Dean, department chairs, directors of all graduate programs, and the PMB Graduate Affairs Committee for purposes of continuous quality improvement. In the GSN, graduate students complete exit surveys to evaluate the degree to which

program competencies and goals were met. In 2009, the GSN Nurse Anesthesia program was nationally rated 6th for the second consecutive year by the *U.S. News & World Report* (Appendix 21 - U.S. News and World Report Rank); it is currently ranked within the top five programs. Graduating students also provide evaluative feedback related to the overall quality of the program and faculty effectiveness. Information from these surveys is used to improve, revise, and update curriculum and to improve faculty effectiveness.

Faculty Profile Report: The Civilian Human Resources (CHR) Office maintains a Corporate Database in collaboration with the USU Office of the Chief Information Officer (OCIO). This database includes information on all full-time and adjunct faculty to include gender, race, ethnicity, degrees earned, academic rank, date of appointment, and department(s) to which faculty are assigned. Information in the Corporate Database is used to generate reports on an as-needed basis for the various administrative and academic departments throughout the university. Administrators and faculty utilize this information for planning, recruitment, and program assessment. As a result of a one-year coordination process to create multiple, needs-specific electronic faculty distribution lists, (successfully completed in July of 2012), the Corporate Database has been updated and made accessible to the USU community which has greatly enhanced communication and academic endeavors.

Faculty Satisfaction Survey: In 2009, USU participated in the Faculty Forward Project, a collaborative effort between the Association of American Medical Colleges (AAMC) and 23 United States medical schools. The purpose of the project was to apply evidence-based approaches to improve faculty satisfaction, retention, and organizational performance. Central to the Faculty Forward Project was a comprehensive survey of the USU faculty that provided university leaders with information to identify issues driving faculty satisfaction at USU. The 51-item survey covered nine satisfaction domains: nature of work; climate and culture; mentoring and feedback; promotion; compensation and benefits; recruitment and retention; governance and operations; clinical practice; and, global satisfaction. Respondents to the survey indicated their satisfaction with each item on a 1 to 5 point scale with 1 indicating “very dissatisfied” and 5 indicating “very satisfied.” Results from the survey were summarized in a report and presented to the university leadership for consideration. In 2011, the self-study faculty subcommittee conducted a more intense survey. There were 261 responses to the university-wide faculty survey. See page 89 for further discussion and results.

USU Reaccreditation Survey: In April of 2012, USU initiated a survey to gather data related to faculty, staff, and student satisfaction with institutional policies and support services. The survey was designed by a team of representatives from all three Schools and was edited and approved by the chairs of the Middle States Self-Study subcommittees. The survey was opened on April 18, 2012, and closed on June 18, 2012, with a final overall response rate of 23.85%. The generally positive results of the survey were sent to USU faculty, staff, and students and are included as Appendix 13 - USU Reaccreditation Survey.

Student Assessment of Instruction Reports: Students evaluate the curriculum at the conclusion of each course using an end-of-course critique. Data are collected by the Deans’ offices, as well as by individual academic departments and graduate programs. These critiques include questions about the organization of the course, clarity of course objectives, quality of faculty teaching, and appropriateness of methods used to evaluate student learning. Information from the reports is then: used by program directors/academic departments to revise their curriculum; reviewed by the Curriculum Committees to assess whether educational standards are being met; and, provided to student leadership to assess responsiveness to their input. This process has been found to be a positive one by the faculty and students.

Research Administration Grant Funding Report: The Research Grant Funding Report is compiled by the Vice President for Research on an annual basis and includes dollar amounts for intramural and extramural funding, type of award, principal investigator, and research activity by department. The report is available in Appendix 22 - Research Grant Funding Report. Administration, faculty, staff, and the BOR use the information contained in this report to monitor the robustness of research activities at USU. Of note, in a 2011 report from the National Science Foundation (NSF), USU was ranked number one in the Nation for the greatest increase in Federal research funding

with an 893.9% increase over a 10-year period for schools with research and development in science and engineering. Moreover, of the top 10 universities with the greatest increase in research funding, USU was one of only two universities ranked in the top 100 for Federal research dollars for science among the 3,300 colleges and universities in the United States. An abridged copy of the NSF report, as published in the Chronicle of Higher Education, is provided in Appendix 23 - Top 100 Institutions in Federally Financed R&D Expenditures.

Board of Regents (BOR) Annual Report: Up to 2006, the USU BOR annually submitted a formal report to the SecDef. However, since 2006, following coordination with the Office of the ASD/HA, current information can be found in Appendix 24 - Federal Advisory Committee Act 2012 Report. Recent BOR meeting notebooks are also available in the document resource room.

Board of Regents (BOR) Academic Review Subcommittee: In March of 2010, the BOR received approval from the Office of the Secretary of Defense to establish an Academic Review Subcommittee to examine the university's internal processes and policies. The goal of the review was to report any critical shortcomings and provide recommendations, as appropriate, to improve USU's processes for ensuring the commitment of its students and graduates to their oaths as physicians, health professionals, and Commissioned Officers. The eight-member subcommittee delivered its review in June of 2011. This subcommittee concluded, in part, that the USU SOM "operates with high standards and achieves a commendable level of performance." The subcommittee also noted several shortcomings in policies and procedures related to the various roles and responsibilities of faculty and staff. Based on their review, the subcommittee made recommendations for improvement in the areas of: admissions; student professional development and evaluation; policies and procedures for disenrollment; security clearance procedures; faculty development; and, organizational structure. To date, the BOR has established a coordination process with the USU President, Deans, and faculty to address all concerns. A copy of this report can be found in Appendix 19 - BOR Academic Review Subcommittee Findings and Recommendations. The Executive Secretary of the BOR reports to the USU President with ongoing status reports. Since the report was issued, the focus on uniformed student mentoring attitudes and behaviors has been intensified to ensure USU SOM graduates' understanding of their roles in the overall uniformed mission.

External Measures of Institutional Effectiveness

Annual Reports of Student Performance on Licensing Examinations: The Offices of the SOM and GSN Deans prepare an annual report reflecting student performance on national certification or licensing examinations (i.e., Family Nurse Practitioner boards, Nurse Anesthetist boards, U.S. Medical Licensing Exam (USMLE) Step Exams). This information is shared with the academic departments, as well as the respective Curriculum Committees, for the purpose of evaluation of curriculum effectiveness.

Association of American Medical Colleges (AAMC) Annual Graduation Questionnaire: Just prior to graduation, medical students complete the AAMC Annual Graduation Questionnaire. The information collected from this questionnaire is tabulated by the AAMC and returned to the school in a report which includes both a summary of USU medical student responses and responses from medical students at all other medical schools in the United States. These data, generally quite positive, are used by the SOM Dean's Office, the SOM Curriculum Committee, and academic departments to assess the curriculum and the quality of student life. See Appendix 25 for the last four Graduation Questionnaire results.

Internship Selection Rates: The SOM's Assistant Dean for Clinical Sciences annually publishes a summary of medical student selection rates for internship. These data, which are quite positive, are shared with the Dean's Office, the Curriculum Committee, academic department chairs, and faculty. Latest reports of selection rates can be found in Appendix 26 - Class of 2012 Internship Selection Results.

Graduate Programs Self-Study Reports: Each graduate program is reviewed approximately every five years by various accrediting bodies; selected examples include: the Council on Education for Public Health (CEPH) (see

Appendix 183); the Accreditation Board for Engineering and Technology (ABET) (see Appendix 190); the American Psychological Association (APA) (see Appendix 189); and, the Commission on Collegiate Nursing Education (CCNE) (see Appendix 82). In the GSN, the appropriate department, interdisciplinary program, or graduate nursing program accomplishes a detailed self-study, as required by the various accrediting bodies. These self-studies include: a description of the program's history; assessment and supporting evidence of compliance with specific standards; a summary of strengths and weaknesses; and, plans for improvement. Each self-study is followed by a site visit by a team of external reviewers; a final report is submitted to the Deans of the respective schools, for appropriate action. The GSN conducted a self-study of its advanced practice nurse's program (Master's Degree), and hosted a visit from external evaluators from the CCNE in October 2011, as part its reaccreditation process. In each case, maximum accreditation was received.

Alumni Surveys: The SOM conducts periodic surveys of physician alumni to assess satisfaction with the curriculum, as well as to collect data on alumni career pathways. In the SOM, this process is managed by the Long-Term Career Outcome Study (LTCOS) working group. The primary purpose of the LTCOS working group is to collect and analyze a variety of quantitative and qualitative data before, during, and after medical school so that USU can more effectively evaluate the success of its medical education programs and medical school graduates. The LTCOS working group is composed of active duty and civilian faculty members from multiple departments, including physicians, psychologists, and administrators; it is supported by \$230,000 of intramural funds provided by the Dean (SOM). In addition, *Military Medicine International Journal of AMSUS*, in recognition of USU's 40 years of medical education, published a special issue, in September of 2012, which provides 15 peer-reviewed articles highlighting the establishment and the ongoing evolution of the university in meeting its national and Federal mission to provide uniquely trained physicians for the MHS. This special edition provides institutional data that elucidates the successes in the last 40 years (Appendix 27 - *Military Medicine International Journal of AMSUS* September 2012). The GSN asks its graduates to complete an end-of-program evaluation, followed by one-year and three-year post-graduation evaluations. Information from the surveys is tracked and analyzed to identify any needed revisions or additions to courses, clinical content, and/or experiences. Accomplishments and employment following graduation are tracked through the alumni surveys. In March of 2011, the GSN developed and piloted a survey of all GSN alumni from 1995 to 2010 to obtain feedback regarding their evaluation of the GSN program, retention in Federal service, professional leadership/activities, and involvement in deployments since graduation. The survey tool was distributed electronically to 470 alumni for whom USU had valid email addresses, and the response rate was 35%. Along with this one-time survey of all alumni, the GSN will implement a five-year and ten-year alumni survey beginning with students graduating in 2010 and after. For example, the Class of 2010 will receive an alumni survey one year post-graduation in 2011, a five-year survey in 2015, and a ten-year survey in 2020 (See Appendix 28 - 1995-2009 GSN Alumni Survey). Due to the recent establishment of the PDC, alumni surveys have yet to be compiled; however, the schools of the PDC traditionally survey their graduates and the graduates' new commanders one year after graduation.

13. To what extent are the various constituents of the university (faculty, staff, administrators, students, alumni, Board of Regents) involved in institutional assessment? Is there adequate evidence that assessment results are shared and discussed with appropriate constituents?

The USU BOR meets on a quarterly basis and is actively involved in assessment activities. The Board, through its Academics Committee and the Academic Review Subcommittee, reviews admissions and promotions data and submits an analysis of selected university activities in an annual report to the SecDef via the Annual FACA Report (see Appendix 24 or <http://fido.gov/facadatabase>).

The USU faculty serve on all committees of USU, the Faculty Senate, GSN, SOM, and the PDC. Faculty review and manage curriculum issues on the appropriate curriculum committee and conduct graduate education program evaluations, as well as departmental reviews (Appendix 29 - Committee Membership). Students sit on all appropriate committees at the USU (i.e., Admissions, the USU Anatomical Review Committee, the USU Committee for Names and Honors, and EURRC), have representatives (with vote) on the appropriate Curriculum

Committees, and evaluate all required courses. For example, the Student Advisory Council (SAC) composition and role is described in detail in the Medical Student Handbook and Academic Planner. Additionally, there is a Combined Student Council (CSC) designed to address issues that transcend the individual schools. The CSC consists of the Presidents of the SOM, the Graduate School of Nursing and the Graduate Student Council. The SOM students in the SOM have a SAC, comprised of the class President, Vice President, and Academic Representative from each of the four medical school classes. The SAC annually prepares a report of “Student Issues” for the Brigade Commander, the SOM Dean and the University President. Past issues have ranged from concerns about parking to making amendments to the National Defense Authorization Act to allow for military promotion at the 2-year mark. This formal grievance process maximizes the student chain of command, is taken seriously by all elements of the SOM leadership with a written response to each issue being provided back to the SAC. Additionally, SOM students regularly have access to “Brown Bag lunches” with Brigade and University leadership, permitting them to present concerns in a less formal manner. As a less formal process, the results of these sessions are less formally tracked. Medical students use an annual After-Action Report to assess curriculum in the first two years of study. As previously discussed, graduate nursing students use an end-of-program evaluation/survey to assess the effectiveness of their program of study (see Appendix 30 - GSN Graduating Students Ratings for Curriculum, Evaluation Methods).

In the SOM, assessment of the medical curriculum and student performance is the shared responsibility of department chairs, module directors, clerkship directors, faculty, the Executive Committee on Curriculum (ECC), the Associate Dean for Medical Education, and the Dean of the SOM. Department chairs, module directors, clerkship directors, and faculty focus on establishing and maintaining student evaluation methods for modules and/or clerkships within their departments. The ECC evaluates methods used throughout the undergraduate medical curriculum to ensure that methods of student evaluation are appropriate to the learning objectives of each program and that evaluation is consistent across all departments and educational sites. The committee receives information from module/course/clerkship directors and the students (see Appendix 31 - 2012 ECC Meeting Minutes).

Oversight of the SOM Graduate Programs curricula and the evaluation of the graduate students is the shared responsibility of directors of the graduate programs, department chairs, the faculty, the Graduate Education Committee (GEC), the Associate Dean for Graduate Education (ADGE), and the SOM Dean. Program directors and faculty primarily focus on establishing and maintaining student evaluation methods for courses and programs. The GEC is the umbrella committee of the SOM that oversees and monitors evaluation methods used throughout the graduate curricula and receives input from program directors, department chairs, and course directors. Additionally, the ADGE monitors student reviews and evaluations, course descriptions, GPAs, and methods of advancement to candidacy. The ADGE also meets with students and program directors to determine the effectiveness of learning throughout the graduate programs. Each graduate completes the NSF-sponsored Survey of Earned Doctorates, and the graduate education office receives the compiled data for use in the assessment of educational goals and outcomes (Appendix 32 - NCSES Survey of Earned Doctorates).

In the GSN, the process of evaluation is a system-wide shared circular process with multiple “owners” (faculty and administration); each component makes decisions that impact on the delivery of the GSN academic programs. The GSN Master Evaluation Plan (MEP) provides a systematic guide, with a transparent feedback loop, for a continuous process review of the GSN academic programs. Data collected through tools and processes identified in the GSN MEP are reviewed formally by each program director/department chair and compared with expected outcomes/benchmarks to identify discrepancies. Recommendations for change are made through each program and approved by the total faculty in response to evaluative data.

CODA requires an annual survey of every accredited program by 30 September. The questions are completed by the programs of the respective schools and are reviewed by the deans. The results of the annual survey are a part of the documentation used by CODA for their septennial site visit.

14. How are the data from the outcomes studies used by the university as a basis for ongoing self-renewal? To what extent are outcomes data used as a basis for ongoing institutional change? Do written institutional (strategic) plans reflect consideration of assessment results?

There is considerable evidence that the university acts on the results of its outcomes data. Outcome studies at the USU-level provide examples of data used to effect change (for example, the use of outcomes data generated from Faculty Senate studies, which assisted in making decisions for faculty pay band increases). New strategies for increasing research dollars granted to the institution have been formulated based on analyses of current research activities. During the last decade, the Office of Research has taken a number of approaches to assist the Deans in developing and improving research outcomes. These approaches include increasing the number of research activities and widening the scope of research projects by holding multiple forums for grant writing, assembling groups to stimulate multi-investigator endeavors, and expanding participation in a number of DoD and Federal Agency programs. Space allocation is accomplished through a representative committee that is charged to evaluate and prioritize current and projected uses of space in response to requests from the USU President, School Deans, USU Vice Presidents, or the Faculty Senate. The goal is to maximize efficient utilization of space based on the relative merits of specific academic, research, or support activities in accordance with the overall mission and objectives of the university. Data from periodic surveys by Network Operations and Communications (NOC) (see Appendix 33 - NOC Survey Results), CHR, and the Learning Resource Center (LRC) (see Appendix 34 - LRC Survey Results) are used to assess and modify customer services. The Customer Service Directorate (CSD), under the NOC, sends a survey to each customer following the closure of every service ticket. The survey is focused on technician courtesy, technical skills/knowledge, and the quality of service and timeliness. These surveys are reviewed monthly to assist in process improvement. Findings and recommendations of strategic planning groups are reviewed annually by the senior leadership team and used to direct the ongoing strategic planning and implementation process, which in turn, drives allocation of resources (space, funding, and personnel). The LRC surveys are periodic and event or needs based. The Office of Accreditation and Organizational Assessment, which reports to the USU President, is responsible for reviewing university administrative systems under the Internal Management Control Program. Using a process of surveys and interviews, outcomes data are collected, programs are analyzed, and recommendations for improvement are made to the USU President. The outcomes data functions of this office are conducted on a continuing basis and are used in the strategic planning process.

In the SOM, data from internal and external medical student curricula reviews (e.g., national surveys, student leadership reports, internal examinations, national board scores, program director evaluations, internship selection rates, etc.) are reviewed and analyzed by the Curriculum Committee, faculty, and elements of the Dean's office. Based on these data, medical student curricula content may be revised and student academic support programs may be modified. The responsibility for changes in curriculum content lies with the faculty, and changes are reviewed by the Curriculum Committee. A number of medical student clerkship sites have been deleted based on demonstrated deficiencies and others have been added based on demonstrated need.

Graduate program courses are evaluated annually using graduate and faculty feedback, student performance data, and consideration of new developments in subject matter. Curricular modifications and incorporation of scientific advances into the educational process are achieved through graduate program faculty meetings and retreats. The GEC is consulted on any proposed major changes in program structure or course offering, which may occur as a result of outcomes studies within any given program. New graduate programs in the biomedical sciences are only introduced when the need and resources for support are identified and documented by the academic community. Because of the ongoing curriculum reform initiative throughout the medical programs in the SOM, the SOM graduate program curricula and course offerings will also require reevaluation and modification within the next three years.

In the GSN, outcomes data are collected from multiple data sources (Appendix 35 - GSN Master Evaluation Plan). As previously discussed, in March of 2011, the GSN developed, piloted, and deployed a survey of all GSN alumni from 1995-2010 to obtain feedback regarding their evaluation of the GSN programs. The GSN has also

implemented five- and ten-year alumni surveys beginning with students graduating in 2010. In response to a recommendation made by the American Association of Colleges of Nursing (AACN) to move all advanced practice nursing programs to the doctoral level, the GSN initiated three successive taskforces that culminated in a plan to transition three of its four Master's-level Programs to 36-month Doctor of Nursing Practice (DNP) Programs.

The PDC and its Services' dental schools track graduation rates, attrition, and board certification examination performance. Data from these measures will be used to refine curriculum and to address academic and non-academic issues that lead to attrition or suboptimal results.

SUBCOMMITTEE I: CONCLUSIONS AND RECOMMENDATIONS

STANDARD I: Mission and Goals

CONCLUSIONS

The USU Strategic Framework is essential to the continuity and relevance of the university; the process has successfully secured funding over the recent years to meet its mission and goals and offers significant opportunities for the university to expand its contributions to the MHS and the Nation. There is a well-established process for USU to secure the necessary resources to achieve its mission and emanating goals through the DoD strategic planning process so that they can be supported in the annual Executive Branch and Congressional appropriation process.

RECOMMENDATION

- The university must continue to maximize resources in support of the University Strategic Framework Process and maintain ongoing communication and participation through the USU webpage and other venues. The expanded staff would monitor the process for reporting the achievements of the Strategic Framework goals and objectives.

STANDARD 6: Integrity

CONCLUSIONS

USU manages its affairs in accordance with all Federal laws and regulations as well as applicable DoD policy directives. It also incorporates best practices found in other universities. There have been positive changes to continually improve communication between the faculty and university leaders as well as with students and university leadership. Continued progress in communication improvement is needed. The process for periodic assessment of the integrity of evidence in institutional policies, processes, and practices is well-structured and ongoing.

RECOMMENDATIONS

- Continue to improve communication between the USU community and its leadership.
- Add additional resources and staff to the process for ensuring recurring and ongoing review and updates of USU websites and electronic publications.
- Continue efforts to promote multiple avenues to protect and enhance a culturally diverse environment.
- Enhance the university's ability to maintain a pulse on gender, racial, ethnic, and cultural environment by developing a program of ongoing annual climate surveys for all USU faculty, staff and students.

STANDARD 7: Institutional Assessment

CONCLUSIONS

Measures of institutional assessment (as listed in Appendix 20) are appropriate for the mission and goals of the university and many are widely recognized throughout the educational community as valid sources of data for outcomes assessment. There is also considerable involvement at all levels of the USU community in the evaluation

process. Program monitoring and development are active components of the university's activities. The evaluation process is linked to USU's dynamic Strategic Framework which serves as a guide in utilizing outcomes data for subsequent planning. USU recurrently collects and analyzes outcomes data to evaluate both educational and administrative programs and to assist in institutional planning. Considerable attention is given to communication of findings across faculty, staff, and student boundaries, which reflects an institutional commitment to monitoring its activities; and, recognizes the value of involving both internal and external constituents in the assessment process.

RECOMMENDATIONS

- Fully resource and staff USU's organizational assessment efforts and corresponding functions to conduct more ongoing periodic assessments of the university's policies, processes, and practices.
- Establish a reference repository of institutional assessments to be shared with programs and Schools within the university.
- Establish a university web site dedicated to communicating the results of institutional assessments, surveys and other reviews of institutional effectiveness.
- Formalize the process of identification of metrics and collecting applicable data that provide supporting evidence of mission and goals accomplishment.

Subcommittee II

Standard 2: Planning, Resource Allocation, and Institutional Renewal

Standard 3: Institutional Resources

- 1. Assess the methods by which short- and long-range plans are developed for the allocation of resources within the university. Include in your response an analysis of the effectiveness of the strategic planning process at the university. How consistent is resource allocation with the institution's mission and goals? How involved are the constituencies of the university in the planning/allocation process? How is responsibility for improvements and assurance of accountability assigned?**

As a framework for the development of goals and strategies used in planning and resource allocation, the university participates in the DoD Planning, Programming, Budgeting, and Execution (PPBE) process, an integrated system for the establishment, maintenance, and revision of funding profiles for DoD's Future Years Defense Program (FYDP). Each year, a document known as the Program Objective Memorandum (POM) is submitted to the SecDef by the Service Secretaries and defense agency directors to propose funding changes to the FYDP. A typical POM reviews budget execution in the current year, updates budget needs for the upcoming year, and projects total budgetary requirements for an additional five years into the future. The university submits its POM requirements to the ASD/HA. The PPBE process, utilized by DoD since the early 1960s, allows USU to propose budgets consistent with, and supportive of, DoD's long-term strategic goals and operational objectives and ensures that USU is an active participant in the iterative planning processes of the Department. Key documents in the PPBE process are the National Security Strategy, the National Military Strategy, the Quadrennial Defense Review, and the annual POM. Within this larger context, USU conducts its internal strategic management planning, focused on addressing the higher goals of the DoD and the Federal Government, while meeting the specific educational and research objectives of the university.

The lead decision-makers in the university's annual planning and programming efforts are the university's Responsibility Center Managers (RCMs) and key members of the USU Cabinet, to include: 1) University President; 2) Dean, SOM; 3) Dean GSN; 4) Executive Dean, PDC / Senior Vice President, University Programs, Southern Region; 5) Director, AFRRRI; 6) Senior Vice President; 7) USU Chief of Staff; 8) Vice President for Research; 9) Vice President for Finance & Administration; 10) Vice President for External Affairs; 11) USU General Council; and, 12) the Brigade Commander. The RCMs' and Cabinet's primary decision-making purpose in the PPBE process is to ensure that the missions and objectives of USU, as well as the resources to achieve them, are identified to the Administration and Congress so they can be supported in the annual appropriations process. Final approvals of the goals and objectives of USU's Strategic Framework rests with the ASD/HA in his capacity as the Director of the TRICARE Management Activity; once approved, they are incorporated into the overall Defense Health Program. The university's planning process facilitates oversight for resource allocation at USU, to include the following activities:

- Revalidate the mission statement
- Identify major issues facing the university and its programs
- Develop strategies to address major issues facing the university and its programs
- Identify major program goals/objectives, costs, timelines, priorities, metrics, methodology & data sources for new initiatives/program expansions
- Integrate goals/objectives with business and administration imperatives
- Match goals/objectives to funding sources
- Decide resource allocation and funding source plan
- Review institution's existing capacity to support new initiatives/program expansions
- Explore possible efficiency enhancements
- Validate cross program linkages and gaps
- Execute the plan with timelines and metrics
- Conduct periodic review and revision of institutional vision, goals, action plans, and strategic priorities

While the POM and strategic planning processes allow the university to identify and justify long-term financial needs, USU also has short-term procedures at the operational level for developing and monitoring the annual Operation and Maintenance (O&M) budget as well as the two-year Research, Development, Test, and Evaluation (RDT&E) budget for support of intramural research protocols. Each year, RCMs are provided “top line” budget authority based on budget controls provided by the ASD/HA. Individual academic and support departments develop and submit formal budgets through their respective RCM, defending their allocations in such categories as supplies, maintenance contracts, leases, rentals, travel, computers, office equipment, furniture, contract personnel, and registration fees. These budgets are compiled at the RCM level, evaluated by the USU resource management staff on their individual merit, and approved by the President and the Cabinet within the financial constraints imposed by the ASD/HA. Community involvement throughout the entire process is promoted through the coordination and review by the Board of Regents, which includes the Surgeon Generals of the Uniformed Services, and the participation of 79 individual organizational activities/departments, represented by the seven RCMs. As part of the periodic assessment of the effectiveness of planning and resource allocation, halfway through the budget year, each RCM conducts a budget review of its areas and makes required mid-course corrections. Emergent issues are briefed to the President and USU Cabinet for resolution. Salaries are a major component of the budgets of the USU’s academic and support departments; funds are allocated based on authorized staffing levels and managed

These iterative processes, both at the PPBE strategic level and the USU operational level, allow USU to translate long-term planning into effective programs, with the underlying financial and manpower resources in place for successful implementation. The RCMs are key to both processes as they draw on the experience and expertise of their various faculty and staff to focus on university goals and objectives.

The USU Strategic Framework is discussed in Subcommittee I, page 2. The Schools, centers, institutes and organizations within USU prepare and implement strategic plans which align the USU framework and give specificity to the initiatives and guidance contained within each component. This process is iterative and responsive to unforeseen challenges and opportunities. The PDC used the university framework discussions of the Winter 2011-2012 to initiate its own strategic dialog. The PDC Deans reviewed the mission areas from the strategic framework for applicability to their respective schools, completed a status check on those areas, and then developed a list of action items for implementation over the next three years. The results of this effort will ensure an appropriate alignment of the PDC with the strategic directions of the university. The planning and resource allocation process now embraces a balance between a “top-down” and “bottom-up” approach. The President of USU establishes, refines and publishes his *Vision* and adapts the *Mission Statement* to evolving national security strategies and USU goals. Within this framework, the faculty provides recommendations on specific initiatives, assessments of ongoing activities and programs, and first-tier analyses of resource requirements, which are synthesized and integrated at the university level, and submitted to the President for his modification, refinement and approval. Implementation of the framework is then decentralized to the RCMs. The President’s office ensures compliance with the plan and actively solicits recommendations for short- and mid-term modifications, as required.

2. Assess the extent to which procedures for follow through and analysis of the results of planning are built into the process. Is an adequate record made of institutional and unit efforts and their results? How responsive is the system of resource allocation to issues raised by the process?

Aligning with the strategic vision of the MHS, the USU strategic vision is annually reviewed by the USU Cabinet and presented by the President to the BOR. This vision is facilitated through an annual off-site planning session held by the USU leadership. At the end of each year, the President is held accountable for attaining the goals and objectives within the strategic vision. School Deans have established systems of ongoing review to evaluate how interim objectives in the strategic vision are being addressed. The respective RCMs are accountable for attaining goals and objectives. Analysis of the results of the strategic planning process has enabled numerous key improvements and initiatives throughout USU: Human Resources; Information Technology; Curriculum Reform; and, Capital Improvements. In response to the continuing evolution of healthcare education, both the SOM and GSN are undergoing curriculum reform initiatives. These reforms result from strategic planning analysis reflecting national trends. Specifically, the SOM is utilizing smaller group learning sessions and introducing students to the

clinical environments sooner. This initiative requires additional faculty members and \$5M has been allocated to hire such faculty in the academic settings throughout the clinical teaching sites. In 2012, the GSN began a multi-year transformation of its clinical Masters (MSN) programs, replacing the Masters Degree with the new Doctor of Nursing Practice (DNP) degree. The GSN has a Ph.D. in Nursing Science Program which is separate, and now provided both on-campus and at an additional site located at the James A. Haley Veterans' Hospital in Tampa, Florida (Appendix 171), and which continues to thrive. The two degrees are complementary, but different: Nurses with Ph.D.'s generate new knowledge and nurses with a DNP translate that new knowledge into practice. This MSN to DNP initiative is occurring nationwide and it is anticipated that by 2020 the DNP will be the entry-level to advanced practice nursing nationwide.

3. Discuss the appropriateness of the balance between the various sources of financial support for the university. Are revenue sources stable? How do you view the prospects over the next five years?

The university is a Federal institution within the DoD and is primarily funded through the Federal appropriation process. Federal funding is augmented with research grants, technology transfer funds, gifts, endowments, and special project funds. The latter three sources of funds are administered by the Henry M. Jackson Foundation (HJF) for the benefit of the university (see Appendix 36 - HJF Mission Statement). Acquisition of non-Federal funds is governed by Federal laws and DoD regulations, often making it impossible to seek revenues generally available to other schools of higher learning. Income from state and local governments, patient care, and hospital revenues are not available to USU. Students are not charged tuition, pursuant to Federal law governing the operations of USU. Faculty salaries are generally funded by appropriated Federal funds. While patient care is not a source of revenue generation, extramural research funding is sought to sustain and expand the research programs, to include salaries for research support personnel. As with other academic institutions, research productivity is a requirement for faculty rank advancement. Increasing requirements to apply for, justify, and report on resources for research programs demand significant amounts of time and effort from the faculty researchers, impacting instruction, other forms of scholarly pursuit, and the actual research as well.

The university jointly sponsors the USU health clinic in conjunction with WRNNMC as part of the DoD TRICARE health system. University faculty practice in the clinic, but like all salaried DoD uniformed physicians, do not receive additional "outside" compensation for their clinical practice in this facility. Other individuals, campus-based, clinical faculty involved in patient care do so as part of the Military Healthcare System (TRICARE managed healthcare plan of the MHS teaching hospitals). Members of the hospital-based clinical faculty are most frequently assigned to patient care duties in federal hospitals and provide medical education support as additional duties. These arrangements do not generally affect the funding picture of the university but the continuation of access to hospital-based clinical faculty must be maintained to sustain the military health system.

In Fiscal Year 2011, the USU financial and budgeting process executed \$290,000,000 in direct and reimbursable funds across all appropriations to support the USU mission, vision, and goals. In addition, active duty military faculty, staff and students received approximately \$96,000,000 in military salaries; those funds are appropriated directly to the Uniformed Services. During Fiscal Year 2011 (the last full year of available data), faculty members were awarded \$111,100,000 in extramural DoD research funding; \$46,600,000 in NIH grants; \$1,200,000 in other Federal (non-DoD, non-NIH); and, \$2,200,000 in private foundation grants administered by the HJF.

Since 2007, USU has undergone a period of institutional growth as it aggressively pursued additions to its core budget, research funding, technology transfer income, and endowment opportunities. Additionally, USU has added funds to its core budget for a number of educational, research, and infrastructure initiatives: Facility Sustainment; Blast Lethality Research Program; Graduate School of Nursing; Building Restoration and Modernization; Faculty Recruitment and Retention; Center for Neuroscience and Regenerative Medicine; Tri-Service Nursing Research Program; Student Clerkship Travel; Medical Effects of Ionizing Radiation Course; MedExcellence Course; Curricular Reform; National Capital Consortium for Graduate Medical Education; Center for Deployment Psychology; Center for the Study of Traumatic Stress; Center for Prostate Disease Research; and, the Neuroscience Center of Excellence. The total value of these additions to the core program in Fiscal Year 2013 will be

approximately \$83,000,000. Additionally, during the past decade, USU has been successful in acquiring approximately \$130,000,000 through the mid-year and end-of-year resource allocation processes for one-time, emergent and/or special needs, including \$6,600,000 for the purchase of a Clinical Linear Accelerator (C-LinAc) to support research protocols. The university also benefited from the addition of special one-time funding from Congress for the establishment of the Center for Neuroscience and Regenerative Medicine (approximately \$68,000,000) and funding for the Wide Area Virtual Environment (WAVE) of \$6,400,000. The university also receives endowments and other sources of private funds to supplement its revenues. By the end of 2011, the university endowments portfolio administered by HJF totaled more than \$63,000,000.

An essential component of the USU's financial support structure is the consistent application of support cost recovery policies to all sponsored programs, including the monetary impact of accepting grants paying less than full cost recovery. The university is affiliated with the HJF, a not-for-profit, charitable, education and research organization established by Congress, in 1983, to support USU and other medically-related institutions in the MHS. The HJF is particularly valuable to the university when a granting institution, such as the National Institutes of Health, may not pay support costs directly to another Federally-funded organization. The USU and HJF are working toward solutions to provide asset clarification and visibility of all financial resources. HJF also provides support to USU for under-recovery of indirect costs, whereby HJF and the university partner to absorb losses of those grants that do not allow full indirect cost recovery. The HJF Business Development Office monitors funding opportunities in the DoD, serves as a point of contact for outside groups seeking to conduct clinical trials, and assists in matching USU researchers with funding opportunities. Overall, USU is making good progress on capturing all appropriate support cost recovery as part of its long-term financial strategy. From 2002 to 2011, support cost recovery, specific to HJF, has grown from \$2,628,000 to \$9,672,000, an increase of 268%. When factoring in support cost recovery from all sources available to USU for the ten-year period, the growth is from \$4,871,000 to \$12,962,000, an increase of 166%. Appropriate support cost recovery continues to be a financial imperative for USU.

Despite the uncertainty surrounding Federal budgets, the financial outlook for USU remains cautiously optimistic. The DoD PPBE system, described above, provides a stable, predictable, funding base for USU operations and sound institutional controls to deal with financial, administrative, and auxiliary operations. Appendix 7 - USU Funding, Obligations, and Appropriations provides the most recent long-term official financial plan for USU, depicting resources for the current year (Fiscal Year 2012), the budget year (Fiscal Year 2013), as well as four years into the future (Fiscal Years 2014-2017). The Fiscal Year 2012 planning figure, totaling \$105,446,000 at the time of the last Middle States interim report in 2008, increased to \$150,468,000 as of October 1, 2011. This resulted from funding for Congressional interest items, special programs, work performed for other elements of DoD, and endowment spending. The university's beginning Fiscal Year 2013 President's Budget (PB) position is \$159,102,000; with \$165,623,000 in Fiscal Year 2014; and, increasing throughout the financial profile to \$183,409,000 in Fiscal Year 2017. These funds are programmed by DoD for exclusive use by the university. As in the past, USU fully expects additional funds to be added to the Fiscal Years 2014-2017 baseline budgets, although the total amount of the increases will likely be smaller than those of the past ten years. The efforts over the past decade to improve the USU and AFRRRI infrastructure have created a "capital reserve" that can withstand some short-term reductions in restoration and modernization funding. Similarly, recent and successful efforts to obtain additional resources, for ensuring competitive salaries, will prove essential in the short-run for funding the recruitment and retention of quality faculty.

The Middle States categories of expenses found in Appendix 7 provides a summary financial chart and accompanying graphs, which together reflect a perspective on the overall financial trends for USU during the past decade. Graph 1, covering Instruction, Institutional Support, and Academic Services, shows substantial increases over the ten-year period. Instruction is growing at a slightly faster rate than the two support categories, demonstrating greater allocation of resources to the direct educational mission of USU. The trend line for Instruction is expected to increase substantially as USU executes resources in support of faculty recruitment and retention efforts, along with curricula reform. The university expects the trend lines for Institutional Support and

Academic Services to continue in much the same direction and proportion over the next five years, with increases targeted for information assurance requirements and academic computing support, respectively.

Graph 2, covering Research and Operation/Maintenance of Plant, also demonstrates substantial growth since Fiscal Year 2002. Both of these categories exhibit greater variability across the decade than those found on Graph 1. Over the next five years, USU's research portfolio is expected to maintain a similar growth line (it should be noted that the research numbers do not include NIH funds managed by the HJF). The Operation/ Maintenance of Plant funding line has received substantial annual funding increases over the past six years, beginning in Fiscal Year 2006. Spending in this category is expected to remain adequate but the slope of the trend line will likely decrease over the next five years. Graph 3 depicts spending on Student Services and Scholarships and Fellowships. The USU expects these categories to continue along the same trend lines in the future. The last graph combines and trends all categories of USU spending over the last ten years. With the stable core funding provided by the DoD Planning, Programming, Budgeting, and Executing (PPBE) System, combined with various extramural opportunities to bring funds to the university, USU expects this overall trend line to flatten only slightly as competition for research funding becomes more competitive, particularly from Federal other sources, and maintenance of plant funds become scarcer through the Federal appropriation process. With the exception of the Office of the Executive Dean, the PDC receives its funding from the defense health program through the Service's command lines rather than the university. The Office of the Executive Dean is impacted by the same forces listed above and shares the same funding optimism. Overall, USU remains well positioned for the future. For comparison with the civilian sector, the most recent *Medical School Profile Report* (Appendix 37), published by the AAMC, ranked USU's compound annual growth rate (CAGR) from Fiscal Year 2005 to Fiscal Year 2010 at the 85th percentile of all U.S. medical schools. With an N=124 for those medical schools reporting data, USU's financial growth during this period ranks the university in the top 20.

4. To what degree does the financial condition of the university affect the attainment of the institution's mission and educational objectives?

The financial condition of the university directly supports the attainment of its educational and research strategic objectives. The USU's resources are properly aligned and integrated with its vision, goals, and mission. Since the university is a Federal institution within the DoD, its main source of revenue is from Federal Government appropriations. USU's planning figure for Operations and Maintenance (O&M) funds for the year is \$156,786,000 as of March 2012. The ability to execute that amount is predicated on USU earning approximately \$10,000,000 through charge backs and support cost recovery from sponsored programs, including those managed for USU by the HJF. This process is on track for the year. Within this allocation are first-year base funds for the National Capital Consortium Graduate Medical Education Program, Curricular Reform, the Center for Deployment Psychology, and the Center for the Study of Traumatic Stress, as well as other numerous small initiatives. In addition to the O&M funds, the Fiscal Year 2012 budget for USU's core research programs, including the Armed Forces Radiobiology Research Institute and the In-House Laboratory Independent Research (ILIR) Program, totals \$24,009,000. Annual and quarterly review of the University's budget and financial status are completed internally on a routine basis. Quarterly Financial reports are provided to the BOR. The DoD Director of the TRICARE Management Activity, Control and Financial Studies Division completes periodic organizational audits and financial reviews on special areas of concern (see Appendix 38 - Financial Audit and Schedule).

Neither the education nor the research missions of USU can be met without the recruitment and retention of highly qualified civilian faculty. While USU's faculty salaries are covered by appropriated Federal funds, the necessary resources and authorities for moderate cost-of-living and merit increases were problematic during the 1990's and much of the following decade. USU's enabling legislation established the university as a traditional academic health center with faculty to be compensated "comparably" with their peers, a key and extraordinarily valuable concept necessary to ensure recruitment and retention of highly accomplished faculty. This ability is vital to maintaining nationally acclaimed education and research programs.

If USU is to fulfill its critical national role, the university requires the ability and the resources to compete for faculty and staff, as envisioned by Congress, with other academic health centers as well as other Federal agencies.

The beginning of the resolution of this problem occurred when Congress passed Sec. 1116 of the FY2008 National Defense Authorization Act, providing legislative authority for salaries at USU to exceed the Federal Executive Level 1 (EL-1) pay cap (currently \$199,700/year), enhancing the university's ability to recruit and retain quality faculty. This legislative change allowed USU salary schedules, as determined by the Civilian Personnel Management Service (CPMS) of the Wage and Salary Division, Office of the Secretary of Defense (Personnel and Readiness), to be more reflective of the national market for faculty.

Although Sec. 1116 established the authority for salaries to exceed the EL-1 pay cap, the subsequent CPMS salary review for the University identified the necessity for additional resources to implement this authority. The Association of American Medical Colleges (AAMC) conducts annual surveys for their Report on Medical School Faculty Salaries. An analysis of comparable departments, positions, and educational qualifications (MD/PhD/Clinical and Basic Sciences), using the 50th percentile data for all nationwide schools, indicated that USU's salary base would need to be increased by approximately \$7 million to be competitive at this median level. Within the School of Medicine, achieving comparability with the AAMC mean varied substantially (zero to 160%) for different positions. As expected, MD Chairs, Professors, and Associate Professors in the clinical specialties required the largest adjustment to base salaries. PhD faculty in the basic sciences required less adjustment to base salaries to achieve pay comparability at the median level. The University was successful during the POM-10 process in obtaining an increase to its funding base for School of Medicine salary relief in the amount of \$7,431,000. The POM-10 initiative also included the phased recruitment of five Ph.D. faculty for the Graduate School of Nursing (GSN), with associated recruitment incentives and research packages. CPMS used a similar process for setting Nurse Ph.D. salaries, relying on data provided by the American Association of Colleges of Nursing (AACN). GSN faculty are being recruited that have solid programs of research that focus on the needs of the military/federal services, bring research funding into USU, attract the most promising students, and foster a national ranking for the doctoral program. Doctoral faculty are needed to provide increased instructional capability, give mentorship for doctoral and master's research, guide the development of junior faculty, and meet doctoral/master's prepared faculty ratios for the GSN's accreditation agencies.

Both USU and AFRRRI faced downsizing and potential closure actions through much of the 1990s. During this time, the DoD was reluctant to invest in sustainment, restoration, or modernization of USU/AFRRRI infrastructure. Funding lines were restricted to "breakdown maintenance and repair." The University had no identified funding base in its core budget provided by the Pentagon. Within the Department of Defense, Facilities Sustainment is defined as maintenance and repair activities necessary to keep a typical inventory of facilities in good working order, including regularly scheduled maintenance over the expected service life of the buildings. In FY06, in anticipation of the University moving from Navy as the Executive Agent to TMA, the University's requirement for sustainment funds was identified using the funding model developed by TMA. Based on the square footage of USU/AFRRRI buildings, resources were identified and base line transfers were laid into the university's funding profile beginning with \$2,383,000 per year in FY07. These funds were essential to prevent the deterioration of the university's physical plant. DoD further defines Facilities Restoration and Modernization as repair and replacement work to restore facilities damaged by inadequate sustainment, excessive age, fire or accident, or alteration of facilities to implement new or higher standards or to accommodate new functions. Restoration and Modernization funding is a critical corollary to Sustainment. The University was successful during the POM-10 process is justifying an annual increase to its funds base for this purpose, beginning with an addition of \$7,563,000 in FY10. These funds have proven to be essential to support the university's 20-year modernization cycle for some 300 USU and AFRRRI laboratories for continued accommodation of new research endeavors, as well as for keeping the university current with changes in educational modalities such as distance learning, the migration of lecture halls to small group teaching, increased reliance on simulation, library services, and multidisciplinary academic support to the faculty.

5. How are present and future capital needs being addressed? Is the financial condition of the university such that educational and program needs (current and long-term) can be met?

In total, the combined USU and AFRRRI campuses consist of 18 numbered buildings. Of the 18 buildings, ten are

approximately 50 years old, seven are in the 25-30 year-old range, and the remaining one is the university's newest addition, Building E, an academic center opened in 2008. Building E, designed to support educational facility strategies, has 54,859 gross square feet and includes multi-configuration-capable seminar classrooms and class-staging corridors, a distance education production lab, computer learning and testing laboratory, and related support spaces and information systems. This building is primarily dedicated to small and large classrooms for use by the entire university with moveable partitions for subdividing classrooms.

The university is pursuing additional construction resources for a new education and research building, Building F. At present the university is targeting funding in the Military Medical Construction Program for 2018. The USU has prepared extensive justification material for submission to the Capital Investment Review Board, a 12-member board that reviews, prioritizes, and recommends allocation of construction funding to the ASD/HA for approval. The USU's Building F request is designed to: 1) address LCME accreditation requirements for small-group teaching; 2) unify 21 departments, activities, and centers geographically dispersed; 3) resolve space constraints created by the merger of NNMC and WRAMC; and, 4) position USU to be both relevant and competitive concerning biomedical research. This proposed capital investment directly supports USU's strategic alignment within the MHS by improving: efficiency in educating medical, nursing, and biomedical science students; producing research; and, augmenting WRNMMC as a world class academic health center.

The university's equipment requirements, other than items purchased as part of approved grant proposals, are reviewed and prioritized by USU's multi-disciplinary Equipment and Unfunded Requirements Review Committee (EURRC). For high-end administrative and educational capital equipment, DoD provides special procurement funding for items in excess of \$250,000. Through the appropriations process, USU has received, on average, \$325,000 annually for these capital-related initiatives. Up to this point, these funds have been sufficient to meet all high priority requirements. Procedures exist to request additional funding when large projects are envisioned and USU has successfully pursued additional resources through the PPBE system. The EURRC also looks at all equipment under \$100,000 and recommends annual purchases to the President based on availability of operational funding. During the past nine years, through the EURRC process, USU has been able to provide an average of \$2,400,000 annually for funding of equipment items costing less than \$100,000. Within the PDC, capital equipment needs are satisfied through specific service-directed and funded procurement programs. All residency programs of the PDC work out of modern facilities, either new or recently renovated for the education mission. The commands have ensured funding levels sufficient to maintain state-of-the-art status.

Lack of sufficient physical space for growing programs is a significant problem. The university continues to lease space off-campus to accommodate expanding programs while pursuing additional funding for the construction of Building F. In the past year, a number of finance and administrative functions have been identified for possible relocation off the Bethesda campus and USU is presently seeking approval from the General Services Administration for leased space in Montgomery County. Since 2007, under the leadership of the Vice President for Research, USU has performed an annual space survey of all university buildings. The survey meets several critical needs for the university by: informing the USU leadership as to the use of space; providing opportunities for realignment to better meet the broad missions and goals of the institution; ensuring specific space data on all laboratories in the SOM and the GSN; allowing an analysis of research productivity to create an integrated picture of space and research activities; and, designing survey forms to gather information that meet audit requirements to determine support recovery cost billings with the HJF.

6. Evaluate the adequacy of the general facilities for the teaching, research, and service activities of the university. Evaluate the infrastructure master plan and life-cycle management plan in terms of their appropriateness for the missions of the university.

The infrastructure master and life-cycle management plans serve as excellent guides in identifying, planning, and prioritizing renovation and construction in support of USU's missions.

Facilities Life Cycle Management Plan & Equipment Life-Cycle Management Plan: The university's

infrastructure master and life-cycle management plans are compiled and updated on an annual basis by USU Facilities staff in cooperation with engineers from the Naval Facilities Engineering Command (NAVFAC). The USU master plan identifies major maintenance and repair issues, costs, timelines, priorities, and the strategies to address them. Issues are divided into different categories: health and safety; research; teaching; and, all other areas. While funding approval for most renovations and repairs rests with the USU leadership, approval for both minor and standard MILCON projects rests with the Director of TMA. See Appendix 39 and Appendix 40 for facilities and equipment plans.

General Facilities: The university's general facilities for the teaching, research, and service activities are in excellent condition. In June of 2008, the GSN, Military Training Network and Continuing Health Education faculty and staff moved from off-base leased spaces, along with the campus-based office of Graduate Medical Education, to the newly constructed Building E. This building provides 54,859 gross square feet of office space, classrooms, a large lecture hall providing additional large and small group teaching spaces, office space for faculty, and staff and a new parking garage.

Since the last Middle States self-study in 2003, the university has spent well over \$120 million in maintenance, renovations, preservation, and enhancement of the USU campus. Multiple major projects have been completed: 30-year-old generators for all the main campus buildings were replaced; roofing systems on all buildings were replaced; 45 bathrooms, as well two lockers rooms, were redesigned, upgraded, and improved to be Americans with Disabilities Act compliant throughout the campus; and, all of the HVAC systems were replaced, including the conversion from pneumatic controls to direct digital controls for energy efficiency. A major renovation of the basement in Building 53 began in 2005 with the removal of hyperbaric chambers and all associated equipment. Once the hyperbaric chambers were removed, 4,000 square feet were renovated, to include a new floor, additional HVAC, renovation of two locker rooms, and five laboratory spaces. Eleven additional offices were created, as well as ten new cubicle office spaces for staff. In the Summer of 2010, faculty from the Department of Military and Emergency Medicine moved into Building 53. In late Summer of 2011, faculty from the Department of Medicine were relocated into Building 53.

Another major improvement undertaken was the complete redesigning of the USU plaza. In the Summer of 2006, the facade exterior bricks of Buildings 70A, 71B, 72C, and 73D were replaced. During this process, insulation was added to conserve energy. Due to leaks into the buildings, in the Summer of 2010, the plaza brick project commenced. This project included replacing the membrane, fill, and pavers, which eliminated leaks into the buildings and garage, located underneath the plaza. In addition to the replacement of existing lights, supplemental lighting was added to ensure the safety of faculty, staff, and students. The plaza benches were replaced and planters were added, along with trees, bushes, and flowers. During this renovation, the open spaces in the plaza were rearranged to provide outdoor study areas. The coordination of these actions has provided a learning friendly atmosphere with classes being held outdoors beginning in the Spring and Summer of 2011.

Other major repairs to the infrastructure of USU's buildings include: (1) upgrade of the lights in the USU parking garage and tunnel; (2) renovation of two mechanical rooms; (3) replacement floor tiles in Buildings A, B, C, D, and the ground floor areas; (4) addition of new flooring, wall tile, and hard ceiling in the Laboratory Animal Medicine cage-wash area; (5) replacement of all the louvers & grills on all main campus buildings; (6) reconditioning of 14 USU elevators, including doors, frames and interiors; (7) provision of new interior and exterior signage throughout the university to promote visibility and facilitate locating activities/departments; (8) painting of all hallways, stairwells, handrails, and corridors; (9) improvement of the cafeteria with a new ceiling in the kitchen and the replacement of moisture exhaust fans; and, (10) the addition of a new food kiosk in Building C.

Teaching Facilities: The facilities for student learning were considered excellent during the last self-study. With the addition of Building E, USU has been able to add a large lecture hall, a study area, and eight classrooms, which provide valuable space for small group learning activities. The Sanford Auditorium and lecture rooms were renovated between 2008 and 2011. Upgrades of the audio, video, projection, and computer capabilities throughout

the Anatomic Teaching Laboratories (ATL), Multi-Discipline Laboratories (MDL), and conference rooms were completed and engineered to ensure compatibility with equipment provided in the lecture rooms.

A variety of space is available for student study; the LRC is a favorite site. The second floor of the LRC was converted from library storage space to study space. The students additionally use USU conference rooms, departmental conference rooms, and the student lounge areas in Building C and the ground floor of Building E. Another 14 MDLs and adjacent common areas, as well as the ATLs, are also open on a 24-hour basis for student study. Many of these study spaces are equipped with chalkboards, teaching models and projection equipment. During afternoon hours, students study at tables located in the large cafeteria. In 2011, USU received approval from TMA to enclose the north side of the LRC; this project has added 2,000 square feet of space. Further, the proposed new research/education building would provide additional space for classrooms, conference rooms, faculty and staff offices, as well as, a simulation/distance learning/computer-based testing center. The proposed Building F would be configured to provide small group teaching classroom space, in support of the current curricular reform initiative, incorporating 30 additional classrooms that would accommodate 12-15 students. These small classrooms, as in Building E, would be designed with moveable, soundproof partitions to allow reconfiguration into at least 6-12 rooms for 30-60 students.

The degree programs of the PDC are housed on military installations within the clinical and didactic teaching facilities of the Services. The Air Force Tri-Service Orthodontic Program is housed in a brand new facility. With the exception of the programs of the Naval Postgraduate Dental School, all of the other programs are located in 1980s era construction, which has been periodically renovated to provide modern educational settings. The NPDS is housed at WRNMMC in Bethesda, Maryland. Originally constructed in 1941, it has received many renovations over the years. Most recently a complete refurbishment of dental laboratory facilities was completed. All the programs, irrespective of Service or location, have state of the art clinics with cutting-edge technology. Facilities and resources are a CODA standard. All the programs have been approved by CODA without reporting requirements. Facilities are considered more than adequate for the educational mission. Sustaining facility excellence is accomplished by active participation in the facility planning committees of the respective supporting commands.

Research Facilities: University research space has undergone major renovations. The USU continues to modernize its research laboratories; to date, 104 of 200 laboratories, totaling 40,049 square feet, have been renovated. Other improvements to research space include: repair of the hot water heating system for the laboratories in Buildings B & C; upgrade of lab exhaust systems; and, replacement of deionized water piping and equipment throughout the campus. In September of 2009, USU acquired a new Magnetic Resonance Imaging (MRI) scanner and spent \$2.5 million to convert approximately 3,900 square feet into new laboratory animal rooms and housing space for the MRI as part of the Center for Neuroscience and Regenerative Medicine (CNRM) Program. This conversion provided specialized suites for behavioral, surgical and imaging research.

University Family Health Clinic: The Department of Family Medicine operates an ambulatory health clinic for uniformed personnel, their families, and all faculty and staff who are beneficiaries of the MHS. By March of 2005, the USU Health Clinic completed a renovation of office space and individual examining rooms, to include the addition of 400 square feet for a patient waiting area. These renovations enabled critical support for USU as the clinic provides immediate care and triage services for all university employees. The University Family Health Clinic has been consistently rated as one of the top clinics in the MHS in for patient satisfaction.

7. Assess the adequacy of the process and planning for acquisition and replacement of educational and other equipment. Is there periodic assessment of the effectiveness of this planning?

The university has a robust set of action groups to assess the acquisition and replacement of educational and other equipment. Multiple sources strategically contribute to the planning for continued improvement of educational and other equipment. Those entities include subject matter experts who assess equipment acquisition and replacement,

identify lecture room technical improvements and library requirements, and analyze computer use/allocation. These factors independently contribute to both the planning and execution processes which ensure the continued improvement of educational and other equipment.

Equipment needs are currently being met through the Federal appropriations process for teaching, research, and administrative requirements; USU expects that future appropriations will continue to meet its requirements. The university's equipment requirements, other than items purchased as part of approved grant proposals, are reviewed and prioritized by USU's multi-disciplinary EURRC. A memorandum regarding the EURRC cycle can be found at Appendix 41. The DoD provides special funding for capital equipment in excess of \$250,000. Through the appropriations process, USU has received, on average, \$325,000 annually for capital-related initiatives. Procedures exist to request additional funding when large projects are envisioned; USU is currently pursuing additional resources through the PPBE system. The EURRC also looks at all equipment under \$100,000 and recommends annual purchases to the President based on availability of operational funding. Since the last Middle States visit, USU has been able to purchase approximately \$17.5 M of educational and research equipment. A graph outlining the dollars requested and spent for educational and research equipment by fiscal year is found at Appendix 011 - USU EURRC Funding for Fiscal Years 2007-2011. Three years ago, the RCMs reviewed the EURRC process to assess if the committee was accomplishing its intended goals and to evaluate whether there was a better process to replace it; that review assured the university that the EURRC process is efficient and continues to address all areas of concern.

Examples of several university committees that plan and review the effectiveness of equipment acquisition and replacement include the LRC Advisory Committee which guides the USU librarian on priorities and needs, assists in communicating with members of the university, and annually reports to the Senior Vice President on the state of the LRC (i.e. during the past fiscal year, concerns over access to multiple journals, caused by funding shortfall, were resolved through this process). In addition, the USU Space Committee is chaired by a Faculty Senate nominee (selected by the USU President) and composed of the heads of the academic units and one Vice President (who represents the administrative constituents); it advises the USU President on the assignment and reassignment of space. Next, the Automated Information System Policy Committee (AISPC) exists to ensure that IM/IT capabilities are aligned with USU strategies and business processes and those available resources are placed against the most important USU requirements. Alignment is achieved through: program budget review; prioritization and approval of proposed IM/IT expenditures; current program review; configuration management of USU IM/IT; and, integration of IM/IT requirements across the USU schools and departments. The AISPC successfully ensures: the provision of a continuing forum for evaluating and prioritizing existing and developing IT applications; the development of recommendations for technology insertion; guidance for IM/IT strategy; and, recommendations for setting priorities for review by the USU President.

In regard to all distance learning sites, educational equipment may be required for the certain clinical clerkships. Monthly group meetings are held with the clerkship directors from each of the clinical departments. During those meetings, one of the issues discussed is the educational equipment requirements at the various teaching sites across the United States. Those needs are first addressed at the department level; if the individual department is unable to handle it, the request is forwarded to the school level; and, if necessary, to the USU level. In addition, each of the schools of the PDC competes favorably in the procurement arena. Whether it is through central purchasing, or local acquisition, graduate dental education has fared well in keeping the educational programs on the cutting edge from an equipment perspective.

8. Analyze the clinical resources available to the School of Medicine, Graduate School of Nursing, and Postgraduate Dental College. For the size for the student body, are there adequate numbers of patients and supervisors available at all sites? Is the patient mix appropriate? Are clinical facilities, equipment, and support services appropriate for exemplary patient care? What are the availability, quality, and sufficiency of ambulatory care facilities for teaching?

The location of USU on the WRNMMC installation is a distinct asset because the National Capital Area (NCA) is rich in civilian, Federal, and military educational and healthcare institutions, which are available as resources for USU faculty and students. Federal and military facilities such as the National Institutes of Health, WRNMMC, the Malcolm Grow Medical Center, the Fort Belvoir Community Hospital, and numerous internationally renowned civilian facilities provide many opportunities for clinical experiences as well as library and other learning resources. In addition, USU enjoys a unique, collaborative relationship with the MHS leadership. The Uniformed Services provide students to USU programs through an appropriate application and nomination process; graduates eventually return to the MTFs to practice. As part of a synergistic relationship, the curriculum and clinical programs offered by USU are aligned with the needs of the Uniformed Services. In return, the Services support USU programs with clinical resources.

The university has affiliation agreements with numerous military, Federal, and civilian facilities; thus, USU students complete required clinical clerkships/experiences at a variety of civilian and military hospitals or clinics. All teaching facilities are fully accredited and many support a wide variety of learners from novice medical students and advanced practice nurses through the more complex programs of GME. The hospitalized and outpatient populations at these facilities are large and the case mix is appropriate for the level of student exposure necessary for a comprehensive clinical experience. The self-study appendices highlight the fact that there are ample numbers of patients, clinicians, and clinical supervisors to ensure excellent teaching environments at the major MTFs and smaller treatment facilities (Appendix 42 - Core Training Sites).

All programs and clinical departments require students to record their clinical experiences, which document the availability of patients. Responses to a survey of the on-site educational officers at the clinical facilities reflected that they had adequate resources to support excellent clinical experiences for students and that the USU students were satisfied with the support provided (Appendix 43 - End-of-Clerkship Survey). The growth and increased emphasis on evaluating and treating patients in the outpatient setting has, in most cases, compensated for the decline in the inpatient population. Inpatient cases tend to be more complex, involve an older patient population, and provide a diversity of acute and chronic management cases for student education. The shortened duration of many hospitalizations and the increased turnover of patients provide a variety of case material for the students. The shortened duration of the average hospitalization has required a reassessment of the teaching techniques necessary to garner maximum student learning out of each patient encounter.

All departments are providing a clinical experience within an ambulatory setting. In keeping with the increased emphasis and allocation of resources within the MHS to the ambulatory environment, the ambulatory teaching component of all departments has grown significantly within the past seven years. The Uniformed Services are dedicated to providing primary care to their constituents and the majority of USU graduates will have primary care responsibilities. During their post-graduate and Service assignments, there are ample opportunities within the MHS for USU students to gain clinical experience. Nursing and medical students positively rate their clinical experiences (Appendix 25 and Appendix 30).

University faculty have the overall responsibility to ensure that clinical coordinators, site directors and/or preceptors are qualified to perform the desired educational functions. Each program option maintains a process to verify that clinical coordinators, site directors and/or preceptors are appropriate for each option's clinical and educational requirements. This process includes such actions as offering adjunct faculty status, reviewing curriculum vitae for appropriate education/training, and verification of credentialing and/or licensure by clinical site representatives. Curriculum vitae are maintained for all clinical site directors and clinical site coordinators. Clinical coordinators are responsible for ensuring that experientially qualified and appropriately privileged and/or credentialed individuals supervise student clinical experiences. Preceptors and their professional credentials are maintained by the individual clinical sites, which require that clinicians be appropriately credentialed in order to practice. Many students have more than one preceptor during a particular rotation. Therefore, course coordinators maintain control of the course competency outcomes and grading, communicate with site directors and/or preceptors about student performance, and assign grades based, in part, on input from the

coordinators/directors/preceptors. Expectations of preceptors are communicated by: clinical preceptor manuals and training; telephone conversations; in person visits; and, written communications between the course coordinator, clinical site coordinator, and preceptor.

The SOM and GSN have the ability to move students from one clinical site to another if patient numbers or faculty supervision becomes an issue. Issues are brought to the attention of the clinical departments or program directors through the students' rotation critiques and periodic site inspections by USU faculty. Clinical experiences require that students are directly supervised by faculty while performing key clinical tasks. Patient mix and the type of clinical problems are tracked by the students on paper and through an online system (Weblog, Elogs, MediTrax) where students enter the demographics and clinical problems of the patients they evaluate while on clinical rotations. Each clinical rotation has a list of specific types of diagnoses that are required to be seen by students on a specific rotation. If a student lacks availability of the correct mix of patients, it would definitely come to the attention of the USU clinical department or program at the mid-rotation evaluation.

All medical facilities utilized for clinical education are inspected and certified by the Joint Commission (JC). The same is true for hospital-based departments of dentistry but ambulatory clinics are not required or customarily inspected by JC; however, all dental facilities used in clinical education are a part of the Commission on Dental Accreditation (CODA) review process. The CODA accreditation helps to assure excellent facilities, equipment, and support services. In addition, student evaluations of clinical rotations are highly complementary of the utilized sites. As stated above, the SOM sites are also ACGME-certified for graduate medical education, thereby providing another guarantee that facilities have the infrastructure to support cutting edge exemplary healthcare education with all of the necessary resources.

The beneficiaries of the MHS provide abundant patient population and appropriate case mix for all programs within the PDC. The MHS has enacted specific policy language to allow dental teaching programs to access retired, family member, and pediatric populations to ensure adequate case load, mix, and complexity of teaching cases. The degree of supervision is exemplary at all sites. With 132 faculty members for 125 students, highly skilled and supportive supervisors are immediately available. State of the art clinical facilities, cutting edge equipment, and dedicated support services allow for exemplary patient care. The vast majority of the clinical education of dental residents occurs in ambulatory facilities. However, inpatient care is a part of the curriculum of all programs. Both ambulatory and inpatient facilities are considered superior.

SUBCOMMITTEE II: CONCLUSIONS AND RECOMMENDATIONS

STANDARD 2: Planning, Resource Allocation, and Institutional Renewal

CONCLUSIONS

Within the context that the University is a DoD institution, it nonetheless fosters an internal "top down" and "bottom up" planning and resource allocation process conducted within the parameters of the Federal appropriation process. USU has successfully undergone a period of institutional growth during the past several years as it pursued additions to its core budget, research funding, technology-transfer income and endowment opportunities. Substantial programmatic investments in faculty and infrastructure have been made. The creation of Walter Reed National Military Medical Center (WRNMMC) as a globally recognized academic health center, with the university at its center, represents a huge collaborative DoD effort. The university's future roles, goals and mission and funding appear secure. Lack of adequate space to support any future program growth and curriculum reform will be an essential issue to confront.

RECOMMENDATIONS

- Continue efforts to secure permanent funding that supports the ability of the University to be competitive in retaining and recruiting quality faculty members.

- The university and HJF need to work toward solutions that provide asset clarification and visibility of all financial resources.
- Efforts for expansion of space need to be continued.

STANDARD 3: Institutional Resources

CONCLUSIONS

USU's future funding, roles, and missions within the DoD are secure because of the following: substantial programmatic investments in faculty and infrastructure; expanding collaborative academic and research relationships across the MTFs; decisions by the Base Realignment and Closure (BRAC) Commission to create the Walter Reed National Military Medical Center (WRNMMC) on the Bethesda campus; and, the ASD/HA goal to create WRNMMC as globally-recognized academic health center with the university as its academic center. As previously noted, the university's strategic planning and budgeting process facilitates oversight for the resource allocation to the respective schools, programs, centers and institutes. Routine budgetary and expenditure reviews between the university's financial leadership and the DoD provide the necessary oversight to ensure compliance with governing regulations. The university's infrastructure master plan and life-cycle management plans continue serving as excellent guides in identifying, planning, and prioritizing renovation and construction in support of the USU's missions. The DoD has been very supportive in providing funding support through its financial planning and budgeting process for teaching, research and administrative equipment requirements. Continued support is expected. Clinical resources available to the School of Medicine, SOM Graduate Programs, Graduate School of Nursing, and Postgraduate Dental College are sufficiently ample throughout the Military Healthcare System. The quality of these resources is assured by inspection and certification by appropriate outside accrediting organizations.

For the most part, USU capital equipment needs are currently being met through Federal appropriations for research and teaching requirements; and, USU expects that future appropriations will continue to meet its needs. Some research equipment needs are met by NIH research grants. Over the past several years, additional funds appropriated by Congress and special allowances from the MHS have provided the capability to finance several much needed facility repairs and major upgrades. The university's capital needs are being met through a variety of sourcing methods. The USU position is that it has the resources to continue to sustain and improve the capital plant of the university and thus ensure the quality of teaching, research and student life.

RECOMMENDATIONS

- Continue promoting the priority funding for the construction of Building F through the medical Military Construction (MILCON) program.
- Absent the availability of on-campus space, continue pursuing additional off-campus lease space.

Subcommittee III

Standard 4: Leadership and Governance

Standard 5: Administration

- 1. Is the governance structure appropriate for an institution of this size and characteristics? Is the system of governance well-defined, including written policies outlining governance responsibilities of administration and faculty? How are these documents made known to the university community? Evaluate the effects of the governance structure on the administrative functioning of the institution.**

Unlike other health science universities, the USU governance structure must be aligned with, and meet, DoD's unique requirements. Congressional legislation and DoD regulations define USU's overall mission, governance, organization, responsibilities, functions, relationships, and authorities. Maintaining an appropriate governance structure for USU, within DoD, is challenging. For example, USU must find the optimal balance between academic autonomy (the preservation of independent research and free inquiry) while responding to the mandates and regulations of DoD. DoD Directive 5136.01, Subject: Assistant Secretary of Defense for Health Affairs, states that the ASD/HA is the principal advisor to the SecDef for all DoD health programs (Appendix 44 - DoD Directive 5136.01). Accordingly, the ASD/HA exercises authority, direction and control over the TMA; and, procedures for the administrative oversight of USU have been delegated to the Director of TMA (for more details see discussion under question 6, institutional components on page 5).

DoD Instruction 5105.45, Subject: Uniformed Services University of the Health Sciences (Appendix 2), defines the governance, organization, and management of USU, allows the university leadership to strategically identify evolving educational requirements, and clarifies the university's position within DoD. The USU BOR, advisory in nature, ensures that USU operates within the framework of public law and regulations and reports to the SecDef through the ASD/HA and the USD/P&R. The USU BOR consists of nine Special Government Employees (SGEs) and six *ex officio* members. The size and functioning of the USU BOR appears to be well within expected parameters of the DoD and appropriate to its mission. The BOR provides recommendations on academic matters (accreditation, faculty appointments, promotions and organization, awarding of degrees, curriculum design and implementation, and academic requirements for admission and graduation); it also advises on matters vital to the academic well-being of the university, such as university expansion or contraction; adequacy of financial resources and their management, and appointments of the USU President and the Deans of the Schools (further discussion on the BOR follows below on page 39).

The USU President has an internal advisory council known as the Cabinet (see page 24 in Subcommittee II for details). Operational, administrative, and policy issues are discussed at weekly Cabinet meetings where recommendations for action may be made to the President. An additional Instruction, DoD Instruction 5105.33, Subject: Armed Forces Radiobiology Research Institute (AFRRI), March 29, 2006, places AFRRI under the direction and control of the President of USU (Appendix 45 - DoD Instruction 5105.33).

The Brigade Commander, chosen by the USU President through a nominative selection process open to the Army, Navy, and Air Force, is the senior military member by positional authority, who also serves on the President's Cabinet. As the commanding officer for approximately 1,200 officers and enlisted personnel who serve as faculty, staff, residents or students, the Brigade Commander oversees unit command and control functions for five branches of the Uniformed Services. These functions include, but are not limited to: investigation and resolution of Uniformed Code of Military Justice violations; manpower management; personnel, pay, legal and other administrative functions; readiness; support of individual deployments; Chaplaincy support; and, professional development, mentoring and uniformed training. Brigade personnel are assigned throughout USU and adhere to both civilian and military governance.

USU Instruction 5025 (Appendix 46) establishes policy and assigns responsibilities for the preparation, updating and approval of all USU Instructions, Standard Operating Procedures, President's Policy Memoranda, and Dean's

Policy Memoranda (collectively referred to as "issuances"). The range of topics covered through these issuances extends from EEO programs to the SOM grading system. The instruction policy governs the coordination, publication, dissemination, implementation, and review of issuances every five years. Over the past five years, 84 of 109 instructions have been updated. In addition, 11 President Policy Memoranda and two Dean's Policy Memoranda were issued. To address delays attributable to Offices of Primary Responsibility, the Administrative Services Directorate (ASD) hired a new staff member to follow up and track requests for updating issuances. All USU instructions are posted and accessible through the USU website: <http://www.usuhs.mil/asd/instructions/>. The Faculty Senate is kept advised regarding updates to the website.

The philosophy internal to the university is one of shared governance. The constitution, process and written policies for the shared governance function are readily available for review on the USU website: <http://www.usuhs.mil/faculty/senate/>. The Faculty Senate constitutes the representative body that provides the faculty with a mechanism to participate in the governance of USU. The Faculty Senate formulates issues of concern and conveys them to the university administration. The Senate is advisory to the USU President and may pass resolutions and recommendations on issues concerning, but not limited to, education, research, and faculty welfare. Monthly meetings of the Senate are open to all faculty members who wish to attend. Additionally, the Senate reports to the faculty, at large, at least three times a year through the USU Faculty Assembly.

The Faculty Assembly consists of all individuals holding current USU faculty appointments at the level of Instructor, or above, in any School or Institute at USU excluding those with adjunct appointments. The Faculty Assembly elects the officers and members of the Faculty Senate. A Faculty Assembly meeting is the forum through which information is disseminated and exchanged between the members of the senate and all faculty members. It is where university and school policies may be discussed and deliberated and priorities set for senate action. Senators are drawn from basic and clinical departments of the SOM, the GSN, and the PDC. Senators may be uniformed or civilian faculty; faculty not billeted at USU may also serve as senators. Each senator is designated to represent at least one department/activity at USU. The senate functions through seven standing committees: Education; Research Policy; Comparability & Faculty Welfare; Constitution & Bylaws; Nomination & Election; Communications; and, Faculty Mentoring. Faculty issues and concerns are conveyed to the USU President by the President of the Faculty Senate (for more details see the Faculty Senate website: <http://www.usuhs.mil/faculty/senate/index.html>).

The governance structure and function of the university is well defined and the process of developing administrative policy and communicating it to the USU community is constantly evolving. One area of concern has been faculty appointments, which appeared to be implemented differently across the Schools. The USU President recently directed an analysis of USU Instruction 1100, Appointments, Promotion, and Tenure of Faculty, by the Senior Vice President, to ensure consistency across the three Schools. While the USU Instruction 1100 encompasses the entire USU with its policies and procedures, enclosures to the instruction address the unique processes for each of the three Schools (Appendix 47 - USU Instruction 1100 and Enclosures). As the Schools complete their individual reviews, the Senior Vice President will analyze their input to identify opportunities for establishing common practices. The SOM Associate Dean for Faculty is also addressing appointment issues and other administrative concerns of importance to the faculty. The 2011 Faculty Survey asked participants to rate their agreement with the policies and procedures for appointment. The survey results indicated that more than 70% of respondents agreed (slightly to strongly) that the policies and procedures for appointment were clear and fair (Appendix 48 - 2011 Faculty Survey). Similar results were found in respondents' ratings of tenure and promotion policies and procedures.

In summary, the governance structure at USU which includes the BOR ensures adequate regulatory oversight of the university academic and fiscal responsibilities and allows for faculty involvement in USU governance. Its strength is in its degree of definition; however, this organizational structure, with its layer of DoD regulatory oversight, infrequently impacts corporate agility. On the other hand, it does allow for the proactive engagement of external and internal stakeholders. It permits USU to respond to even the most challenging and traumatic circumstances.

The highly publicized and tragic occurrence of the Fort Hood shootings was just such a circumstance. The defined structure allowed for the appointment of a “Blue Ribbon” Academic Review Subcommittee of the BOR to perform an objective top-to-bottom process review in light of a graduate’s involvement (Appendix 19 - BOR Academic Review Subcommittee Findings and Recommendations). This review engaged faculty, students and administrators across the full spectrum of USU. It followed an in-depth internal review supported by the BOR. The reviews concluded although there were processes that could be improved, there was no causative relationship between anything which occurred, or failed to occur, at USU and the tragic incident at Fort Hood. This judicious use of the governance structure, in accordance with DOD directives, alleviated the concerns of USU stakeholders.

2. Cite evidence that the Board of Regents conducts itself in a manner consistent with written governance policies, to include following formal policies and procedures to avoid the impact of conflicts of interest of members in the operation of the institution and its associated clinical facilities and any related enterprises.

The USU BOR functions in accordance with public law, regulations, and specific policy guidance. The structure of the BOR is defined in 10 USC §2113a and further elucidated in the Charter of the USU BOR (Appendix 49 - BOR Charter) and its Bylaws (Appendix 55 - BOR Bylaws). The law states that the BOR will consist of nine persons outstanding in the fields of healthcare, higher education administration, or public policy who shall be appointed from civilian life by the SecDef; the SecDef, or his designee, shall be an *ex officio* member (traditionally this has been the ASD/HA); the Surgeons General of the Uniformed Services (Army, Navy, Air Force, and USPHS) who shall be *ex officio* members; and, the USU President shall be a non-voting *ex officio* member. A member of the BOR, other than an *ex officio* member, is appointed by the SecDef to serve as Chairman. The BOR continues to be comprised of members who have been thoroughly vetted in the process described below and are appointed as SGEs. The appointment process is detailed in a DoD Instruction 5105.4 - Federal Advisory Committee Management Program (see Appendix 50); a flowchart, Member Appointment and Re-appointment Pipeline, has been developed to illustrate the process (see Appendix 51). This process ensures that only individuals of outstanding character with validated professional reputations are appointed to the BOR. A first step, not included in the Memo or flowchart, is the traditional role of the President and BOR in recommending, to the SecDef, potential appointees “outstanding in the fields of health and health education.”

The BOR function complies with the Federal Advisory Committee Act (FACA) of 1972, which was enacted to “ensure that advice by the various advisory committees formed over the years is objective and accessible to the public.” The vast majority of meetings have been fully open. When meetings were closed, or partially closed, it was to discuss matters protected by the privacy act such as sensitive personnel information. In all such instances appropriate notice was filed and reported in accordance with 5 U.S.C §552b(c) and 41 CFR 102-3.155. To support the activities of the BOR, a Designated Federal Official (DFO) and an Alternate DFO (ADFO), who also serves as the Secretary to the BOR, have been appointed. These individuals play important roles in coordinating a process for monitoring the ethical conduct of the BOR. Their duties are defined in DoD Instruction 5105.04, Subject: Department of Defense Federal Advisory Committee Program, August 6, 2007, paragraph 5.6. The DFO and ADFO receive appropriate orientation training on ethics requirements and the handling of financial disclosure reports. Through the DFO, the DoD monitors all committee members and committee staff members to ensure compliance with the Standards of Ethical Conduct for Employees of the Executive Branch, CFR, Part 2635, and DoD Directive 5500.7R, Joint Ethics Regulation. The USU General Counsel and designated Agency Ethics Official are likewise actively involved in the monitoring and compliance processes. They have established a comprehensive ethics information resource on the USU website: <http://www.usuhs.mil/ogc/ethics.html>.

“An Ethics Guide for Consultants and Advisory Committee Members at the Department of Defense” has been developed to summarize applicable statutes and regulations and to assist the BOR SGEs in discharging their advisory duties in an ethical manner (Appendix 52 - DoD Ethics Guide). The guide defines: where to get ethics advice; what it means to be an SGE; the filing of a financial disclosure report upon initial appointment and on an annual basis (except when waived); criminal conflict of interest statutes; and, the standards of ethical conduct. The

financial disclosure required of SGEs is filed on Office of Government Ethics Form 450 (Appendix 53 - OGE 450). The OGE 450 includes: assets and income; liabilities; outside positions; agreements or arrangements; gifts; and, travel reimbursements. The form also requires certain information on the spouse and other family members. *Ex officio* members of the BOR file a Standard Form 278 (SF 278), Executive Branch Personnel Public Financial Disclosure Report (Appendix 54 - SF 278), at the inception of their official duties and annually thereafter. The SF 278 is extensive in its requirements for financial disclosure. The report includes: property interests and assets; earned and other non-investment income; investment income; transactions, gifts, and reimbursements; and, travel expenses. The SF 278 also includes certain information on the spouse and other family members.

A review of records indicates that 100% of the BOR SGEs have filed their entrant OGE 450. The recurring annual requirement has been waived in accordance with 5 C.F.R § 2634.904(b). “Based upon the duties of the Board of Regents, the possibility of a conflict of interest is remote.” One hundred percent of *ex officio* members have filed their annual SF 278. Additionally, meeting minutes can be found on the following website: <http://fido.gov/facadatabase> and they are also located on the USU website: <http://www.usuhs.mil/vpe/bor.html>. The well-defined Board appointment process which includes: careful scrutiny of potential appointees; clear ethics guidance; keen attention to reporting requirements; careful monitoring; and, compliance with FACA ensures that the activities of the BOR are conducted in an open and ethical manner, devoid of any conflicts of interest. Since the past self-study, there have been no known instances of departure from governance policies, no conflicts of interest, or other ethical impropriety.

3. Evaluate the relationship between the university and the Board of Regents. To what extent does this relationship facilitate achievement of the university’s mission and support university activities? Is a system in place for periodic assessment of the effectiveness of institutional leadership and governance, and for periodic objective assessment of the BOR in meeting stated governing body objectives?

The two documents that define the relationship between the BOR and the university are its Charter and Bylaws (Appendix 49 - BOR Charter, Appendix 55 - BOR Bylaws). The quality of this relationship is dependent upon the BOR and the USU, represented by its President, sharing a clear understanding of their individual roles and the role of the faculty as an academic body. While the advisory role and duties of the USU BOR differ from those of traditional boards of regents (see question 1, page 37), the importance of the relationship does not change. To ensure effective administration of USU, the BOR works with the USU President, who is responsible for carrying out university policies.

Since the last MSCHE accreditation self-study, the method for appointing the nine SGEs of the BOR has substantially changed. Previously, these members, from whom the Chair is chosen, were appointed by the President of the United States and confirmed by the United States Senate. Now, those members are appointed by the SecDef and do not require Senate confirmation. The SecDef receives recommendations for potential appointees from the USU President, as vetted by the BOR. The recommendations pass to the SecDef through the ASD/HA and the USD/P&R. A major advantage of the revised method is that appointed BOR members are more likely to have backgrounds and experiences relevant to an academic institution and specifically to the mission of USU. Inspection of the current membership of the BOR shows that the members bring a wealth of experience in healthcare, university and private foundation administration, and development of health care policy. The current Chair is a former Army Surgeon General, who served as President of the University of the North Texas Health Science Center at Fort Worth, Texas, from 2000 to 2006. Thus, there is ample evidence that the BOR is constituted in such a way as to further the USU mission and support its activities. There are no student appointees or representatives on the BOR, however, Student Advisory Councils direct their concerns to their respective Deans for presentations to the BOR. The BOR functions in accordance within its bylaws, an internal document, last updated in 2012. Previously, the Chairman appointed an Executive Committee of five members to conduct BOR business between meetings; the current BOR Chairman uses electronic communications to engage the full BOR and has not appointed an Executive Committee.

Periodic self-reviews of the activities of the BOR are completed on an annual basis. The BOR reviews the USU President annually. In 2011, the BOR completed its five-year review of the USU President, which included a survey of the entire USU community. The results of this review were shared through a letter to the university faculty and staff which stated the BOR's acceptance of the final report. The USU President, in turn, has taken actions to respond to concerns expressed by the university community. In addition to the customary annual review, Vice Presidents and Deans undergo a special five-year review by committees chaired by outside consultants and whose memberships reflect the various constituencies served by the individual being reviewed. The results of these reviews are provided by the USU President. Chairs of academic departments and various activity heads undergo periodic 360-degree reviews, with feedback obtained from supervisors, peers, and direct reports. Written reports are provided to the individuals under review. The USU BOR has a procedure in place for assessing its effectiveness. A policy statement initially written in 2005 and entitled, "Board Responsibilities," states the following as a specific responsibility: Assessing its own performance (to ensure appropriate Board leadership and institutional governance). In 2006, 2009 and 2011 the Board, through the use of vetted facilitators from the Association of Governing Boards of Universities and Colleges, discussed and evaluated its own performance.

A BOR webpage lists members, their biographies, and the charter (www.usuhs.mil/vpe/bor.html). The Bylaws are available upon request from the BOR staff. From November 2004 to February 2006, the BOR reference notebook containing all of the items and related information to be considered at the next BOR meeting were available online. This allowed members of the USU community to communicate through appropriate channels to bring additional relevant information to the BOR's attention. Recently, the reference notebook has not been available online because reports for review by the BOR are arriving late and the notebook is assembled shortly before the meeting. This keeps discussion current but precludes broad dissemination of the notebook before the meeting. Recently the DFO has updated the process to provide email notice to the USU community that the assembled notebook is available in the Board Room for review prior to the scheduled meeting so that relevant communication can be provided to the Board from interested stakeholders. Access to Board operations and actions is available to the university community and the public through several venues. The minutes and reference materials of every BOR meeting are available in the Learning Resource Center or the Everett Alvarez, Jr. Board of Regents Conference Room. Additionally, electronic information concerning the Board can be found at www.usuhs.mil/vpe/bor and at www.fido.gov/facadatabase/. Furthermore, results of BOR meetings are a frequent topic at the USU President's Town Hall meetings, which serves to provide information in a timelier manner. Plans to place the Town Hall meetings on the university intranet will enhance dissemination of vital information. Additionally, an archive of all BOR notebooks spanning 175 meetings is available on the USU intranet.

In summary, the relationship between the BOR and the USU President appears to significantly enhance the university's ability to accomplish its mission. Increased communication of the BOR's actions would enhance the appreciation of the institution's governance among all staff and faculty.

4. Are the number, types, and qualifications of institutional administrators appropriate for efficient and effective administration? Assess the organizational stability of the university and academic administration. Has turnover affected university planning or operations?

The number, types, and qualifications of institutional administrators are appropriate for the efficient and effective administration of the USU. The university maintains a dynamic organizational chart (www.usuhs.mil/usuhs_only/pres/orgchart/), last updated on October 23, 2012, to reflect changes and organizational growth such as the addition of the PDC and expanding educational and research activities (see Appendix 9 for the organizational chart).

Since the last Middle States evaluation, significant changes have occurred to the USU organization. In May of 2006, the President reorganized the senior leadership to serve the immediate and long-term strategic needs of the university. Two vice president positions were converted to special assistant positions to address Building E requirements and BRAC efforts. In addition, organizational responsibilities were broadened and titles changed for

the Vice President for Research and the Vice President for Finance and Administration. The Office of Senior Vice President was created to enhance the oversight of academic management activities, including accreditation and organizational assessment, learning resources, information management, registrar, management control, university inspector general (IG) functions, strategic planning, and affiliations and international affairs. Finally, a Senior Vice President for University Programs, Southern Region was appointed to provide support and outreach to USU stakeholders remote to the Bethesda campus.

Additional organizational changes included official DoD realignment of AFRRRI under the university in 2006 and establishment of the PDC in 2010. In response to DoD needs, the university incorporated the following centers: National Center for Disaster Medicine and Public Health; Center for Neuroscience and Regenerative Medicine; Center for Deployment Psychology; Center for the Study of Traumatic Stress; Center for Disaster and Humanitarian Assistance Medicine; and, the Human Performance Resource Center. Over the past decade, USU has received significant responsibilities related to Graduate Medical Education Programs of the National Capital Consortium (NCC). USU provides administrative and academic oversight for the NCC by ensuring compliance with Accreditation Council for Graduate Medical Education (ACGME) institutional and program requirements. In response to these changes, and a doubling in extramural research funding since the last Middle States evaluation, USU has recognized the need to increase its administrative personnel. While some growth in the number of academic administrators and other support personnel has occurred to meet the increased requirements, there remains a need for additional infrastructure, both space and personnel. The USU is addressing these requirements through the use of leased space, new facility planning, and recruiting of program management and administrative personnel as additional resources are identified for the university.

In response to DoD's decision to realign AFRRRI, in 2006, resource and administrative support functions continue to be integrated within the overall USU structure to gain efficiencies. The Surgeons General of the Military Departments each nominate one uniquely qualified candidate for the position of Director, who holds an academic Doctoral Degree in one of the life sciences or a Medical, Dental, or Veterinary Corps officer who possesses exceptional professional qualifications and demonstrated management ability. Final selection of a Director is made by the USU President and the AFRRRI Director serves as a member of the President's senior leadership council, known as the Cabinet. A competitively selected military Deputy Director and senior science staff provide scientific and technical oversight for AFRRRI's radiobiology research.

The PDC was established, in 2010, and consists of a branch campus for the Air Force Postgraduate Dental School (AFPDS) in San Antonio, Texas; an additional instructional site for the Naval Postgraduate Dental School (NPDS) in Bethesda, Maryland; and, three additional sites for the Army Postgraduate Dental School (APDS) at Schofield Barracks, Hawaii; Fort Hood, Texas; and, Fort Bragg, North Carolina. A substantive change was submitted, on August 1, 2012, to create an additional site for the provision of the Master of Science Degree in Oral Biology for the Advanced Education in General Dentistry Program at Kessler Air Force Base, Mississippi. The PDC supports the alignment of the Air Force, Navy, and Army Postgraduate Dental Schools under USU for the granting of the Master of Science Degree in Oral Biology. The PDC Executive Dean serves as the primary administrative liaison between the USU President, the BOR, and the subordinate Postgraduate Dental Schools existing within the College. The Executive Dean position requires a highly qualified clinician and proven leader with broad military and academic experience. The Dental School Deans, selected through collaboration between the Services and the USU President, and validated by the BOR, are extremely well qualified for their positions. They are senior Service officers, proven leaders, experienced educators with national reputations, and board-certified in their respective dental specialties. Individual dental specialty programs, accredited by the American Dental Association Commission on Dental Accreditation, reside within each Service's Postgraduate Dental School. A Department Chair and Program Director are appointed for each specialty program. They are board-certified senior dental officers, master educators, and are competitively selected by their Service leadership.

The university began conducting five-year reviews of its senior leadership, in 2008, to validate their effectiveness and stewardship. To date, reviews of the Dean of the SOM (2008), Vice President for Research (2009), President

(2010), and the Vice President for Finance and Administration (2012) have been completed. These reviews have been very useful; for example, in response to feedback about faculty support for clinical and translational research, an Associate Dean for Clinical Research was recruited to the SOM, in 2011.

The USU is the Nation's Federal health sciences university and is committed to excellence in military medicine and public health during peace and war. The university's mission is fulfilled by exceptionally qualified and selectively recruited military personnel, civilian faculty and staff, and contractors. Most of USU's institutional administrators are civilians, which has enhanced organizational stability. Those serving in the pinnacle positions have demonstrated a broader depth of experience in subordinate academic and administrative roles, having served with distinction in faculty, Department Chair, and/or Senior Administrator roles. Faculty and support staffs are comprised of a highly talented cadre of civilian and military personnel, who work together with the academic administration to achieve USU's mandated mission and goals.

The Uniformed Services have an invested interest in the stability of the university's educational programs since the skill sets essential for their mission accomplishment are developed and ensured by USU to meet the needs of the MHS. The Services have developed assignment processes for active duty uniformed educators, which provide for enhanced stability of the USU educational programs and facilitate continuity of educational instruction and leadership through careful reassignment and/or deployment. Uniformed personnel serving in leadership positions are competitively selected from a deep pool of experienced educators with extraordinary credentials. Those selected are vetted through Service leadership for demonstration of academic acumen and desire to serve in faculty and academic administrator positions. This development and selection process is ongoing, which ensures the availability of qualified replacements when an incumbent is projected for reassignment or retirement.

The university's planning and operations have not been adversely affected by turnover; USU has continued ongoing efforts to increase compensation, achieve pay comparability, facilitate search processes, and enhance diversity. For example, in 2008, the USU administration and faculty collaboratively documented and justified the need for increasing faculty salary ranges to ensure recruitment and retention. This was a significant achievement, representing years of effort, substantial coordination within TMA and other DoD offices, and a sustained collaboration between the faculty and administration. The increases were funded and salary schedules adjusted in 2010. In addition, the university identified internal resources to permit the adjustment of faculty recruitment packages, resulting in the standardization of offers and facilitation of the recruitment process.

The SOM has had four Deans since it was founded. Dr. Laughlin has served as the SOM Dean since 2002. Previously, he served as the Chairman of the Department of PMB in the SOM, and he has been a member of the faculty since 1992. He has recently asked to step down as Dean and return to full time teaching in the department of PMB. A search for a replacement Dean is underway. The positions of Vice Dean (2008) and Associate Dean for Faculty (2010) were recently added. Many of the SOM Assistant and Associate Deans have been incumbents for more than three years; some have been members of the Dean's staff for over ten years. Overall, the organization of the SOM Dean's office is perceived as being quite stable; half the staff possess a considerable amount of historical knowledge regarding institutional policies and procedures, as well as experience in addressing the needs of faculty and students. This, in turn, provides substantial continuity of leadership in the day-to-day management of the School.

Since 2006, there has been significant growth of the GSN in the academic programs offered and more than a doubling in student matriculation (28 in 2002; 79 in 2011). Two new Master's Program Options (the Clinical Nurse Specialist Program option in 2003 and the Psychiatric Mental Health Nurse Practitioner Program option in 2008) and two new Degree Programs (the Doctor of Philosophy in Nursing Science in 2003 and the Doctor of Nursing Practice in 2012) have been added to the GSN. In addition, five departments were established to serve as the academic homes for GSN faculty based on their program specialty areas, in 2011. Plans were laid for the creation of the Faye Glenn Abdellah Research Center (FGARC) to assist faculty and students with research and scholarship support. This Center was fully operationalized in 2008. Since the arrival of the current Dean, the GSN has slowly

been restructuring to better perform its evolving mission. First, the position of Associate Dean for Research was formalized and an experienced nurse researcher was recruited to strengthen faculty research and supervise the FGARC. Then, the Associate Dean for Academic Affairs (ADAA) was given more responsibility, plus an operational role, when all program directors were placed under ADAA supervision. In 2010, a new ADAA was recruited and for the first time in the School's history, this role was filled by a civilian rather than military administrator. Finally, a new position of Associate Dean for Faculty Affairs (ADFA) was created, in 2011; the faculty supervisor responsibility moved to the program directors (now, the Program Chairs). During the Summer of 2011, faculty were realigned from the Department of Health, Injury & Disease Management and the Department of Health Systems, Risk, & Contingency Management to the GSN programs that match their academic preparation and would best serve as their intellectual home.

Although there has been considerable change in structure and leadership in the GSN over the last 10 years, the School continues to produce the highest quality of graduates during a period of increasing demands to establish new programs, integrate faculty, and absorb increased student enrollment. The Psychiatric Mental Health Nurse Practitioner (PMHNP) Program was initiated by military Service request in 2007 and has grown from matriculating four students in 2008 to 14 in 2011. The USU Nurse Anesthesia Program integrated the Navy Nurse Corps Anesthesia Program, doubling the number of students, in March of 2010. The integration process continues to proceed smoothly. The GSN plans to transition the Master's Advanced Practice Nursing Programs to the Doctor of Nursing Practice (DNP) by 2015. The School has gained a national ranking of 79 from *US News and World Report* since the last self-study and its Nurse Anesthesia Program is ranked number five in the nation.

The PDC has reached maturity with graduation of its first class of 28 Master's degree students in June 2012. The programs have a stable population of 132 skilled faculty to teach and lead the 125 students. Turnover among the faculty is due only to the operational requirements of the Services.

5. How effective are mechanisms for organizational decision-making? Are necessary decisions made in a timely and efficient manner? Assess the relative roles of committees of the faculty, department heads, and university administrators in decision-making.

The USU is organized similarly to other academic institutions, which facilitates corporate decision-making through the participation of its senior operational leaders. The USU President clearly wishes to reflect a style of shared governance, whereby stakeholders provide input and discussion to facilitate informed and effective decision-making; and, he has communicated this expectation to the Deans. Within each of the subordinate activities, there exist qualified Associate and Assistant Deans, directors, and other leaders to ensure the effective operation of USU. Each of the USU Schools is dedicated to a process of decision-making that reflects: the needs of scholarship; faculty freedom for academic inquiry and participation in governance; fiscal accountability; and, compliance with the USU vision. In each School, shared governance is promoted and faculty members are encouraged to participate in school decisions. The USU, and all of its Schools, have a committee structure, which operates according to a charter or tasking, to provide information and recommendations on appropriate educational and administrative issues at all levels. The majority of these committees are advisory to whom they report rather than autonomous in their function. The USU Faculty Senate serves as a forum for faculty to contribute to decision-making processes at the university level. Senate leadership meets with the Deans on a regular basis to keep them informed of Senate activities and issues of concern. Senate members contribute through various School-level committees. Specifically in the GSN, there is a Faculty Council and Student Advisory Committee to provide input to senior leaders and participate in school governance. The Faculty Council is composed of all GSN faculty and ensures participation and productive shared decision-making for the GSN.

The USU President's Cabinet meets weekly to address USU-level concerns and is comprised of the direct operational executives. Whenever decision timeliness is critical, a decision is made by the USU President with input from the Cabinet. When a more participative decision process is possible, each operational and support activity leader is tasked with providing input through participation with subordinates. The USU President and the

School Deans are available to their committee chairs, department and activity heads, and faculty and student leadership, including the USU Faculty Senate, to receive feedback, information and recommendations. The USU President's Open-Door Program enhances communication throughout the USU community and its utilization is encouraged. For example, during the year 2010, there were 23 requests for information or provision of input using this mechanism. In 2011 there were 22 requests for information and 14 requests to date in 2012. The subject matter of the anonymous inquiries varies from questions or concerns about curricular reform and faculty compensation to questions about employee relations, issues such as telework policy, and parking. Individual faculty and students are also seen by USU leaders after appropriate use of their administrative chains. Generally, the USU President depends upon subordinate leaders to address academic issues and administrative concerns.

The USU President, shortly after his arrival, met off campus with his Cabinet to formulate a strategic plan or direction for the USU. The faculty representative at this meeting was the President of the Faculty Senate. At the conclusion of the most recent meeting, the USU President opted for a "Strategic Framework" rather than what would be considered a more traditional strategic plan. Each subordinate activity head was encouraged to develop a strategic plan relevant to his/her activity and aligned with the Corporate Strategic Framework. A responsibility centered model of management was established and formed the basis for future resource distribution and accountability. Responsibility Centers were established according to the USU major organizational divisions with senior executives designated as the RCMs. Each year, senior leadership off-sites are held to fine-tune corporate goals and identify USU initiatives and establish resource priorities. The strategic resourcing plan drives the development of the POM, the DoD mechanism used to support long-term resource decisions.

The USU reality is that regardless of committee input, personnel and fiscal decisions are impacted by DoD requirements, laws, and/or Federal regulations. Another resource constraint is USU's absolute dependence upon annual congressional appropriations. At times, depending upon the issue, this annual fiscal dependence provides challenges and a level of complexity that requires understanding and planning by the entire USU community.

6. Evaluate the degree of participation of students and faculty members in the institution's standing committees. Is committee membership appropriate in terms of representation? Are committee charges sufficiently clear to facilitate their activities?

Since his arrival, in August of 2005, the USU President has worked to enhance input across the USU communities. Faculty and students from the SOM, GSN, and PDC have been integrated, wherever appropriate, throughout the governance and committee structure of the university. The USU faculty serve on all committees of USU, the Faculty Senate, GSN, SOM, and PDC. Faculty review and manage areas of concern through their membership on relevant committees and conduct program evaluations, as well as departmental reviews (Appendix 29 - Committee Membership). Students sit on all appropriate committees at the USU and, in some cases, with vote (i.e., Admissions, the USU Anatomical Review Committee, the USU Committee for Names and Honors, and EURRC). Upon assignment, committee members are provided copies of the committee charter/responsibilities. See further discussion in subcommittee 1, question 13, page 19. Although not an institutional standing committee to which faculty members are appointed, another mechanism for faculty concerns to be heard by the USU leadership is through the Faculty Senate, as elected by the Faculty Assembly. The Faculty Senate assesses faculty representation and acts as the faculty's collective voice to the USU leadership on issues of concern.

7. What systematic procedures are in place for evaluating administrative units? Are these adequate? Justify your response.

The university has multiple mechanisms for evaluating the performance of its administrative units. In addition to the internal and external reviews described below, USU maintains numerous accreditations and certifications each of which includes a review of administrative competencies supporting the function accredited (Appendix 56 - List of Accreditations). Each year, the USU President, as a DoD Agency Head, is required by Federal and DoD regulations to submit a Statement of Assurance (SOA), an attestation of reasonable assurance of the effectiveness of

the Agency's Internal Controls. The SOA provides a comprehensive review of all internal controls governing the financial and nonfinancial operations of USU.

As a component of the TMA, the university undergoes periodic external reviews evaluating USU's financial, contracting, human resources, and information management services. These include, but are not limited to, reviews of the management of travel, the government purchase card, procurement, and assessments of information management and technology networks. In each of the areas reviewed, USU has responded to all findings and recommendations, and has successfully met or exceeded all reviewed standards. For example, in 2011, USU's Environmental Health and Safety Office received three full compliance reviews from the Nuclear Regulatory Commission (NRC) for Radiation Safety; the Drug Enforcement Agency (DEA) for Controlled Substances; and, the Centers for Disease Control (CDC) for Select Agents.

In 2006, as part of USU's strategic planning process, the Vice President for Finance and Administration identified several investment goals: recapitalization of physical facilities; space management; strategic investment in IM/IT infrastructure; and, replacement of the financial accounting system. By 2011, the established goals of recapitalizing the physical facilities, strategic investments in IM/IT infrastructure, and replacement of the financial accounting system had been achieved (see subcommittee II, question 5, page 29). The goal of space management is being addressed through the university's Space Committee, as well as through the submission of extensive justification material for an education and research building proposal to TMA's Capital Investment Review Board. The USU Space Committee is chaired by a faculty member, nominated by the Faculty Senate, and has one voting member each from the SOM, GSN, AFRRI, and the USU Administration. The university has made significant gains in understanding its space constraints, renovating existing space and leasing off campus space. For the past several years, a comprehensive space study has been conducted to highlight space usage for educational, research, and administrative functions. The study data has positively resulted in increased support cost recovery from the HJF, more effective use of laboratory spaces, and documentation to support the lease of 70,000 square feet of off-campus space.

In terms of resource management, USU participates in quarterly reviews and an annual Execution Baseline Position Review by TMA. This annual review provides an in-depth examination of budget execution for the most recently completed fiscal year and a thorough review of USU's five-year budget plan. In addition, the university responds, throughout the year, to specific financial topics of interest to TMA and the DoD. Funds administered by the HJF for the furtherance of medical research, medical consultation, and medical education at USU are reviewed annually. The HJF administers a variety of endowment and special project funds (now referred to as Education Program Funds), which encourage the development of scholarship, research and clinical excellence at USU. As part of the strategic planning process, in 2006, senior leaders and faculty identified the need for increased transparency of financial information. A responsibility center model was initiated, in October of 2007, to provide USU leadership with a greater visibility and understanding of its resources and to achieve consensus during decision-making and setting priorities (Appendix 57 - Responsibility Center SOP). The model has been effective in establishing strategic reserves that are controlled by the RCMs, allowing them to address funding problems, as needed within a specific cost center, before such problems become a corporate issue.

In October of 2010, in a continued effort to improve financial service, USU replaced its outdated accounting system, the College and University Financial System, with the Defense Agency Initiative (DAI) to ensure better cost accounting data for managers. Although there have been initial problems with the transition to the new system, such as cost distribution and funds control, they were resolved by the end of Fiscal Year 2012. With the new compliant financial system, USU expects to achieve an unqualified audit opinion by the end of Fiscal Year 2015.

In 2005, a Defense Procurement and Acquisition Policy (DPAP) team conducted an on-site Procurement Management Review (PMR) of USU. The review produced several findings, which were addressed, but the site team determined that overall, the university's contracting department met mission requirements and Federal procurement regulations, despite the unique circumstances surrounding a medical school and medical research. In a

follow-up review, in June of 2006, the PMR particularly noted improvements in both service and in regulatory compliance. In 2010, an inspection of USU's Government Purchase Card Program revealed that USU fully met DoD average time-to-payment and rebate amounts, both hallmarks of good administration; and, that USU had fully implemented the Purchase Card On-Line System for identifying VISA charges that could have potentially merited further investigation.

In May of 2010, the university's Government Travel Card Program was reviewed by the Defense Travel Management Office (DTMO). The review was requested by the DTMO as a result of the university's having the best record in the entire DoD related to its low delinquencies on both the Individual Card Accounts and the Centrally Billed Accounts. Since November of 2008, when DoD switched Government Travel Card contractors from the Bank of America to Citibank, USU had zero delinquencies for 16 consecutive months, an unheard of feat for an agency of its size (1,000 individual accounts and two Centrally Billed Accounts). The DTMO was most impressed with the program support provided by the USU senior leadership and the administrative oversight provided by the program managers.

The USU Civilian Human Resources Directorate (CHR) has significantly participated in the Federal Government's overhaul of personnel systems, hiring policies, initiation of telework programs, and labor-management partnerships. Since the last Middle States evaluation, with minimal increase to the CHR staff, a large number of civilian personnel were migrated to the National Security Personnel System, only to be returned by government mandate to the General Schedule System several years later. In addition, the university was successful in obtaining additional funding for faculty recruitments and compensation increases, in 2010. While positive for the university, this resulted in a significant number of personnel actions which further challenged CHR's commitment to provide quality customer service due to the significant paperwork resulting from all of these changes. In 2011, the university faced the following human capital challenges: threat of a government-wide shut down; imposition of a two-year pay freeze; TMA hiring limitations with concomitant delays in the recruitment process; substantial curtailment of the Federal Intern Program; and, the implementation of a new timekeeping system. All of these challenges complicated the delivery of regularly assigned services provided by CHR. The university recognizes that human capital has been, and will continue to be, its strongest asset. In an ongoing commitment to improve administrative support, USU recently contracted for an external assessment of the CHR, in 2011, to ensure its readiness to meet the current and future human resource requirements of USU. The organizational review and assessment of human resources programs and services was completed; implementation of recommendations from the review are ongoing (Appendix 58 - CHR Assessment & Transformation). Since 1995, the USU CHR has conducted internal surveys of training needs to assist managers in developing their employee training plans for the next fiscal year. Typically, 25-30 departments participate in the survey. The process assists managers in identifying training opportunities for their employees, and the results of this survey ensure that training dollars are spent on the university's highest priorities.

Since 2006, the university has undertaken a series of internal and external assessments of its information technology (IT) services to improve reliability, increase security and reduce network vulnerability. In 2008, TMA conducted a Defense Information Assurance Certification & Accreditation Program (DIACAP) assessment visit, resulting in a report of detailed findings and recommendations. The university addressed these findings, and in its most recent DIACAP Vulnerability Management System assessment achieved a full Authority-To-Operate certification, validating the security posture of the USU network. The university will continue to address DoD's stringent network security standards. In addition to network security, the USU CIO has also responded to faculty, staff and student concerns regarding the reliability and availability of information services by implementing surveys of academic technology support, web development services, helpdesk customer service, network operation, and telecom services. In survey data, from April to June 2011, 90% of respondents indicated they were very satisfied, or satisfied, with the services received. In the most recent survey, completed in 2012, concerns were raised by the teaching faculty over USU's transition to Google Apps, .mil to .edu, and implementation of IT security; those concerns are being expeditiously addressed. The USU CIO continues to collect data to improve customer support and meet the needs of faculty, staff, and students.

Although the PDC has only recently been established, procedures for evaluating administrative units are assessed as being adequate at this time. The Middle States Commission on Higher Education (MSCHE) conducted initial site visit evaluations of the Air Force Postgraduate Dental School (AFPDS) and the Navy Postgraduate Dental School (NPDS) in the Fall of 2010. Subsequently the NPDS was confirmed as an additional instructional site and the AFPDS as a branch campus. An MSCHE Site Visit was conducted at the Army program at Schofield Barracks, Hawaii, in January of 2012; the Army Postgraduate Dental School (APDS) subsequently received full approval for three additional educational sites: Schofield Barracks, Hawaii; Fort Bragg, North Carolina; and, Fort Hood, Texas. Residency programs at each institution have received site visits from their accrediting body, the Commission on Dental Accreditation (CODA). These visits consisted of thorough evaluations of the following: Institutional Commitment/Program Effectiveness/Affiliations; Educational Program; Program Director and Teaching Support; Facilities and Resources; Educational and Support Services; Curriculum and Program Duration; Advanced Education Students/Residents; Patient Care Services; and, Research. Standards were met or exceeded in all areas evaluated. Accreditation was granted to all programs without reporting requirements; this is the highest accreditation score, with a seven-year term granted, until the next site visit.

In addition to external reviews, USU also conducts internal, Brigade-specific surveys to gauge overall satisfaction in the EO areas. A survey is conducted through the Defense Equal Opportunity Management Institute (DEOMI) utilizing the DEOMI Organizational Climate Survey. The survey is targeted to Brigade personnel. In the most recent survey (January 2011), with a 39% response rate, USU had an overall positive unit summary (Appendix 15 - DEOMI Climate Survey). The results reflected that when measured against all the military services and DOD/Joint commands, the university exceeded those scores in every measured area. Positive ratings were cited in job satisfaction, leadership cohesion, work group effectiveness, and trust in the organization. In terms of changes to improve organizational climate, among the most cited comments were: professional development opportunities; mentorship; greater accountability for actions; and, improved communication.

SUBCOMMITTEE III: CONCLUSIONS AND RECOMMENDATIONS

STANDARD 4: Leadership and Governance

CONCLUSIONS

Unlike other health science universities, the USU governance structure must meet Federal and DoD regulations. Congressional legislation establishes and the DoD leadership authorizes and approves the University's overall mission, governance, organization, responsibilities, functions, relationships, operation funding and authorities. While the USU BOR is advisory in nature, it ensures that USU operates within the framework of public law, regulations and ethical guidelines, and reports to the Secretary of Defense through its appointed Chairman. The DoD leadership and the BOR are actively engaged in monitoring and evaluating the administrative operations, resource management baseline reviews, institutional assessments and organizational decision-making. The relationship between the BOR, the University President, and the faculty and staff are clearly defined, understood and function in a cohesive, collaborative and collegial manner.

RECOMMENDATIONS

- Increased communication of the BOR's actions would enhance the appreciation of the institution's governance among all staff and faculty.
- Continue to identify and institutionalize communication pathways that increase collaboration between faculty, students, staff and administration.

STANDARD 5: Administration

CONCLUSIONS

A number of USU executive-level positions have been reclassified, reorganized, or added in response to new programs and requirements. Overall, the stability of the President's and Deans' leadership staff is viewed as sound. USU has processes for organizational decision-making through shared governance. Decisions are made in a timely manner. Wherever possible, community involvement is encouraged, especially on those issues which are less time-sensitive. Subordinate operational leaders or activity heads have an internal leadership structure and shared governance model that is used to make immediate key decisions and to plan for mission change and future growth. Efficient operation of the university requires regular monitoring of its administrative units to ensure they continuously support quality education and research programs. The combination of regular internal and external reviews, as well as periodic surveys of faculty, staff and students, provides an effective basis for assuring adequacy of support to the university's mission.

The university's initiatives and achievements have created a major shift in the perception and realization of the value USU brings to the Department of Defense and the Nation. In response to the needs of the MHS, USU has: developed or expanded existing or new academic programs; initiated curriculum reform; restructured the organization and created a President's Executive Cabinet to enhance communication and efficiency; created new interactive communications methods; replaced the financial accounting system; broadened the investment in IM/IT infrastructure; added the Postgraduate Dental College with five distant operational sites; established an additional nursing doctoral learning site with the VA; realigned the Armed Forces Radiobiology Research Institute directly under the University's auspices; and, revitalized the University's infrastructure. The USU leadership has also established key collaborative alliances with National Institutes of Health, the National Library of Medicine and the Institute of Medicine. During this same period, the leadership team implemented a Responsibility Center Management model to enhance the USU administration and financial processes. In addition, the annual organizational self-assessment process was significantly expanded into a key internal management review program. And, wherever possible, the concept of shared governance has been promoted.

RECOMMENDATIONS

- It would be beneficial to establish a succession plan for senior leadership positions to ensure continued stability and continuity of the USU mission.
- Address continuing IM/IT infrastructure requirements with appropriate staffing and resources.
- Monitor and measure the success of recently implemented recommendations for improving human resource management processes.
- Evaluate the value of increasing the resources necessary to expand the in-house capability for providing programmatic assessments.

Subcommittee IV

Standard 11: Educational Offerings

Standard 13: Related Educational Activities

Standard 14: Assessment of Student Learning

- 1. Assess the extent to which the learning objectives of educational programs are congruent with the university's mission and are stated in outcome-based terms that allow assessment of student progress in developing the competencies that the profession and the public expect. What is the evidence that the data are used in an organized and sustained process to improve student learning and program effectiveness?**

Senior leadership, with the support of the BOR, has established strategic goals for university-wide learning: Objectives 1.6.1 through 1.6.6 (Appendix 3, pages 36-40). The university has established specific objectives to further organize the military component of the overall USU mission in accordance with mandated and sound organizational principles through a series of actions planned for 2013-2014. Examples of specific actions include: the appointment of a Professor of Military Science; continued coordination on the re-designation of MEM as the Department of Military Science as its primary role; and, the assignment of military professional development responsibility to a GSN senior leader. The demands of health education in the USU Schools require that the military aspects of the university be structured for efficiency and effectiveness. To meet these objectives, USU has initiated, through ongoing curriculum reform efforts, a balance between skill development and development of military officership. That is, a balance is required between contact hours devoted to medical/nursing studies or advanced programs focused on producing highly competent medical practitioners/researchers with efforts to ensure qualified uniformed leaders with a solid background in officership. The development of overarching recommendations for curricula and command programs devoted to uniformed leadership, officership and professional activities is also underway (i.e., the USU Brigade has been charged to oversee the provision of individual military development plans and the educational and training tools to assist in ongoing personal professional development, etc.). USU must ensure that all students, faculty and staff members have the tools to continually improve their 'self-knowledge' and an individual professional self-development plan which will allow them to grow and advance professionally and personally throughout their military careers. Much like the outcome assessments provided by the Long-Term Career Outcome Study (LTCOS), *Military Medicine*, Vol. 177, September 2012, at Appendix 27, each of these objectives will be assessed throughout the near future via peer-reviewed articles, surveys and interviews held across the spectrum of students, faculty, alumni, and supervisors.

Undergraduate Medical Education (SOM): The Undergraduate Medical Education Program (UME) is designed to graduate competent, compassionate, dedicated physicians to serve beneficiaries of the Uniformed Services and the Public Health Service (PHS). The current overarching learning objectives for the UME were established in 2005, are linked to the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies in outcome-based terms, and are organized into the following areas: 1) medical and population health knowledge; 2) interpersonal and communication skills; 3) patient care; 4) practice-based learning and improvement; 5) professionalism and officership; and, 6) systems-based practice. Internal outcome measures for assessing student progress and program effectiveness include: student evaluations from courses and clerkships (Appendix 59 - Neuroscience Module Evaluation & Appendix 60 - Pediatric Clerkship Evaluation); student scores on internally developed examinations; performance-based assessment of clinical skills (e.g., Objective Structured Clinical Examinations); student advancement and graduation rates; and internship residency selection results (Appendix 26 - Class of 2012 Internship Selection Results). Objective outcome measures demonstrate that SOM graduates are well prepared for their postgraduate education (internships/residencies). External sources of data include: the annual AAMC Graduation Questionnaire (Appendix 25); pass rates on the United States Medical Licensing Examinations (Appendix 61, 62, 63, 64); National Board of Medical Examiners (NBME) subject exam performance during several basic science courses and clinical clerkships (Appendix 65); annual program director surveys; and, military promotion rates. Additionally, with the new curriculum that began for the class of 2015 the SOM will have two additional examinations provided by the NBME. With the new modular-based structure during the pre-clerkship

period, Customized Assessment Examinations will be administered as a summative evaluation at the midpoint and end of each of the seven modules. The SOM has added the National Board Basic Science Examination to be offered at the end of the pre-clerkship phase, the clerkship phase, and prior to graduation. These examinations are formative and serve as potential progress testing for the students. The SOM also has a Long-Term Career Outcome Study (LTCOS) research team that studies student and alumni performance. Findings of the LTCOS team are provided to faculty and the Dean's Office and are published in peer-reviewed journals (Appendix 66 - Long-Term Career Outcome Study Bibliography). By all objective criteria thus far, SOM graduates continue to perform well in their training and in their uniformed medical careers. The recent reaccreditation by the LCME, in 2011, validates the strength of the above-described process (Appendix 67 - LCME Letter of Accreditation).

SOM Graduate Programs: Graduate education programs support the university's missions of teaching and research and they contribute to the intellectual life of the university. Members of the faculty provide course instruction as well as research guidance and support to graduate students. The graduate students contribute to faculty research programs and assist the faculty in the fulfillment of their teaching responsibilities.

Contributions to research mission: Graduate students contribute to departmental or program-based research data clubs and journal clubs. These weekly meetings also are attended by post-doctoral fellows, faculty, and other research staff. The students are viewed as an important contribution to research vitality at USU. Graduate students are also expected to present seminars on their research progress to the program or department faculty, at least once annually. These sessions are attended by program faculty and provide an important mechanism for dissemination of the latest research results to all members of the program. Graduate students also present their results at national and international meetings of scientific professional societies. These presentations provide valuable experience for the students and contribute to national and international recognition of the research activities of USU faculty and students.

Graduate student contributions are reflected in their research publications. Publication rates vary among programs, reflecting multiple research styles across biomedical research disciplines. The data support the contention that graduate students are a driving force in the university research community and they play an important role in maintaining and facilitating research productivity of USU faculty members.

The individual graduate programs track the number of student presentations at national and international meetings and the publications that include student authors. This information is reviewed by the faculty oversight or executive committees of the individual graduate programs on an annual basis, resulting in a review of the research output of the program. None of the programs require that a student publish a minimum number of papers in order to graduate. Doctoral students can prepare a classic dissertation or have the option of compiling two, or more, first-author peer-reviewed publications into a document, which can then be submitted as a thesis. This mechanism encourages student publications. Institutional prizes and awards that recognize student accomplishments, including fellowships for 4th or 5th year students, consider publications as an important evidence of student progress and performance.

The graduate programs act on the results of their outcomes data. These data include: application and acceptance rates (Appendix 68, 69, 70), retention and graduation rates (Appendix 71 & Appendix 72), exit surveys conducted by specific programs (Appendix 73 - 2011 Graduate Student Survey), course evaluations and graduate program self-study reports. Most graduate program courses are annually evaluated, using graduate student and faculty feedback, student performance data, and consideration of new developments in subject matter. Curriculum change is achieved through program faculty meetings and retreats, in consultation with the Graduate Education Committee. Self-studies of current SOM graduate programs began in 2012. New graduate programs in the biomedical sciences are only introduced when the appropriate need and resources for support are identified.

Contributions to the teaching mission: In some departments the teaching activities of graduate students provide an important contribution to the academic programs. For example, the Medical Psychology and Clinical Psychology Programs assign their students specific and significant course management responsibilities as teaching assistants.

Other programs leave definition of the roles of teaching assistants to the course directors. In some departments and programs, graduate students serve as tutors for medical students who are in academic difficulty. Teaching opportunities also exist in extramural programs. For example, students have served as mentors of high school students enrolled in summer research programs. Others participate in a student-organized tutoring service for high school students taking high school science courses. Formal course offerings that provide instruction in teaching and education are open to all graduate students to include *Educational Methods* (ID0511). USU graduate programs may require students to serve as teaching assistants during their training years. The responsibilities vary across the programs. No formal mechanism exists to provide uniform laboratory and lecture teaching experiences for graduate students. The absence of an undergraduate school at USU limits opportunities for gaining teaching experience; hence, teaching experiences are individualized for each graduate student's interest, ability, and projected need. However, in several programs, students are required to serve as teaching assistants. In some cases, a formal teaching assistantship assignment is developed. As a result of these diverse program requirements, the formal training of USU graduate students in educational methods and the amount of practical experience they gain as teaching assistants, is variable.

Graduate School of Nursing (GSN): The mission, guiding principles, goals and expected student outcomes of the GSN are derived from, and congruent with, the mission, guiding principles, goals, and expected student outcomes of the university (Appendix 74). Both the USU and the GSN have a three-fold mission of education, research and service. Specific outcomes and criteria for performance have been established for each mission area. The GSN mission statement, goals, and expected student outcomes are accessible online at <http://www.usuhs.mil/gsn/> for both current and prospective students and the information is also available in hard copy for current students in the USU GSN Master's/Doctorate of Nursing Practice and Doctor of Philosophy Program Handbooks.

PhD Program in Nursing Science: Students admitted into the PhD Program transition from a master's specialty to a rigorous program of study that includes a strong emphasis on science, leadership and research. The PhD on-campus program, as well as its distance learning additional location (Appendix 171), is uniquely focused on advancing the science guiding the future of individuals and systems within Federal and military organizations and is consistent with the USU research, education and service mission.

Designed to prepare research scientists, the PhD Program provides a curriculum that integrates foundational courses such as research methods, statistics, ethics, policy, nursing science, philosophy and professional issues consistent with national standards. In addition, the curriculum provides four comprehensive areas of scholarship designed to provide students with a significant foundation in both the domain of science as well as the methodological approaches unique to an area of science. These options are interdisciplinary in nature and include: (1) Biobehavioral Science and Research, (2) Ethics, Policy & Leadership, (3) Health Services Research, and (4) Patient Safety and Rehabilitation Outcomes. Each Interdisciplinary Option provides courses and research experiences specifically designed to integrate knowledge gained from related disciplines with the techniques and approaches derived from core courses, with the goal of defining the state of the science of a selected problem that forges the dissertation. This curriculum is distinguished from civilian universities by providing: (1) an early and consistent immersion in research intensive environments such as NIH and well-established military programs of research, (2) a strong emphasis on ethics, policy and leadership, and (3) clear interdisciplinary collaborations in the development of courses, individual research supervision, and research experiences.

Advanced Practice Programs: Curricular guidance for the PhD Program is provided by the American Association of Colleges of Nursing (AACN) "Indicators of Quality in Research-Focused Doctoral Programs in Nursing" (Appendix 75). Briefly, these indicators focus on the quality of faculty, programs of study that are consistent with the mission of the parent institution, and resources including space, research funding, and expertise in grant proposal and management. PhD students and faculty contribute to the discovery, development and transmission of new knowledge and the result of these activities is the development of a scientific body of knowledge relevant to military and Federal healthcare. Graduates of this program readily assume leadership roles in their respective service or organization.

Curricula are reflective of the expected student outcomes derived from the GSN and program terminal competency outcomes and are congruent with the school's mission and goals (Appendix 76 - Flowchart of USU/GSN Organizing Framework). All programs are grounded in national professional standards. Curricula are implemented in teaching and learning environments, which are designed to result in the accomplishment of program terminal competency outcomes (Appendix 77 and Appendix 78). Academic policies and procedures are consistent with those of USU and the discipline of nursing. All policies are clearly defined, accessible, and implemented in a non-discriminatory manner. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster program improvement. The process of evaluation has multiple "owners" (faculty and administration), each making decisions that impact on the delivery of GSN academic programs. The GSN Master Evaluation Plan (MEP) (Appendix 35) provides a systematic guide with a transparent feedback loop for a continuous process review of GSN academic programs. Compiled data are then used by the GSN administration and faculty to make curricular or programmatic decisions. Outcomes for each program are assessed at repeated points in time (Appendix 79). As national program standards and the GSN program terminal competency outcomes have evolved, the GSN's outcome data collection tools and methods have also changed. New surveys increased congruency the National Organization of Nurse Practitioner Faculty (NONPF), The Council on Accreditation of Nurse Anesthesia Education Programs (COA), The National Association of Clinical Nurse Specialists (NACNS), and GSN terminal competency outcomes and survey items. In addition to rating performance levels for terminal competency outcomes, graduating students, employers, and alumni are also asked to rate their level of satisfaction with other aspects of the program. Program effectiveness is measured through a variety of data sources: graduation rates; specialty certification exam pass rates on the first time taking the exam; assignment/employment in an Advanced Practice Registered Nurse (APRN) specialty; scholarly project national dissemination and recognition; end-of-program ratings by graduating students for curriculum; evaluation methods; and, faculty, alumni, and employer satisfaction. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement. Data are reviewed formally by faculty and recommendations for change are approved and implemented in response to evaluative data (for examples see Appendix 80 and Appendix 81). The recent reaccreditation of the GSN by the CCNE, in 2012, validates the strength of the above-described process (see Appendix 82 - CCNE Letter of Accreditation).

Postgraduate Dental College (PDC): The PDC provides military dental officers with postdoctoral clinical, didactic and research experiences to equip them to provide the dental health needs of the Uniformed Services. In addition to training competent, proficient clinical specialists, the PDC endeavors to foster a culture that will stimulate students to pursue future leadership roles in clinical care, professional education, specialty organizations, military healthcare management, and research. Through the AFPDS, NPDS, and APDS, the PDC offers residency or fellowship programs in seven dental disciplines. Core learning objectives for each program are established by the Commission on Dental Accreditation (CODA) and the respective dental specialty board (Appendix 83, 84, and 85). Curriculum elements that pertain to the career development of dentists as military officers and healthcare managers are determined by the respective military Service. Internal outcome measures for assessing student progress and program effectiveness include: written and oral examinations; direct observation of clinical skills; residency portfolios; patient record reviews; involvement in research; participation in teaching opportunities; and, student feedback of courses and clinical rotations (Appendix 86, 87, 88, 89, 90, 91, 92, 93, 94). External outcome measures for assessing student progress and program effectiveness include: specialty board pass rates (Appendix 95 and Appendix 96); feedback surveys from graduates and accessioning commands (Appendix 97, 98, 99, 100, 101, 102, 103); military promotion rates; septennial CODA program recertification; and, the selection of graduates to military leadership positions.

- 2. Evaluate the adequacy of the methods used to assess student attainment of the objectives of the educational program. Comment on the appropriateness of the mix of testing and evaluation methods. Describe the frequency with which students receive formative assessment in addition to summative evaluations. Discuss the timeliness of performance feedback to students.**

The university recognizes that it must continue the development and implementation of a schedule for the assessment of all the outcomes of degree programs. In an era of pedagogical revolution, USU must continuously

assess the entire range of degree programs resident in the SOM, Graduate Education Programs, the GSN, and the PDC (Strategic Objectives 1.2.6, 1.3, 1.5.2, 1.9.1, 2.4.1). Methodologies must be kept fully up to date with capabilities to provide health professionals for the DoD who are qualified to address current requirements throughout the serviced populations. Health professionals in the Uniformed Services must meet standards established by civilian organizations and institutions that are external to the DoD. This requirement mandates that USU, throughout all of its Schools, meet rigorous accreditation standards in order for its graduates to meet certification requirements throughout their lifetime of service. Multiple accreditation processes help USU to assess itself and to capitalize upon new ideas and streamlining procedures that exist throughout the various Schools. An example of embracing powerful new tools and technologies available for uniformed health education and training exists at the university's National Capital Area Medical Simulation Center, which is recognized as a world leader in this vital training and educational methodology. Simulations, the means by which USU tests system-wide competencies, provide the opportunity for students to experience a wide range of health-related operations and activities in a risk-free, reality-like environment that allows the development, assessment and continued growth of clinical skills. The Simulation Center provides students with 26 different clinical skills courses and 30 continuing medical education courses for graduates as part of the strategic goal to provide opportunities for life-long learning (see Appendix 177). The courses provide the student participant with an immediate feedback evaluation as an extension of their learning process.

Undergraduate Medical Education (SOM): Across the four-year curriculum, a variety of methods are used to evaluate medical student knowledge, skills, attitudes, and behaviors. In the preclinical years, acquisition of knowledge is assessed using multiple-choice and short answer formats on written examinations and quizzes, practical (laboratory) examinations, graded small group activities, online case analyses, personal reflection papers, multiple observed patient encounters in introductory clinical medicine courses, direct observation of physical examination skills, standardized patient exams, and a major operational medicine field exercise. Additionally, given the modular structure of the new pre-clerkship coursework, which is not discipline-based, customized examinations from the NBME are used as mid-term and final module examinations. Formative quizzes are incorporated within each module, with timely feedback provided by instructors or through web-based exercises.

All required clerkships evaluate students on knowledge, skills, and professionalism and provide mid-clerkship formative feedback on student performance. All of the core third-year clerkships use NBME subject examinations in their evaluation processes as well as direct observation; many also use standardized patient encounters. Students are again briefed on their performance at the end of each clerkship, by the clerkship coordinator, at each of their clinical sites. Final summative grades are assigned by the clerkship directors after receiving subject examination scores and students receive their final grade within six weeks of completion of the rotation. In addition, the senior class undergoes a major field exercise (Operation Bushmaster) where their triage and clinical skills are challenged in a realistic operational environment.

The Executive Curriculum Committee (ECC) is responsible for the review of courses and clerkships with regard to content, format, teaching methods, course materials, and methods for assessing whether students have met identified learning objectives. Through the annual reviews by its curriculum subcommittees, the ECC ensures that appropriate formative and summative methods are used to evaluate student performance in each required course and clerkship, and that sufficient formative assessment is provided prior to the final course grade. Student feedback is also a critical component of program evaluation considered by the ECC.

SOM Graduate Programs: Mechanisms for the evaluation of students are essentially similar across all USU graduate programs. Formal course work is evaluated by written examinations during, and after, each course. A letter grade is given to each student. The format of each examination is determined by the course director, but the evaluation policies for each course must be approved by the Graduate Education Committee (GEC). Grades are provided to students at the end of the quarter in which the course was held. All students must maintain at least a 3.0 grade average in all formal course work (Appendix 104 - USU Instruction 1306 - Academic Standing of Graduate Fellows). Should a student fail to maintain this standard after his/her third quarter at USU, the program director

must review the student's progress at the next GEC meeting and recommend appropriate remediation during a period of academic probation or dismissal. Students under evaluation are invited to attend the GEC meeting and are kept informed of the process.

The methods for the evaluation of students are similar to those used at graduate schools across the country. A variety of methods are utilized to evaluate each student, with contributions from many individual members of the program's faculty. In the laboratory sciences, students are required to complete a set number of rotations, usually of about three months duration, in faculty laboratories. Faculty members provide a brief evaluation of performance during rotations to the program director. By the end of the second year of Ph.D. programs, students must pass a qualifying examination supervised by the committee of faculty, established by the program, in order to advance to candidacy for the Ph.D. Degree. During the second year, a dissertation committee is also established for each student. This committee meets at least every six months, makes an annual assessment of the performance of the student, and provides recommendations to the student at the time of the meeting(s). The students are required to present the results of their thesis research to the members of their program, both faculty and students, on a yearly basis; this performance is evaluated by the thesis committee, the program director, and the program faculty. The results of these evaluations are provided to the students and their mentors. Finally, the dissertation committee evaluates the student's written dissertation and final dissertation defense. The approval of the committee is required for the degree to be granted.

Graduate School of Nursing (GSN): Student performance is evaluated by the GSN faculty based on the defined course competencies. Competencies are designed to provide the student with the necessary didactic content, clinical, and research experiences to achieve the outcomes of the program. Overall grading policies are established by the GSN faculty shared governance process and are distributed to students during orientation as part of the annually updated GSN Student Handbook, available at <http://www.usuhs.mil/gsn/>. The policies clearly define the grading criteria for both didactic and clinical courses. Additionally, each program identifies courses with minimum grade requirements. Grading criteria and evaluation systems are specified in the syllabus.

PhD Program: The curricular milestones in the doctoral program are consistent with those of the SOM Graduate Programs in terms of assessing preparation and readiness for the qualifying examination and the dissertation. In the GSN, students' timely progression is monitored from admission by an Academic Advisory committee responsible for the selection of courses, research experiences, and educational opportunities available outside the university that compliments a student's specific area of study. At the end of each quarter, students' performance is monitored by the primary advisor and at the end of each academic year all records are reviewed by the academic advisors and the Program Director. This review provides an assessment of students' progress as well as an appraisal of the fit of individual courses in meeting the vision and objectives of the curriculum.

Advanced Practice Programs: At the beginning of each course, students receive a detailed syllabus that includes the course competencies or expected individual student outcomes and the course evaluation plan, as well as other relevant course information. Students are provided written guidelines for the expectation of each paper, presentation, or project required in the course. Papers, projects, presentations, and examinations are assigned based upon the expected individual student outcomes for the course. Since assignments are developed from the course competencies, final grades reflect the students' achievement of the expected individual student outcomes. In clinical courses, students receive feedback from faculty and preceptors on a regularly scheduled basis, participate in self- and peer-evaluation of clinical performance and give feedback in each course. Standardized patients provide evaluation feedback following clinical scenarios in the Simulation Center. Additionally, the Simulation Center allows for the videotaping of patient encounters for comparison and tracking of performance. For all Master's and DNP students, a student clinical evaluation form is consistently completed for each clinical course, shared with the preceptor, and placed in program files. Through the development, review/revision if needed, and implementation of these policies and procedures, the GSN promotes the achievement of expected individual student learning outcomes (course competencies) by all students. Adequacy of student achievement is reflected in the certification examinations discussed on pages 52-53. Students are given ample feedback during each course. In addition, each

student is assigned a faculty advisor who monitors didactic coursework and proactively determines the need for counseling, tutoring, or other remedial services during the didactic phase of the program. For students who are not progressing satisfactorily, a plan is developed by faculty members to aid the student in the satisfactory completion of the course.

Postgraduate Dental College (PDC): Programs at the PDC vary from two to three years in length depending on the criteria set by CODA and the respective dental specialty board. Clinical activities, didactic courses, and research involvement occur simultaneously throughout the residencies. The effectiveness of learning objectives is assessed through written tests, laboratory exercises, oral examinations, oral presentations, writing assignments, and direct observation of clinical and patient management skills. Each of the PDC residency programs uses all of the aforementioned assessment instruments, but the choice of instrument and timing of application varies between programs to reflect their unique specialty training requirements. The topic of performance assessment is reviewed as part of residency indoctrination. Formative assessments occur throughout the residencies and may utilize oral or written formats. The frequency of formative assessments depends on the learning format and nature of the objective. For example, in a clinical environment, oral formative assessments occur multiple times throughout the day. For didactic courses in a classroom setting, formative assessments may be less frequent. Didactic courses provide grades within two weeks of an assessment; residents are provided with written evaluations of overall clinical, didactic, and research performance on a at least a semi-annual basis.

3. Cite evidence of comparable quality of instruction, academic rigor, assessment of student learning, and educational effectiveness of the institution's courses and programs regardless of the location or delivery mode.

The university has ongoing strategic objectives (see Objectives 1.2.1, 1.2.4, 1.2.5, 1.2.6, Strategic Framework, Appendix 3, pages 23-26) to continue to meet the Congressional mandate to graduate physicians, scientists, nurses and dentists who are appropriately trained to meet all of the MHS requirements through innovative curricula and programs. The USU leadership resources and supports the university-wide major revision of curricula throughout its Schools. Meeting this mandate has been and will continue to be an iterative evolution. The Board of Regents and executive leadership team focus on utilizing indicators for each School to evaluate their respective educational program effectiveness (and thus, the sum of the whole as a measure of institutional effectiveness) through near, intermediate, and longer term quantitative measures. For example, of the many indicators used to assess educational effectiveness the SOM utilizes student responses to the AAMC Medical School Graduation Questionnaire to identify specific areas of strength or weakness. Likewise, the Graduate Programs, the GSN and the PDC have also developed specific indicators to assess the effectiveness and quality of their programs (see Appendix 175 for a list of outcome indicators). Currently, the GSN is completing the transition of the GSN Master of Science Programs to Doctoral Programs (Objective 1.2.4) and the Graduate Programs are focused on establishing a certificate program in Health/Medical Informatics with a long-term goal for a Master Degree (Objective 1.2.5), to directly support the MHS in serving its patient population. Ultimately, as directed in Objective 1.2.6, USU recognizes that it must continuously assess its entire range of degree programs with a long-term goal of providing health professionals who can respond to the evolving needs of the patient population.

Undergraduate Medical Education (SOM): All medical students receive their preclinical education on the main USU campus and associated facilities within the National Capital Region. For the clinical portion of the curriculum, an academic chain of responsibility exists in each SOM department, and the responsibility for clerkship quality ultimately resides with the SOM department chair, who assigns the final grade for each medical student. A billeted SOM faculty member serves as the overall clerkship director. A site director is identified for each clinical site. Faculty and residents at clinical sites are oriented to their responsibilities and the student learning objectives through the use of: the clerkship handbook; faculty training sessions; access to web materials; and/or, teleconference meetings with the clerkship director. Each SOM department uses the same clerkship handbook, learning objectives, evaluation methods and criteria, and learning materials at each clinical site. All departments conduct site visits to clerkship sites to assess the teaching environment and conduct faculty development. The

Office of Medical Education conducts a clerkship evaluation at the conclusion of each rotation and provides this information (overall ratings for the rotation as well as ratings by clinical site) to clinical departments, the Dean's office, and the Curriculum Committee. Consistency in student experiences across sites is monitored by the clerkship director and departmental education committee, typically at the conclusion of each rotation. Final grades, subject exam scores, student feedback, and patient encounters are compared across sites and a summary report is shared with the faculty, M3/M4 Curriculum Subcommittee, and the Executive Curriculum Committee. All departments review the curriculum annually and involve the site directors in the evaluation and redesign of the curriculum. The quality of the instruction is reflected in the strong SOM student performance through the USMLE examinations (discussed on page 50).

SOM Graduate Programs: The quality of instruction throughout the graduate education programs is ensured by a structured process. Each departmental or interdepartmental program is managed by a program director. The GEC is composed of all program directors, representatives from other basic science departments supporting graduate education (i.e., departments without departmentally-based programs), the Associate Dean for Graduate Education (ADGE), two members of the faculty appointed by the Faculty Senate, or the Dean (SOM), and a graduate student representative. The GEC is responsible for periodic review of the policies and procedures of each graduate education program, reviews of academic records and other aspects of graduate student standing, and monitoring the overall quality of graduate student life. The GEC makes recommendations on these matters to the Dean (SOM) through the ADGE. See discussion on page 51.

Graduate School of Nursing (GSN): The PhD curriculum has been revised in the past year under the guidance of a new PhD director. The faculty was actively involved in the process of evaluating existing courses for their rigor and relevance as well as developing new courses to meet contemporary issues. The interactive exchange between the faculty and the curriculum committee provides systematic oversight and evaluation.

USU began using an electronic learning management system as an enhancement to the delivery of curricula. This system provides consistent delivery of instruction to students regardless of location. After evaluation in 2011, a new collaborative learning management system, Sakai, increased USU's capability in areas of open courseware, knowledge vignettes, self-paced education, testing and quiz platforms, real-time meetings and seminars, student/faculty portfolios, and an improved registration system, thus, enhancing the quality of instruction. Faculty consistently provide electronic course descriptions, syllabi, schedules, assignments, resources and both primary and supplemental course materials for their students in all courses. Students can access course materials on the web and can easily link to required reading materials through the LRC's electronic reserves. At remote clinical and research sites, clinical directors and/or research faculty are available for student monitoring, evaluation of performance, and assistance with online course material. Integration of the E*Value system improved the student capacity to evaluate course effectiveness and program outcomes. The quality of instruction is reflected in the national certification exam results referenced in the Appendix 81.

Postgraduate Dental College (PDC): Although the staff, physical facilities and program offerings of the AFPDS, NPDS, and APDS are not identical, all three schools are bound by the same CODA and specialty board requirements. These requirements mandate that all accredited dental residency programs meet to: establish core curriculum elements; possess adequate faculty; conduct systematic student assessments; demonstrate educational effectiveness; and, have adequate physical/administrative/fiscal infrastructure. The requirements also allow flexibility to accommodate academic freedom and differences in local resources. Evidence of educational comparability was demonstrated by CODA reaccreditation of the NPDS in 2010 and the AFPDS in 2011. The Army programs at: Schofield Barracks, Hawaii; Fort Bragg, North Carolina; and, Fort Hood, Texas were reaccredited by CODA in 2007, 2009, and 2010, respectively (see Appendix 105 for accreditation information) Furthermore, graduates from all sites have similar specialty board pass rates (Appendix 95 and Appendix 96). Evidence of quality and effectiveness was also demonstrated, in 2010, when the MSCHE reviewed the Navy and Air Force Programs of the PDC and accredited the PDC as the newest degree granting entity within USU. In January of 2012, MSCHE reviewed the Army program at Schofield Barracks and, in March of 2012, granted full

accreditation to the Army program.

4. Comment on the adequacy of the supervision of students during required clinical and research experiences. Discuss the effectiveness of efforts to ensure that all individuals who participate in teaching are prepared for their responsibilities in student teaching and assessment.

The university recognizes that the USU faculty are the principal agents through which its graduates are educated and trained to accomplish their professional tasks as required by the MHS. USU Objectives 1.4.1 through 1.4.4 (Appendix 3, pages 27-29) focus on the significant requirement to enhance the provision of clinical and research experiences through a uniquely qualified faculty. Objective 1.4.1 mandates the development of programs to encourage innovation and depth in faculty scholarship and expertise. Today, the USU faculty is widely recognized for its scholarship in education, research, and program development; however, efforts continue to enhance capabilities in the areas of teaching, translation and integration. This is consistent with Objective 1.4.2, which is focused on assuring that all faculty members possess the knowledge, skills and abilities necessary to practice life-long learning, teaching and research. The Deans have been delegated with responsibility to develop guidelines and standards that will sustain faculty competence and expertise. Consistent with Objective 1.4.3, the Offices of Faculty Development across the USU Schools also receive ongoing support and resources to ensure the continuation of essential growth and expertise of faculty across the USU Schools, which will ensure that the USU graduates are prepared to meet the expectations of the MHS. As the majority of USU faculty is located off-site throughout the MTFs and DTFs, close coordination is taking place with the MTF commanders to ensure opportunities for faculty scholarship and growth. Thus, USU leadership has planned appropriate resources for hires across the MTFs to ensure adequacy of supervision and quality of training experiences. And, Objective 1.4.4 calls for expanded recognition and incentives across the USU Schools for collaborative initiatives focused on expanding scholarly pursuits in support of the MHS.

Undergraduate Medical Education (SOM): Clerkship directors and site directors regularly discuss clerkship goals and expectations, evaluation, teaching, and the adequacy of supervision of students. Student evaluations of the clerkship include questions regarding the adequacy of supervision and teaching. These evaluations are reviewed by SOM faculty at the conclusion of each rotation to determine whether there are issues that require immediate attention. Most clerkship directors visit teaching sites annually or biannually. These visits afford clerkship directors opportunities to provide faculty and residents instruction on issues such as supervision of students, educational objectives, and assessment of student performance. Many clerkships also arrange for clerkship site directors to meet annually at military specialty meetings, such as the Uniformed Services Academy of Family Practitioners. Teacher orientations are regularly conducted by either the clerkship director or the site director during the first week of each clerkship. These discussions include reviewing clerkship goals, objectives, and the level of supervision necessary for student education, grading, and student teaching goals. Student orientation is conducted by the clerkship director, or the site director, during the first week of the clerkship. During this time, students review goals, objectives, evaluation, and grading and are encouraged to seek regular feedback from faculty and residents. In the 2012 USU Reaccreditation Survey, approximately 90% of all students felt that the number of faculty was adequate and 81% felt that the number of support staff was adequate (Appendix 13, page 121).

Direct observation tools have been developed for documenting student and patient experiences on several clerkships (e.g., mini-Clinical Evaluation Exercises, Structured Clinical Observations, Clinical Passport). Clerkships use E*Value or clinical WEBLOG, which requires students to log the number and types of patients seen into the system, as well as, their level of supervision for the case. All clerkships require a student orientation, mid-clerkship formative feedback, and end-of-clerkship formative and summative feedback. Specific conferences are also used as a means to discuss teaching and supervision. Clerkship directors have avenues to discuss issues regarding supervision and preparedness of the instructors for teaching responsibilities through their respective departmental chair as well as the clerkship advisory committee. The clerkship advisory committee meets monthly with the Assistant Dean for Clinical Sciences. This meeting affords an opportunity to discuss educational innovation, student performance, and any concerns regarding their educational program (such as supervision or

teaching). The Office of Medical Education surveys students at the conclusion of each rotation regarding their level of satisfaction with the frequency and quality of the supervision they receive.

SOM Graduate Programs: Oversight of the SOM graduate curricula and student evaluation is the shared responsibility of graduate program directors/department chairs, the faculty, the GEC, the ADGE, and the SOM Dean. Program directors and faculty primarily focus on establishing and maintaining student evaluation methods for courses and programs. The GEC monitors evaluation methods used throughout the graduate curricula and receives input from department chairs and course directors. Additionally, the ADGE monitors student evaluation, and collectively, these mechanisms ensure the validity of the methods used for student evaluation. In the laboratory sciences, students are supervised on a day-to-day basis by their faculty mentors. Some mentors meet with students daily and others meet less frequently. The method of oversight is dependent on the nature of the research and the stage of the student's progress. In addition, mentors frequently arrange access to necessary technical expertise at locations within, and outside of, the university. The dissertation committee meets regularly and provides another level of supervision that is independent of the primary mentor. The students are required to present the results of their thesis research to this committee for scientific evaluation, usually every six months.

As stated above, no formal mechanism exists to provide uniform teaching experiences for graduate students. Opportunities for gaining teaching experience are somewhat limited and variable, and necessarily individualized to each graduate student's interest, ability and projected need. For students involved in teaching there are some formal courses available. As stated above, *Educational Methods* (ID0511) is currently offered and the Department of Preventive Medicine and Biometrics offers a seminar, "Giving Successful Presentations," which is open to all students involved in teaching. Course evaluations by graduate students and surveys of graduate students are used to determine the students' view of the effectiveness and adequacy of instruction. The problems identified by the student surveys with individual courses are addressed by the program directors. Problems that arise between students and their mentors are addressed by the program directors, the student's thesis committee and the ADGE. Students have the option to change mentors and transfer to a different research laboratory, if necessary.

Graduate School of Nursing (GSN): The Ph.D. program faculty are all doctorally prepared and actively engaged in diverse research and scholarship activities. Students are purposively matched with advisors with the requisite experience and expertise to guide experiences in their scientific area of interest. A primary focus of doctoral education rests on providing exemplary research experiences delivered through a progression of experiential courses beginning with a rotation at the National Institutes of Health (NIH) and in subsequent terms progressing to specific laboratory settings. PhD faculty work closely with both adjunct and research faculty to provide tailored experiences and training.

Faculty members are sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; and, academically and experientially prepared for the areas in which they teach. By virtue of academic preparation, clinical experience and clinical specialty certification, all faculties possess expertise in their area of teaching responsibilities. The following appendices depict: faculty degrees, rank, tenure, certification and appointment status (Appendix 107); faculty experience and academic background relative to their teaching responsibilities (Appendix 108); and, a list of preceptors (Appendix 109).

All GSN faculty has overall responsibility for ensuring that clinical and research site directors, coordinators, and/or preceptors are qualified to perform the desired educational functions. Clinical coordinators are responsible for ensuring that experientially qualified and appropriately privileged and/or credentialed individuals supervise student clinical experiences. Adequate faculty support for programmatic mission accomplishment is achieved with a 1:6 faculty to student ratio in clinical courses, consistent with NONPF professional standards. Expectations of preceptors are communicated using clinical preceptor manuals and training, via letter, phone, in-person, and/or email between the course coordinator, clinical site coordinator, and preceptor. Preceptors are evaluated by students at a minimum of once a semester. Doctoral students are provided structured research supervision throughout their program. First, they are provided a series of Research Rotations in the first year, with a site preceptor, to provide

supervision in research intensive environments. Second, GSN policies define the number and type of faculty that constitute a student's Preliminary Examination Committee. Third, the number and qualifications of members of a student's Dissertation Committee are provided.

Faculty outcomes related to roles in teaching, research, practice and service are consistent with, and contribute to, the GSN accomplishing its mission, goals and expected student outcomes as outlined in the APTF document. Appendix 110 provides a three-year summary of the percent of faculty involved in each activity. Benchmarks are in place for practice and service outcomes for the GSN faculty. Faculty achievements in research grants and publications are provided at Appendix 111.

Postgraduate Dental College (PDC): Dental residents are not credentialed as independent providers. Thus, all patient assessments, diagnoses, and treatments are coordinated through on-site attending faculty. Resident research projects are supervised by department mentors and a research committee. The project must be reviewed by the human protection administrator and, if it is human use, be approved by the Institutional Review Board (IRB). At a minimum, IRB-approved human research protocols require an annual reassessment and status reports. Non-human research protocols require biannual review by the IRB. CODA site visits have verified that the AFPDS, APDS, and NPDS meet, or exceed, all full time faculty staffing and resident clinical/research monitoring requirements. The PDC faculty is primarily composed of senior, board-certified dental officers who have either prior teaching experience or have expressed an interest in teaching. Each faculty member also must pass a selective screening process by his/her respective military Service. At each PDC site, new faculty members undergo a mentoring process. Additional faculty training programs may include: formalized orientation courses (Appendix 112 - NPDS 2011 New Faculty Orientation Documents); faculty development workshops (Appendix 113 - NPDS 2010-2011 Faculty Development Workshop Schedule); attendance at the annual Federal Service Dental Educators (FSDE) (Appendix 114); or, the American Dental Educators Association conferences and annual faculty retreats (Appendix 115 and Appendix 116). At the end of each academic year, faculty members complete a self-evaluation and also receive a performance assessment from their department head or director (Appendix 117 - NPDS Faculty Performance Assessments). Residents critique the quality of instruction at the conclusion of each course and complete a post-graduation exit interview and survey.

5. Delineate the mechanisms in place to ensure that the educational programs provide a general professional education that prepares students for all career options in their chosen field. Cite relevant outcomes indicating success in that preparation.

The university defines and focuses its role in providing general professional graduates in its Strategic Objectives 1.6.1, 1.6.2, 1.6.3, 1.6.6 (Appendix 3, pages 36-40). The centerpiece of these general professional objectives at the strategic (university) level is the recognition and effective execution of the university's ongoing responsibility to continually enrich the education and training curriculum pertinent to military leadership, officership, and professionalism, which will ultimately provide highly qualified and well-prepared military medical leaders for the MHS. USU graduates must develop key skills and competencies as military leaders of the future while ensuring that they are also fully competent healthcare providers and scientists. Objective 1.6.1 focuses on the critical requirement to educate all graduates in the fundamental tenets and values of military leadership, officership, and professionalism and understanding how these apply to the needs of the military and the MHS. To achieve this, the USU Brigade has been assigned responsibility for developing overarching recommendations for curricula and command programs. An example of the current program is the required Military Contingency Medicine course which provides measureable (grades) evaluation for key military leadership positions while in the field. These grades are then incorporated into the students final grade. Objective 1.6.2 calls for the leverage of faculty, staff, and alumni to provide mentorship through small groups, squad mentoring, and the annual Bushmaster field training exercise. Objective 1.6.3 assures that all educational programs focus on the life-long development of knowledge, skills, and abilities that will prepare graduates for successful careers in the MHS. For example, efforts are already underway to increase collaborations with other institutions such as the VADM Stockdale Center for Ethical Leadership, the various War Colleges and the National Defense University to discern best practices for leadership

and officer development. Objective 1.6.6 is focused on assuring that USU graduates are provided with essential tools to continuously improve their self-knowledge. An example of an action item addressing this objective is having the USU IT personnel plan the implementation of a program to leverage social media as an important tool in self-development.

Undergraduate Medical Education (SOM): The SOM faculty is dedicated to preparing each student for postgraduate medical practice as a member of the MHS. While the UME curriculum emphasizes a strong foundation in primary care and preventive medicine, the SOM places additional importance in areas critical to the uniformed physician: emergency medicine; infectious diseases; disaster medicine; survival in harsh environments; and, principles of leadership and teamwork. The SOM graduates are able to pursue any form of GME training spanning the gamut of “traditional” medical careers from neonatologist to geriatrician. In addition, given the global perspective of DoD and the USPHS, many of our graduates pursue unique career options such as Flight Surgery, Undersea Medicine, Operational Medicine, Preventive Medicine, Tropical Medicine, Aerospace Medicine, and Forensic Medicine. As noted above, a new curriculum is being implemented, but this is being done with a continuing goal to provide the students with the same range of career opportunities. Career selection and future success of SOM graduates will be continuously tracked (Appendix 118 - USU Alumna Selected for Flag Rank). Success in providing a general professional education that prepares students for all career options in their chosen field is evidenced through: student performance on national licensing examinations; selection rates (Appendix 26); specialty selection of SOM graduates; annual program director surveys; and, the annual AAMC Graduation Questionnaire (Appendix 25). These will be carefully tracked to ensure that the reformed curriculum is adequate and complete.

SOM Graduate Programs: Graduates of USU Ph.D. programs, as with most biomedical Ph.D. programs, usually enter post-doctoral programs immediately after graduation; while many seek a second post-doctoral position before securing a career-level position. Program directors and the major advisors of most USU graduates are aware of the first appointment obtained by graduates, but have much less complete information about the graduates’ activities subsequent to their postdoctoral appointment. USU has no numeric data, but informal discussions with program directors suggest that graduates appear to have no difficulty in obtaining sought-after post-doctoral appointments.

During the first four years post-graduation, more than 65% of civilian Ph.D. graduates were in post-doctoral positions but that number declined by the post-graduate year five. Following post-doctoral appointments, graduates of USU doctoral programs enter a wide range of positions. The university’s location naturally leads to appointments in government research laboratories. In recent years, 32-55% of graduates held appointments in government research and regulatory agencies. The positions include a diverse range of research, research management, or regulatory affairs positions within the National Institutes of Health (NCI, NIAID, NICHD, NIDDK, NINDS) and the Food and Drug Administration (FDA). Other graduates accept positions with non-profit agencies and foundations including the HJF (with graduates located as far afield as the U.S. Government HIV/AIDS program in Uganda), the Cold Spring Harbor Research Laboratories, Rockefeller Institute, and Scripps Research Institute. Several USU graduates hold appointments as civilians within DoD clinical and research organizations, including the following: Walter Reed Army Institute of Research; Naval Medical Research Center; U.S. Army Medical Research Institute of Infectious Diseases (Frederick, Maryland); Aberdeen Proving Ground; and, the Army Medical Department Center and School (Fort Sam Houston, Texas). Uniformed graduates of USU graduate programs have a commitment to continued Service in their respective services, where they hold a variety of positions in the areas of research, research management, teaching, or clinical responsibilities. A few hold educational positions in military establishments. Graduates of both the Pharmacology and Neuroscience Programs have held academic positions in the U.S. Army Nurse Anesthesia Training Programs at WRAMC, San Antonio, and in Hawaii. More than 90% of the graduates of the Master of Public Health Program (a program that largely accepts uniformed applicants) return to their Services and continue to hold public health related positions. A number of USU Ph.D. graduates have entered medical school.

A percentage of USU graduates have moved from post-doctoral appointments to academic positions in tenured and

non-tenured track positions. These academic appointments are held at well-recognized institutions, to include: Johns Hopkins University School of Medicine; University of Maryland School of Medicine; Yale University School of Medicine; Albert Einstein School of Medicine, New York; University of Chicago; University of Pittsburg; University of Colorado; George Washington University; and, Mahindol University, Bangkok. Most of the academic appointments are in medical schools, but our graduates are also represented on non-medical faculties at Ohio State University, Louisiana State University, California State University and several small colleges. Our alumni hold research positions at Novartis Pharmaceuticals, Abbott Laboratories, Pfizer, SurModics, Inc., and CuraGen. Some graduates have taken up positions outside of their area of initial training, including several Molecular and Cellular Biology and Biochemistry graduates who are consultants with Booz-Allen Hamilton, Inc., a management and technology consulting firm. A few graduates have indicated they are self-employed or working in the home. While the SOM does not have complete statistics on the careers of all its graduates, the brief survey presented above (Appendix 25 - 2011 AAMC Graduation Questionnaire) suggests that alumni of all USU graduate programs are successful at obtaining and advancing in career level positions in their chosen disciplines. Since USU is a DoD institution, and part of the mission is to advance uniformed medicine through research, it is particularly gratifying to note that a sizeable number of the graduate program alumni hold career level appointments in DoD research, clinical, and educational agencies. Furthermore, a sizeable group of other graduates occupy responsible positions in multiple Federal Government agencies concerned with the general maintenance of the Nation's health. The career successes of alumni of the SOM graduate programs in public service and the Uniformed Services indicate that the USU is moving forward in its goal of becoming a truly national health university dedicated to government service.

Graduate School of Nursing (GSN): The PhD program is specifically designed to provide an educational platform consistent with the expectations of the military and federal service leadership in preparing nurse scientists. A specific thread of the curriculum involves courses in policy and leadership to prepare graduates for the roles they will assume upon graduation. Since 2006, graduates have assumed leadership positions in various organizations such as the Office of Public Health and Environmental Hazards at the VA central office, the Food and Drug Administration, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury as well as Research Director roles in major military medical centers.

Student performance in all GSN programs reflects achievement of the expected results in congruence with the mission, goals and expected student outcomes of the program. Graduates, alumni, and employers indicate satisfaction with the program's effectiveness. There is an extensive evaluation program to monitor and assess both program effectiveness and expected results which obtains data from multiple sources through the use of various data collection methods. Expected aggregate student outcome data are presented at Appendix 119 to include: graduation rates; specialty certification exam pass rates on the first time taking the exam; assignment/employment in an APN specialty; scholarly project national dissemination and recognition; end-of-program ratings by graduating students from each master's program option for curriculum, evaluation methods, and faculty; and, alumni and employer ratings of each master's program option.

In March of 2011, the GSN developed, piloted and deployed a survey of all GSN alumni from 1995 to 2010 to obtain feedback from alumni regarding their evaluation of the GSN programs, their retention in Federal service, their professional leadership/activities, and their involvement in deployments since graduation. Results are found at Appendix 120. The positive results from this survey are expected to be used to inform national policy about the value of a GSN graduate.

Postgraduate Dental College (PDC): Federal service dental officers have numerous career options to include: clinical care; residency education; military healthcare management; and, research. After graduation, residents are often given a clinical assignment during which they typically pursue specialty board certification. Depending on individual interests and the needs of their Service, dental officers then direct their careers along any one, or a combination, of the aforementioned tracks. Current CODA accreditation and specialty board recognition of AFPDS, APDS, and NPDS residencies validate the ability of programs to provide training that qualifies residents

for any clinical care career option and supplies them with the foundational credentials required to enter a career in dental education. The high pass rates of PDC graduates on specialty board examinations serve as both an outcome and external validation measure of the educational effectiveness in preparing residents for clinical and educational career paths. The PDC also provides the necessary training for graduates to assume first-tier management roles within the MHS. The Air Force, Army, and Navy sites expose residents to Service-specific healthcare management topics that may stimulate some to eventually pursue leadership careers in the MHS. Similarly, the knowledge base provided by PDC residencies, coupled with the research experiences required by CODA and specialty boards, may challenge some to seek a career in dental research. Lastly, although military promotions are based upon a myriad of factors, graduation from a PDC program is viewed by dental officer promotion boards as a very important career accomplishment.

6. Evaluate the adequacy of institutionalized curriculum management and the mechanisms to ensure a coherent and coordinated curriculum. Assess the process used to identify and rectify problems with the curriculum. How feasible is educational change and curricular innovation and the correction of identified problems?

The university's Schools have embarked upon an overarching review of their curricula with an emphasis on ensuring coherence and mechanisms for continuous and thorough assessment. Objective 1.2.1 is critical in this process as it commits the University to support its respective Schools in their ongoing curricular reform. The full integration of the new curriculum will incorporate deliberate weaving of military and operational healthcare throughout the curricula of the SOM, Graduate Education, GSN and PDC educational programs. To manage this process, all Schools are incorporating near, intermediate, and longer-term quantitative measures which will assess the efficiency, effectiveness and integrative success of the new curriculum. Indicators will be used by the Schools to evaluate the effectiveness of the individual educational programs (listings of indicators by School are provided at Appendix 175). As emphasized in Objective 1.2.2, USU Schools are working across a broad spectrum of disciplines to capitalize on the close proximity to the WRNMMC (i.e., the Schools are assessing current programs and analyzing where translational research and clinical educational activities can be collaboratively integrated). Objective 1.2.4 calls for the completion of the transition of the GSN Master Degree Program to the Doctoral level through the GSN's strategic implementation process. The development and implementation of a schedule for the assessment of all degree programs is directed by Objective 1.2.6. Finally, Objective 1.6.1 focuses on the need to strike a balance between contact hours with those devoted to uniformed leadership, officership and professionalism activities (i.e. the BDE has been tasked to develop overarching recommendations for curricula and command programs).

Undergraduate Medical Education (SOM): The ECC is charged by the Dean to provide primary oversight for the four-year SOM curriculum. The ECC has integrated institutional responsibility for the overall design, management, and evaluation of a coherent and coordinated curriculum leading to the M.D. Degree. Also important to curriculum oversight are the ECC Subcommittees. These groups are responsible for their respective segment of the curriculum and to ensure that content is coordinated across courses. The Subcommittees submit annual reports to the ECC. The ECC may also organize other subcommittees, ad hoc working groups, task forces, or topic groups to assist with gathering and collating information, assessing or designing prospective educational programs, conducting curriculum studies or reviews, evaluating programs, or conducting other tasks necessary to accomplish its educational initiatives. Through the ECC, faculty annually evaluate the required courses/clerkships for which they are responsible and make recommendations to the course director and department chair. Required courses/clerkships are evaluated annually by the Office of Medical Education (MEE), using student course evaluations, final grades, and subject examination scores. The MEE provides summary reports to the academic departments, curriculum subcommittees, and ECC. These annual reports are discussed within the framework of the institutional objectives. Data from the AAMC Graduation Questionnaire are reviewed annually, summarized by the MEE, and presented to the ECC for comment and recommendations to the Dean.

The SOM educational objectives document serves as a guide to curriculum content across the four-year medical student program. The ECC Subcommittees are specifically charged to ensure that curriculum content is coordinated

across courses/clerkships, that there are no content gaps, and that there is no unnecessary redundancy in curriculum content. Regular meetings of the Subcommittees are used to review course/clerkship content across the academic year. Discussion across curriculum subcommittees also occurs as appropriate, to gain a “vertical perspective” on curriculum content. Through the process of annual reports and objective discussion, the ECC reviews the four-year curriculum for content gaps and unnecessary redundancies, with both a horizontal and vertical perspective of the curriculum. Data from the 2012 USU Reaccreditation Survey verified that the vast majority of faculty (81%), staff (73%), and students (78%) felt that USU did “very well” or “fairly well” in responding to feedback when addressing curricular issues (Appendix 13, page 19). In addition, the ongoing curriculum reform effort is carefully coordinated with the above described processes (see <http://www.usuhs.mil/curriculumreform/> for more information).

SOM Graduate Programs: Within graduate programs, the initiative for curricula development rests with the program director, the program executive or curriculum committee and individual course directors. Most graduate programs evaluate courses annually, taking into account student and faculty feedback from the previous course presentation, and new developments in the subject matter of the course. In the interdisciplinary graduate programs, the basic curriculum is planned by an executive committee for the program in consultation with the program director and course directors. In departmental programs, curricula issues are discussed at meetings of the faculty. Some departments and programs hold annual retreats to consider graduate courses. The development of new courses within programs or departments is the responsibility of the program director, executive committee, and program faculty. In response to a perceived need, new courses have been developed by interested faculty in areas not covered by existing courses (e.g., new courses on Proteomics and Genomics and Bioinformatics). In recent years, new courses have been developed as a result of a need identified by students (e.g., the newly developed course on “grantsmanship”). New course proposals are reviewed first at the program or department level, and then forwarded to the GEC for review. The GEC can recommend to the Dean that the course be approved, request revisions to the course proposal, or may decline to approve the proposal.

The initiative for the development of new graduate programs usually derives from the interests of a small group of faculty noting an unmet educational need. The introduction of a new graduate program at USU requires the unambiguous demonstration of a need for the new program. Need must be demonstrated both in terms of an available pool of interested and qualified applicants and by the strong prospects for employment of graduates of the proposed program by the DoD, other U.S. government or state agencies, or the private sector. Proposals for a new program must show that: the university possesses the necessary academic strength to support the proposed program; the resources of the university are adequate; or, other sources of support can be identified. If all of these needs can demonstrably be met, the university administration has generally been supportive of the introduction of new graduate programs.

Graduate School of Nursing (GSN): The PhD Program received an external review by nursing faculty from three major institutions (2009) to determine how the GSN program compared with top PhD programs in nursing in the country as well as how it compared to the American Association of Colleges of Nursing’s Indicators of Quality in Research-Focused Doctoral Programs in Nursing. The report identified areas of strength (e.g., campus level support, highly qualified students, excellent progression and time to degree statistics), and also identified areas of improvement Appendix 121. Briefly, these areas were: curriculum structure, standardized membership on students’ committees, strengthening the research infrastructure, interdisciplinary learning opportunities, faculty mentoring, doctoral student program planning, and work environment (e.g., dedicated space for students). Each of the recommendations of the external review have been addressed and some areas have been significantly enhanced (e.g., curriculum revision, interdisciplinary relationships, and structured program planning. The PhD faculty is committed to a continuous quality improvement process to assure that we meet or exceed the national academic standards while also meeting the expectations of the military and federal service leadership for well-prepared nurse scientists.

The GSN MEP (Appendix 35) identifies expected outcomes in relation to program outcomes. It is expected that at

the time of graduation all students will meet, or exceed, expected program outcomes as an indicator of the MSN, DNP, and Ph.D. Program effectiveness. It is assumed that if a program is effective, then it is contributing to the mission of the GSN and USU. As outcome data are collected, they are analyzed, summarized, and distributed according to the procedures in the MEP. For examples of program responses to identify and rectify problems with the curriculum, see Appendix 80 and Appendix 81. Following the implementation of Shared Governance in 2010, the GSN revised its curriculum management structure and process into five Standing Committees: All Faculty Council; Leadership Council; Curriculum Committee; GSN Committee on Appointments, Promotions, and Tenure; and, Students Promotion Committee (SPC). The Curriculum Committee has sub-Advisory Groups of Master's Program and Ph.D. Program Admissions. Appendix 122 presents a complete list of GSN Standing Committees and a description of their purpose and membership.

In addition, in support of the GSN's transition of the advanced practice nursing curriculum from MSN to DNP, the Federal Nursing Service Chiefs of the Army, Navy, and Air Force are planning to send uniformed APNs back to school for doctoral degrees. For civilian faculty, the USU Faculty Senate has been very effective at monitoring faculty salaries at surrounding universities, compiling salary data from professional organizations such as AACN, and facilitating comparability at USU. Recruitment bonuses, retention allowances and research start-up packages allow greater flexibility (funding permitting) for USU to compete with the civilian market for hard-to-fill GSN faculty positions, and, concurrently, promote the achievement of USU and GSN mission and goals.

Postgraduate Dental College (PDC): Many of the core curriculum elements in PDC programs are mandated by CODA and the respective specialty boards. The AFPDS (Appendix 123), APDS (Appendix 124), and NPDS (Appendix 125) review their curricula on an annual basis to ensure compliance with dental accreditation standards and best practices in postgraduate dental education. CODA conducts programmatic reviews every seven years; continuous improvement is an essential element in reaccreditation standards. The Navy programs were reaccredited in 2010, and the Air Force programs in 2011. The Army programs were accredited in 2007, 2009, and 2010 for the Schofield Barracks, Fort Bragg, and Fort Hood programs, respectively. At each site, the faculty meet in the Spring to determine how best to organize the didactic and clinical activities for the following academic year. In addition, the Deans and program directors meet annually at the FSDE Conference. The meeting serves as a venue to discuss common goals, challenges and solutions. Educational changes are both feasible and expected within the PDC. Factors that influence curriculum change include: evolving knowledge and professional standards; resident critiques; information technology; resident abilities; feedback from accessioning commands; and, military mission requirements. Changes to the curriculum may include: content; learning objectives; length of courses; course sequencing; learning format; assessment tools; and, types of clinical experiences.

7. Given the growing focus of academic institutions regarding online learning, evaluate the value of establishing a strategic effort to enhance our educational offering in distance learning.

The university has focused recent efforts on expanding the use of cutting edge educational methodologies and teaching technologies (see Appendix 3 - Strategic Framework, Objectives 1.5.1 through 1.5.3). In addition, USU has embarked on a number of initiatives to enhance and build pedagogical methods to leverage the unlimited and cost-effective potential of technology in education. Objective 1.5.1 identifies the need to expand cost-effective, quality-ensured distributed education programs. The USU Schools will continue to develop pilot-distributed education courses while ensuring rigorous measures of effectiveness. The university's initial thrust into distant learning (DL) education came with the establishment of its first distant learning site at the James A. Healey Veterans Administration Hospital in Tampa, Florida in September, 2010. In like manner, Objective 1.5.2 calls for the expanded development and utilization of simulations and simulators. In this area, USU has made great headway through the establishment of the National Capital Area Medical Simulation Center, which has gained global recognition as a world leader in medical simulation training and educational methodologies. As mentioned above, the Simulation Center provides students with 26 different clinical skills courses and 30 continuing medical education courses for graduates as part of the strategic goal to provide opportunities for life-long learning (see Appendix 177). In addition, Objective 1.5.3 ensures that the university will remain focused on finalizing and

assessing contributions to the Federal Government by creating and maintaining a GSN Doctoral Distance Learning Program. This GSN endeavor provides USU with a unique laboratory for determining how to best utilize technology while maintaining and enhancing quality education and will serve as a pilot DL program for both USU and the MHS.

A USU strategy to expand its educational offerings through distance (rather than distributed) learning will require three key components: faculty, instructional design of content for distance learning, and technology. Technology support is the responsibility of the Vice President for Information and Education Technology/Office of the CIO. The Office of the CIO, in 2010, implemented the Sakai Learning Management Platform and migrated the USU from its previous Learning Management System (LMS), Blackboard. In conjunction with other components of the CIO's Academic and Research Computing strategy, the USU will implement the Open Source Portfolio System to support the GSN Doctorate of Nursing Practice and all four years of the medical curriculum. Business processes and research computing throughout the USU will benefit from web-based workflow and grants management as USU adopts components of the open-source Kualu Foundation administrative systems.

A USU-wide strategic planning team is necessary to define the unique aspects of distance learning, how that model differs from the current delivery of education at the USU, and how the pedagogy changes between distance and distributed learning. Once these and other decisions are made the technology base at the USU can be augmented to address unique requirements of distance learning. The USU's current technology baseline consists of audio and video streaming over the internet, real-time meetings and white board support, blogs, wikis, discussion boards, surveys, and polls supported by a best-of-breed LMS, test and quiz tool and portfolios.

Several projects are currently underway at the USU today that will augment distributed learning in the future:

- **Mobile Device Content Delivery:** The USU LMS platform currently delivers content to smart phones. Many elements of the system are accessible to the students through a handheld device. Recent expansion of cellular, throughout the USU complex, has provided a number of opportunities to leverage mobile technology. The USU will assess the evolving mobile technology applications and develop a strategy to integrate these technologies in support of the distributed learning curriculum.
- **Open Lecture Content:** The USU supports the capture of lectures at the USU and enables students to see the video and hear the podcasts of these lectures. In support of a more digitally accessible campus, the CIO will work with GSN and the Graduate School to implement lecture capture and rebroadcast, throughout the USU curriculum. As lecture capture evolves to encompass the campus the CIO will explore with faculty the development and delivery of open courseware (following MIT's model) which will globally enable learners to benefit from the unique expertise of USU's faculty.
- **Registrar:** USU will undertake an extensive review of its current Registrar systems with the initial purpose of identifying and, where possible, harmonizing processes within the medical, graduate, and nursing curricula. Business Process reengineering will support the integration of the Registrar and Admissions functions within the university's LMS. In support of distance learning, the review will assess unique needs to support distance learning student admissions, course enrollment, audit and transcripts. The USU will continue to evaluate commercial and open source Registrar systems to determine which the best fits its requirements.
- **Sakai for all Courses:** As Sakai approaches its first year of implementation at the USU, the Office of the CIO will work with the University's Academic Departments to deploy Sakai for all courses. This will enable USU to provide perspective students with access to actual course syllabus, conduct online course assessments, automate grade submission, and provide one cohesive platform to support distributed learning.
- **A clear strategy for USU distance learning will require a clear and continuous funding stream.** Currently

distributed learning is not supported by a DoD Program Objective Memorandum, therefore support for new projects and sustainment for existing projects is managed each year as an unfunded requirement. Clear strategic planning requires sustained funding to address the requirements defined in any future strategy.

8. Evaluate the usability and functional convenience of the Learning Resource Center (LRC) and of information resources. Are hours appropriate? Is assistance available? Is study space adequate? Are resources, such as computers and audiovisual equipment, adequate? Are the quantity and quality of the print and non-print holdings adequate to meet student and faculty needs? Can students access information from off campus?

The LRC is open 24/7 to accommodate late night study with internet access to over 15,000 electronic resources. The electronic resource section of the LRC website - USU Electronic Resources (ER) - is the USU flagship for library electronic resources and services portal, with worldwide availability 24/7 to any registered user with an internet connection and a web browser (<http://www.lrc.usuhs.mil/>). The ER portal features a single-sign-on access to: indexes; databases; textbooks; journals; library services; selected medical education titles; course and lecture notes (selected); and, topic-specific self-assessment. With a wireless environment and over 300-networked public workstations on the campus, computer facilities are adequate for the educational program. The LRC, in Building D, provides adequate study space for students, with the creative usage of a variety of furniture modes, including double-deck study carrels, individual carrels on the second floor, individual and group study rooms on the second floor, and comfortable lounge chairs with ottomans scattered throughout the first and second floors. In addition, the LRC has recently dedicated half of the second floor exclusively for a study environment. Computers are available throughout this wireless environment, with a centralized first floor location providing access to more than 85 IT systems. Related computer equipment includes printers, scanners, and film writers. Software programs range from basic word processing and graphic applications to highly specialized medical databases. There is a minimal collection of AV-related materials and equipment, which has proven to be more than adequate since their functions have been replaced with advanced computer technology. A computer lab seating 40 students within the LRC has become popular for teaching, testing, and web conferencing. The LRC has also created a small teaching room, with white board technology, to aid in small group learning activities. The faculty and student body are very pleased with the customer services provided by the LRC with 94% describing themselves as being satisfied or very satisfied with the services provided (Appendix 13 - USU Reaccreditation Survey, page 23).

9. Assess the LRC staff contributions to the education of students and the professional development of faculty members in the following areas: Teaching specific skills, such as instruction in computer usage and bibliographic search; and, Retrieving and managing information.

The combined efforts of OCIO, LRC, and the Department of Biomedical Informatics (BID) provide USU students with an introduction to university computer and information resources during student in-processing. By the time they begin classes, their email, Sakai Learning Management System (LMS), and LRC ER Electronic Resources accounts are working and they have been oriented to the specific systems employed at USU. The LRC currently offers a variety of workshops focusing on effectively searching the medical literature, assessing the services and resources of the LRC, and improving information management skills. The LRC staff also work with faculty, assisting them with the various components of their educational activities that utilize the LRC. As part of the M2 Preventive Medicine Course, students receive three hours of library instruction to effectively search MEDLINE, utilize Evidence-Based Medicine resources, and to find Systematic Reviews. In addition, students and faculty receive EndNote training to help them manage their references. The LRC reference staff also provides optional library instruction for faculty, students, and staff in the form of "Brown Bag" seminars several times each month.

Support of the university's electronic learning management system is shared between Educational Technology and Innovation Support Office (ETI) (providing instructional designers, graphic designers, and technology support), LRC (providing level one end-user support), and ATD (providing system administration). ETI was established in the 2006-07 Academic Year with a contracted, part time staff of 11 to assist the faculty in moving course material

to the electronic environment. The CSD maintains a streaming video archive of MS-I and MS-II course lectures that students can view on, or off, campus. In addition, BID maintains a number of course blogs that facilitate discussion between students and faculty and provides E*Value and CwebLog for documentation of student clerkship experience. Members of the LRC staff have faculty appointments in BID. These appointments reinforce the academic role that the library has in the curriculum and affirms their association with the affiliated hospitals. The LRC staff is always willing to work with the curriculum committees in order to coordinate library resources with planned curricular design. Of those respondents on the USU Reaccreditation Survey, nearly 90% or more expressed that they were satisfied or very satisfied with the following LRC services: hours of operation; quality and availability of staff assistance; quality and availability of study space; accessibility and adequacy of electronic resources; and, training workshops (Appendix 13, page 29). Clearly, the LRC continues to be widely perceived as an active center that responds to the individual user.

10. Comment on the adequacy of information technology resources and services, particularly as they relate to student education and management of student records. Are resources adequate to support the needs of the educational programs? Note any problems and describe any plans in place to address these problems.

The university has a long-standing commitment to ensuring the cost-effective and positive use of information technology across its educational programs and activities. Objective 1.3.1 identifies the ongoing requirement to develop and maintain a centralized electronic database to house current source documents and records which must be maintained across the educational programs to support compliance with accreditation and certification standards. For example, extensive groundwork continues to determine the appropriate software for maintaining student records through the newly established office of the USU Registrar. The faculty-driven goal was a single registrar office for all the schools, in large part because of the diversity across schools made inter-professional work difficult. Over the last six years the university has moved in that direction. Two years ago, a single calendar was adopted across all schools and USU's instructional programs began a transition to quarter hour credit systems. The legacy system in the SOM has been refurbished while USU awaits the open source consortia developing Quali open-source software to make a workable product, estimated in the 2015-6 academic year. Also, Objective 1.5.4 focuses on the current need to leverage the use of social networking as a collaborative effort between the USU students and faculty; within the parameters of DoD regulations, the USU will evaluate the potential use of various social networks to promote this ad-hoc means of communication. Objectives S.3.1 through S.3.5 focus on streamlining the current IT review and support service processes to improve efficiencies to the enhancement of IT tools which can be utilized by both the students and faculty at USU. As these process improvement activities take place, students, faculty and staff will be included in the conduct of reviews and development of recommendations and initiatives. For example, Objectives S.3.1 through S.3.3 will ensure that IT Advisory Committees, Configuration Control Boards, and Academic Technology Subcommittees are empowered to access and validate IT requirements and identify the need for improvements across USU's academic, research and scholarship programs, while Objectives S.3.4-5 will ensure that USU's IT systems maintain compliance with those of the MHS.

The OCIO provides communication and information technology infrastructure for the entire university. The university local area network has both wired and wireless components. The wireless network was recently upgraded to provide coverage to all USU main campus buildings; phase II, which was funded in August of 2011, will expand this coverage to all off-site locations as well. In 2007, the OCIO performed a complete IT evaluation of the university, resulting in over 35 recommended changes to USU's IT policies, procedures, and systems; this has been viewed as a very positive step to ensure a strategic view and planning. Due to the recent establishment of WRNMMC on the Bethesda base, since 2011, the USU Chief Information Officer (CIO) meets biweekly with WRNMMC CIOs as part of the planning for the ongoing integration. The current plan is to functionally integrate the Army and Navy facility networks into a single network for the hospitals in the NCA. The USU and WRNMMC information systems are sufficiently well integrated to assure achievement of the USU mission. Creating a single network for the NCA will only enhance access to all information systems across the affiliated facilities.

IT services that support student education are provided through the efforts of the LRC, Academic Technology

Directorate (ATD), Network Operations & Communications (NOC), BID, and the CSD (which consists of the Center for Multidisciplinary Services and the Help Desk). Each unit's individual contributions meet and enhance the educational programs of the university. A university work group was established in 2009, to look at options to integrate these departments and services into a single "one-stop information management/information technology (IM/IT) shop." As a result of this group's recommendations, several IT departments were consolidated and the concept for a matrixed Service Desk was approved by the USU Cabinet. The construction of an expansion to the library was funded with year-end 2011 funds. Once work is completed the faculty, students and staff will be able to obtain instructional design, web and application development, desktop support, library services, academic technology support, and multimedia services via a single service desk at the LRC entrance. A "one-stop" virtual service desk was deployed university-wide in April of 2011.

Additional information technology improvements completed as a result of the 2007 assessment include:

- Upgrade of all MDL computer systems and installation of flat-panel monitors
- Deployment of an online room scheduling system
- Deployment of a new Learning Management System (LMS) that is allowing USU to also deploy an online portfolio system for student and faculty use (ongoing project)
- Replacement/upgrade of all university video conferencing systems
- Expansion of the audience response systems (Turning Point implementation)
- Upgraded lecture capture systems in the two main lecture halls and expanded capture capability to all other small lecture halls in addition to fielding a portable capture platform
- Provided all students, faculty and staff access to, and training on, the Adobe Connect Professional collaboration tool
- Upgraded and standardized all lecture hall audio/visual equipment
- Extended network fiber connections to off-site locations such as Twinbrook, Rockledge, Building 28, Building 53 and increased fiber backbone between USU and AFRRRI to 10GB.
- Implemented business intelligence pilot
- Migrated USU Clinic to Navy network improving clinical system performance.

Major IM/IT improvements planned in the next 12 months include: (1) the deployment of a carrier grade cellular system to all USU buildings, which will eliminate dead cell phone spaces and improve the mobile computing infrastructure; and, (2) the upgrade of the USU email platform and implementation of Google Apps collaboration tools, to include integration with Sakai, USU's LMS. Overall the computing/information technology resources available to the educational programs are excellent.

In September of 2009, the Office of the University Registrar was established to centrally manage student records. Previously, student records were separately maintained by the various administrative program offices of the university's Schools. The University Registrar is continuing the effort of searching for an appropriate student records management system. Steps are being taken to combine the records of the SOM (Doctor of Medicine and Graduate Education) and GSN programs for enrollment management purposes. However, each School will continue to be responsible for administering curriculum changes within their respective programs. With major changes in university technology, care must be taken with the choice of the new record management system, which has to meet Federal, DoD, military, and academic requirements. Therefore, the University Registrar is continuing the effort to implement IT changes, which will facilitate USU's unique mission.

SUBCOMMITTEE IV: CONCLUSIONS AND RECOMMENDATIONS

STANDARD 11: Educational Offerings

CONCLUSIONS

As noted in the responses to questions #1-7 and 10, the university has carefully identified and addressed the critical components which underlie Standard 11: Educational Offerings. The USU Strategic Framework incorporates USU's mandate to provide military unique professional development in addition to the traditional health care and research curricula found at civilian universities (Objectives 1.6.1 through 1.6.6). Also, the Board of Regents and the university leadership place significant relevance on the continuous and thorough assessment of all degree programs (Objectives 1.2.6, 1.3, 1.5.2, 1.9.1, and 2.4.1). In addition, Objectives 1.2.1, 1.2.4, 1.2.5 and 1.2.6 focus on providing graduates who are appropriately trained to meet all of the unique MHS requirements of officership, clinical expertise, and research capabilities. The university recognizes the need to enhance the provision of clinical and research experiences through a uniquely qualified faculty as covered by Objectives 1.4.1 through 1.4.4. In regard to ensuring leadership for the MHS, Strategic Framework Objectives 1.6.1 through 1.6.3 and 1.6.6 focus on the essential educational and training components to satisfactorily meet this critical requirement. Great care was extended to include the requirement for an overarching review of curricula to provide coherence and mechanisms for continuous assessment through Objectives 1.2.1, 1.2.2, 1.2.4, 1.2.6, and 1.6.1. Next, Objectives 1.5.1 through 1.5.3 focus on the expansion of cutting edge educational methodologies and teaching technologies to ensure cost-effective, quality-ensured distributed education programs. Finally, USU's long-standing commitment to ensuring the on-going and effective use of information technology across all educational programs and activities is directly addressed in Objectives 1.3.1, 1.5.4, and S.3.1 through S.3.5; these objectives focus on providing students, faculty and staff collaborative opportunities to review and address IT requirements across the educational programs and activities at USU.

A unique aspect of the educational offerings at an all-graduate level health science academic institution is that USU must frequently respond to multiple professional accreditation organizations with a primary focus on ensuring that the educational programs meet nationally recognized standards of excellence. Accreditation organizations such as: The Liaison Committee on Medical Education; the Commission on Collegiate Nursing Education; the Commission on Dental Accreditation; and, the Council on Education for Public Health are just a few of the 17 professional accreditation bodies that assess the university on a scheduled basis (Appendix 56). Each of these professional accreditation organizations has standards that require the institution, and the programs within, to demonstrate that it achieves established outcome-based learning objectives. Student progress and competencies are routinely assessed to ensure their individual success in meeting these objectives and translating them into clinical practice. As noted above and in appendices, outcome measures include: faculty evaluations; licensure examinations; national specialty certification examinations; quality of research assessments; student surveys and evaluations; and, future employer satisfaction feedback. All contribute to the assessment of student learning and educational effectiveness. In order to continually meet Middle States standards and those of other accreditation organizations, it is essential that faculty, learning resources, instructional equipment, technological support, administrative support and facilities all must be aligned to maximize the educational success of each student. An area of ongoing concern is the University's ability to maintain a viable and current knowledge management system. With the increase in DoD requirements for IT security and the increasing growth of knowledge online, the university finds itself continually challenged to meet the student and faculty demands for worldwide access. In April of 2008, the USU Knowledge Management (KM) Strategy (Appendix 126) was developed to address these future needs. This plan provides a road map to enhance information technologies for allowing the USU community to more effectively leverage technology on a daily basis. The Strategy outlines 37 recommendations grouped into five thrust areas. It is believed that this institution meets the mission and educational objectives set out in its strategic framework.

RECOMMENDATIONS

- The University needs to continue its efforts in searching for an appropriate student records management system sufficient to meet the unique recordkeeping needs of each individual School and Program.
- The University needs to find resources necessary to continue supporting the unfinished strategies initiated as part of the April, 2008 IM/IT Strategy Plan.

STANDARD 12: General Education

CONCLUSION

The university does not currently offer an undergraduate program in general education. Therefore, this standard does not apply.

RECOMMENDATION

No recommendations identified.

STANDARD 13: Related Educational Activities

CONCLUSIONS

With the exception of the functional element regarding the quality of instruction, academic rigor and educational effectiveness, the remaining portion of this Standard has no applicability to the educational endeavors at USU. The branch campus in San Antonio, Texas, consists of the Office of the Senior Vice President, University Programs, Southern Region; the Air Force Postgraduate Dental School; and, the Office of the Dean, Army Postgraduate Dental School. In addition, this branch campus administration provides oversight for four additional locations: the Army Postgraduate Dental School including programs at Fort Bragg, North Carolina; Fort Hood, Texas; Schofield Barracks, Hawaii; and the Naval Postgraduate Dental School in Bethesda, Maryland. Each of these sites have been evaluated and accredited by the Commission on Dental Accreditation. Their faculty have all completed the university's appointment process with the recommendation of the BOR and approved by the university President. The student admissions process and curriculum has been scrutinized and found to have the same level of academic rigor and educational effectiveness as all of our academic programs. The Graduate School of Nursing has recently established an alternate location for its doctoral program. The Middle States Commission reviewed this substantive change and completed a site visit in March 2012 and found the new program to be in compliance with all applicable standards.

RECOMMENDATION

No recommendations identified.

STANDARD 14: Assessment of Student Learning

CONCLUSIONS

As noted in the subcommittee's input above, documentation of student learning outcomes is linked to the core competencies laid out by various health professional organizations such as: the Accreditation Council for Graduate Medical Education; the Commission on Collegiate Nursing Education; the Commission on Dental Accreditation; the Council on Education for Public Health; and, others. These core competencies and the outcome measurements can be found in the previously referenced appendices. Each program documents, organizes and sustains its respective assessment process for evaluating and improving student learning. Individual schools have programs and activities which study student and alumni performance and publish the results in peer-reviewed journals (for example, see the September, 2012 Special Issue supplement to *Military Medicine*, Vol. 177, No. 9 [Appendix 27]).

RECOMMENDATION

- Consider centralizing compiled and student assessment information and results into one office and digitize for archiving.

Subcommittee V

Standard 8 – Student Admissions and Retention

Standard 9 – Student Support Services

Overview

For the past six years, USU has chosen to articulate its mission, vision, and guiding principles in the functional language of strategic framework (see subcommittee I, page 2). Pragmatically, USU strives to view its educational processes from the students' perspective. The USU student body is quite unique, ranging in age from the early 20s to the mid-50s; it is largely composed of personnel serving on active duty in one of the Uniformed Services and represents almost every State in the Union. The USU admissions processes (see Appendix 174) are open, transparent, and managed by the four major educational divisions of the university: SOM Undergraduate Medical Education; SOM Graduate Programs in the Biomedical Sciences and Public Health; GSN; and, PDC. All programs provide in-depth orientations at matriculation, clear guidance throughout the educational program, flexibility for individual innovation, mentorship in many forms, and ready access to the faculty and administration. Students have a voice in virtually every aspect of university policy and procedure development through: USU's open-door policy; the students' governmental organizations in each School; and, the military chain-of-command. Civilian students are treated equally in all respects, although they are not eligible for certain benefits provided by the government to active duty personnel. Attrition is minimal in all of USU's academic programs and numerous student surveys indicate a high degree of satisfaction with the various educational programs and selected areas of support services provided at USU (Appendix 127 - SOM Graduate Programs Evaluation Form). USU's location in suburban Washington, DC allows easy access to a wide range of resources in academia and research, which greatly supports admission and retention of students. For example, USU's students have convenient access to the National Institute of Health, the National Library of Medicine, and numerous clinical teaching facilities. The USU physical plant is attractive and well maintained with ongoing upgrades. Building E has been completed and provides flexible teaching space for all programs.

- 1. Considering the objectives of the university and its constituency, critically review the process of recruitment and selection of medical, graduate, nursing, and dental students, and evaluate the results of that process. Is the size of the applicant pool appropriate for these programs, both in terms of number and quality? How are selection criteria validated?**

SOM Undergraduate Medical Education: Medical students represent every State and other locations where American citizenship is granted. Selection of students has been through a well-orchestrated administrative and committee process that is regularly reviewed each year. The SOM seeks individuals with an array of positive, caring, and dedicated characteristics that are relevant to the profession of medicine and to one's identity as a commissioned officer. The present system of selection is composed of an admissions Dean and staff, the Faculty Admissions Committee, a secondary review process, a tertiary review process, with final review by the SOM Dean. No decision regarding admissions has ever been seriously challenged and the possibility of external pressure/influences is prohibited. Every applicant must visit the campus for an entire day, often preceded with an overnight hosting by an SOM student. Applicants appreciate this process and SOM students often report that the interview visit made a significant impression impacting their final decision for matriculation.

The responsibilities of recruitment and admissions have been combined under the Associate Dean for Recruitment and Admissions. This office has made significant effort to reach out across the Nation, to include the underrepresented in medicine. During the last six years, the Office of Recruitment and Admissions staff has maintained a close relationship with the colleges and universities already sending students to USU. Every pre-med advisor, for instance, receives a letter from USU thanking him/her for referring applicants and specifically commenting upon anyone who matriculated. A significant number of applicants have some relationship with the Uniformed Services, so the entire uniformed community serves as a source for recruitment. Since 2006, the number of applicants for each position has increased to approximately 15, which has proven to be sufficient for selecting classes averaging a 3.55 GPA and a 31 MCAT score (Appendix 128). Selection criteria are validated through

academic performance, non-cognitive performance, and yearly reviews of commissioned officership standards by the on-site supervisors and mentors. Thus, USU students are constantly evaluated in two systems: the traditional academic system and the active duty officer evaluation system. The SOM has a very low attrition rate and notably high first-choice selection rates for specialty training, indicating that the SOM selection process more than meets requirements of the MHS, and the patients and communities served by our graduates (Appendix 26).

SOM Graduate Programs: Recruitment of graduate students for the SOM Graduate Programs is accomplished through the collective efforts of the graduate programs, the Graduate Education Office (GEO), and individual faculty and students. Announcements for the USU SOM graduate programs are placed in the locations listed in Appendix 129. In the past, the primary means of recruitment advertising has been the responsibility of individual programs; recently, the GEO has taken an increased role in advertising/recruiting for all programs. An important source of applicants is through the SOM Graduate Programs faculty who take positions at other universities and who communicate the value of USU programs. Potential applicants who contact the university are referred to the USU SOM Graduate Education Program website (<http://www.usuhs.mil/graded/>) for details and are sent instructions for the online application form, as well as, the new brochure (Appendix 130) which describes the salient features of USU and each graduate program. Further recruiting opportunities taken by USU are listed in Appendix 129. An open house for doctoral program applicants is held annually and allows the programs to showcase the School, faculty, and current students. During the open house each program hosts and interviews applicants. Tours of USU and social events are also included.

Individual graduate programs review the credentials of the applicants and make recommendations for admission and potential stipend support to the GEO. The GEO makes the final acceptance decision and offer for each applicant and also oversees the distribution of USU-supported stipends. The number of applicants and matriculants to graduate programs at USU has risen over the last few years. From 2006-2012, the number of applicants increased from 226 to 414 per year (a 71% increase), and the number of matriculants has increased 26% during that period (Appendix 131 - Graduate Education Application and Enrollment Statistics). The growth in the size of both the applicant pool and the number of matriculants has resulted from the relative success of the three interdisciplinary programs (Emerging Infectious Diseases, Molecular and Cell Biology, and Neuroscience) as well as the development of the Clinical Psychology track and the popularity of the Medical and Clinical track within the Department of Medical and Clinical Psychology Graduate Program. However, the majority of the doctoral biomedical graduate programs at USU would benefit from a bigger and deeper applicant pool (*e.g.*, larger numbers of highly qualified applicants). Although the total applicant pool and number of matriculated students in the graduate programs has increased over the last five years, the declination of a portion of the top candidates in some programs results in the matriculation of less outstanding applicants in each incoming class, and in some cases, positions remaining unfilled. The pool of international applicants and the number of matriculants have increased since the ability to accept foreign nationals into the USU graduate programs was reinstated in 2003. Programs have recruited and matriculated outstanding international students. Stipend information regarding international students can be found in Appendix 132. The number of underrepresented minority (URM) applicants and matriculants is modest and varies from year to year and among the specific programs. This information can be found in Appendix 132. The total number of current male and female students across programs is fairly equal. (Appendix 131)

Selection criteria and graduates' success are traditionally validated by an ongoing assessment of graduates, which reflects initial career plans. The Masters Programs in the Department of Preventive Medicine are primarily military with students being sent from their Services. These programs continually report a strong graduation rate (for example, 100% in 2009-2010; 92% in 2010-2011; 94% in 2011-2012. The attrition rate in the doctoral programs is somewhat higher. The SOM faculty are pleased with the ability of the doctoral graduates to obtain positions of their choosing and in the areas of their interests. The doctoral programs are currently being re-structured due to the curriculum reform efforts of the SOM medical program and will most likely result in a complete re-organization of the curriculum for 1st and 2nd year graduate students especially those in the Interdisciplinary Graduate Programs.

Graduate School of Nursing: The GSN student body reflects a diverse population with representation from

multiple geographic locations and various ethnic groups. The GSN admission process is a parallel dual process involving review and acceptance by both the student's specific Uniformed Service and the GSN. Service requirements for each of the GSN specialty tracks directly impact the number of students annually enrolled in each program. The Services' education departments hold their own Long Term Education Boards to select candidates whom they will send for advanced schooling either at USU or at civilian universities. Those candidates, who are selected to attend USU, are directed by their respective Services to apply to the GSN. Candidates who apply directly to the GSN are referred back to their respective Service's Long Term Education board for processing. If the applicant pool is small, the Services recruit internally with a secondary call for applications among active duty nurse officers and conduct a supplementary board. Those candidates, who are accepted, must also apply through the GSN admissions process.

The GSN Admission Process Standard Operating Procedure (SOP) was updated in July of 2011 (Appendix 133). The 2011 update accommodates recommendations from the programmatic review of attrition rates and first-time certification pass rates post-graduation for the advanced practice programs, including the Nurse Anesthesia Program. Additionally, the GSN Admissions Process SOP aligns the admissions requirements with the Essentials for Doctoral Education for Advanced Nursing Practice provided by the American Association of Colleges of Nursing (AACN) in preparation for the GSN's transition of the nurse practitioner tracks to the Doctorate in Nursing Practice Degree, in 2012. The admission requirements are clearly defined on the GSN website: <http://www.usuhs.mil/gsn/applying/admissionrequirements.html>. The selection criteria for each program are validated through continuous trending of academic and graduation data and through alumni surveys and feedback from leadership at the MTFs where the GSN graduates are assigned. Applicants primarily learn about the GSN programs during regular career counseling by their supervisors, detailers/assignment officers, or personnel managers. Other important sources of information for applicants are through GSN alumni, their colleagues, the education officers of each of the Services, and the GSN Commandant who communicates with various Service elements.

Postgraduate Dental College: The PDC aligns directly with USU's objectives for excellence in healthcare and the fostering of career uniformed officers. Affiliation of the decades-old Services' dental residency programs with the USU Master's in Oral Biology Program provides elevated research and didactic components that advance the Services' dedication to evidence-based dentistry. Residents and USU master's students are one and the same. They are selected from active duty officers, the Health Professions Scholarship Program (HPSP) students, and occasionally from direct accessions (military officers coming directly from civilian backgrounds). For each applicant, there is first a selection to the residency by a panel of officers. Residents selected are then further reviewed and selected for the master's program by a separate admissions committee comprised of USU faculty at the Services' respective residency locations. For both the residency selection board and admissions committee, the following credentials are reviewed: transcripts; GPA; class standing; letters of recommendation; national boards; and, in the case of serving officers, the service records. The size of the applicant pool varies by Service and program. Applicant pools are diverse demographically, but all matriculants hold degrees in dentistry, which ensures high quality master's students. For small programs, such as orthodontics, there might be as many as six applicants per slot. For larger programs, such as comprehensive dentistry, the ratio might be as low as 1.5 applicants per available slot. For all programs, ultimate success is measured and validated by program mission measures, which are attainment of board certification and career longevity. Historically, the Services' dental residency programs have attained board certification at a significantly higher percentage than their civilian counterparts. Across all Services and programs, board attainment is approximately 75 percent. Additionally, the Services reap a significant benefit in terms of length of service. The vast majority of the graduates go on to complete a full Service career far surpassing the longevity of officers who do not attend the Services' residency programs. The Master's Degree Program has just graduated its first class.

- 2. Access the accuracy and comprehensiveness of information available to prospective students regarding academic programs, including selection criteria, the application and admissions processes, the mission and objectives of the program, and graduation requirements. Assess the adequacy of the university**

website as a source of information for current and prospective students, including online application materials.

Information for prospective USU students can be found in both print and digital formats. The USU website (www.usuhs.mil) is operated by Application & Web Development (AWD) and most pages are accessible to any internet user; however, a few pages are restricted to authorized university addresses or users either based on the sensitive nature of the content or an individual's formal USU affiliation. All information geared toward prospective students is available publically to anyone. Print materials are maintained by each School. Additional details on the website and print materials can be found below.

USU Website: The USU has a DoD-approved website. Due to the increased threat of hacking and cyber-terrorism, USU must adhere to a stricter regimen of computer security measures than found at most civilian universities. The public portions of the website are visited frequently by users worldwide (data available on request). Information on the general pages of the site is consistent with printed materials. Individual Schools and departments maintain their own page content within the USU website and these can vary widely in content, presentation and design. Updates are submitted to the USU Webmaster for posting. Periodic review of content occurs to identify information requiring updating and confirm state-of-the-art content and relevant information across a variety of subjects and disciplines. A delicate balance of security versus access must be maintained; however, website use continues to grow at a rapid rate. The AWD is currently reviewing content management systems for possible deployment with the intent of improving both standardized branding, navigation, and page templates while empowering each department with the ability to edit and post content updates in real-time.

Peterson's Guide: The information about USU is accurate and not in conflict with the other print materials.

SOM Undergraduate Medical Education Students:

SOM Bulletin: This publication is reviewed and revised as needed every two years. The current bulletin describes the SOM, Graduate Programs, GSN, and PDC Programs and is scheduled to be used through 2012. Statements of mission, goals and objectives are included in the current bulletin, to include specific entrance requirements. Graduation and licensure requirements are reviewed and specific comments on GPA requirements, remediation, and academic performance review policies are contained in the student handbook. Service obligation requirements are discussed. As noted previously, there is no tuition charge to attend the SOM. Other subjects in the bulletin include: course descriptions; accreditation status; transfer credit policy and, a faculty appointment roster (<http://www.usuhs.mil/medschool/somfaq.html>). A separate catalog depicting faculty degrees and awarding institutions is also published. Current information summarizing the university leadership is included in Appendix 134 - SOM Bulletin.

Medical School Brochure, "What You Need To Know!" This brochure briefly describes the SOM and its primary areas of academic endeavor. It replaces, to some extent, older brochures and corrects previous inconsistencies. It is used primarily as a recruitment tool and includes an overview of curriculum changes.

School of Medicine Student Handbook: The handbook is in a loose-leaf format. It is updated yearly and interim changes are distributed to the students as needed.

Medical School Admission Requirements Handbook: The information about the SOM is accurate and congruent with the other SOM publications.

Faculty Handbook: The faculty handbook, now in a printable electronic version on the USU website, is intended for internal use and contains information impacting the SOM students (see <http://www.usuhs.mil/handbook/>).

SOM Graduate Programs Students: In the Graduate Programs section of the SOM Bulletin, statements of the mission, goals, and objectives are included. Specific entrance requirements are discussed and graduation requirements are reviewed.

SOM Graduate Student Handbook: GPA requirements, remediation, and academic performance review policies are contained in the USU SOM Graduate Student Handbook. Each graduate program is described, as well as the core and elective curriculum. The handbook is on the SOM Graduate Program's website (<http://www.usuhs.mil/graded/pdf/graduatestudenthandbook.pdf>). This handbook is updated annually and is distributed to incoming students; it is the primary source of information for all aspects of the SOM graduate programs and also explains expected rules for ethical behavior and conduct and treatment by the USU community. Each incoming student signs a "Handbook Agreement," indicating that she/he has read the handbook and agrees to abide by its rules. This document is available on the USU SOM Graduate Programs website.

Departmental Brochures, Guides, and Posters: Many departments and graduate programs have brochures, posters, and fact sheets. Given the cost and the current reliance on the web for programmatic and curricular information, some of these materials are being phased out.

USU SOM Graduate Programs Website: This website, which is integrated within the SOM website, provides the most important source of information available for current students and for distribution to prospective students. The website has been updated and modified, and clearly describes the USU SOM graduate programs for prospective applicants. The online application form is available on the website (<http://www.usuhs.mil/graded/application.html>).

Graduate School of Nursing Students: The prospective student will find the GSN website, <http://www.usuhs.mil/gsn/>, a very comprehensive source of information about the GSN's mission, vision and guiding principles. Complete admissions information, including admissions criteria, an online application form, admissions checklist, transfer of academic credits policy (Appendix 106), and admissions deadlines can be found at <http://www.usuhs.mil/gsn/applyingtothegsn.html>. Detailed curriculum information for each of the program tracks are available at: <http://www.usuhs.mil/gsn/curriculum.html>. Student handbooks and relevant policies are also available online for faculty and students (see <http://www.usuhs.mil/gsn/policyandprocedures.html>). Content related to the Doctor of Nursing Practice Degree requirements has been updated and implementation of this program continues to evolve.

Postgraduate Dental College Students: Each of the dental schools, within the PDC, maintains comprehensive mechanisms to deliver information to prospective dental residents/master's program students. The information includes general characteristics of the programs, selection criteria, and the application and admissions process. Although prospective students are aware of the USU website, they continue to rely on Service channels for information. The Navy provides a comprehensive Bureau of Medicine Instruction (Appendix 135 - BUMEDINST 1520), detailing information on all of the graduate dental education programs; the Air Force uses Air Force Knowledge Exchange (<https://kx.afms.mil/kxweb/home.do>) for similar information; and, the Army provides postgraduate dental education details on the US Army Dental Command website, as well as a detailed email instruction to all Army general dentists and Army HPSP students. Despite the quality and availability of these information sources, prospective students also rely on the immediate personal mentorship of senior officers who are themselves graduates. It is part of the Service culture to turn to respective mentors for guidance and assistance in the application process. In addition, each of the Services maintains a career office. For HPSP students and direct accessions, recruiters share information from the Services and guide students through the residency application process. Additionally, each of the Services maintains effective communication with the Nation's dental schools. Retired officers who are now dental school educators are valued sources of information and guidance to prospective students. The affiliation between the Services' dental programs at USU is relatively recent. The Executive Dean of the PDC has established a dental presence on the USU website in cooperation with the Services' Dental Deans.

3. Assess the extent to which the admissions process ensures that applicants accepted for admission have appropriate general education skills to successfully complete all educational requirements of the program.

All students who have been granted admission, have been admitted based on competitive undergraduate, graduate, and/or professional school grade point averages, test scores and additional qualifications. The admissions process for each School ensures that students have met admission criteria and have shown the pertinent general and specialty academic skills for their chosen field of study. Appendix 136 lists degrees offered at USU, admissions requirements and means by which each admissions office conducts its processes. Graduation rates are considered to be the best measure of program and applicant success. See Appendix 136, 137, 138, 139, 140, 141, 142, 143, 144 for this information.

Graduation Rates

SOM Undergraduate Medical Education: The Doctor of Medicine Degree has seen a very steady and positive graduation rate over the past six years. Appendix 139 depicts graduation rates from 2006-2011. Appendix 140 depicts the number of medical students who matriculated and passed their Step I and II exams. Appendix 141 depicts the number of students who passed their Step III exam from 2005-2008 graduation classes.

SOM Graduate Programs Students: The SOM Graduate Programs are an integral part of the SOM academic programs. As shown in Appendix 136 the graduate programs range from Master's Degrees to Ph.D.s in the health sciences. Appendix 137 shows number of new entrants from 2006-2011. Appendix 138 shows the number of graduates in both graduate and doctoral programs.

Graduate School of Nursing Students: Appendix 142 shows the comprehensive listing of the number of students admitted and graduated from 2006-2010. Appendix 143 shows graduation rates by year. The on-time graduation rate is 87%.

Postgraduate Dental College Students: All PDC students have already obtained a baccalaureate degree and either the DDS or DMD degree. A good general education background is expected. The Academic Admissions Committee (AAC), composed of senior faculty, verifies the academic background by reviewing dental school transcripts, National Board scores, dental school class standing, and letters of recommendation. Prior to acceptance by the AAC, senior leaders of the dental services have selected the students for graduate education reviewing all of the above and officer efficiency reports. These reports provide insights into values, perseverance, interpersonal skills, and leadership. The result of this careful scrutiny by both the AAC and residency selection boards is low attrition rates.

4. Evaluate the adequacy of student support in the following areas:

- **Personal counseling and mental health services, including confidentiality and accessibility**
- **Preventive/therapeutic health services, health and disability insurance**
- **Career counseling and pertinent extracurricular experiences**
- **Accessibility of administrators and faculty members**

Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied with the availability (92.53%) and quality (95.75%) of health services' facilities (Appendix 13 - USU Reaccreditation Survey, page 122). Students have direct access to the USU counseling center staff, through their primary care provider, or through recommendations from administrators and faculty. There are a wide range of confidential counseling services available to active duty students who may self-refer for mental health or substance abuse counseling and other services. There are also resources available through each of the Services' online portals where students can connect with counselors in confidence. For services not immediately available through USU or WRNMMC, students and their families are able to utilize approved TRICARE providers in the community. All

active duty students and their families have access to the full range of preventive, mental health and therapeutic services provided by MTFs within the National Capital Area to include the WRNMMC and the University Health Center. All Uniformed Services are financially supported by the DoD benefit system known as TRICARE. Active duty members receive medical care (which includes preventive and therapeutic health services) for themselves and their families, including dental care, life insurance, retirement and disability plans.

In 2000, the Mannix Fund was established through the HJF; it offered emergency medical funds to civilian graduate students. By 2008, civilian students were offered health insurance, paid for by the HJF Research and Education Endowment Fund. However, the civilians do not have access to the military outpatient health clinic on campus. Immediate or urgent counseling for civilian students is made available through the University's Family Health Center, which will then assist with identifying appropriate referral sources. The health benefits for uniformed foreign students are usually provided by the MTFs through an agreement between the host Nation and the foreign government.

Legal counseling is provided to all students at USU upon request. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied with the availability (92.88%) and quality (95.76%) of the General Counsel Office (Appendix 13 - USU Reaccreditation Survey, page 123).

Military career counseling is provided through a multifaceted approach. USU Senior Service Advisors for each Uniformed Service, as well as many others, serve as active mentors. Each student, regardless of Service affiliation, is assigned a Detailer/Assignment Officer or Personnel Manager, and for some, a Specialty Leader, who guides them in their career progression and assignment choices. This relationship is maintained throughout their military careers. Additional resources are required to provide career counseling for the SOM Graduate Programs students.

Extracurricular experiences for students are widely available through mentorship programs; in addition, installation support agencies including the Morale, Welfare and Recreation Facilities, and Fleet and Family Services are also available. Students are encouraged to participate in civic activities within the uniformed and the larger civilian community. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied with the availability (80.26%) and quality (78.63%) of the facilities available for recreational and social activities. (Appendix 13 - USU Reaccreditation Survey, page 122)

Adequacy of Student Support Services by School: Each School has adopted a common approach and established avenues to provide access to student support for mental health services, personal and career counseling, preventive health services, and other support services; but tailor their respective applications to address the uniqueness of their students and their program. For individual school discussions see Appendix 145.

5. Comment on the levels of student attrition and academic difficulty in relation to the educational programs' admission requirements, academic counseling efforts, and remediation programs. Evaluate the efficacy of the programs' system for early identification and remediation of students in academic difficulty. Describe the counseling and remediation systems that are in place, and assess their effectiveness.

The university, as well as the MHS, recognizes the significant investment represented by each matriculant at USU. As a result, the Strategic Framework provides an umbrella-like support structure to ensure the early identification, remediation and follow-up assessment of students who experience difficulties academically or professionally as uniformed officers. Objective 1.1.3.1 encourages and resources the ongoing establishment and implementation of effective and meaningful individual development plans for students. In alignment with Objective 1.5.2.2, students will continue to be assisted through the use of simulation and simulators where USU students are enabled to develop clinical skills without endangering patients or themselves through validated simulation programs at USU. As mentioned above, the university's National Capital Area Medical Simulation Center provides students with 26 different clinical skills courses and 30 continuing medical education courses for graduates as part of the strategic

goal to provide opportunities for life-long learning (see Appendix 177). Another source of immediate remediation and effective response is envisioned through Objective 1.5.4.1, which will promote the utilizing of social networking to enhance student and faculty communication and remediation assistance. Objectives 1.6.1.4 and 1.6.1.5 reinforce the development of military leadership, officership and professionalism through the assignment of faculty mentors and individual student development plans. Significantly, Objectives 1.6.2.3 through 1.6.2.3, identify the requirement for, and provide students with individual mentors, small group mentorship programs, alumni mentoring, and general assistance through team/squad uniformed personnel dialog programs.

SOM Undergraduate Medical Education Students: The three primary reasons the medical school enjoys a high level of student retention follow: thorough admissions procedures; student commitment to service to the Nation; and, the built-in support system provided by the OSA. Historically, 97.3% of matriculants graduate. Of the 2.7% who do not graduate (n = 105), only 0.9% have withdrawn for academic reasons. USU recognizes that matriculating an applicant is a significant investment and every effort is made to ensure the highest graduation rate and to maximize individual talents and strengths. The academic advisory system for SOM students is orchestrated by the OSA in conjunction with elected student representatives, individual faculty, course and clerkship directors, standing committee structure, military service Graduate Medical Education offices, and the Brigade's uniformed chain-of-command. The Student Handbook contains extensive guidance on this subject and is provided to all students at the beginning of each academic year (see Appendix 146 - SOM Student Handbook).

Open communication across several boundaries is a major feature of the SOM advisory program. Each class elects an academic representative with responsibility to actively engage the boundary between faculty and students. The OSA keeps track of all examinations given to students and engages directly with those students when patterns of difficulty emerge. As provided in Dean's Policy Memorandum, SOM-DPM-005-2011, the "Academic Counseling Program for the Class of 2015," a formal process is maintained, which provides early identification of students experiencing academic difficulty coupled with timely provision of counseling services (Appendix 147). The Student Promotion Committee (SPC) Instruction mandates SPC review of any student receiving a single grade below a "C" at any point during the SOM educational program. All students receiving an SPC review, who are placed on academic probation, must consult with the OSA to construct a remedial program for addressing specific academic course work. In addition, any personal or professional counseling or consultation that might assist in rectifying the unsatisfactory academic performance is also provided. During the clinical years, very few students experience academic difficulty; those who do are counseled by the clerkship directors at the midpoint of each clerkship. And, the OSA is notified and also assists the students as appropriate.

SOM Graduate Programs Students: Retention rates within the SOM Graduate Programs vary from program to program. Currently, the ADGE reviews the GPA of every matriculated student each quarter. If any student is below a GPA of 3.0, the minimally acceptable GPA for retention in the program, the ADGE meets with the program director to begin a remediation plan, the specifics of which depend on the area of remediation (whether the poor grades are in core courses or electives). Students are then presented to GEC, the umbrella committee that oversees all the Graduate Programs for academic and non-academic deficiencies, and a remediation plan is formally proposed by the program director. This process works efficiently. Hopefully, the need for this process will be reduced through the establishment of the interview and educational plan for each student, as described below.

We aim to improve the retention rate (Appendix 71) through revised selection processes, increased recruiting efforts to improve the quality and quantity of the applicant pool, and increased oversight and attention to student needs by programs, faculty and the GEO. To that end, we have embarked on a program of early counseling and accountability for each incoming student. After matriculation, the Associate Dean for Graduate Education will interview each student and establish an educational record that can be analyzed throughout the student's educational program. During the first year, the evaluation will focus on coursework; re-evaluation will occur after Qualifying Exams and after meeting with the student's advisor to ensure progress. After the 4th year, a final meeting will occur to evaluate progress and identify future goals, to include graduation plans.

Graduate School of Nursing Students: The PhD program began in 2003 with a class of 13 students (3 full time; 10 part time) with a 54% graduation rate. Over the next two years, the graduation rate declined to 33% primarily among the part time students who experienced difficulty managing doctoral studies and a full time career. In 2006, admissions were suspended to provide an opportunity to revise the admission criteria and processes. Faculty implemented a plan for student progression, evaluation and advisement. Beginning in 2007, admission was offered to 7 students and the class size has remained between 4 and 8 since that time. Graduation rates have also increased and six doctoral students including past part time students graduated in 2012. Recently the faculty has developed a more rigorous pre-application process designed to assess an applicant's readiness for doctoral studies as well as determining a fit with faculty research programs.

The on-time overall graduation rate for all GSN Master's Programs, from 2006-2010, is 87.26% (Appendix 143). Students may be granted program completion extensions for medical issues, family or personal hardship and other bona fide reasons. Over the same period, the first-time certification examination pass rates for nurse practitioners and nurse anesthetists are 100% and 86%, respectively. A certification examination is currently under development for Perioperative Clinical Nurse Specialists (PCNS), although all students in the PCNS track are required to be certified operating room nurses prior to matriculation into the program. GSN Policy #94-06 Student Promotions Committee (SPC) provides guidance for the early identification of students at risk and outlines the remediation process to ensure optimal student outcomes in any of the GSN programs (see Appendix 148).

In 2009 and 2010, trended data showed a decline in the first-time pass rates for the Nurse Anesthesia National Certification Examination (NCE). GSN faculty conducted a thorough program review to determine possible factors contributing to the decline. Analysis of data showed a steady decrease in first-time pass rates since 2007, although NCE scores overall were consistent with national average scores. The causes of the decline in first-time pass rates were multifactorial including admission standards, rapid program expansion, clinical training strategies, and grading policies. In response to these findings, the GSN successfully implemented a multifaceted approach addressing the contributing factors and to continuously improve the processes, not only within the nurse anesthesia program, but also in the clinical and research doctoral programs (see Appendix 81 for more information).

Postgraduate Dental College Students: Attrition is low in the PDC. When attrition does occur, it is usually for personal reasons or medical issues. In 2012, the PDC graduated its first class of USU Master's Degree students. Of an initial cohort of 30 students, 28 attained their degrees. The attrition of two Navy students was for personal reasons and both departed their program in good academic standing. There has been an attrition of three for the Class of 2013 out of a cohort of 57 students, one from each of the Services. Two departed for personal reasons and one for medical concerns. All were in good academic standing. The Class of 2014, a cohort of 125 students, has had one admitted student drop out for personal reasons prior to matriculation. Within the PDC, it is the residency program directors and their faculty who determine satisfactory progress. If a student is not making satisfactory progress, he or she will be placed on academic notice and provided immediate and intensive remediation by the program director under the aegis of the program's faculty. If improvement is not made, the student could be placed on probation or terminated by action of the Dental Education Committee. At every step, due process is protected and the student receives appropriate counseling. The low attrition rates attest that the close and attentive oversight of faculty and academic leaders is successful in achieving academic goals for the students and programs alike.

6. To what extent do students influence institutional planning and administrative decisions? To what extent do students govern their own affairs?

In addition to the academic advisement for uniformed students, there is a student military command structure representing a format customary to any military unit. Leadership positions are held by active duty students who report to the Brigade Commander through their Company Commanders and their Commandants. This system provides leadership and mentoring, which address the responsibilities associated with being a commissioned officer. Students who are active duty officers receive their training and education within the context of their uniformed mission and chain-of-command. Both uniformed and civilian students have a broad capability to

positively influence their programs. The USU President and Cabinet have an open door policy for all students. Students may approach the USU leadership about any issue or policy that governs USU. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied (92.99%) with the communication provided to students from USU leadership on important issues (Appendix 13, page 118).

SOM Undergraduate Medical Education Students: The USU SOM students are commissioned officers in the Uniformed Services, which includes systems of management reflecting paradigms of mutual respect. Each class has its own elected government. The Dean of the SOM authorizes each medical school class to elect officers for the purpose of managing class business and activities and for representing and advocating student interests in the USU community. The entire SOM student body is represented by the Student Advisory Council (SAC) consisting of a president, academic officer, and vice president from each class. The SAC is designed to study and communicate student issues across class boundaries and provide a student body consensus, which may then be communicated to the Dean, SOM, and other responsible school officials.

Class officers and the SAC exist to represent the USU student body and, as such, are not elements of the uniformed chain-of-command. Class officer positions are sanctioned by the USU leadership, but are not considered to be extensions of the administration. The Associate Dean for Student Affairs (ADSA) serves as faculty advisor for all class officer groups. Class Officers and the SAC meet regularly, have full access to the administration and faculty, and are represented on many committees at the university, specific examples include: the SPC; Admissions; the USU Anatomical Review Committee; the USU Committee for Names and Honors; and, many faculty/staff search committees. Access to the administration has always been a top priority and the Student Community Center serves as a model for this concept. It is a large, open area surrounded by the offices of those having administrative/professional relationships with the SOM students. The OSA, Diversity Affairs, the Brigade Command (to include personnel, consulting legal services, and the USU chaplain), and student government are all within 300 feet of each other ensuring casual and unprogrammed encounters. Second-year SOM students have a very active role in designing and conducting uniformed orientation and military medicine training activities for incoming students.

SOM Graduate Programs Students: Graduate students have a solid voice in governance and real opportunities to contribute to institutional planning and decisions. Graduate student representatives are members of the following committees: 1) Graduate Education Committee; 2) Policy Committee for Names and Honors; 3) Automated Information Systems Policy Committee; 4) Biomedical Graduate Educator Award Committee; and, 5) Research Week Organizing Committee. Graduate students have also been involved in the search for interdisciplinary program directors, the Associate Dean for Graduate Education, and the Dean (SOM). In addition, students contribute to the university research infrastructure as members on the following USU Committees: Biomedical Instrumentation Center Oversight; Institutional Animal Care and Use Committee (IACUC); and, the Joint Office Technology and Transfer Committee. To gain greater insights into desired and perceived roles for students, the GEO has conducted informal exit interviews with the 2012 graduates and has plans for formal exit interviews for future classes.

The structure of student governance has recently been strengthened by active and outstanding leadership among the current student population. A reinvigorated Graduate Student Association (GSA) has its own website, monthly meetings, and is reinstating a representational structure. Each graduate program has a representative on the GSA. The President of the GSA is a member of the Combined Student Council (consisting of three student cohorts), which meets monthly with the USU President. The leadership of the GSA has successfully lobbied for, and been involved with, the development of new graduate courses. These include a teaching/educational methods course and a course on grantsmanship. Moreover, students have organized and held career workshops for the past two years in association with Graduate Colloquium/Research Week events. Each class has its own elected government and the entire student body is represented by the SAC, which consists of a president, academic officer and vice president for each class. The leadership of GSA has successfully lobbied for, and been involved with, the development of new graduate courses. These include a teaching/educational methods course and a course on grantsmanship.

Moreover, students have organized and run a careers workshop held for the past two years in association with Graduate Colloquium/Research Days events.

Graduate School of Nursing Students: The PhD students are actively engaged in a Student Advisory Council (SAC) which is designed to provide communication pathways between faculty, administration and staff. Their quarterly meetings are led by a student elected by the SAC members to address issues regarding curriculum, resources and student life. A designated faculty member attends the meetings and assists the council with problem solving and communication. The program director is briefed on areas of concern or improvement and the SAC also provides a line of communication from the director to the students on topics of importance to the quality of their experience. This process recently resulted in the designation of a defined study space for PhD students within the GSN which had also been a recommendation from the external review.

Each group in the Advanced Practice Program has a class president, vice president, secretary, and program track representatives. Class leaders serve as liaisons between the students, faculty, and GSN leadership. The Commandant consults class leaders when students are required for special projects, committees, task forces, groups, or special assignments. Student representatives sit on the committees for GSN Admissions, Curriculum, Evaluations, Names and Honors, Technology, and Student Promotions. Student input, provided via end-of-semester evaluations, is considered in program/class schedules, curriculum redesign and policy changes. The GSN SAC meets six times during the academic year to deal with issues across class boundaries and to communicate the student body consensus to the Dean and other GSN leaders. The SAC deals with most student complaints and these are reflected in the minutes and the SAC charter (see Appendix 149 - GSN Student Handbooks MSN-DNP and Ph.D.). The GSN Ph.D. Program did not typically have a president or vice president as most of the students were part-time Federal civilians. With the matriculation of four active duty full-time students in the Class of 2011, the Ph.D. student group now has representation on the SAC, same committees, task forces, groups, and special assignments as with the other graduate students.

Postgraduate Dental College Students: Within the PDC, students have excellent opportunities to influence institutional planning and administrative decisions. At all of the schools, master's degree students meet regularly with program faculty at departmental meetings. Here, they can raise issues related to curriculum, facilities, schedules, materials, etc. Issues raised at department meetings can be elevated to the Dental Education Committee and Dean. Issues involving administration or planning matters at the USU level may be elevated from the specialty department to the Dean, and then, to the Executive Dean, PDC, or the USU chain-of-command. However, the common goal is to effect resolution at the lowest level. Dental students may influence the planning decision process via the open door policy, which is employed by department heads, program directors, and the Deans. Additionally, the PDC students have been incorporated into the USU committee structure.

7. Assess the university's information management and record keeping systems. How well is confidentiality of student information preserved?

The Office of the University Registrar was established, in September of 2009, to manage student records centrally; previously student records were maintained separately by the various administrative program offices of the USU. In light of the stringent requirement for total confidentiality, the office of the University Registrar continues to serve its customer base by providing information using secure systems via computer and direct contact with students, faculty members, staff, and alumni. Steps are being taken to combine the records of the SOM Undergraduate Medical Education, SOM Graduate Programs, GSN, and PDC programs to ensure a secure records management process. The University Registrar is searching for an appropriate student records management system to fulfill registrar needs across all Schools and departments and meet all Federal, military and academic requirements. Functional and system requirements for the new registrar system are currently being reviewed. In the meantime, student records are maintained by individual programs. The University Registrar is working with the Schools and program to assure that current and future business processes are compatible with an ultimate goal of an electronic university-wide system. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty staff

and students are satisfied or very satisfied (89.26%) with the services received from the University Registrar (Appendix 13, page 24).

SOM Undergraduate Medical Education Students: Since Academic Year 2002-2003, the SOM Registrar has fully utilized the STARS II records management system, in full compliance with Administrative Instruction-15 (AI-15), Records Management System (Appendix 150). The AI-15 reflects the Administrative Procedures and Records Disposition Schedules from the Director of Administration and Management, Office of the Secretary of Defense. All registration and records management have been successfully maintained in STARS II. The University Registrar continues to be custodian of all records of the SOM, and maintains the strictest confidentiality policies with support from the USU NOC. Secured files and vaults are used for paper files. Archived paper files are stored in the USU records management facility.

SOM Graduate Programs Students: The GEO acts as the Registrar for the SOM Graduate Programs. The GEO receives and processes all application packets and coordinates transfer to the appropriate program director. When a student matriculates, the GEO oversees the database for processing and maintaining graduate student records (e.g., grades, transcripts, registration, and statistical data) using STARS II. STARS II cannot be accessed by anyone other than the graduate program coordinator in the SOM GEO and restricted personnel in the USU NOC. GEO maintains and posts grades in the STARS-II database and prepares student transcripts. Confidentiality of academic records and information is of paramount concern and is very strictly controlled by the SOM Graduate Programs Registrar. Only authorized staff members of the SOM GEO can gain access to records to add or change data. The GEO maintains paper-based records of all graduate students in accordance with AI-15. These files are confidential and are stored in GEO, for three years, under lock and key. Thereafter, these files are moved to a locked Archives Facility at the USU. After 10 years, these files are moved to a permanent secured DoD storage facility in Rockville, Maryland.

Graduate School of Nursing Students: The GSN appoints an Admissions Officer/Registrar, who coordinates all admissions efforts and maintains school academic records. The GSN Registrar stores all course registration, grades, and conducts degree verification and transcript generation. The GSN vision is to locate an Operational Registrar at the GSN for functional data input; and, centralize storage, maintenance, and processing of verification and transcript requests through the Office of the University Registrar.

Postgraduate Dental College Students: The PDC program has completed its first degree-granting cycle. Academic records are maintained in computer-based office systems such as Microsoft Office Suite. All student paper records (such as admissions, registration, transcripts) are maintained within the offices of the program Deans under the strictest security measures. As the PDC anticipates USU's acquisition of an extensive records management system, it envisions that the registrars at each program will maintain the operational functions for their dental programs, with centralized storage, maintenance, and processing of verification and transcript requests through Office of the University Registrar.

8. Evaluate the policies and procedures for handling deficient academic performance and non-academic disciplinary procedures. To what extent does the institution provide due process?

Each School has adopted a clear approach to the process of handling deficient academic performance. Specific discussions are provided at Appendix 151 for the SOM Undergraduate Medical Education, SOM Graduate Programs, GSN, and the PDC. Further discussion is also provided in subcommittee IV, question 2, page 53. While the SOM and PDC only have uniformed students, the policies and guidelines for monitoring academic performance remain consistent with their civilian counterparts.

Regarding non-academic disciplinary issues, USU uniformed students are managed, reviewed, or regulated through a variety of systems. For non-academic issues, active duty students are accountable to the uniformed chain-of-command, which includes the Company Commander, Commandant, and Brigade Commander. Standards of

Conduct are reviewed during the New Student Orientation and Integration Program, and periodically examined during the Commandant or Commander's Calls. Students may be counseled for deviations from published standards of conduct. In the matters of behavior, discipline, and professional comportment, all students, who are active duty uniformed officers, are governed under the Uniform Code of Military Justice (Appendix 154 - 10 USC Chapter 47 - UCMJ). In more serious breaches of discipline, the UCMJ may be invoked, as warranted. In addition, all uniformed students must pass a National Security Background Check prior to admission. Due to these extensive security background checks, it is very unusual for the administration to find itself processing any sort of violation. In those rare circumstances, uniformed students have full rights to counsel as part of the military judicial process and the Brigade has a full time military lawyer available for guidance. All students, civilian and uniformed, can refer to the student handbooks for standards of conduct and the expectations of each School.

9. Assess the effectiveness of program policies for addressing allegations of student mistreatment and for educating the academic community about acceptable standards of conduct in the teacher-learner relationship.

Students who feel that they have been mistreated due to gender, racial, ethnic, cultural, or other bias, have several avenues for seeking resolution within USU. All civilian and uniformed students are educated on the appropriate equal opportunity standards of conduct, their equal opportunity rights, and the procedures for seeking redress, as part of their new student orientation program upon arrival at USU. Additionally, all uniformed staff and faculty participate in annual EO training. All students are informed that they may express concerns regarding perceived, verified harassment, or unfair treatment at USU. These avenues include: the SAC; the Associate Dean for Student Affairs; the Associate Dean for Graduate Education; the Assistant Dean for Clinical Sciences; the Office of the General Counsel; department chairs; the SPC; the GEC; the EEO Office; the Brigade Command Managed EO Program; the Office of Recruitment and Diversity Affairs; the USU and/or DoD IG Hotlines, through their uniformed chains-of-command; or, the Offices of the Deans of the SOM and GSN. Their rights to articulate their concerns and to seek redress are clearly stated in the student handbooks. The Brigade Commander has designated a military officer within the chain-of-command to hear complaints of perceived bias. The instructions that deal with these issues vary from Service to Service and are addressed in each Service's specific regulation. In addition, there is a USU Brigade Commander Equal Opportunity Policy Memorandum (Appendix 14). The Brigade Commander has established an all-Service Command Managed EO Program to oversee this policy and provide rapid review and feedback to any allegations through Service-specific trained staff. Periodic Organizational Climate Surveys are performed by the Brigade through an outside DoD agency, the Defense Equal Opportunity Management Institute (DEOMI), to assess the effectiveness of these policies. These DEOMI surveys are designed to assess only the command climate under the military chain-of-command. However, given the unique blend of military and civilian leadership at USU, results often represent the broader community. The most recent Organizational Climate Survey was conducted in December of 2010. The aggregate results of the survey were briefed to all members of the academic community, to include students. In general, the scores throughout the Organizational Climate Survey reflect a very positive atmosphere toward equal opportunity. The scores, when compared to the DEOMI scores within the past year across the military Services and other joint DOD agencies, indicate that sexual harassment, discrimination, or differential command behavior toward minorities have very little chance of occurring within USU. Of particular note, in the reported instances of perceived harassment, satisfaction with issue resolution was extremely high, particularly within the School of Medicine (Appendix 15 - DEOMI Survey).

All uniformed members (students, faculty, and staff) must abide by the Code of Conduct for military personnel and the direction of the UCMJ. The latter codes are made clear to students by the Commandants through their programs of officer professional development (OPD). Both the President and the Brigade Commander have open-door policies, which are additional avenues to address allegations of mistreatment. Each School has adopted common policies for handling allegations of student mistreatment. The application of these processes has been tailored by the individual Schools to address the uniqueness of their program and students (see Appendix 155).

10. Assess the adequacy and quality of student study space, lounge and relaxation areas, and personal storage facilities at all educational sites. Do available resources for study contribute to an environment conducive to learning?

Study space is available throughout USU. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied with the availability (85.62%) and quality (82.45%) of study spaces throughout the university (Appendix 13, page 122). The LRC provides an adequate number of group study rooms and individual study carrels. The second floor of Building D was recently refurbished to create a pleasant workspace commonly used by all students. The LRC provides students with many resources both online and in hard copy. The LRC offers classes to aid students, such as conducting research, public speaking, and computer skills. The staff members are consistently helpful and pleasant. They are prompt in responding to any inquiries, problems, or requests from students. The computers in the LRC have recently been updated; they now use Windows 7, which has solved some of the concerns over “slow machines.” The Apple computers available are also heavily utilized. Wireless printing is available in the LRC and students are able to print from their personal laptops. Based on the June 2012 Reaccreditation Survey, responding civilian and active duty students are satisfied or very satisfied with the services provided (93.59%) by the LRC (Appendix 13, page 124). Lecture halls, conference rooms, and the multidisciplinary laboratories are also popular study spaces.

The opening of the newly constructed and expanded base fitness center, a short distance from the USU campus, affords an extensive variety of physical fitness services. In addition, USU provides a small fitness center located one floor below the lecture halls. This space is greatly appreciated by students as it contributes to student camaraderie and overall student health and well-being. The locker rooms provide adequate space to shower and change clothing. The USU has recently acquired new lockers on the ground floor of Building C. These lockers and the gym lockers are currently being tracked and distributed to the students and staff. Students, who use the fitness center, often express a desire for more locker space so that uniforms and gym clothing can be stored on campus. Although on-campus housing is not available, there are many communities offering housing in the local area within close distance to the campus. Parking on campus is limited. There are multiple commuting options available including mass transit, campus shuttles from mass transit train service, carpooling options, and several bicycle racks located on campus for easy storage.

SOM Undergraduate Medical Education Students: The Medical Students often use the computers located in the multidisciplinary laboratories (MDL); however, the computers are all hardwired to Ethernet ports, which hang from the ceiling overhead. This obstructs students’ and instructors’ views of the projector screens and can be cumbersome. There are a limited number of computers available in the Student Community Center, with additional access to computers for students in the LRC. The Student Community Center computers experience frequent issues connecting to the network and generally do not function as well as the computers available in the LRC.

The Student Community Center provides students with a space to socialize, eat meals, collect returned assignments and notices in mailboxes, and store belongings in assigned lockers. It has several couches and numerous large tables, which generally accommodate students from both the MS-I and MS-II classes. Recently renovated, this area provides microwaves, refrigerators, vending machines, and a student-run coffee mess. It is furnished with a pool table, foosball table, and ping-pong table. While the student lounge is adequate and appreciated by students, requests for further upgrades of the furniture and equipment has been submitted. The student lounge provides access to furnished outdoor patio space. Many relevant administrative offices are located adjacent or close to the student lounge, allowing for increased faculty, student, and staff interaction. Students also utilize the USU cafeteria for socializing and meals.

SOM Graduate Programs Students: Graduate students in the SOM have access to study space and computer access to electronic journals in the LRC. Some programs provide designated workspace for students, but this is not universally the case. While graduate students have access to lounge space shared with the medical students, they do not have specifically designated space. The most recent Graduate Student Survey showed >90% were very satisfied

or satisfied with the adequacy of study space, whereas only 10% were dissatisfied or very dissatisfied. Moreover, about 65% were satisfied or very satisfied with student relaxation space, while about 25% were dissatisfied or very dissatisfied (Appendix 73). Graduate students in the SOM have access to the study space in the Learning Resource Center. Some programs provide designated space for their students, but this is not universally the case. While there is no specifically identified lounge space, graduate students are invited to use the large medical student lounge and relaxation area. The Graduate Student Survey showed that 24% of civilian student respondents were dissatisfied with relaxation space. Planned building expansion has identified this as a future improvement. Personal safety issues in the lab and on campus were largely considered satisfactory. Personal storage facilities are program dependent. Some programs have been able to purchase and make lockers available.

Graduate School of Nursing: GSN students have multiple study space options to include: the LRC; the Student Community Center; available classrooms; and, lounge space in the various buildings throughout the campus. Resources are available, through the LRC and electronic records, which provide full text articles and texts. GSN students are all assigned a faculty mentor at the beginning of their graduate program. The PhD students are provided dedicated study space to facilitate interaction among students and ready access to faculty.

Postgraduate Dental College Students: At the PDC locations, each student has an individual study carrel within a dedicated space. Students also have a locker, which can be secured, and at least one drawer in the assigned study carrel is lockable, as well. There is no dedicated student lounge, but every student has access to a break area in close proximity to the classrooms, study areas, and clinical facilities. Absence of student complaints concerning these resources validates that they are considered adequate and of appropriate quality by their users.

SUBCOMMITTEE V: CONCLUSIONS AND RECOMMENDATIONS

STANDARD 8: Student Admissions and Retention

CONCLUSIONS

The USU admissions processes are open, transparent, and managed by the four major educational divisions of the university: the SOM; the SOM Graduate Programs; the GSN; and, the PDC. Recruitment information, whether online or in printed brochures, meets accepted industry-wide practices as well as government ethics guidelines. Selection of students has been through well-orchestrated administrative and committee processes that are regularly reviewed each year. All programs provide solid orientations at matriculation, clear guidance throughout the term of education, flexibility for individual innovation, mentorship in many forms, and ready access to the administration and faculty. The USU student body is quite unique, ranging in age from the early 20s to the mid-50s; it is largely composed of personnel serving on active duty in one of the Uniformed Services. Civilian students maintain the same visibility and community attention as do the uniformed personnel. Both uniformed and civilian students have a broad capability to positively influence their programs. A primary focus during the last six years has been to successfully increase the recruitment of underrepresented candidates, particularly in the School of Medicine. In each of USU's programs, the selection criteria are validated through academic performance, non-cognitive performance and yearly reviews by on-site supervisors, faculty and mentors. The majority of USU graduates go on to complete a full government service career, far surpassing those who enter government service through other academic institutions.

Multiple pathways are in place to identify and address deficient academic performance and non-academic disciplinary issues. Likewise, sound practices are regularly reviewed to ensure there is community-wide knowledge and acceptance of guidelines regarding equal opportunity and fair treatment of students. Civilian and active duty Uniformed Services students have a voice in nearly every aspect of university policy and procedure development through: USU's open-door policy; the students' governmental organization in each School; regular meetings with University and School leadership; and, the military chain-of-command, if they are in one of the uniformed services.

RECOMMENDATIONS

- Once established assess the effectiveness of the new SOM Master Recruitment Plan for Enlisted to Medical School Preparation Program and identify modifications, as appropriate. This assessment should involve all components of the institution involved in the recruitment process.
- Continue the ongoing coordination of all SOM recruitment efforts (graduate and doctoral programs). Enhance recruiting efforts, selection processes, data assessment tracking, and new strategies to increase the depth and quality of the applicant pool in many of the SOM Graduate Programs, thus improving retention and graduation rates.
- Provide a level of internal support for graduate students similar to that provided to medical students for dealing with academic and personal problems.
- Ensure that the university provides sufficient resources to enhance and track a more rigorous recruitment program designed to continue to increase applications from highly qualified civilian, military, majority and under-represented applicants for USU schools.
- Restructure selection processes for doctoral students in the SOM Graduate Programs to enhance the quality of the applicant pool in an effort to improve our retention and graduation rates.
- Consider implementation of an IT content management system, which will allow for the maintenance of university-wide branding, layout, and navigation standards while providing greater flexibility to individual departments to maintain their own content without reliance on a single webmaster.
- As the academic programs of USU continue to grow, the University Registrar will need to be vigilant to ensure all systems remain compliant with university and DoD standards and that all student academic records are maintained and stored with the strictest confidence.
- Continue the aggressive search for a suitable records management system to integrate with the USU Learning Management System.
- Continue cycle of review and edits for resource material at all schools.

STANDARD 9: Student Support Services

CONCLUSIONS

Enhancing student support services has been an ongoing priority for the university. Based on input from the student leadership, study space and hours of availability became a university prime focus in the last three years. Significant facility modifications were made during the last two years and based on the June 2012 Reaccreditation Survey, students responded with an 85% satisfaction level. A new base fitness center and the refurbishing of the university's fitness area have also garnered positive feedback. While significant resources have been devoted to improving the IM/IT infrastructure to support student learning and university operations, increasingly restrictive DoD requirements have diverted resources to addressing implementation of cyber-security measures. An IM/IT strategic plan is in place to improve the technology demands pending available funding.

RECOMMENDATIONS

- In addition to regular leadership meetings with student leaders, conduct periodic student surveys to determine if there are support services that need improvement.
- Continue to support the newly established counseling and remediation systems within the SOM Graduate Programs.
- Review options for increased on-site mental health resources for civilian students.
- As the academic programs of USU continue to grow, the University Registrar must continue to ensure all systems remain compliant with university and DoD standards and that all student academic records are maintained and stored with strictest confidence.
- Recognizing extended delays in new construction on campus, efforts should be explored to meet Graduate Students' need for multi-purpose activity space.
- Collect and compare DEOMI surveys from all branch campuses and collate them into a university-wide assessment.
- Conduct an annual DEOMI survey in conjunction with a university-wide climate survey.

- Due to recent reductions in base and university parking availability the need for increased student storage space has become essential.
- Popular student study spaces in the Multidisciplinary Labs need to be updated.
- Organize the materials and electronic hardware in the MDL to better utilize study space.

Subcommittee VI
Standard 10 – Faculty

1. Assess the adequacy of the quality, number and types of faculty for the teaching, research, and service missions of the university. To what extent are the procedures and criteria for periodic evaluation of faculty adequate and equitable?

A list of faculty can be found in Appendix 173 and includes: full-time and part-time; billeted and non-billeted; and adjunct faculty. In 2011, the subcommittee surveyed the faculty regarding adequacy of current faculty for the teaching, research, and service missions of USU (see Appendix 48 - 2011 Faculty Survey). Among responding department chairs and program directors, there was only slight agreement with the proposition that faculty numbers were adequate for these three missions. This perception represents a trend, since 2003, due to the impact of: deployment of critical clinical faculty; ongoing curricula reform; increasing national competition for research funding; and, loss of non-billeted faculty from the MTFs. Recently, these factors have been addressed through successful efforts to increase faculty compensation beginning in Fiscal Year 2012-2017 (see Appendix 7). Based on faculty responses (N = 261) to the university-wide 2012 survey, 38.9% reported that the current number of faculty is too few for the effective operation of USU (Appendix 13 - USU Reaccreditation Survey, page 71). However, as discussed below, considerable funding has been added to the USU budget to address both faculty recruitment and compensation.

SOM Undergraduate Medical Education and Graduate Programs: The majority of SOM clinical faculty is based at the MTFs. While not directly billeted to USU, this large number of enthusiastic, well-trained clinicians, under the oversight and guidance of billeted USU faculty, is a critical resource for teaching USU students. Many of these non-USU billeted faculty members are also involved in clinical research programs through collaborative clinical investigation programs based at the MTFs.

Since 2003, there has been significant pressure on the uniformed clinical faculty at the MTFs due to repeated deployments (i.e. Iraq, Afghanistan, Kuwait, and other missions). While the experiences during these deployments provide tremendous practical value during the training of medical students, the impact can, at times: disrupt the academic progress of the faculty; reduce the number of teachers; and, be perceived as a major reason for early retirement from the USU clinical faculty. Overall, the number of clinical faculty at the MTFs has declined. While it appears that the tempo of war operations is slowing, concerns exist that additional clinicians must be hired at both the USU and at the MTFs in support of the USU teaching mission. The support of these non-billeted clinical faculty becomes critical under the newly implemented curricula reform, which calls for an earlier movement of SOM students into the clinical sites, with emphasis on small group seminars. To these ends, a major increase in funding for hiring SOM faculty was sought and approved by the DoD; \$2.7 million was made available for supporting the new curricula starting in Fiscal Year 2012 which increases through Fiscal Year 2017 (see Appendix 7). These funds will be used to hire basic science and clinical faculty; some of whom will be assigned to the MTFs.

The USU basic science departments are doing a highly satisfactory job of educating medical students based on student reported satisfaction with basic science courses and performance on National Board Examinations. Basic science faculty at USU number in the 60th percentile for public medical schools, while the number of medical students is at the 70th percentile. Teaching loads are, therefore, somewhat higher than average at USU. The graduate students in the biomedical sciences are also satisfied with the instruction that they receive from the faculty, and these students make adequate progress toward their educational goals. Most graduate students and post-doctoral fellows secure jobs within their fields of expertise subsequent to completing their training. Some department chairs reported that they could utilize additional faculty to achieve a broader scholarly base for departmental research and academic programs. Despite the increased budget for Fiscal Year 2013 through Fiscal Year 2017, space limitations continue to constrain USU recruitment. Prior to 2012, the small size of the clinical faculty affected the number and quality of collaborations within the university. However, as discussed above, additional clinical faculty positions have now been funded.

Graduate School of Nursing: The GSN faculty are highly qualified and meet their teaching, scholarship, service, and practice responsibilities (see Appendix 176). All of the GSN faculty possess a minimum of a Master's Degree, with over 70% having Doctoral Degrees, appropriate to their areas of teaching responsibility. Of the 15 faculty members not holding doctoral degrees, 8 (53%) are actively pursuing doctorates. Within the Advanced Practice Nurse Master's Program, adequate faculty support for programmatic mission accomplishment is achieved with a 1:6 faculty to student ratio in the clinical courses. An extensive network of over 140 preceptors are experientially and academically qualified to assist the GSN in achieving its mission, goals, and expected student outcomes. They mentor, teach, and assess GSN Master's students in the clinical settings. Funding for the recruitment of faculty in the GSN was also approved for Fiscal Year 2010 through Fiscal Year 2012. In addition, increased funding has been requested by USU, through the POM process to accommodate the GSN's mandated transition from the Master's to the Doctoral Degree Program level.

Postgraduate Dental College: The faculty members of the PDC are adequate in terms of the quality, number and types of faculty deemed necessary for its teaching, research, and service missions. Each of the programs within the schools of the PDC has a longstanding tradition of selecting among the best officers for faculty assignments. Such positions are highly coveted, which has resulted in excellence in education as reflected by the superior performance of the PDC graduates on their certification examinations. All PDC faculty receive an annual performance review in accordance with Service standards. In addition, program directors and department chairs receive evaluations from their Deans. Program directors, in turn, evaluate their faculty. The President of the University has delegated to the Executive Dean preparation of an annual evaluation of the Services' Deans for use by the military chain-of-command.

Faculty Research and Service: Intramural resources devoted to faculty research support have been reallocated in recent years, with increased funding being made available for start-up grants, new investigators awards, and program awards with corresponding reduction in funding available for individual investigator grants across the established faculty. USU faculty members have been quite successful in competing for extramural research funds, which has had a positive impact on recruitment and retention. Based on a National Science Foundation study, USU ranked first in the Nation for growth in Federal funding for research, with an almost 9-fold increase between 1999 and 2009 (Appendix 23). The extensive portfolio of research taking place at USU is well-reflected in the 2009-2012 Research Week publications (Appendix 157 - Research Week Publications 2009-2011, available in the document resource room). Appendix 7 exhibits substantial increases in research funding.

Faculty members are regularly selected to serve on various study sections for the NIH and for other granting agencies. Faculty members are selected for editorial boards, give invited lectures, serve on committees, and act as officers in various professional organizations. Overall the USU faculty appears to have achieved appropriate recognition with their peers. Collaborative sharing of faculty occurs across the USU Schools.

Faculty Evaluation: There is a process for the annual evaluation of faculty. Each SOM and GSN faculty member is required to annually submit a list of teaching, research, and clinical contributions to his/her department chair. Accomplishments in the form of funding, publications, membership on study sections, and editorial boards, etc., are included. The department chair then provides a written evaluation of the faculty member's progress and contribution to the individual faculty member; these comments are then provided to the Dean of the appropriate School. In the 2011 survey performed for this review, 76% of the faculty agreed that the performance evaluation procedures are fair; 66% agreed they were valuable; and, 72% felt the criteria were fair (Appendix 48).

2. Describe and evaluate the availability of opportunities for both new and experienced faculty members to improve their skills in teaching and evaluation. Is institutional or departmental-level assistance, such as training sessions from education specialists, readily available? Comment on the level of faculty participation in such programs.

Faculty development programs exist at the university level and at the level of the individual Schools. At the university level, the Faculty Senate Education Committee organizes an annual “Education Day.” This full-day event incorporates plenary lectures and hands-on workshops to enhance faculty skills in teaching, evaluation, curriculum development, and academic leadership. Education Day has used an online pre-registration system. Registrants for the last three Education days have ranged from 103 to 156 in number. In August of 2012, 117 attended. This represents an excellent turnout of USU’s billeted faculty. Additionally, the Vice President for Research leads an annual educational course on grant writing. The courses occur over ten half-day sessions, requiring individual work from the 10 to 14 attendees enrolled in each course. Each department nominates junior faculty to attend these workshops and then allocates time in the individual faculty member’s schedule to facilitate full attendance. The annual workshops are always fully subscribed. Each School has adopted individual program activities for providing opportunities to both new and experienced faculty to improve their skills in teaching and evaluation through readily available training sessions. Please see Appendix 158 for individual school discussions.

3. Assess the adequacy of institutional support for the advancement and development of faculty, including teaching, research, scholarship, and service.

As described above and in Appendix 158, all USU Schools have extensive programs in faculty development that advance their expertise as teachers, researchers, scholars, and university citizens. Some departments greatly incentivize faculty attendance at formal activities. The offices of the SOM ADF and GSN ADF, on behalf of the university, work with USU departments to encourage increased attendance and to develop incentives for participation in faculty development activities. Also, the NPDS employs two doctoral-level professionals who are instructional systems specialists. One of these individuals serves as the Director of Faculty Training and develops workshops (four to five per year) to meet the need for ongoing teaching and learning requirements. In addition, the Director of Faculty Training develops and annually presents the NFTW to address evolving needs. Travel to scientific meetings, for USU faculty, is organized by each academic department. The USU faculty are encouraged to attend meetings to present their research and for their personal growth and advancement as scientists, physicians, and educators. In addition, the university may grant sabbatical leave for focused research and faculty advancement after a seven year-period of faculty service at USU.

Mentoring of individual faculty, at the USU Schools, is generally directed at the department level. There is no USU requirement for a faculty member to obtain a mentor or to engage in activities that would constitute adequate mentoring. A broad range of strongly held views about mentoring exist at USU. Some feel that there should be a mandatory and monitored mentoring program; others feel that mentoring should arise naturally out of day-to-day interactions and collaborative relationships. Against the backdrop of these divergent views, the Faculty Senate Mentoring Committee has established a robust orientation during the annual New Faculty Orientation Day. New faculty, at all USU Schools, are introduced to a mentoring website designed to identify senior faculty members who have similar scholarly interests. This has facilitated both research and professional collaboration and mentoring. As of August 2011 technical limitations have delayed the launch of this mentoring website. The USU online faculty handbook (<http://www.usuhs.mil/handbook/>) provides up-to-date information related to faculty resources and “Tools for Teachers.” In addition, a wide range of instructional support is provided for faculty teaching through the LRC and its instructional services. The variety of support services offered by the USU LRC include: literature searches; computer software education; assistance with interlibrary loans; text and article procurement; and, statistical and psychometric programs such as SPSS, SAS, and other relevant computer software (see the LRC website for more information: <http://www.lrc.usuhs.mil/>).

A number of institutional resources exist to support faculty research. The USU Office of Research offers both intramural research funding and extramural research support. Intramural funding can be achieved by several routes, within USU, in amounts ranging from \$10,000 to \$75,000 annually, for up to three years. In addition, research start-up packages are available as recruitment incentives for new research faculty. These packages include funding for equipment and supplies for up to five years; and, funding to support lab personnel or research assistants for up to three years. Numerous USU departments offer support equipment and services to facilitate research activities.

The institutional support entities that aid in research include: Laboratory Animal Medicine (LAM); Purchasing and Logistics (LOG); Research Administration (REA); the Multidiscipline Laboratories (MDL); the Biomedical Instrumentation Center (BIC); Duplication Services (ASD); the LRC Computer Center (LRCCC); and, the University Media Services (UMS).

In 2008, the GSN formally activated the Faye Glenn Abdellah Center for Military and Federal Health Research (FGA Research Center) as the GSN's primary infrastructure to support faculty research. The GSN Associate Dean for Research and Director of the Research Center, with an established program of research and documented academic leadership and faculty mentoring, was appointed in the Fall of 2009. The Research Center within the GSN provides: the administrative support needed to facilitate faculty research and grant submission; management expertise; a network of methodological expertise and consultative services; and, collaboration within the interdisciplinary faculty at USU and throughout the National Capitol Region. The Center ensures faculty mentoring and encourages faculty to apply for grant funding. From 2008 to 2010, with the support of the research center, GSN faculty grant funding increased by 42 percent or \$485,015. All full-time GSN faculty participate in community service and are authorized to take one day per week for clinical practice or scholarship. In addition, GSN faculty members are given a percentage of their time commitment for professional development to maintain their clinical skills and patient contact.

Institutional support in the PDC is excellent. All of the faculty enjoy the support of their respective chains-of-command, which recognize that teaching, research, scholarship, and service are career enhancing. Travel funds are provided to allow PDC faculty members to participate in their yearly specialty meetings, which include an education component or section. Additionally, the Navy has two doctoral-level staff who are instructional system specialists. The recent inclusion under the USU umbrella has provided additional emphasis on scholarly activities critical to academic advancement and the credibility of the PDC programs.

4. Evaluate the system for the appointment, renewal of appointment, promotion, granting of tenure, and dismissal of faculty members. Are the policies clear, widely understood, and followed?

The university instruction for addressing the appointment, promotion, and tenure process is widely available (Appendix 47 - USU Instruction 1100 or <http://www.usuhs.mil/asd/instructions/1100.pdf>). As a living document, it continues to undergo critical evaluation and revision. In December of 1999, changes to better align the academic rank and reward system with activities of the faculty, who support the missions of the USU component Schools, were implemented. Based on the studies of Ernest Boyer (*Scholarship Reconsidered: Priorities of the Professoriate*. The Carnegie Foundation for the Advancement of Teaching, 1990) and Eugene Rice (*Making a place for the new American scholar*. American Association for Higher Education, 1996), the USU redefined its classifications of scholarship and significantly broadened their application.

In 2009, the need to reinstitute the prefixed titles "clinical associate professor" and "clinical professor" was approved by a committee of senior faculty and USU leadership. This measure was taken to address concerns among non-billeted faculty that their teaching contributions, upon which the USU relies, were not sufficiently recognized. While many non-billeted faculty are involved in research and scholarship as defined by Boyer, many contribute through their provision of excellent clinical care while teaching the USU students. Faculty applying for the clinical prefix must demonstrate a high degree of dedication and proficiency in these two areas, and may be promoted in the absence of publications or successful competition for research funding. Since the reinstatement of the clinical prefix in July of 2010, approximately 70 faculty members have been promoted through this mechanism.

With the exception noted above, the majority of academic titles are unmodified. Use of an academic pathway system, within the tenure-ineligible track, allows a faculty member to plan for promotion and provides guidance as to what activities and contributions are appropriate for review. The pathways are not fixed; there is flexibility if faculty members wish to change their focus of interests. Criteria in the tenure-eligible track, as well as the tenure-ineligible track, have also been clarified to include a broader range of activities that are appropriate for review as

scholarly. A clear distinction has been drawn between institutional citizenship, the traditional Service area, and selected service activities that denote clear-cut examples of peer recognition. For example, committee activities are now evaluated based on leadership roles, basis for selection, and individual contribution rather than simply on membership.

The USU President recently directed an analysis of the promotions processes, throughout the university, by the Senior Vice President to ensure consistency in the promotion processes across the three Schools under a single governing document. The final product will undergo scrutiny by the faculty of the three Schools prior to implementation. All appointments, promotions, and applications for tenure begin at the level of the department chair. Appointment of, or promotion to, the ranks of associate or full professor requires review and recommendation by the Committee on Promotion and Tenure (CAPT) from the appropriate School. The composition of the CAPT is determined by Instruction 1100. A Dean's selection committee recommends appointments to the CAPT and the Dean of the appropriate School makes the final approval. The membership of the selection committee reflects both basic science and clinical faculty. The chair is selected by the committee and serves for one year; the vice chair succeeds to the position, allowing at least one year of experience prior to assuming the leadership role. In the SOM, the CAPT chair alternates between members of the basic science and clinical science departments. In the GSN, due to a lack of sufficient number of full professors, members are selected from both the GSN and the SOM. This situation will change as the GSN faculty evolve and promotions take place. As the policies and procedures are essentially the same between the Schools, appointments are equivalent in terms of adherence to criteria, peer review, and academic credibility. The Dean has the right of refusal over positive recommendations by the CAPT, but cannot override a negative decision. The President of the university, in conjunction with BOR recommendations, grants final approval.

The PDC Instruction 1100 codifies the procedures for the appointment and promotion of faculty. The policies of this instruction follow those of the SOM in intent and process with minor modifications to address the unique aspects of the dental, clinical, and educational supervisory chain. Dental faculty may be appointed and promoted within the Clinician-investigator, Clinician-educator, or Research pathways. As military officers, they are not eligible for tenure. Academic rank is based on the elements of the applicant's curriculum vitae and report of scholarly activities as specified in PDC Instruction 1100 and in the USU Faculty Handbook. All appointments are reviewed by the PDC Committee on Appointments and Promotion (CAP). Initial faculty appointments are for a period of one year. Appointments may then be renewed every three years with no limit on the number of renewals. Application for academic promotion is considered in accordance with the USU faculty criteria. Appointments in the rank of Associate Professor and Professor must receive review by the USU BOR. Information regarding appointments and promotions found in the Faculty Handbook is annually reviewed with the PDC faculty during orientation sessions conducted at the beginning of each school year. The importance of faculty appointment is well understood and faculty members are eager to become fully conversant in the appointment process and the credentials needed for advancement.

The above reviews and processes have benefited both civilian and uniformed faculty. In the 2011 Faculty Survey, 69% percent agreed the policies and procedures for promotion are clear and fair; 62% agreed the criteria for tenure are clear; and, 65% thought them fair (Appendix 48). These data are strikingly similar to national perceptions reported by the AAMC (Appendix 162), wherein 54-71% (depending on type of faculty) agreed that promotion expectations were clear and 61-74% that expectations were reasonable.

5. Assess the adequacy of institutional and departmental conflict of interest policies relating to faculty members' performance of their academic responsibilities.

As an agency of the Federal Government, faculty and students at USU follow the standards of ethical conduct set forth in Title 5, part 2635 of the Code of Federal Regulations as amplified by the Joint Ethics Regulation (Appendix 163 - DoD Directive 5500.7-R - Joint Ethics Regulation). These regulations govern areas of conduct such as conflicts of interest, participation in non-Federal entities, acceptance of gifts, and travel benefits. In addition, the

NIH requires each activity receiving grant funds to publish guidance dealing specifically with scientific misconduct. The university's procedures for handling allegations of scientific misconduct are found in USU Instruction 5501 (Appendix 164). The Federal Standards of Conduct do not compromise intellectual and academic freedom; rather, the standards of conduct enhance them.

The university's designated USU Ethics Official, serving in the OGC, oversees the implementation of the Ethics Program. This includes, but is not limited to: mandatory orientation training for all new faculty and staff; annual training for more senior faculty and staff; and, informal and written opinions pertaining to a multitude of topics (including conflicts of interest, general notices and reminders university-wide, and the review of all outside activities conducted by university personnel). The Ethics Official has a university website where guiding principles, conflict of interest statutes, and frequently asked questions are posted (<http://www.usuhs.mil/ogc/ethics.html>). This oversight helps to foster a climate of ethical awareness. The OGC also provides guidance to Uniformed Service members on additional constrictive regulations that are not applicable to civilian employees.

As a Federal institution, the university is not permitted to add to, subtract from, or modify these regulations. These rules are embodied in both criminal statutes and Federal regulations. The primary criminal conflict of interest statute is 18 U.S.C. § 208. There are a number of ways in which an employee may deal with a potential conflict of interest (See the OGC website for a summary <http://www.usuhs.mil/ogc/faq.html#COI>). In addition, the United States Office of Government Ethics has also issued regulations encompassing this area. They are found at 5 C.F.R. § 2635 at Subpart D (Appendix 165).

The USU faculty conduct research under the auspices of the HJF. This foundation, established by Congress, administers research grants held by USU faculty that generate indirect cost reimbursement. The HJF has a detailed conflict of interest policy covering the areas of: salary or other payment for service (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options, or other ownership interests); intellectual property rights (e.g., patents, copyrights, and royalties from such rights); and, other significant financial interests of the Investigator that possibly could affect or be perceived to affect the results of the research, educational, or service activities funded or proposed for funding.

To avoid conflicts of interest, all outside activities by USU employees must be approved by the appropriate USU official. The policy regarding "Approval of Outside Activities" is found in Appendix 166. All such requests by faculty are forwarded to the appropriate Dean for approval and screened by the OGC for potential conflicts of interest. As noted earlier, the university is prohibited from issuing its own conflict of interest regulations, but the DoD is permitted to promulgate supplemental guidance through the Joint Ethics Regulation (Appendix 163). Chapter 5 of the Joint Ethics Regulation is entitled "Conflicts of Interest."

Each new employee receives a pamphlet called, "Employees' Guide to the Standards of Conduct" (see Appendix 167). In the pamphlet, there is a brief summary of the ethical rules for Federal employees including a short discussion of "conflict of interest" and the people to contact in the event of questions. It is not intended to be as comprehensive as the Code of Federal Regulations and the Joint Ethics Regulation; it is merely provided as an orientation training tool. All new employees are also required to check-in with the OGC during in-processing. Any questions about the conflict of interest material are directed to the OGC. Some key personnel are required to fill out financial disclosure statements, either the public financial disclosure statement (Appendix 54 - SF 278) or the confidential financial disclosure statement (Appendix 53 - OGE Form 450). In both cases, the member is required to receive annual training on the standards of conduct (see <http://www.usuhs.mil/ogc/ethics.html> for more information).

The Uniformed Services all have policies on Conflict of Interest and Standards of Conduct which are strongly enforced. Military duties and the education mission come first. Any non-Federal activities must be cleared by the chain-of-command. These controls have been proven more than adequate to prevent conflicts of interest at USU.

6. Describe the extent of feedback provided to faculty members about their academic performance and progress toward promotion and/or retention. Are faculty members regularly informed about their job responsibilities and the expectations that they must meet for promotion and/or retention?

The majority of faculty, both pre-clinical and clinical, express that current practices regarding communication related to their academic performance and progress toward promotion/retention is adequate to some extent. However, they expressed that their level of satisfaction with the communication of the details of the performance criteria and resultant performance expectations is “neutral” or “slight.”

As a component of both the recruitment and initial appointment of faculty, the expectations and responsibilities for each of the aspects of faculty responsibility are defined in the individual position descriptions. Each faculty receives an annual review of his/her activities and, at that time, the department chair, or his/her appropriate designee, provides both summative and formative feedback. In addition, if there are any changes in the expectations and/or criteria for performance for the upcoming year, this information is provided to the faculty member at that time. As the tenure eligible and tenure ineligible tracts and the pathways within the tenure ineligible tract have different levels of performance criteria, it is important that the department chair provides comprehensive information.

There are additional issues regarding USU’s large off-campus faculty, who are mostly clinical providers located within the MTFs. These individuals comprise the largest single group of USU faculty. Their retention and success in academic promotion is directly linked to their understanding of performance requirements. Review of the off-campus faculty should occur every two years, however, this does not eliminate an annual review. The review and counseling activities related to performance are left solely to the departments. No centralized review of these actions is conducted. Faculty may consult with the Associate Dean for Faculty or Faculty Affairs if they have concerns or need additional information.

Faculty in the tenure tract have an initial three-year appointment, with the opportunity for a single three-year renewal, with seven years to obtain promotion and/or tenure. It is the responsibility of the departments to ensure that faculty are aware of timelines and have the necessary academic credentials to support any academic responsibilities. Process and procedures are defined in USU Instruction 1100 in the enclosures dealing with each respective School (SOM, GSN, and PDC). Academic promotions for the PDC adhere to the PDC enclosure of USU Instruction 1100. As Service Members, all faculty receive an annual performance evaluation. Additionally, the academic chain-of-command evaluates and counsels the faculty at least yearly. Faculty have regular personal interaction with their Deans, during which, anticipated changes in job responsibilities are discussed with the faculty member.

7. Evaluate the extent to which education is valued in the institution. How are the degree and quality of participation in student education factored into decisions about faculty retention and promotion?

Overview: The primary role of USU is the education of its students. USU educators must have the highest level of expertise and currency in their field to effectively and efficiently communicate accurate and comprehensive knowledge in their fields. Given the ongoing explosion of academic knowledge, extensive skill with electronic information media is mandatory. Active immersion in their specialty, research in the case of basic scientists, and medical practice in the case of clinicians, are necessary components for the credibility of educators at USU. Definition of the faculty's teaching responsibilities is found in the appointment, promotions and tenure document (Appendix 47) which states "scholarship of teaching is an integral part of SOM faculty responsibility as all SOM faculty are expected to contribute to the teaching mission of the institution." Criteria for evaluation are defined in this document and serve as a guide for faculty development and evaluation across the USU Schools. Annual reviews of faculty by department chairs include mandatory evaluation of teaching contributions and skills; these factors are critical elements in justifying merit pay increases and promotion. Evaluation of teaching skills and contributions are monitored by senior faculty mentors; feedback from students is solicited at the completion of each course and/or rotation. The Deans of the USU Schools have the responsibility for setting priorities and

communicating their vision and the importance of the educational mission to their department chairs. The chairs are directly responsible for setting priorities within their departments and evaluating their faculty according to those criteria. The 2011 Faculty Survey was used to assess, among other things, the perception of the faculty regarding the degree of value placed on educational development and activities by their chairs, the Deans, and the university (Appendix 48). A majority of faculty, 68.77%, felt that education was valued by their superiors. However, 53.16% felt their educational activities and contributions were appropriately rewarded. Since 2011, modifications to the CAPT have addressed many of these concerns.

Each School has adopted individual program activities for providing opportunities to both new and experienced faculty to improve their skills in teaching and evaluation through readily available training sessions. Please see Appendix 168 for individual school discussions.

8. Evaluate the effectiveness of mechanisms for organizational decision-making. Are necessary decisions made in a timely and efficient manner with appropriate input from faculty and other concerned parties? Describe and assess the relative roles of committees of the faculty, department heads, and academic administrators in institutional decision-making.

The USU President meets regularly and seeks decision-making input from an advisory committee, the President's Cabinet, which includes Deans, Vice Presidents, and other administrators who report directly to the USU President. This group also has an annual retreat to discuss issues and plans relevant to the university. While the Faculty Senate and other faculty members (e.g., chairs of departments and programs) are not included in the regular meetings of the President's Cabinet, they are invited to participate in decision-making discussions relevant to faculty issues, as appropriate. The President of the Faculty Senate is included in the annual strategic planning retreat. In addition, Faculty Senate officers meet separately with the USU President and Deans. The Faculty Senate President also has access to the BOR and can request time during their scheduled meetings to present a report or to raise issues of concern. The SOM Dean's Advisory Committee includes several SOM department chairs, SOM Associate, Assistant, and Vice Deans, and Faculty Senate leaders. The GSN Dean's Leadership Team includes GSN Associate and Assistant Deans, GSN Program Chairs, and one GSN USU Faculty Senator. These groups provide input into the Deans' decision-making.

In the 2011 Faculty Survey, 29.7% of the responding faculty members disagreed (slightly to strongly) that there was adequate opportunities for faculty input into university decisions; in the same study, 49.8 % felt that it was (slightly to strongly) adequate (Appendix 48) However, in the 2012 Reaccreditation Survey, 82.2% of the full-time and part-time faculty who expressed an opinion about how satisfied they were with their opportunity to provide feedback about university issues were satisfied or very satisfied. 17.8% of those expressing an opinion were dissatisfied or very dissatisfied (Appendix 13, page 69).

SOM committees that contribute to decision-making are appointed regularly by the SOM Dean and their missions are clear. Deliberations of these committees are sometimes made public. Advice from these groups is often followed, but when not, additional effort should be made to provide timely feedback. There are committees of SOM Basic Science Chairmen and SOM Clinical Science Chairmen which include all of the chairs of the SOM departments. These two committees include members with extensive experience and knowledge, it is recommended to expand their input into SOM and university decision-making. University level committees were updated and distributed in August of 2012. This update will alleviate long-standing concerns previously identified by the faculty. In addition, the roles, responsibilities, and resultant accountability of the various components of the faculty and administrative structure in decision-making are provided. However, in some cases, additional clarification to committee charges may be needed to elucidate roles and responsibilities.

In 2009, the GSN administration and faculty decided to follow a shared governance approach to decision-making. A shared governance model within the GSN was formally adopted by the GSN faculty in May of 2010, and the shared governance Bylaws were finalized and unanimously approved by the GSN faculty in February of 2011.

Within the GSN's shared governance model, all administrators are faculty and participate as faculty on the All Faculty Council. The All Faculty Council is co-chaired by the GSN Dean and the President of the GSN Faculty. Agendas for the All Faculty Council meetings are set by both the Dean and GSN Faculty President. This process has been positively accepted by the GSN faculty.

Within the PDC, curriculum decision-making is accomplished at the departmental level. Overall institutional decision-making includes the Dental Education Committee which meets at least monthly. The Federal Service's dental educators meet annually to discuss overarching issues. The Services' Deans meet, as needed, with the Executive Dean to discuss common issues. Additionally, the PDC faculty members have been incorporated into the USU Faculty Senate. The regular occurrence of these meetings at different institutional levels ensures that decisions are made in a timely and efficient manner and receive broad-based support.

While the 2012 Reaccreditation Survey indicated that 73% of the faculty were satisfied (fairly well to very well) with the timeliness of decision-making (Appendix 13, page 70), there have been situations where faculty have been impacted due to limited time to prepare and present educational issues and justify resourcing them within the university infrastructure. Such circumstances, once alleviated, will enhance faculty effectiveness, efficiency, and productivity.

9. Assess the effectiveness of the methods used to communicate with and among the faculty. Do faculty perceive themselves to be well-informed about important issues at the institution? Do faculty believe that they have sufficient opportunities to make themselves heard?

In the 2011 Faculty Survey, it was indicated that 63% of the faculty agreed (slightly or strongly) that they were well-informed by the administration regarding important issues at USU. The 2011 survey also found that 49.82% of faculty respondents indicated that they agreed (slightly or strongly) that they had adequate opportunities for input in university decisions; an additional 20.45% of the faculty indicated a mixed or neutral response to this question (Appendix 48). This supports the faculty perception that increased communication is an area that should be strengthened. Communication efforts include the President's Town Hall meetings, President's and Dean's participation in Faculty Senate sponsored meetings, and the President's and Dean's participation in Faculty Council Meetings. The faculty's perception is that it would be helpful to have posted minutes of all Town Hall meetings electronically for those who cannot attend the sessions. When appropriate, it is felt that the minutes from the individual Dean's meetings should also be shared electronically; and, when possible, relevant portions of USU Cabinet meetings should be shared. In addition, important events and decisions made by the USU leadership are customarily posted on the USU website. Furthermore, the University President addresses key faculty issues through memoranda, emails, and distribution lists. Facilitation of communication has also been enhanced through the completion of a faculty email distribution list project in July of 2012; this project was coordinated with, and approved by, the Faculty Senate, representatives from the individual Schools, and the President's Office. USU leadership, School Deans, and the Faculty Senate can effectively utilize these distribution lists to communicate with on- and off-campus faculty.

Communications with, and among, faculty in the PDC include: monthly Dental Education/Faculty Forum meetings; departmental meetings; SharePoint; and, frequent face-to-face meetings during clinical consultations and patient care delivery. For example, in conducting a university-wide survey, communication issues between the new PDC and USU were identified resulting in a low response rate from the PDC faculty component; with the completion of the faculty email distribution list project, those concerns have been addressed. Additionally, faculty members participate in the USU Faculty Senate.

10. Describe and assess the mechanisms whereby faculty grievances are filed, evaluated, and adjudicated.

As a Federal institution, USU is subject to Section 771.101 of the Code of Federal Regulations (CFR), which provides a mechanism for all civilian Federal employees to grieve a perceived injustice. In an analogous manner,

Article 138 of the UCMJ, provides a mechanism for uniformed personnel to grieve a perceived injustice. Both documents delegate the responsibility for developing policies and procedures for processing such grievances to the agency to which the grievant is assigned. Grievances related to academic issues (academic responsibilities, appointments, promotions, and tenure) are handled following USU Instruction 1205, Faculty Grievances, dated February 2011 (Appendix 18). Grievances stemming from non-academic issues are handled following USU Instruction 1008 (Appendix 169). To avoid conflict and duplication, Instruction 1205 requires that grievances containing elements subject to review through the Equal Employment Opportunity Commission (EEOC), the Federal Labor Relations Authority (FLRA), the Merit System Protection Board (MSPB), the Office of Personnel Management (OPM), or the Office of Special Counsel (OSC) should initially be pursued through the avenues listed above. EEO complaints are processed at the university in accordance with USU Instruction 1106 (Appendix 170), which follows 29 CFR, Part 1614, governing the processing of discrimination complaints within the Federal Government. Complaints falling under the purview of the FLRE and MSPB are filed directly with, and processed by, those agencies. Should the elements of the grievance reviewed under those, or any other dispute resolution process within the DoD, not be considered sufficient to warrant action, the faculty member may still pursue an action under Instruction 1205 on other grounds. In a similar manner, a faculty member initiating an action under Instruction 1205, is not precluded from pursuing a grievance through any other government avenue should the matter not be resolved to the faculty member's satisfaction.

Instruction 1205 establishes a Faculty Grievance Committee as a standing subcommittee of the Faculty Assembly; members are selected by the officers of the Assembly with the concurrence of the Faculty Senate. Committee members elect both chair and vice chair. Membership is mandated to include representatives from the SOM, GSN, and the PDC. Under Instruction 1205, a written grievance is filed with the chair of the Faculty Grievance Committee. If the chair concludes that the petition merits further investigation, a three-member Preliminary Hearing Subcommittee is appointed. That body evaluates the petition, conducts an investigation as deemed warranted and if it determines that a *prima facie* case has been made, the committee chair will then appoint a seven-member Formal Hearing Subcommittee. After completing its investigation, the Formal Hearing Subcommittee provides its findings of fact, conclusions and recommendations in a report to the chair, Faculty Grievance Committee, who then submits it to the USU President. Either the grievant, or the individual against whom the grievance was directed, can file an appeal of the recommendations to the USU President, who can accept or reject the Formal Hearing Subcommittee recommendations or return the matter to the Subcommittee for reconsideration. Informal means of resolving a grievance are expressly encouraged at each stage of the process. On closure of all cases, the USU BOR is notified by the USU President of the action. Over the past five years, the chair of the Grievance Committee has been approached on six occasions with issues of potential relevance; however, only one case was judged at a convening of the Preliminary Hearing Subcommittee, which determined that the grievance had merit. In accordance with Instruction 1205, all procedures were followed.

11. Describe and assess the mechanisms in place to assure that faculty are able to pursue scholarly activity without infringement on academic freedom.

Faculty members pursue scholarly activities in diverse fields related to the health sciences. Scholarly activities are defined in USU Instruction 1100 (Appointments, Promotion, and Tenure; Attachment 2 Criteria for Evaluating Scholarly Activity) and include scholarship in discovery, integration, teaching, and application. This instruction describes a full range of scholarly activities and provides a framework for the balanced evaluation of faculty activities at USU. The USU has procedures to protect the academic rights of faculty members through due process, similar to the policies of the American Association of University Professors. It should be noted that faculty members who are Federal employees are prohibited from engaging in partisan activities according to the Hatch Act. Grievances related to issues of faculty academic freedom would be subject to USU Instruction 1205 (Faculty Grievances), which establishes policies and procedures for the redress of uniformed and civilian faculty grievances through the Faculty Grievance Committee. In addition, the Faculty Senate serves as an advisory group to the USU leadership on matters of academic freedom. The OGC has not had cases or concerns raised regarding the academic freedom of faculty members to date.

Among the faculty engaged in research activities, concentrations of effort exist regarding particular topics of relevance to the Uniformed Services. Interest in militarily relevant research is: voluntary; associated with the faculty response to research funding opportunities; and/or, stimulated by the correlation of research within the uniformed clinical and operational context of the faculty. Applications for research funding require approval at the departmental and university level to ensure adequate resources for the proposed studies (i.e. space, personnel, equipment). See Research Week publications from 2009-2012 (Appendix 157) in the document resource room, which reflect the immense scope of USU research.

Publications of scholarly activities have a required clearance process. The university requires signed approval from the relevant department chairperson. A faculty member may engage in scholarly activities at multiple sites, which may require clearance through additional military or non-military sites according to the requirements at each institution. The USU clearance process has not been a barrier to timely publication of manuscripts, book chapters, or other forms of scholarly work. The PDC Faculty members at off-campus locations are encouraged to pursue scholarly activity following military regulations. Faculty members have freedom to submit articles to peer-reviewed publications, but must receive command approval to ensure that appropriate disclaimers and disclosures have been made. The PDC faculty are strongly encouraged by the Services to pursue scholarly/research activities.

12. Assess the effectiveness of the manner in which the institution manages its relationship and issues with non-billeted faculty with regard to the above charges. For example, how are these faculty involved in governance? What faculty development services are provided to them by the university?

In the SOM, non-billeted clinical faculty at the MTFs are central to the delivery of teaching during the third and fourth years of medical school. Non-billeted faculty, who are engaged full-time in teaching USU students, are eligible for non-prefixed faculty appointments at a rank commensurate with their level of academic achievement. These appointments make them eligible to vote in all Faculty Senate elections and on any faculty constitutional issues. In addition, these appointments make the faculty eligible for access to the USU LRC's Electronic Portal (ER). This gives faculty global access to a large database of full-text journals, books, and monographs from any remote computer. Because the GSN off-campus faculty are billeted at USU, they have the same access to USU faculty resources as GSN faculty located on-campus. In addition, the PDC off-campus faculty enjoy full access to the LRC electronic portal. During site visits to USU's off-campus teaching hospitals the SOM ADF is repeatedly told of how valuable this 24/7 access to the entire ER portal is for the non-billeted faculty.

The ADF site visits have identified concerns with achieving academic promotion along the non-prefixed track. Due to deployments and patient loads, the non-billeted faculty is many times unable to conduct research or other scholarly activities. In response, the USU President convened a taskforce in 2009, which resulted in the modification of the USU Instruction 1100. A clinically prefixed track was added to address this concern (see Appendix 47). In just the first year of this new appointment track, all off-campus clinical faculty (82) successfully achieved promotion to ranks of Clinical Associate Professor or Clinical Professor. This has served as a tremendous morale boost and a powerful institutional recognition for the work of the non-billeted USU faculty. The GSN does not currently have non-billeted faculty who are engaged, full-time, in the teaching of GSN students. Within the GSN, several billeted Nurse Anesthesia Program faculty are assigned off-campus at varying MTFs within the continental United States. These off-campus faculty function as clinical/site/research directors and as clinical faculty; they spend the majority of their time performing clinical work and teaching in clinical settings. GSN off-campus faculty are eligible for non-prefixed faculty appointments at a rank commensurate with their level of academic achievement. In addition, these faculty members are eligible to vote as members of the GSN Faculty Council, in all Faculty Senate elections, and on USU and GSN faculty constitutional and bylaw issues.

The Faculty Development Certificate Program described in Question #2 and its appendix above provides additional and greatly appreciated opportunities for non-billeted faculty self-improvement. More than 80 hours per year of faculty development activities are delivered at USU off-campus teaching hospitals for non-billeted USU

faculty. This includes the week-long Stanford Faculty Development Course, multiple half-day seminars on feedback and evaluation, as well as two-day research and grant-writing workshops. One existing concern is the ability to facilitate clinical research by non-billeted faculty. Many times, these faculty struggle to find funds, understand the complex IRB and regulatory requirements, and successfully write grants. In 2012, an Associate Dean for Clinical Research was appointed and delegated to guide and facilitate clinical research for non-billeted faculty members.

SUBCOMMITTEE VI: CONCLUSIONS AND RECOMMENDATIONS

STANDARD 10: Faculty

CONCLUSIONS

The faculty and leadership have an opportunity to be involved in the university's decision-making processes through regular meetings with senior university leadership and the BOR. They are actively engaged in BOR meetings and advisory subcommittees, participate in Town Hall meetings, meet separately with key leaders and participate in strategic planning development meetings.

Assessing the adequacy of the quality, number and types of faculty for the teaching, research, and service missions of the university proves to be a moving target due to: the increasing need to support deployment requirements for both full-time assigned and adjunct uniformed clinical faculty; the implementation of curriculum reform with an emphasis on small group seminars and the resulting demand for additional faculty; the demand for additional academic programs to support the DoD mission; and, the competitive recruitment environment. Concerns exist that additional clinical faculty must be hired at both the university and the MTFs in order to support the USU teaching mission; this issue is being addressed and funding to support hiring for these positions has been identified.

Faculty development programs exist at both the university level and the individual Schools. Each School has adopted individual program activities for providing opportunities for both new and experienced faculty to improve their skills in teaching and evaluation through readily available training sessions. At the university level, the Faculty Senate Education Committee annually organizes an "Education Day." The Faculty Senate Mentoring Committee has also established a robust orientation during the annual New Faculty Orientation Day. New faculty at all USU Schools are introduced to a mentoring website designed to identify senior faculty members who have similar scholarly interests. This has facilitated both research and professional collaboration and mentoring.

Recently, the university leadership, in concert with the faculty, initiated an assessment of the current university appointment, promotion, and tenure process to determine procedures that can be streamlined and made consistent across all three Schools. That process continues. Likewise, the processes related to academic performance and annual reviews have just been reevaluated and updated.

RECOMMENDATIONS

- The USU leadership should continue an ongoing dialogue with the faculty regarding Instruction 1100 on appointments, promotions and tenure.
- The USU leadership should review the present method for evaluating the performance of department chairs with regard to accomplishing their administrative and leadership responsibilities and goals.
- The university administration and faculty leadership should continually seek avenues to extend communication and seek input from the faculty on key issues.