CAPACITY AND PREPARATORY REVIEW
NOVEMBER 18 – 20, 2009

Prepared for the Western Association of Schools and Colleges
Accrediting Commission for Senior Colleges and Universities
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SECTION 1
INTRODUCTION

Institutional Context

Samuel Merritt University (SMU), formerly Samuel Merritt College (SMC), is a health sciences institution with a history of vision, planning, and commitment to quality and performance. On the occasion of its reaccreditation review with the Western Association of Schools and Colleges (WASC), Senior Commission, the institution embarked on a comprehensive process in 2006 to evaluate its institutional capacity and educational effectiveness.

The Capacity and Preparatory Review (CPR) report is the result of broad-based campus engagement over two years that examined institutional resources and systems, specifically the adequacy of its infrastructure to support student learning. In its Institutional Proposal, the University presented two institutional outcomes for the self review. The two outcomes framed the process, focused the inquiry, and provided guidance in assessing the alignment of strategic goals and requirements of WASC Standards and expectations.

Preparation for the Educational Effectiveness Review (EER) has begun, and following the CPR site visit on November 18-20, 2009, the University anticipates continued study, evaluation and implementation of an action plan. Such an action plan will build upon institutional recommendations (Section 10) made in this report as well as those provided by the Commission.

About Samuel Merritt University

SMU is a private, not-for-profit institution located in Oakland, California, with learning centers in Sacramento, San Francisco, and San Mateo. The University offers degrees in five disciplines: nursing, physical therapy, occupational therapy, physician assistant, and podiatric medicine.

The University offers the following academic degrees:

Bachelor’s Degrees
• Nursing (in partnership with Holy Names University, Mills College, and Saint Mary’s College of California) (BSN)
• Accelerated Bachelor of Science in Nursing (ABSN)

Master’s Degrees
• Post-Professional Family Nurse Practitioner (MSN-FNP)
• Entry-Level Family Nurse Practitioner (MSN-EL FNP)
• Post-Professional Case Management (MSN-Case Mgmt)
• Entry-Level Case Management (MSN-EL Case Mgmt)
• Nurse Anesthesia (CRNA)
• Online Degree Completion (MSN-Online)
• Occupational Therapy (MOT)
• Physician Assistant (MPA)

Doctoral Degrees
• Physical Therapy (DPT)
• Podiatric Medicine (DPM)
The University is accredited by WASC, and its professional programs are accredited by seven specialized accrediting agencies. An analysis of the results of the most recent specialized accreditation actions is provided in the data portfolio. SMU is an affiliate of Sutter Health (SH) and Alta Bates Summit Medical Center (ABSMC), and the relationship to these entities is described later in this section.

Fall 2009 enrollment was 1,311 (39 percent undergraduate and 61 percent graduate respectively) (WASC Data Exhibit 2.1) SMU graduates over 300 nurses annually, ranking it as the number one University in preparing registered nurses in California. Enrollment has increased by 75 percent since 1999, and an increase to 1,366 students is projected by 2011.

A decade ago as part of its strategic planning effort, the institution adopted the Baldrige Quality Improvement Criteria. In recognition of its efforts, the institution was awarded the California Governor’s Quality Award in 1999, the first institution of higher education in the State to receive the award. The Baldrige process was the framework for the WASC 1999 review. Building on that initial quality work, dashboard indicators of institutional performance have been defined as a means to measure and assess performance.

Mission, Vision and Values
In 2006 SMU concluded implementation of the strategic plan that had coincided with the University’s WASC reaccreditation review in 1999. Beginning the process anew in 2006 the SMU community reconsidered its mission, vision, and values (MVV). Coincident with its historical roots and tradition, yet renewed to reflect the expanded and broadened scope of educational offerings, new statements were developed. The MVV was a result of an intensely collaborative process that signified focused institutional self reflection on quality and performance. Adopted by the Board of Regents in 2006, the MVV has served as a cornerstone in the WASC accreditation review process.

History
SMU began 100 years ago as a diploma school of nursing sponsored by Samuel Merritt Hospital. The founding in 1909 is attributed to the vision of Dr. Samuel Merritt, considered at the time one of the most prominent civic leaders in the San Francisco Bay Area. The thirteenth mayor of Oakland and one of the original Regents of the University of California, he influenced the development of the city’s public and cultural services and spaces. Dr. Merritt dedicated his estate to enriching the quality of life in Oakland including the resources that established the School of Nursing.

Since its inception, SMU has graduated over 10,000 women and men. The Samuel Merritt Hospital School of Nursing was renamed Samuel Merritt College during the 1980s, and received initial accreditation from WASC in 1984. In 1990, the institution established its first graduate degree program, followed by the establishment of the departments of physical therapy, occupational therapy and physician assistant. SMU merged with the California College of Podiatric Medicine (CCPM) in 2002 thus introducing its second doctoral degree program to complement its existing Doctor of Physical Therapy (DPT) program.
Mission
Samuel Merritt University educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

Vision
Samuel Merritt University will become nationally recognized as a premier health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state-of-the-art learning approaches. The University will select and support students who will flourish in its rigorous academic programs, learn to practice expertly, and pass licensure or certification examinations on first attempt.

Values
At Samuel Merritt University we value:

A learning environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately.

A collegial environment where we are fair, respectful, and behave with integrity.

A collaborative environment where we partner with one another and with others in the community.

An innovative environment where we take reasoned risks and move nimbly.

A results-oriented environment where we provide and expect exceptional performance and service.

Becoming a University
On January 26, 2009, the year of the institution’s Centennial and on the exact date of its founding, Samuel Merritt College became Samuel Merritt University. This extraordinary milestone acknowledged the evolution of the institution from what had been for decades a single-purpose nursing school to a comprehensive university of higher education offering degrees at all academic levels within a diverse range of health science disciplines.

The Board of Regents and leadership of the institution came to the decision to become a University because of its congruence with the new MVV statement, the new Strategic Plan, [TAB 11] institutional expectations for quality and student learning, the stature of the institution in regional higher education, and with the stated aim to become nationally recognized.

The implementation of the institutional name change was a meaningful planning exercise in identifying and securing capacity as an organization, and served to bring together key faculty and staff to achieve significant institutional advancement. (Name Change Process)

Relationship to Sutter Health and Alta Bates Summit Medical Center
SMU is governed by a Board of Regents [TABS 3, 4, 5] approved by ABSMC, which is the sole corporate member of SMU.

The University has operated with a hospital as its parent organization since its incorporation in 1984 after 75 years operating as a school within the hospital structure. SMU bylaws state that the Board of Regents is responsible for the University’s governance, but certain matters require approval of the ABSMC Board of Directors. For example, the University must obtain the approval of ABSMC for its annual
budgets, merger or dissolution, incurring indebtedness in excess of $50,000, and purchasing, selling or leasing property in excess of $50,000. ABSMC may only exercise its reserve powers after the SMU Board of Regents has taken action. *(SH letter to WASC)*

A similar structure exists between local hospital subsidiaries and the Sutter Health Corporation (SH). ABSMC is a wholly owned subsidiary of SH. SH holds certain reserve powers in relation to its wholly owned subsidiary corporations that parallel the sorts of reserved powers that ABSMC holds with respect to SMU. These powers include approval of the capital and operating budgets, as well as merger or dissolution, incurring indebtedness, and engaging in non-budgeted transactions in excess of certain amounts. SH may not initiate these activities at the affiliate level, but review and approval by SH are required for actions initiated by the local governing board to proceed.

Establishing the SMU annual budget is a local process guided by the University’s senior management and overseen by the Finance Committee of the Regents. SMU develops its annual operating budget in the context of financial targets that support the overall goals of the University, ABSMC, and SH. The SMU Board of Regents approves the annual budget of the University before it goes to the ABSMC Board. In order to gain budget approval from the corporate parent, SMU must present a sound business plan each year, and its capital plan must fit within the funding capabilities of SH. SMU assets (like those of all SH subsidiary corporations) are consolidated into the SH financial statements, and any debt financing is obtained through Sutter Health, which has very low borrowing costs. The University will benefit from these low costs if it borrows funds to complete capital projects.

This arrangement has been in place since the 1999 affiliation of Summit Medical Center with SH and was not intended to affect the governance or operation of SMU. The original Affiliation Agreement expressly stated that the parties intended to continue to operate the institution, then known as Samuel Merritt College, as a “degree granting institution in its current location for as long as the College continues to add value to the community.” It did not change the institution’s Articles of Incorporation, originally filed with Secretary of State in 1984 (and amended in 2009 to reflect the change from College to University), irrevocably dedicating the institution’s assets to charitable and educational purposes.

SH has begun a reorganization structure that will be implemented during 2009. The new structure will consolidate SH affiliates into five regions, each with a regional governing board. Each licensed entity (healthcare facility) will transfer ownership to its regional governing board, thereby merging into the regional corporation. The East Bay Region is scheduled to commence operation under the jurisdiction of the regional board in January 2010 when these mergers have been completed. The SMU Board of Regents will continue to oversee the affairs of the University and relay to the East Bay Regional Board any of its actions that are subject to reserved powers.

The SMU Board of Regents, like trustees of any non-profit corporation, has the duties of loyalty, care and obedience to uphold the corporation’s charitable purposes. This requires that the Board of Regents make decisions consistent with the University’s educational mission, even if other, more profitable alternatives are available or if the University’s mission is not
completely congruent with the mission of SH or ABSMC. It is the Regents’ role to interpret the SMU mission so that when differences arise the University’s perspective is well articulated and the benefits the University brings to its corporate affiliates and to the broader community are well understood. California law would prohibit the University or its corporate affiliates from re-directing the University’s charitable assets to some purpose other than education. Any participation by the University in Sutter Health’s “obligated group” for tax-exempt debt financing to undertake capital improvements does not change the legal restrictions that limit the use of its assets to its educational purpose and mission.
Focus of the Review

At the conceptual level, the focus of the CPR study has been organized around the expectations of the WASC accreditation process: that an institution examine and assess how it meets or exceeds the Standards of Accreditation, and for the Capacity and Preparatory Review, that it demonstrate it meets the Core Commitment to Institutional Capacity. Throughout the process, the University has been mindful that its capacity to achieve and sustain educational effectiveness is also evaluated.

At the institutional level, the focus of the CPR study has been based on the principle that an effective culture of evidence and assessment is critical in service of achieving the mission and vision of the institution. Building and improving organizational structures, systems and processes including data collection and analysis has been a core value of the process. Importantly, the study has evaluated how data are used for improvement.

As stated in the Institutional Proposal submitted to WASC in 2007, two outcomes were identified to frame both the CPR and the EER review:

- Achieving the institutional vision (to become nationally recognized), and
- Strengthening the culture of assessment.

The outcomes were selected because of their importance to the University, and each offered the opportunity to facilitate improvement and to engage the whole SMU community. Strengthening the culture of assessment and achieving the vision are the “bookend” essays in the report.

The first Reflective Essay (Section 3) provides an institutional self reflection on the assessment capacity of the University. The Concluding Essay (Section 7) provides a summative, integrated narrative about achieving national recognition.

The CPR report includes a number of additional Reflective Essays that analyze each of the four Standards, two thematic Research Questions (RQs), and a number of topics that emerged from WASC study team work. The subjects of the two RQs are: use of data for assessing institutional effectiveness, and the adequacy of faculty and staff to achieve objectives.

The organization of the CPR report is hybrid. It is comprehensive with respect to the Criteria for Review (CFR) determined as the highest priority, and thematic with respect to accreditation review outcomes. Consistent with University values of results-oriented and quality performance, the decision to conduct a hybrid approach to the CPR was aligned with the strategic direction of the University. The report provides an update on preparation and progress for the EER. Section 6 provides commentary on how SMU addresses changes to the CFRs, student success, WASC action letter recommendations, and off-campus learning centers.

Methodology

The WASC Steering Committee (WSC) was established in 2005 to oversee the four-year self review, beginning with development of the
Institutional Proposal. Leadership of the WASC accreditation review process has been assigned to a team of four: the Provost and Academic Vice President (AVP); the Executive Director, Office of the President (EDOP)/ALO; the Director of Institutional Research (IR); and the Assistant Vice President of Academic Affairs (AAVP).

Following submission of the Proposal, the CPR Committee was created to conduct the study and produce the institutional report based on data and evidence. An EER Committee was established in May 2009 and has begun to prepare for the EER review scheduled in 2011.

The CPR Committee, comprised of faculty and staff across all departments, was divided into six work groups. Each of the four Standards and the two RQs were assigned to a group. Each team met over the course of one year and produced a report with findings. (WASC CPR Work Group Recommendations [TAB 21], WASC CPR and EER Committees [TAB 20])

In addition to the work of the CPR teams, an organizational systems consultant was hired during the study period to conduct data gathering via focus group discussion across a variety of University constituent groups, e.g. councils, committees, senior management, students, and selected leadership.

Data Portfolio

In organizing and preparing for the CPR, the University achieved the important goal of creating and implementing an electronic portfolio to house and make accessible institutional data and evidence of organizational performance and educational effectiveness. To be fully prepared for the EER, SMU leadership and the WSC committed efforts to strengthen assessment structures during the CPR stage, and among many accomplishments, the Institutional Portfolio, or iPortfolio was developed.

The iPortfolio is the foundational mechanism (data and analysis depository for performance measures) for assessing institutional capacity and performance improvement. The iPortfolio is also discussed in Section 3.
The WASC Handbook of Accreditation identifies a number of outcomes for the accreditation review process intended to be value adding for institutional improvement and educational effectiveness. The two study outcomes informed the development of the SMU Institutional Proposal, and the results of the CPR study shaped the institutional recommendations (Section 10). One of the two review outcomes, strengthening the culture of assessment, is the topic of this essay.

**Description of the Assessment System**

Subsequent to the 1999 WASC accreditation review and simultaneous, collaborative review by the Baldrige Quality Improvement visitors, the stage was set for the University to formalize the institutional assessment (also referred to as quality assurance, or QA) system that would: 1) define and make explicit the assessment structure for academic and non-academic constituent groups, 2) establish a centralized repository of performance data in the form of an electronic portfolio, 3) refine assessment data in terms of validity and reliability, 4) establish meaningful performance targets, and 5) ensure that assessment activities reflected institutional MVV and strategic priorities. Both WASC and Baldrige review teams recommended that the University strengthen the assessment system with links to the core functions and demonstrated use of results for decision making.

The assessment infrastructure has been managed by the AVP, in cooperation with the Director of IR. The President’s Council (PC) provides oversight in selecting dashboard performance criteria, targets, methods for review, and the reporting of outcomes to the Board. Overall institutional assessment of performance rests with the President and PC. Data sets form the information base of the web-based Dashboard of leading performance indicators, maintained on the iPortfolio.

**Institutional Systems and Methods**

The SMU assessment system is decentralized into four functional accountability groups that are managed and monitored centrally. Each of these groups has specific accountabilities in data gathering, design of performance indicators, and monitoring of target compliance. The Assessment Accountability Structure [TAB 9] chart provides a description of the accountability groups including scope of work, nature of analysis, and reporting structure.

One of the WASC RQ study groups focused its attention on institutional data systems. While Section 5 provides a summary of that group’s work, their findings with respect to the theme of strengthening the culture of assessment have been noted here.

The study group reviewed existing data sources for adequacy, clarity, and use. Work also included a review of data produced from a number of focus groups facilitated by an external consultant to determine SMU opinion about the veracity of the assessment paradigm, a performance gap analysis, and an evaluation of how data were used for improvement. Focus group results
conducted in 2008 will be available in the Team Room.

Institutional Assessment

The iPortfolio is a centralized online repository of institutional facts, assessment activities, evidence and analysis regarding SMU efforts to achieve and sustain its mission and core purposes. Data in the iPortfolio demonstrate clear linkage between performance measures and strategic goals in areas of the student/faculty experience, learning, resources and financial performance. The data are intended for broad dissemination to prospective students, grant funding sources, accrediting agencies, college counselors, and alumni.

The iPortfolio was inaugurated in 2008, with the goal that it would be supported and maintained for use during all institutional and specialized accreditation reviews in addition to quality assurance initiatives set by the University. Significantly, the development of the iPortfolio represents a commitment to strengthening institutional capacity for the purpose of sustaining a culture of continuous improvement. The iPortfolio initiative builds on a history of excellence, continues the commitment to quality, and contributes to achieving the vision of national recognition.

Institutional assessment has been streamlined to clarify lines of communication between internal constituencies including feedback mechanisms to ensure that committee recommendations receive timely review by PC, and feedback to the functional accountability groups. A new process of annual reporting by Standing Committees and divisional Vice Presidents (VPs) has enhanced communication and efficiency in decision making.

Systems now exist for measuring broad-based institutional performance parameters across organizational domains, and analysis indicates that these structures and processes are strong and functional even in an evolving context. Analysis by PC of current performance reveals no significant deficit areas in dashboard performance criteria although maturity of these indicators will necessarily lead to greater validity and reliability as true quality measures. Systematic and consistent follow-up and action on performance analysis, significant or otherwise, should be strengthened. Further work is required to establish critical comparison institutions and identify appropriate benchmarks for measuring SMU performance.

Academic Assessment

Assessment processes within the Division of Academic Affairs (AA) are comprised of three primary data sources and their results: 1) specialized accreditation review, 2) program review, and 3) evaluation of institutional core learning competencies (CLCs). The Assessment Committee and the Academic Council (deans, chairs, directors and key staff) are the primary drivers of assessment within AA.

The Assessment Committee has been given the responsibility, with support from the Director of IR and the recently appointed Coordinator of Academic Assessment (both reporting to the AAVP), to conduct, coordinate and analyze major surveys and data sources listed above. Evidence regarding student learning is housed on the iPortfolio, and information relating to course mapping and student portfolios will become accessible through the iPortfolio portal to the TK20 assessment system beginning Fall 2009. The balance of student learning data is found on the Blackboard (Bb) course management system.
Within the last several years, assessment in the academic division has been strong and purposeful, but also developing. At the time of the last review, the division depended largely if not exclusively on licensure and certification board results of graduates to determine student learning. Today, a much broader base of assessment activities is conducted including a formalized, peer-reviewed, system of program review, comprehensive faculty/course evaluations, and institution-wide assessment of core learning competencies.

Program Review

Program Review (PR) is a relatively new process within the AA assessment paradigm. At the time of this writing, the following academic programs have submitted reports: undergraduate nursing (BSN and ABSN), and graduate nursing including Entry-level MSN, FNP, CRNA, and Case Management Nursing. The process includes a panel of faculty assigned to review PR reports from programs other than their own.

The School of Podiatric Medicine will be reviewed in August 2009, and the balance of programs will be reviewed prior to the EER. These reports, although extensive, are not intended to duplicate information contained in specialized accreditation reports. Program reviews are conducted every five years as interim monitoring checks within the typical ten-year specialized accrediting cycles.

Core Learning Competencies (CLCs)

Prior to graduation, all students must demonstrate evidence that they have completed both program-based student learning outcomes (SLOs [TAB 14]) and the nine institutional CLCs [TAB 13]. Data collection and evaluation of the validity of CLC metrics is ongoing. The University will complete one full cycle of all nine competencies by the EER in 2011.

Specialized Accreditation

All programs within the University hold specialized accreditation from agencies recognized by the U.S. Office of Education. In Fall, 2008, a faculty member of the WASC CPR study team reviewed the last four reports of findings for all six agencies and identified themes across programs derived of these documents. (Specialized Program Accreditation Analysis) Results of that study contributed to the finding that assessment structures could be further improved by the documentation of change as a result of data review, and the alignment of specialized review findings with indicators of student success. Specialized accreditation reports show few if any concerns regarding efficacy of assessment processes.

The SMU assessment system, both at the institutional and academic division levels has worked remarkably well, given its stage of maturity. The system has evolved with strategic planning. Renewed commitment by leadership to the importance of assessment results, institutional performance, and student achievement has contributed to the building of assessment infrastructure at all levels.

Future assessment work will focus on validation of CLCs, linkage of SLOs to CLCs and course objectives (mapping), completion of program review across all programs, and consistent efforts to maintain feedback loops between assessment groups.

The following examples illustrate infrastructure enhancements achieved over the last decade demonstrating improvement of assessment capability such as data collection, storage, quality...
improvement processes, and establishment/enhancement of systems: purchase and implementation of PowerCampus (student data management system), purchase and implementation of PowerFaids (student financial aid data management system), restructure of system for tracking faculty workload policy compliance, completion of Faculty Salary Assessment study resulting in salary adjustments to better complete with clinical market, establishment of iPortfolio to house institutional and divisional data sets for decision making inclusive of Institutional Dashboard, implementation of new Program Review process, and purchase of TK20 assessment system for displaying student portfolios and mapping course objectives.
In assessing how SMU demonstrates its Core Commitment to Institutional Capacity, an audit of the WASC Criteria for Review (CFR) was conducted in 2006 and 2007 using the WASC Self Review under the Standards matrix.

In preparing the Proposal, the WSC used data derived from the first self review to determine highest priority CFRs to frame review outcomes and RQs for the two reviews. A second self review was completed by the CPR Committee to determine if study and use of data by CPR teams had influenced or changed the prioritization of the CFR. Change was noted in Standards 2 (CFR 2.1, 2.4, 2.6, 2.9, 2.11), 3 (CFR 3.5) and 4 (CFR 4.1, 4.3, 4.5, 4.8), where nine of ten criteria moved to a high priority rating. Analysis of those variations is provided in the following essays.

Recommendations derived from each study team report can be found in the document Work Group Recommendations [TAB 21], 2008-2009. See also Correlation of CFRs to CPR Report [TAB 22].

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

The self review of Standard 1 identified leadership, communication, human resources, accountability, evidence-based decision making, use of data, and faculty and staff diversity as areas to examine in the CPR review. Related issues noted in the 2000 WASC Action Letter include communications, effective organizational structures, and development of student learning outcomes.

The issues noted as important remained high priority as evidenced by the findings of the WASC study group for Standard 1, Town Halls, focus group data, and Experience of Work (EOW) employee opinion surveys.

The work group for Standard 1 determined that the University's greatest strengths are in its clarity of purpose, focus and consistency in providing quality health sciences education. In evaluating CFR 1.1, the report of the group states: the [University] has defined a bold and forward-looking vision that will sustain the [institution] as a first-class accredited institution of higher education.

As with CFR 1.1, other CFRs (1.6, 1.7, and 1.8) were determined to have been met or exceeded by the institution. CFR 1.6 was adequately addressed by a review of the documentation regarding corporate relationships with SH and ABSC. The Standard 1 work group had recommendations regarding three CFRs noted as high priority (CFR 1.2, 1.3, 1.5). The issues related to the CFRs are: indicators and evidence for assessing educational effectiveness, leadership, communications and accountability, and diversity.

Educational Objectives

The essence of CFR 1.2 is that the institution has educational objectives clearly communicated, aligned with core purposes, and evaluated against performance indicators. The work group found that
objectives are clearly communicated in the Catalog and Student Handbook including the nine CLCs that serve as the institutional framework for student learning.

Student achievement is measured through retention, graduation, licensure pass rates (page 14), and fulfillment of institutional and program educational requirements. Those data can be found in the Fact Book. Further analysis and detail can be found in Section 6.

Leadership and Communication

CFR 1.3 requires that an institution sustain a leadership system at all levels which demonstrates high performance, appropriate responsibility, and accountability. Leadership and accountabilities are represented in the Organization Charts [TAB 1].

As noted, the 2000 WASC Action Letter urged the University to establish more formal and effective structures for communication and policy development. Because the issue has remained one for the institution, communication was the topic of a 2008 Town Hall meeting. The purposes of the meeting were to create a mechanism for deeper campus engagement, further define expectations for improving communication, and refine aspirations for diversity.

The report of the study team acknowledged institutional efforts in the last five years for formalizing organizational structures to improve communication and policy development.

The EDOP position was created in 2004 to provide leadership in the creation and implementation of structures and publications (Town Halls, newsletters, Staff and Faculty Handbook, internal and external outreach, public relations and media), clarify the policy review process, and support the President and Board. The community affirms that improvements are visible and effective. More work is needed to improve inter- and intra-divisional and department communication and information sharing beyond what is achieved at the institutional level.

Diversity

In assessing how the University addresses diversity (CFR 1.5), the work group examined historical and current MVV documents, results of the 2008 Town Hall meeting, climate survey and focus group data. From that information, the Vice Presidents developed diversity goals and strategies for faculty, students, and staff. The resulting Diversity Plan [TAB 12] was approved in concept by the Board in June 2009. Four principles guide the plan: broad outreach, priority selection, effective infrastructure, and learning environment.

Commencing July and continuing into the fall, the plan is being vetted through key decision making and constituent bodies including the Equity and Inclusion Committee, PC, Academic Council (AC), Faculty Organization (FO), Supervisors and Managers, Staff Council, and the University Planning and Advisory Committee (UPAC). Refinement and implementation began summer 2009.

The Student Climate Survey (2008) revealed that the majority of students believe SMU is supportive of ethnic and gender diversity. Similar findings were repeated in student surveys conducted at off-campus learning centers. Student achievement of cultural competency (one of the nine CLCs) will be reviewed in subsequent months to determine if and how instructional programming promotes the goals of the Diversity Plan.
Evidence of institutional commitment to diversity is demonstrated by a number of grants awarded in 2008-2009:

The School of Nursing was awarded $50,000 (per year for three years in 2009-2012) by the San Francisco Foundation to improve the success, retention, and graduation rates of students who are under-represented in the nursing field with a focus on African American and Hispanic/Latino nursing students. (The grant includes the hire of a part time Diversity Coordinator in the School of Nursing to implement the activities designed to achieve the outcomes of the project.)

The School of Nursing was awarded $100,000 by the Robert Wood Johnson Foundation to provide scholarships for students from under-represented groups in nursing.

SMU was awarded $1,000,000 by The Bernard Osher Foundation to establish an endowed scholarship fund benefiting undergraduate nursing students. Each year, a minimum of $50,000 will be awarded to ten or more students who demonstrate financial need and academic promise.

The Department of Physician Assistant received a grant in the amount of $100,000 from the Office of Statewide Health Planning and Development to help increase the delivery of public mental health services in specific areas of California where there is a recognized shortage of public mental health providers.

Standard 2: Achieving Educational Objectives through Core Functions

Student learning and those activities associated with the provision of education (teaching and learning, scholarship and creative activity, and support for student success) form the framework for Standard 2. A robust program review process has been established, described in Section 3 (CFR 2.7).

SMU offers academic degrees in five disciplines at the baccalaureate, master's, and doctoral level (see page 1).

Each educational program is accredited by a nationally recognized specialized accreditation agency affirmed by USDE or CHEA or both (CFR 2.1). WASC Data Exhibit 8.1. An analysis of actions and recommendations of specialized agencies can be found on the iPortfolio and Specialized Program Accreditation Analysis. All students must pass a national standardized examination (licensure or certification) in order to practice. National certification is not required for FNP practice. (CFR 2.2a)

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Licensure/Certification Pass Rates (Percent of First-time Test Takers 2004-2008)

Teaching Philosophy

Teaching and learning are guided by a Philosophy of Teaching and Learning statement developed by faculty representing all programs (CFR 2.4). As an explicit expression of
faculty values, the statement provides the foundation for institutional CLCs, program-based SLOs, and individual course objectives.

Scholarship and Creative Activity

SMU values and promotes scholarship, creative activity, and curricular and instructional innovation (CFR 2.8). The University’s commitment to scholarship and innovation is reflected in resource policies as described in the Faculty Handbook. The faculty research budget has increased over 300 percent to approximately $75,000 for faculty. A fund of $10,000 is available to support student research (CFR 3.4). Given that all SMU doctoral programs are clinical rather than academic, the historical emphasis of faculty work has been on teaching and practice (CFR 2.9). The need to formalize approaches to faculty scholarship includes supporting the emerging doctoral culture that is discussed more fully in Section 7. In pursuit of expanded research efforts, faculty leadership has established a standing committee for research. The committee has defined types of scholarship appropriate to SMU, revised faculty evaluation processes, and made budgetary recommendations to the AVP.

Support for Student Learning

The study team identified the need for strengthening integration of co-curricular programming and academic programs including alignment with educational objectives (CFR 2.11 and 2.13). Co-curricular programs include student counseling, health and wellness, academic support (tutoring, writing, testing), disability services, and student leadership. Overall satisfaction has been positive indicating 83 percent of students are satisfied or very satisfied with student services support. Additional analysis can be found in Section 6, Student Success.

Measurement of student learning includes traditional and creative testing mechanisms for performance: capstone projects (nursing), research (MOT), patient case study presentations (DPM), comprehensive and standardized examinations (DPM, DPT), portfolios of professional development (DPT), written and oral examinations (CRNA), and real-time clinical experiences. Selected evidence of student work will available to the WASC evaluation team, and a deeper analysis of student work will be a focus of the EER.

Numerous initiatives and activities over the past five years demonstrate how SMU has created appropriate infrastructure and support for student learning. For example, library staff collaborates with academic departments through a designated faculty liaison from each program to identify types and currency of holdings. Formal information literacy classes are conducted by librarians for all programs. Library satisfaction data from students are consistently high, both at the main campus and learning centers.

Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Sustainability

Throughout preparation for the CPR, study methods were developed to assist the institution in assessing its capacity to achieve and sustain core purposes and educational effectiveness. Within the Core Commitment to Institutional Capacity, the elements of fiscal stability and organizational structures to fulfill purposes inform the response to Standard 3.
The WSC identified CFR 3.5 and 3.11 as high priority criteria. Analysis for these criteria and for CFR 3.2 – 3.6 and 3.8 – 3.11 can be found within Section 5.

The University has responded vigorously to the 2000 WASC Action Letter recommendations regarding sufficient resources and organizational structures. SMU has a solid base upon which strategic goals can be achieved, and effectiveness evaluated including services, resources, processes, and structures. Performance data are available on the iPortfolio to substantiate these conclusions.

**Faculty and Staff**

An extensive study of adequacy of faculty and staff was conducted by the CPR study team assigned to RQ2 (Section 5) (CFR 3.1 and 3.2).

A summary of faculty and staff data (number, ethnicity, gender, employment status) is provided in the 2008-2009 Fact Sheet. Additional five-year data can be found in the WASC Data Exhibits 4.1, 4.2, 4.3, and 4.4. Student satisfaction with respect to faculty and staff effectiveness can be found selectively in the Dashboard, Fact Book, and Student Climate Survey Data.

A faculty development program has existed for many years, housed in the academic division and managed by the AAVP (CFR 3.3 and 3.4). An annual faculty orientation seminar takes place every August for new and continuing faculty. (Faculty Development Activities)

Faculty workload was comprehensively redesigned in 2002 by a faculty-led task force. Details of the review are discussed in Section 5 as are improvements made to the Faculty Instructional Assignment (FIA, the faculty contracting mechanism). The FIA was revised to reflect the new workload paradigm, provide a mechanism for position control and to ensure that adequate faculty were in place to teach the required curricula.

With respect to staff adequacy in number and qualifications, less qualitative data were found by the work group. As of Fall 2008, SMU had a staff of 116 full-time and part-time employees (41 percent representing ethnic minorities) as compared to a total of 227 full and part-time faculty (28 percent representing ethnic minorities), supporting a student population of approximately 1300 (55 percent representing ethnic minorities).

With its vision of securing national recognition, the University has identified the need to conduct further study that would determine if current staff is sufficient to maintain service standards or if those standards could be improved through benchmark comparisons with similar institutions.

In addition to staff benchmarking, the University has planned actions that include development of (job) performance outcomes, and more systematic use of satisfaction data to inform metrics for staff development. As a learning organization, SMU has been historically (and corporately) committed to being "an employer of choice"; however, more work is needed to define goals, strategies and analyze results. This issue has been noted as one of the institutional recommendations for improvement (Section 10).

**Financial Health**

The institution is fiscally stable (CFR 3.5). (Hood and Strong Audited Financial Statements) The University ended 2008 $2.1 million ahead of budget. Net Operating Revenue exceeded budget by $2.8 million. SMU exceeded financial targets for 2008 due to higher than anticipated tuition...
revenue generated from increased enrollment, and restricted spending exceeding the budget, partially offset by expenses that were lower than anticipated.

SMU has consistently met or exceeded its EBITDA (Earnings Before Interest, Taxes, Depreciation and Amortization) targets (set at 12 percent by SH, increased to 12.5 percent in 2009).

The University has maintained a surplus for many years, allowing for improvements in physical facilities and technology. SMU has endowment funds and special purpose funds in the amount of approximately $38M as of June, 2009 to support student scholarships, the Library, and other long-term planning goals.

The annual budgeting process is reviewed by PC and the Board (CFR 4.2). SMU has over the past three years developed detailed four-year budget projections, and has recently completed a ten-year financial projection to inform facilities planning.

**Information, Technology, and Physical Resources**

Enhancements in information, technology, and physical resources have been made to support growth of programs and learning centers (CFR 3.6 and 3.7).

Information resources are sufficient in scope and quality as measured against standards identified in the profession. Library programming is linked to educational objectives through the core learning competency requiring a SMU graduate to be “an effective manager of information”. An information literacy program contributes to student achievement. Approximately 700 students attended library instruction classes in 2008, a substantial increase as compared to 250 individuals in 2004. **WASC Data Exhibit 5.1**

The need to increase the space of the John A. Graziano Memorial Library (Oakland) was identified a number of years ago as a priority to accommodate the growth in student enrollment (from 300 students at the time of library construction, to the current population of 1300). A study of space needs was conducted in 2006.

The University has included in its fundraising plan the renovation and expansion of the library to double the size. A $500,000 one-for-one challenge grant with Sutter Health commenced in 2008, and a request of over $620,000 has been submitted to the Wayne and Gladys Valley Foundation.

SMU has been actively engaged in a master facilities planning process with ABSMC. Because the Oakland campus uses space owned by the medical center, decisions for expansion, renovation and elimination are critical to future planning. The University has identified space needs, especially in consideration of the anticipated implementation of two new doctoral programs.

SMU has three off-campus learning centers (Sacramento, San Francisco, and San Mateo) in addition to its main Oakland campus. There is sufficient facility capacity in San Mateo and Sacramento for anticipated student enrollment. The San Francisco campus, however, is no longer adequate in size. New leased space will be secured at the end of the current lease in 2011. As a result, the size of the student cohort enrolling in November 2009 was reduced to better align with space availability. There are no plans for increasing learning center enrollments.

Strengthening the technical infrastructure and associated resources has been a priority over the last five years in response to growth in
programs and learning sites (CFR 3.7). Academic program objectives are incorporated into IT planning through a formalized project proposal process. Service and infrastructure support to learning centers is provided at the same level as the Oakland campus. A significant investment was made to implement a wide area network for providing communications and instructional services to each campus. Business continuity and disaster recovery plans have been devised, as well as a crisis response plan for student notification.

Organizational Structures

SMU has a well-developed organizational structure including a number of councils, committees, and task forces that conduct studies or produce analysis and recommendations (CFR 3.8). (Organization Charts, [TAB 1] Standing Committees [TAB 2]) A revised Staff and Faculty Handbook was completed in 2006. Updates are provided on the SMU website www.samuelmerritt.edu and in regular announcements from divisions.

Improvement of formal and effective structures including policy development was an issue noted in the last WASC review. All existing policies were reviewed in 2007. Policy review procedures have been recently revised and implemented clarifying approval authority. (Policy Definition, Publication, and Approval document) The Policy Review Committee (PRC) of PC, chaired by the EDOP, is accountable for reviewing proposed policies and changes to existing policies and making recommendations as defined in the process.

The University is led by the President and CEO who in turn reports to the SMU Board of Regents (Section 1 for relationship with SH and ABSMC). Senior leadership is comprised of the President and her direct reports (three Vice Presidents and two Executive Directors). All are full-time positions (CFR 3.10). PC is comprised of these five executives and three Assistant VPs. The PC meets weekly or as needed, and the VPs and EDs join the President in Board of Regents meetings five times a year including an annual retreat.

SMU has an independent governing board, the SMU Board of Regents, which is consistent with its legal and fiduciary authority. The Board is currently comprised of 13 Regents.

There are four Board Committees [TAB 4]: Executive, Finance and Investment, Board Development, and Fund Development. The Board Development Committee discusses the performance and composition of the existing board, and has recommended that two to three new members be added each year to bring the board to its full complement of members. They also recommended criteria for the recruitment of new members and are active in seeking additional Regent members. The Fund Development Committee supports fund-raising goals of the University through identification and cultivation of major donors. (Board of Regents Roster and Committees [TAB 3], Terms of Office [TAB 4], and Biographical Data [TAB 5])

Standard 4: Creating an Organization Committed to Learning and Improvement

Strategic Planning

The University has conducted formalized strategic planning for the past 40 years, demonstrating a commitment to improvement through planning informed by environmental scans, data collection, and periodic review and analysis by all stakeholders.
SMU embarked upon a re-examination of its MVV in 2006-2007. The exercise engaged multiple constituencies in institutional reflection and planning (CFR 4.1). The strategic planning process is managed by the UPAC, comprised of a cross section of faculty, staff, administrative, and student representatives.

The Strategic Plan [TAB 11] manifests operationally through strategic goals that guide divisional work. PC provides ongoing analysis of performance to the Board quarterly. The Board approves changes in the MVV, strategic direction, new academic programs, and monitors compliance with budget and requirements of SH and ABSMC (CFR 4.2).

The annual budgeting process is the mechanism that aligns academic, personnel, fiscal, physical and technological needs with strategic objectives (CFR 4.2). Budget managers (deans/chairs/directors) justify new projects within the framework of the Strategic Plan. Budget decisions are prioritized by Vice Presidents (VPs) and Executive Directors (EDs), and final decisions are made by the President.

The study team explored focus group and interview data. Findings reveal that there is a good understanding of the Strategic Plan. Coordination of departmental strategic planning is monitored at the divisional level to ensure alignment of departmental planning with institutional strategic goals (CFR 4.3).

The strategic planning process is broad based and inclusive, ultimately requiring the President to keep the strategic work and oversight at the forefront of the University agenda. Areas for improvement include the need for feedback to the community on progress toward achieving strategic planning goals, and the need to mine existing IR data for evidence of improvement.

Quality Assurance (QA) Mechanisms

Closely linked to the nature and function of strategic planning is the need to maintain vigilant monitoring of work quality. University QA processes are based on the Baldrige Principles of Process Improvement. Quality Assurance Mechanisms [TAB 7] summarizes major QA mechanisms across the institution (CFR 4.4 and 4.6). Assessments and accountabilities also can be appreciated from the narrative provided in Section 3.

QA data are contained in the iPortfolio. IR creates data sets including five year trends, available in publications such as the Fact Book, Fact Sheet, and Catalog and Student Handbook. All data are tracked against benchmarked institutions of like size and nature with targets set for compliance. IR manages all course and faculty evaluations and reports, and monitors faculty workload compliance. (CFR 4.5)

The Learning Organization

The University considers itself nimble and responsive, characterized by a relatively small size, a capacity to reach consensus quickly, and the lack of excessive bureaucracy. The well-being of the organization depends upon sound decision making since there is little margin for error. It is imperative that the organization learn quickly and accurately from strategic or operational decisions and results. Case studies of how SMU demonstrates ways it engages in, and evaluates, institutional issues for improvement, can be found in SMU as a Learning Organization Case Studies.

Challenges continue for the University to improve and mature as a learning organization. Data gleaned
from the Experience of Work (EOW) employee opinion survey require institutional attention. Action plans have been developed to address cited areas of opportunity. The monitoring of action plans will be conducted by the EOW Committee, with recommendations to PC.
In its *Institutional Proposal*, the University identified two RQs intended to elicit study and analysis of data to further strengthen capacity in support of educational effectiveness. Question topics were derived from the WSC analysis of the highest priority CFRs. Summary analysis of the two reports is provided below.

**RQ1: Institutional Effectiveness and Data Systems**

The WSC determined that CFR 1.2 (an institution has developed indicators and evidence) and CFR 4.5 (institutional research addresses strategic data needs for decision making) provided an important framework for the study of capacity. One of the six WASC study teams examined RQ1: *How does the University systematically gather and analyze data to assess institutional effectiveness in achieving its core purposes and educational objectives? How does the University use the results of this assessment for institutional improvement?*

The University adopted the Baldrige quality assurance (QA) approach that remains a core value of the organization. It promotes quality awareness and performance achievement through data collection and analyses. The underlying commitment to quality that drove the gathering and interpretation of data ten years ago has not changed, and the CPR study affirms that the institution has the capacity to sustain QA structures and processes.

In its most recent strategic planning cycle, SMU adopted a new MVV and corresponding strategic goals, *dashboard indicators of performance* excellence, and target metrics. The RQ1 analysis examined the data gathered and used since the last accreditation. Some of the analysis has been incorporated into Section 3.

Data collection, codification, storage, and retrieval mechanisms and, importantly, use of select data sets to assist in planning, budgeting and decision making have dramatically expanded in scope and sophistication. In addition to traditional indicators of capacity, SMU has developed and will continue to enhance repositories of evidence related to student learning.

The purpose of the RQ1 study was to: identify the data collected relevant to the framework of the MVV and Strategic Plan, determine accountability for analyses, and evaluate how data are used to assess and improve institutional effectiveness. The study also examined data in the context of the CLCs to assess how the system of QA linked to educational objectives. (Section 3)

An issue raised in the 1999 WASC review was that many institutional metrics were newly developed, indicating that a culture of assessment was emerging rather than fully developed. The RQ1 team based its assessment on the data gathering or analysis processes in place, and establishment and use of targets or criterion for decision making. A study rubric was created with four levels of application or performance (initial, emerging, developed, highly developed).
Work Group Findings

The dashboard indicators of institutional performance are the primary data used by the University to evaluate institutional performance, plan for improvement, and as a mechanism for status reports to the Board of Regents. Specific KQIs are developed and tracked by each of the four divisions to assess progress in meeting targets. KQI data and related summaries provide mean values over the last two to four years. In addition to monitoring progress and performance improvement, these data are used by senior leadership and managers in reporting to grant funding sources, accrediting agencies, prospective students, alumni, and the media.

The University has several primary data gathering survey tools including alumni and employer at years 1-3-5 post-graduation (including clinical competence assessments scored by the alumnus and employer), annual student and bi-annual faculty and staff climate, course evaluations, EOW, annual employee satisfaction, entering and exit student satisfaction and applicants who declined to interview or enroll. All surveys can be reviewed on the IR website.

IR gathers and analyzes data, including institutional survey and admission, enrollment, and retention data, for review by the Assessment Committee and recommendations from that committee to PC for action.

All programs maintain specialized accreditation. Data included in program accreditation reports address learning outcomes as well as program capacity. Student competence is assessed via traditional test performance, oral examinations, video performance testing via human simulation, portfolio analysis, research or case report presentations, direct observation of clinical performance skill sets through OSCEs (Objective, Structured Clinical Exams) and clinical experiences.

Conclusion

In the last ten years, the University has matured in its gathering and use of data, particularly with regard to dashboard indicators. The KQIs and data tracking through WASC Data Exhibits reported in the Fact Book are institutional strengths. Most metrics now have several years of data available for comparison and are scored “highly developed” as they are used consistently in decision making.

The strengths of the system include:
- appropriate educational objectives and learning outcomes that guide the University in achieving its mission,
- well-developed KQIs as sources of evidence that trigger decision making and plans for improvement,
- an effective locus for data gathering, analysis, and dissemination in the office of IR, and
- specialized accreditation results that ensure program-level evidence that students achieve program learning competencies.

The effective use of data is critical in strengthening the culture of assessment to achieve its institutional vision. The University demonstrates its capacity for self review and use of data. The RQ1 study recommended that ongoing effectiveness of these systems rely on systematic monitoring of data and results at institutional, divisional, and department levels including resolution of barriers to performance.
RQ2: Adequacy of Faculty and Staff

In its Institutional Proposal, SMU identified strengths and weaknesses. Strengths include the high performance of its graduates and its record of sustainability and improvement over its 100 years. Weaknesses include finding and retaining qualified faculty with diversity commensurate with the student population, and assessing and utilizing a staff mix that increases “value-added” services to students.

CFR 3.1, 3.2, and 3.3 (sufficient personnel committed to institutional and educational objectives, recruitment, workload, and evaluation practices) were considered the most significant criterion around which the study examined the adequacy of faculty and staff.

The RQ2 study team focused its inquiry around the following question: How does the University ensure that faculty and staff are employed in appropriate numbers and with appropriate levels of expertise to ensure the alignment of responsibilities with institutional and program objectives?

Evidence regarding faculty and staff was analyzed in three areas: numbers, qualifications, and performance (NQP). The team regarded the establishment of a benchmark, target, or criterion level as evidence that the University had addressed and made decisions in a particular area; a benchmark that had been met was considered evidence that SMU was ensuring alignment with objectives. The study revealed evidence of processes in place that promote progress toward achieving benchmarks.

Evidence included data from interviews of key members of the SMU community as well as resources such as the Fact Book, Staff and Faculty Handbook, climate and EOW survey results, and student evaluations of courses and instructors. The following summarizes findings with respect to faculty and staff NQP that addresses CFR 3.1, 3.2, and 3.3. Data are presented in Faculty and Staff NQP Data [TAB 6]

Work Group Findings - Faculty

In examining the numbers of faculty, most targets have been met and several exceeded. The target student-to-faculty ratio has been met and maintained, indicating the numbers of faculty have generally kept pace with the increasing numbers of students and courses taught (CFR 3.1). Further analysis of whether student-to-faculty ratios meet or exceed benchmarks established for each academic discipline is needed. Teaching evaluations receive high scores from students. Students indicate that faculty have been accessible to them. Faculty members indicate satisfaction with the quality of peers, and the data reveal a trend toward more ranked faculty compared to adjunct (CFR 3.2).

Processes for establishing the NQP for faculty are detailed in the Faculty Handbook. Numbers of faculty are determined by the workload policy. Each faculty member receives a Faculty Instructional Assignment (FIA) that outlines courses to be taught and other responsibilities for the contract period. Faculty evaluations by deans or chairs are performed annually for regular faculty.

Attention to faculty workload has a high priority because of the recent emphasis on establishing a doctoral culture, increasing scholarship and research requirements, and the need to review the workload system (last modified in 2005). Work continues in areas related to: time available for research, decrease of duplicative coursework, reduction in excessive
clinical work hours, limitations to cohort enrollment based on section size, and establishment of a new classification of “clinical faculty” who have increased teaching requirements in trade for no scholarship requirements. Challenges still exist as faculty examine an appropriate balance between workload and cost (within the context of mission and quality).

**Work Group Findings - Staff**

In contrast to faculty, staff have fewer established benchmarks for NQP. There is no identified student-to-staff target ratio (except for the Library), and no University-wide target for the number of staff required to accomplish institutional objectives. Performance indicators are limited only to data from the Student and Faculty/Staff climate surveys. These data reveal that for most non-academic departments and units, few meet target (when considering mean scores). There is no equivalent of the students’ course instructor evaluation for staff, other than annual evaluations completed by the manager to determine overall performance.

Interview data from supervisors and managers indicate that decisions to hire additional staff depend on availability of funds, specific functions required with new or extended services, and the ability of the service unit to meet deadlines. The University has hiring guidelines. Staff qualifications and responsibilities are outlined in job descriptions. Newly hired staff members are oriented by the hiring manager and Human Resources. Staff development occurs sporadically in the form of workshops, semi-annual retreats, and training opportunities offered by ABSMC or contracted consultants. (CFR 3.4)

Interview data gleaned from VPs, Human Resources Director, and EDOP confirmed these processes, and revealed additional issues such as the lack of benchmarks for staff numbers, and methods for assessing staff workload beyond that which supports service levels. (CFR 3.1, 3.10)

Other data indicate the need for a more integrated orientation and staff development process. The outcomes of processes would be greater efficiencies in workplace procedures, improved communication, and consistent follow-up to training opportunities for evaluating effectiveness. With greater efficiency and better communication, student and staff responses to climate surveys may indicate increased satisfaction with overall performance and workload. Improved clarity of staff job categories on the EOW survey instrument would also enable deeper analysis of those data for improving staff satisfaction and institutional performance.

**Conclusion**

The overall numbers and qualifications of faculty and staff appear sufficient to meet many institutional objectives albeit there is a need for additional benchmarks. Improvements can be made for both groups of employees, with some needs common to both, and some needs distinct for each. The University has benchmarks, targets, and processes well-defined for the NQP of faculty but less defined for staff. For faculty, the need is to evaluate the appropriateness of those targets, establish targets where lacking, and make adjustments to:

- the faculty workload policy; and
- evaluation of adjunct faculty.

For staff, the need is to determine appropriate targets for NQP levels, and establish systems for evaluating the appropriateness of those targets.
Specifically, the need for staff is to consider:

- appropriate cost per student given the economy and market;
- appropriate student to staff target ratios for specific services, with reference to benchmarks from comparable institutions;
- staff workload targets within service units;
- SMU-wide service responsibilities and travel time between learning centers in the assessment of staff workload;
- assessment of contributions to student learning for each service unit; and,
- staff orientations that are integrated with staff development and improved systems of communication.

Basic needs common to both faculty and staff are:

- creating efficient work processes (and eliminating out-dated ones) to promote satisfaction with reasonableness of workload, and
- assuring that faculty and staff feedback is used in addressing workload issues, e.g. impact of research (faculty), and adequacy of resources (staff).
Response to WASC Commission Action Letters

A summary chart is provided in Response to Previous WASC Recommendations [TAB 17], that directs the reader to sections of the report or other sources all of which provide detail of institutional response to the issues. The chart includes the issues and recommendations documented in the: 2000 WASC Action Letter, 2001 Substantive Change Action Letter approving the DPT program, 2002 Substantive Change Action Letter approving the merger with the California College of Podiatric Medicine (CCPM), and the 2007 Proposal Review Committee Action Letter. No issues or recommendations were received following the 2004 Interim Progress Report. SMU has addressed all issues noted in these letters, and details are provided throughout the CPR report.

2008 Changes to the WASC CFRs

The University is in compliance with all criteria, although work remains in several areas, the highest priority being described below. (WASC Table A) [TAB 18]

There is some evidence to demonstrate that student support functions are directly related to learning (Student Success discussion is provided in this section). Co-curricular outcomes need to be developed and aligned with CLCs, so that in-depth data collection and analysis can occur within a system of assessment (CFR 2.3, 2.11). Existing data regarding the quality and scope of student services are found in the student climate surveys. Notable exceptions are the user surveys conducted by Information Technology Services and the Library where programming is evaluated for linkage to learning goals. SMU needs to more systematically assess correlations and gaps in linkages among student support services with SLOs [TAB 14], and develop action plans for improvement. (CFR 2.9, 2.11, 2.13)

The University has a record of strong performance in student retention, time to graduation, and graduation rates that exceed most institutions (CFR 2.7, 2.11 [TAB 23]). This level of performance also applies to pass rates on national certification and/or licensure examinations. Data and analysis from specialized and regional accreditation reviews, as well as program review and CLC/SLO assessment could be better used if structures were developed to aggregate results.

More work is also needed to demonstrate effectiveness of faculty research, including establishing metrics for measuring faculty scholarly output in the context of MVV and in the strengthening of the doctoral culture. Historically, the mission has emphasized teaching and clinical practice as the primary focus of the institution, and less on the research function. Substantial effort over the last five years, however, has begun to create a more sophisticated research culture, including increased financial support for faculty and student research, formation of the Faculty Organization Committee on Research,
recruitment of more professor-level faculty, revision of Rank and Promotion policies to raise expectations for scholarship, establishment of an annual Faculty and Student Research Symposium, and implementation of the ongoing Task Force on Doctoral Culture. The Chair of the Research Committee meets regularly with the AVP.

**Student Success**

Student success is determined by a variety of criteria including graduation and retention rates (both rates are disaggregated), financial aid default rates, alumni satisfaction and employer satisfaction data, student performance on CLCs [TAB 13] and licensure/certification pass rates on first attempt (CFR 2.10). (Table B [TAB 19]) Targets are set for criteria and included in the Institutional Dashboard evaluated biannually by the PC and the UPAC. A summary of analysis of these data indicates the following:

- Financial aid default rate at SMU is 0.6 percent. National benchmark mean is 5.27 percent.
- Mean student retention rates across all programs is 96-100 percent for the preceding four years. This record of achievement substantially exceeds the University target of 90 percent.
- Retention rates among bachelors, masters, and doctoral degree levels show no difference. No difference is noted in retention rates by ethnicity.
- Mean graduation rates across all programs ranges between 83 percent and 98 percent. National benchmark data for on-time graduation rates is much lower than SMU.
- Graduates (alumni) report post-graduation that they consider themselves clinically competent at the entry level of practice.
- Target for licensure and certification exam performance is 95 percent pass rate on first attempt, with the vision target at 100 percent. Over four years, 8-11 programs have performed above the national mean, however, five of nine programs meet the 95 percent target. Of those programs not meeting the 95 percent criteria, all are above 90 percent with the exception of the BSN program.

Although licensure and certification results are commendable, the need to further examine failures is needed action for predicting factors of success to achieve the 100 percent target.

Co-curricular programs supporting student success are focused on alignment with CLCs. The division of ESS provides services that conceptually link behavioral aspects of student learning with core competencies such as critical thinking, professionalism, leadership and service, communication, cultural competence, and ethics. **Correlations of CLCs with Student Services** provides a matrix illustrating the correlation between behaviors and competencies. Further work is required to sophisticate these linkages.

**Off-campus Learning Centers**

Strategic planning that guided the institution in 2000 called for enrollment increases through establishment of off-campus learning centers, as Oakland expansion was limited in space availability. Following WASC Substantive Change approval, the Sacramento Regional Learning Center (SRLC) was established in 2001, initially housing the Entry-Level Master of Science in Nursing (ELMSN) program. The Accelerated Bachelor of Science (ABSN) program was added in 2008.

The success of those programs, in concert with the emerging nursing shortage, prompted development of
two additional off-campus learning centers in San Francisco (SFLC) and San Mateo (SMLC), implemented in 2006 and 2007 respectively. Programs received WASC systems review approval. These sites were patterned after the successful ABSN Oakland program. There are no plans to expand non-nursing programs to learning centers.

**OFF-CAMPUS LEARNING CENTERS**

- Sacramento Regional Learning Center (established 2001)
- San Francisco Learning Center (established 2006)
- San Mateo Learning Center (established 2007)

Admission of students at the SFLC and SMLC centers grew from 48 students per year to 280 students by Fall 2008. During the period from May 2006 to December 2008, 356 ABSN graduates completed the program. These students combined with pre-licensure BSN and ELMSN students increased the number of graduates eligible for RN licensure exams to record highs, making SMU the largest educator of newly licensed RNs in California. The new centers represent one of the most significant geographic and enrollment expansions in institutional history.

In 2009, the University commissioned a comprehensive evaluation of the learning centers to appraise the ABSN curriculum, evaluate student support services, and assess student satisfaction and program educational effectiveness including employer satisfaction. (Accelerated Bachelor of Science Nursing Study)

Several recommendations were made as result of the study, and many were implemented: a decrease in the SF enrollment by 16 (cohorts of 40 from 48), a decision to move the SFLC to a new facility at the end of the lease in 2011 due to insufficient space, curricular revisions regarding scheduling and sequence of coursework, and, hiring of an additional FTE student services employee to improve student satisfaction with support services at the SFLC and SMLC centers. Student Climate survey scores of ABSN program satisfaction increased from 2.93 (scale of 5) in 2008 to 3.60 in 2009.

Library services for learning centers include a .5FTE librarian at each site. Onsite evaluations are conducted three times/year, and librarians from all campuses meet monthly to assess evaluation results and address operational issues. Students and faculty enjoy unlimited support services from the main campus (CFR 2.8, 3.6).

Information technology services are provided to all learning centers, and staff is available to assist students and faculty through Help Desk and onsite consultation if required. A significant investment was made to implement a wide-area network for communications and Blackboard instructional platforms on each campus, with scalability to support future growth (CFR 2.7, 3.7).

Strategies to increase enrollment through high quality off-campus learning centers has been a success as indicated by student performance on licensure examinations and meeting enrollment projections. Lessons learned in this venture involve the known challenges of recruiting adequate numbers of faculty, need to secure high quality administrative management services, and vigilant attention to student opinion data with respect to services and linkage between sites and the main campus.
SECTION 7
CONCLUDING REFLECTIVE ESSAY: ACHIEVING THE VISION TO BE NATIONALLY RECOGNIZED

This essay focuses on the outcome of achieving the vision of national recognition, as stated in the Institutional Proposal. During engagement and development of the new MVV in 2006-2007, senior management identified core attributes considered to be important in achieving the vision. Attributes were identified such as nationally recognized faculty, active research agendas and publications, innovative teaching and learning initiatives, achievement of a national student applicant pool, and sustaining the student performance goal of 100 percent graduate licensure pass rates in all programs. The Board of Regents endorsed this framework for achieving the vision.

Doctoral Culture

Strategically, the University has committed itself to program expansion in discipline areas that accommodate sizeable student enrollment at the graduate level, specifically entry-level or clinical doctoral degrees. Since 2002 the University has offered the DPT and DPM degrees. The Board has approved a Doctorate in Nursing Practice (DNP) to commence January 2011, and a Doctorate in Pharmacy (PharmD) to commence in Fall 2011, both pending requisite capital funding approvals. Pending appropriate WASC and professional accreditation approvals, when those programs are fully enrolled, nearly 50 percent of all SMU graduates of post-graduate programs will receive a clinical doctoral degree. Additionally, this new programming will have impact on the composition, function and role of faculty.

Subsequent to the approval of the merger of the California College of Podiatric Medicine with SMU (resulting in the creation of the California School of Podiatric Medicine and offering of the DPM degree) as well as the establishment of the DPT program, the WASC Substantive Change Action Letter requested that the University be deliberate about the need to plan and develop a "doctoral culture" that would support these programs and any other doctoral-level degrees that the institution would contemplate in the future. The letter stated that progress in the development of a doctoral culture would be assessed by the evaluation team during the 2009 CPR visit.

The University continues to nurture the doctoral culture inclusive of its changing faculty demographic, recruitment of proven scholars, establishment of faculty leadership groups to guide faculty development and research capacity, and working to change campus culture from a traditional mission of "teaching" to one of mixed function, principally "teaching and practice based on the various evidences of scholarship." Much of this growth will result from the careful crafting of faculty recruitment and retention practices. Facilities need to accommodate research capacity, and future faculty development activities are intended to support the professional growth of transitioning faculty.

As noted previously, the AVP established a faculty Task Force on Doctoral Culture to focus and make explicit the faculty conversation and assessment of its progress regarding the SMU doctoral culture.
Tangible improvements in infrastructure and programming have been made to strengthen the doctoral culture. Among achievements are: expansion of sabbatical leaves, increased funding for faculty tuition support for doctoral education, a substantially increased faculty development program, commencement of an annual research symposium, establishment of a standing Research Committee of the FO, and review and update of doctoral student learning competencies.

Facilities Supporting the Vision

SMU has grown from 200 to 1300 enrolled students in under two decades. Although not all enrollment growth has occurred on the Oakland campus, any significant future enrollment will be limited to growth either on existing off-campus sites or establishment of new ones, as the Oakland campus footprint is maximized. Facilities issues are critical for several reasons: 1) securing sufficient capital to provide state of the art learning laboratories and classrooms fundamental to clinical education; 2) expanding new programs in specialty areas to provide a solid revenue base and leverage existing programs; and, 3) responding to service and satisfaction issues noted in Climate Survey Data.

Today’s economic climate requires judicious use of capital which may likely delay expansion temporarily. However, the University has distinct advantages not shared by other institutions that position it well for further growth. These advantages include no existing debt, access to a high bond rating, a tradition of meeting or exceeding budget performance expectations, and a close relationship with ABSMC which assumes a substantial proportion of facilities, utilities and other associated service costs, such as human resources, systems, and corporate/legal services, that would otherwise be paid by the University.

Communications

Following adoption of the MVV and Strategic Plan [TAB 11], the EDOP was assigned the responsibility of developing and implementing an institutional communications plan. (Strategic Communications and Marketing Plan) A Communications Committee was established in 2006, chaired by the EDOP, to develop a plan based on study of internal and external communication needs. During this time, a new position – Associate Director of Publications and Media Relations – was created reporting to the EDOP to support the strategic goal of enhancing communications efforts. An aggressive media relations program began in 2007 to draw media attention to the University and publicize the vision to local, regional and national communities. (Media and Publications Summary)

Simultaneously, an institutional branding campaign commenced to redesign and professionalize major SMU publications incorporating a revitalized logo, and primary tag lines identified in the communications plan.

The institution changed its name from Samuel Merritt College to Samuel Merritt University. This milestone coincided with the 2009 Centennial Celebration, during which public announcements, press releases, an increased number of media and web-based sources, and other communications were distributed promoting the vision of national recognition.
Development and Fundraising Strategy

Throughout the strategic planning process, SMU has refocused its development and fundraising plan to align with strategies that address mission-critical goals for achieving its vision, and to sustain educational effectiveness.

Guided by the Three-year Goals [TAB 15] identified by the Board of Regents and the MVV, the Executive Director of Development and Alumni Affairs (EDD) has in consultation with the Board Fund Development Committee and PC developed a planning framework comprised of several funding initiatives. Because the University has been more intentional about benchmarking and data collection to inform decisions, a study was conducted by the EDD to identify reasonable levels of development targets with comparable institutions.

The following Development Goals were established in 2008-2009, and approved by the Board.

1. Raise $4 million in endowed funds by 2012 to help reduce reliance on tuition and fees. Based on a study conducted by Hanover Research, SMU is seven percent more reliant on tuition income than comparable schools. An effort is underway to increase the endowment by $14 million by the year 2017.

2. Seek start-up funding for the PharmD program. The implementation of a PharmD program is critical to SMU’s ability to initiate future other health science programs. A proposal has been submitted to Wayne and Gladys Valley Foundation requesting $13.4 million in start-up funds.

3. Raise $1.3 million to renovate and expand the John A. Graziano Memorial Library to accommodate the increase in student body. Built in 1985 when SMU had a student body of 400 nursing students, the Library is in need of expansion and renovation to accommodate SMU students. In addition, the Library is open to the community, serving consumers who seek information on specific diseases and medical related topics.

4. Increase alumni giving from six percent to ten percent by 2012. Revealed in the Hanover Study referred to in item number 1, SMU currently has a very low rate of alumni giving when compared to similar institutions. Significant efforts are underway to build connections with current students and alumni to strengthen the affinity between the alumni and SMU.

In summary, the most compelling need in the area of achieving vision is to further clarify the criteria against which the University will measure success in meeting that goal. The first of nine institutional recommendations (Section 10) identifies the need to develop these metrics. Although “ideas” for criteria have been referred to in this document, further work is needed for clarifying goals so that strategic priorities and budget processes are linked. The University senior leadership team will present a more formalized and detailed plan of the “vision action plan” to the Board of Regents in Winter 2010.
In its *Institutional Proposal*, the University described the anticipated outcome for the EER: *to broaden the scope of the institutional system for measuring and assessing educational effectiveness and student achievement, and to test the validity and reliability of that system*. Developing clear and consistent processes for the review of student work, and including how faculty will define, conduct, review and evaluate that work, will be a core dimension of the EER.

In addressing Standards 2 and 4, SMU identified two researchable questions for the EER study. The following questions were based on what the WSC found to be the most significant needs for accomplishing institutional goals, achieving its vision, and for strengthening the culture of assessment.

Under Standard 2, the following researchable questions will be examined with focus on CFR 2.6 (graduates consistently achieve stated levels of attainment) and CFR 2.7 (all programs are subject to review including analyses of achievement of learning objectives, or SLOs): *How well do student learning outcomes (SLOs) within academic programs align with institutional core learning competencies (CLCs)? How does the University use evidence about student learning and achievement to advance the MVV?*

Under Standard 4, the following researchable questions will be examined with focus on CFR 4.2 (planning processes align academic, personnel, fiscal, physical and technological needs with strategic objectives), CFR 4.4 (quality assurance processes are evident at each level of organization), and CFR 4.6 (leadership at all levels is committed to improvement and assessment results): *In what ways are staff engaged in supporting student learning and achievement? How does faculty use assessment and performance data to improve teaching and learning to fulfill the MVV?*

The AVP established the EER Committee [TAB 20] in Spring 2009 and serves as co-chair with the AAVP. In concert with on-going work of the CPR Committee, with oversight by the WSC (co-chaired by the EDOP/ALO and Director of IR), the EER Committee will organize the research and study processes in alignment with WASC requirements related to student learning.

The University plans to demonstrate its assessment of student learning through utilization of its Health Sciences Simulation Center (HSSC) learning-based infrastructure. This multi-million dollar laboratory resource is singularly unique in the western United States. The HSSC provides cutting-edge, technological capacity to demonstrate behavioral and manual skill sets that provide clear and compelling evidences of student learning.
Demonstrating commitment and the ability to sustain institutional capacity has been a critical component of the CPR study and analysis. Having completed its self review, the leadership of SMU at all levels of the organization concludes that sufficient and effective capacity is evident and operational, in order to fulfill purposes and educational objectives.

Infrastructure and systems have been significantly strengthened since the 1999 WASC review, especially structures for evaluating student learning. The impact of the current economic downturn was carefully considered through an analysis of financial performance over the past five years, and the environmental scan performed was re-examined for identifying anticipated challenges.

CPR data and analysis resulted in nine institutional recommendations (Section 10) for improvement creating a meaningful foundation for deeper analysis and action planning. This foundation is believed to be mission critical for assessing educational and organizational performance, and as such will be an important component of preparation for the EER.

SMU functions with clear purposes. The MVV, adopted in 2007, brought new clarity, focus and vision to the institution as a whole, as well as providing a context and framework for aligning divisions and departments with strategic goals.

Institutional integrity has been demonstrated through careful review by WASC study teams and senior management. Review has included:

- the efficacy of governance and reporting structures (Sections 3, 4, 5),
- implementation of improvements noted by WASC (Section 6), and specialized accreditation reports and actions taken as result of analysis of assessment and survey.

Fiscal stability has been and continues to be a strength of the University. The Finance section of the Dashboard (iPortfolio) provides a comprehensive analysis of the financial health of SMU from 2004-2008.

The Finance and Administration Analysis [TAB 10] is organized by eight indicators: operating statements, balance sheets, Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA), academic program contribution margins, sources of revenue, endowment, gifts and grants, and expenses. The analysis also provides commentary about trends observed for each indicator. Three of the most critical indicators illustrate these trends:

**EBITDA**: an overall increase in the amount of EBITDA generated by operations between 2004–2008.

**Academic Program Contribution Margins**: steady growth in contribution margins from 50 percent in 2004 to 58 percent in 2007, with a slight decline in 2008.

In response to the **2000 WASC Action Letter**, the institution implemented actions over the past decade to clarify and improve organizational structures in response to growth, and more recently, in response to the new vision and strategic direction. These improvements are documented throughout the report, specifically in Sections 3, 4, 5 and 6. The WSC and CPR committees, senior leadership and the Board conclude that SMU is in a solid position to achieve the vision of being nationally recognized, and will remain competitive as a high-quality educational institution.
SECTION 10
INSTITUTIONAL RECOMMENDATIONS FOR IMPROVEMENT

SMU sought to achieve a serious and reflective self study organized around the WASC requirements for the CPR review. Engagement, data collection and analysis, and institutional actions during CPR preparation provided a solid basis on which to begin a rigorous study for the EER scheduled for February 2011.

After three years of deliberation, research and analysis, the WSC and CPR committees drafted a number of institutional recommendations for improvement that synthesize the CPR study findings, observations, and recommendations (Sections 3 and 4). The draft recommendations were broadly disseminated including faculty, staff, senior management, and Board.

These recommendations represent a consensus of SMU opinion regarding the most critical institutional work to be done following the CPR review. Each recommendation is aligned with evidence and analysis presented in this report and/or additional reports provided in the iPortfolio.

CPR recommendations are at the broadest strategic level for demonstrating commitment and planning for improvement. Recommendations address the two CPR themes of achieving vision and strengthening assessment. Each is considered an actionable and measurable recommendation that responds to the MVV, Strategic Plan, Board goals, and/or results from analysis of trend data and climate surveys.

Following the onsite CPR visit in November 2009, the President and senior management will assign responsibility for the implementation of each recommendation including those cited by the WASC Commission and the CPR evaluation team. An update of progress will be included in the EER report.

The University community will incorporate insights and recommendations of the CPR evaluation team, and guidance and recommendations from the WASC Commission to assist the institution in its continuous improvement and learning.
Institutional Recommendations

1. **Refine and establish metrics by which the University can measure attainment of the vision to be nationally recognized.** Benchmark targets in Institutional [Dashboard](#) for evaluating performance. Conduct regular reviews of progress on achieving targets by PC and the Board of Regents. (RQ1, RQ2, Standards 1,2,3,4)

2. **Implement the full academic assessment system by March 2010.** Align program-level student learning outcomes with core learning competencies and program review results. (RQ1, Standards 2, 3, 4)

3. **Develop the assessment system for co-curricular programming by March 2010.** Establish co-curricular outcomes that are aligned with core learning competencies, and implement program evaluation. (Standard 2: CFR 2.10, 2.11, 2.13, Standard 4)

4. **Evaluate the number of staff and job competencies required to achieve service goals set by the University.** Establish benchmarks of staff in service departments, performance outcomes, and satisfaction levels, using assessment data to determine appropriate targets. (RQ2, Standard 3)

5. **Expand institutional capacity for support of faculty scholarship, commensurate with graduate education.** Capacity should address faculty development, workload analysis, and Rank and Promotion policy revisions. (RQ1, Standards 2, 3, 4)

6. **Refine Diversity Plan to incorporate indicators and goals for achieving a culture of inclusivity.** Clarify roles and responsibilities to achieve diversity and inclusivity outcomes in all segments of the University, and determine how those outcomes are linked to institutional performance measures. (Standards 1, 4)

7. **Refine mechanisms of communication between and among divisions, schools, departments, and programs.** Embed requirements for evaluating the impact of new initiatives or changes into this communication structure, including involving or notifying affected staff and faculty of the change. (Standard 1)

8. **Continuously reevaluate student learning experiences and student services in the off-campus learning centers.** Implement and evaluate approved action plans. (Standards 2, 3, 4)

9. **Implement the master facilities plan developed between the University and Alta Bates Summit Medical Center (ABSMC) to strengthen the student learning environment and accommodate capacity potentials.** (Standards 2, 3)