Samuel Merritt University

THEMATIC PATHWAY FOR REAFFIRMATION

STUDENT SUCCESS

Submitted in support of: Reaffirmation of Accreditation

August 2020

Contents

Acronyms Used in the SMU Institutional Report

ABSN   Accelerated Bachelor of Science in Nursing
AHRQ   Agency for Healthcare Research and Quality
APMLE   American Podiatric Medical Licensing Examination
ARC-PA   Accreditation Review Commission on Education for the PA
BSN   Bachelor of Science in Nursing
CCE   Center for Community Engagement
CFR   Criteria for Review
CIEL   Center for Innovation and Excellence in Learning
CLO   Course Learning Outcome
CRNA   Certified Registered Nurse Anesthetist
CRT   Crisis Response Team
CSPM   California School of Podiatric Medicine
DNP   Doctor of Nursing Practice
DNP-FNP   Doctor of Nursing Practice-Family Nurse Practitioner
DOD   Department of Defense
DPT   Doctor of Physical Therapy
DPM   Doctor of Podiatric Medicine
EHI   Ethnic Health Institute
ELMSN   Entry Level Master of Science in Nursing
GPA   Grade Point Average
HEALS   H*E*A*L*S* model (Halt, Engage, Allow, Learn, and Synthesize)
HRSA   Health Resources and Services Administration
HSSC   Health Sciences Simulation Center
ICCAS   Interprofessional Collaboration Competency Attainment Survey [Revised]
IEEI   Inventory of Educational Effectiveness Indicators
ILO   Institutional Learning Outcome
IPAS   Interprofessional Attitudes Scale
IPE   Interprofessional Practice and Education
IPEC   Interdisciplinary Professional Education Collaborative
MARC   Motion Analysis Research Center
MOT   Master of Occupational Therapy
MPA   Master of Physician Assistant
MSN   Master of Science in Nursing
MUC   Medically Underserved Community
NCLEX   National Council Licensure Examination
NWD   Nursing Workforce Diversity
OTD   Doctor of Occupational Therapy
PLO   Program Learning Outcome
PRASAR   Program Review Accreditation Self-study Articulation Reports
PT-CPI   Physical Therapist Clinical Performance Instrument
RN-BSN   Registered Nurse to Bachelor of Science in Nursing
SALT   Senior Academic Leadership Team

SDS	Scholarships for Disadvantaged Students
SMU	Samuel Merritt University
SoN	School of Nursing
TPR	Thematic Pathway for Reaffirmation
UAC	University Administrative Council
URM	Underrepresented Minorities
VPLT	Vice President's Leadership Team
WSCUC	WASC Senior College and University Commission

Component 1: Introduction to the Institutional Report; Institutional Context; Response to Previous Commission Actions

History

Founded in 1909, Samuel Merritt University (SMU, or the university) has been educating healthcare providers for more than a century. During its first 75 years, the Samuel Merritt School of Nursing, affiliated with Samuel Merritt Hospital, graduated hundreds of students with nursing diplomas. In 1984, Samuel Merritt College became a separately incorporated not-for-profit entity with Samuel Merritt Hospital as its sole member, expanded its mission, and obtained regional WASC Senior College and University Commission (WSCUC) accreditation as a four-year institution of higher education. In 2009, the college became Samuel Merritt University, in recognition of the scope of its undergraduate and graduate programs. The mission of SMU is to "educate students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities." (CFRs 1.1, 1.4, 4.7)

Academic Degree Programs

Samuel Merritt University offers 3 bachelor, 7 master, and 5 doctoral degree-granting programs, 10 of them through the School of Nursing (SoN). The three undergraduate nursing degree granting programs are the Bachelor of Science in Nursing (BSN), the Accelerated Bachelor of Science in Nursing (ABSN), and the Registered Nurse to Bachelor of Science in Nursing (RN to BSN). At the graduate level, the School of Nursing offers two Entry Level Master of Science in Nursing (ELMSN) degree granting programs in Case Management and Family Nurse Practitioner; three Master of Science in Nursing (MSN) degree-granting programs in Case Management, Family Nurse Practitioner, and Nurse Anesthesia; and two doctoral degree-granting programs, Doctor of Nursing Practice (DNP) and Doctor of Nursing Practice-Family Nurse Practitioner (DNP-FNP). The five degree-granting programs that are not part of the School of Nursing are the Master of Physician Assistant (MPA), the Master of Occupational Therapy (MOT), the Doctor of Occupational Therapy (OTD), the Doctor of Physical Therapy

(DPT), and the Doctor of Podiatric Medicine (DPM). All degree-granting programs are accredited by their respective [programmatic accreditors](). (CFRs 1.2, 1.5)

Students and Faculty

Fall 2019 [student enrollment (headcount)]() was 2,029 (1,891 FTE), including 708 undergraduate nursing students, 23 certificate, 736 master's, 502 doctoral, and 60 non-degree seeking students. Since fall 2014, female students have made up 76% of the student body. Fall 2019 student demographics were Asian (32%), White (29%), Hispanic/Latinx (19%), two or more races (7%), Black/African American (6%), unknown (6%), and Native Hawaiian/Other Pacific Islander (1%). By age, the largest student group is those between 26-35 years old (59%), followed by 36-40 (20%), 18-25 (12%), 46-55 (7%), and 56+ (2%). (CFR 1.4)

For Fall 2019, 46% of [faculty]() were full-time and 54% were part-time. Fall 2019 full-time faculty count was 173, an increase of 33 full-time faculty from Fall 2015. These changes reflect SMU's increasing commitment to hiring full-time faculty. While the majority of faculty are White (65%), this is a decrease from 79% in 2014-15. During the same time period, African American faculty have increased from 4% (15) to 6% (33), reflecting SMU's improved diversity hiring practices. The gender composition of faculty is similar to that of students: seventy-eight percent of SMU faculty are women. (CFRs 1.4, 3.1)

Campus Locations and Distance Education

The university's main campus is located on the campus of Alta Bates Summit Medical Center in Oakland, CA. SMU also operates [campuses]() in Sacramento, the San Francisco Peninsula (San Mateo), and Fresno, for selected nursing programs. The Sacramento campus offers the ABSN, RN to BSN, Entry-level MSN (CM and FNP), MSN (CM), and the DNP-FNP doctoral program. The San Mateo campus offers the ABSN and RN to BSN programs; the Fresno campus offers the RN to BSN program. Both the Doctor of Nurse Practitioner (DNP) and the MSN-Family Nurse Practitioner are offered as approved online degree programs. (CFR 3.5)

Robust technology and instructional design ([ITS](#), [Academic and Instructional Innovation](#) [A&II]) support resources and the fully accredited [Health Sciences Simulation Center](#) (HSSC) enabled the university to pivot speedily and effectively to online instruction and operations during the Covid-19 pandemic. Samuel Merritt University will continue to deliver and assess educational opportunities and student success in face, online, and hybrid modes. (CFRs 2.8, 4.1, 4.3, 4.4)

To meet teaching and learning needs across the different campuses and modalities, the SMU [library](#) includes both digital capabilities (such as access to online journals, databases, video, and streaming media) and physical spaces at all of the university's campuses. The library also provides free delivery of materials from the Oakland campus library and interlibrary loan. Reference help, in-class training, and individual instruction on library resources are available to both students and faculty irrespective of location. (CFRs 2.13, 3.1, 3.5)

Operations, Capacity and Infrastructure

Sutter Bay Hospitals, an affiliate of Sutter Health , one of the nation's leading nonprofit, community-based health systems, serves as the University's parent organization and sole member. SMU's organizational structure includes its [Board of Regents, the Office of the President](#), and the Offices of [Academic Affairs](#), [Student Affairs](#), University [Advancement and Communication](#)s, [Strategy, Innovation and Operations](#), [People and Culture](#) and the Chief of Staff and University Initiatives. Within the Office of Academic Affairs there are two schools (nursing and podiatric medicine) and four departments (occupational therapy, physical therapy, physician assistant, and basic sciences). (CFR 3.7, 3.8, 3.9)

SMU has existing capacity in personnel, resources, and facilities to fully resource current academic programs, and the university is engaged in planning for future growth. In conjunction with the university's plan to create a new main campus in Oakland, CA, SMU engaged the services of Gray Associates to lead a process for creating an [Academic Master Plan](#) (AMP) for the [growth](#) of existing degree programs and the development of new degree programs. In 2020

SMU is using the AMP to design and create financial models for a new campus in downtown Oakland. In addition, several campus visioning meetings led by architects Perkins and Will engaged faculty, staff, and students in determining design priorities for the new campus and current architectural planning. (CFRs 3.5, 3.7, 4.3, 4.6, 4.7)

SMU is headquartered in one of the most ethnically and racially diverse cities in the country. The main Oakland campus is home to many of the degree programs, the administrative offices, and research facilities. Overall, SMU's facilities include classroom complexes, student recreation areas, a comprehensive health sciences library, computer learning laboratories, a [Center for Innovation and Excellence in Learning](#) (CIEL), a forthcoming [Center for Community Engagement](#) (CCE), and specialized laboratories for gross anatomy (human cadaver laboratory), human performance, physical therapy, splinting/orthotics, nursing skills, human simulation and the [Motion Analysis Research Center](#) (MARC), a high-tech facility offering immersive and dynamic learning experiences for students in the physical therapy, occupational therapy, podiatric medicine, physician assistant, and nursing programs. The Oakland campus features the [Health Sciences Simulation Center](#) (HSSC) and simulation facilities are available at the other campuses as well. Students are offered a variety of clinical experiences in more than 1,400 healthcare facilities. (CFR 3.5)

Samuel Merritt University has additional campus locations in Sacramento and San Mateo. The newest Fresno campus opened in December 2019 and includes a computer laboratory, a library, a video conference room, offices, two active learning classrooms and two standard classrooms, student study spaces, and a Health Sciences Simulation Center. Future programs will be added in alignment with institutional priorities, the market need for the programs, and the Academic Master Plan. (CFR 3.5, 4.6, 4.7)

Presidential Leadership

In 2018, Sharon Clark Diaz retired from SMU after serving as the institution's first president from 1982 to 2018. After a national search, [Dr. Ching-Hua Wang](#) became SMU's

second president in November 2018. Following her appointment, President Wang identified four priorities for the SMU campus community at a January 2019 town hall: 1) cultural change, 2) student success, 3) diversity and inclusion, and 4) the Fresno campus opening and planning for a new Oakland campus. The four priorities were refined a year later: 1) establish a new SMU culture, 2) ensure student success, 3) promote diversity and inclusion, and 4) update the university strategic plan.

To increase transparency and realign administrative roles, President Wang restructured the former 9-member president's council, a purely advisory body, to a 6-member cabinet with decision making responsibility, due in part to several planned retirements and the reorganization of several positions. In addition, the University Planning and Advisory Committee was reconstituted as the University Administrative Council (UAC), to include faculty, staff, and student representatives nominated by their respective Faculty Organization, Staff Council, and Student Body Association. This council embodies shared governance, ensures campus-wide communication, and seeks consultation from the campus community for significant university initiatives. (CFRs 3.6, 3.7, 3.10)

Programmatic Accreditation

Samuel Merritt University has a very strong history of successful programmatic accreditations. On those rare occasions when opportunities for improvement are identified, SMU works swiftly and closely with the accrediting organization to address areas of concern. In July 2019, following a review by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the accrediting body for physician assistant programs, SMU's MPA program was placed on accreditation-probation, a status of temporary accreditation that is limited to two years. The MPA program has completed the first two action items: posting information about accreditation status on the program's webpage and responding to technical citations (e.g., revising program goals to make them more measurable and objective, clarifying admission standards, and posting revisions on the program's webpage). Ongoing work includes

new clinical year syllabi, assessment processes, and the use of a new data collection and analysis paradigm to inform clinical placements for students. This ongoing work will form the basis of a modified self-study and site visit in early 2021 in advance of the ARC-PA Commission meeting in June 2021. (CFRs 2.1, 2.2, 2.7, 4.1, 4.3)

Interim Report and Special Visit

In 2015 SMU submitted an Interim Report to WSCUC as part of the actions noted in the March 2012 Commission Action Letter following the Educational Effectiveness Review. The Interim Report panel recommended a fall 2015 Special Visit to SMU, which took place in December 2015. SMU's responses to the 2015 Special Visit are detailed in the next section. (CFR 1.8)

Response to Previous Commission Actions

In its March 7, 2012 Commission Action Letter following the Educational Effectiveness Review, the Commission included three areas for continued attention: 1) addressing governance structures, 2) implementing diversity initiatives, and 3) sustaining the focus on assessment of student learning.

Recommendation 1: Addressing Governance Structures (2008 CFRs 1.3, 3.8, 3.9; 2013 CFRs 3.6, 3.7, 3.9)

As of 2011, the Commission remained "troubled by the lack of resolution regarding the role of Sutter Health as it exercises superior authority on many key SMU decisions" in relation to WSCUC's Policy on Related Entities, the draft Policy on Independent Governing Boards, and related CFRs under Standards 1 and 3. Following the Educational Effectiveness Review, the Commission stated that it did "not wish to revisit this issue in a future review" and scheduled an Interim Report in fall 2014 "clarifying governance concerns with Sutter Health related to strengthening institutional autonomy in matters such as capital expenditures, human resources, payroll, library acquisitions, facility upgrades, and space and program implementation." Following SMU's submission of the Interim Report, the Commission noted in its February 5,

2015, letter that the "panel did not find evidence in the Interim Report that SMU's leadership's lack of delegated authority in core academic activities under the current governance structure with Sutter Health had been fully addressed." A Special Visit was scheduled for fall 2015 to focus on "SMU's capacity to operate as an academic institution with appropriate autonomy and with an independent governing board that exercises appropriate oversight."

Following the Special Visit, the Commission Action Letter (dated March 9, 2017) included three commendations, stating that SMU had: 1) developed, with Sutter, an external standard to measure SMU's financial performance so that, when the standard was met, the Board of Regents had control of the operating budget and routine capital expenditures; 2) removed from the bylaws the restriction that an annual SMU capital budget "not…exceed fifty percent of the average annual cash flow of the preceding three fiscal years," and 3) created skill sets for the Board of Regents to use when appointing members, and objective and qualitative standards for Sutter to use when withholding approval of nominated Board of Regents members. Additionally, the letter included a recommendation that SMU consider "revisions of its bylaws to change the processes for removing Board of Regents members for 'good cause'."

The university discussed this recommendation with its independent legal counsel as part of a comparison and review of the bylaws undertaken in light of revisions WSCUC made to their Governing Board Policy and Implementation Guide in 2017. Upon review of the language of the Implementation Guide and the university's bylaws, counsel advised that the bylaws appear to be compliant in that they require prior consultation with the university's Board of Regents and "good cause," placing the burden of proof on the General Member bringing the motion. Based on the independent legal counsel's assessment, the Governance Committee recommended not amending the bylaws at that time. In another example of compliance with WSCUC policy, the Regents modified board committee charters in 2019 and early 2020 to make explicit the requirement that the quorum for committee meetings be composed of a majority of independent committee members.

Recommendation 2: Implementing Diversity Initiatives (2008 CFRs 1.5, 2.10, 2.13; 2013 CFRs 1.4, 2.10, 2.13)

The March 2, 2012 Commission Action Letter noted that SMU had "set ambitious goals for creating an even more welcoming and effective learning environment for every subpopulation of student." SMU's 2012 Diversity Action Plan (*Catalyst for Change, 2012-2015*) set benchmarks for students from under-represented groups to make up at least 25% of the total student population by 2015. The university has since surpassed this target. Student demographics for fall 2019 were 19% Hispanic/Latinx, 6% Black/African American, 7% two or more races, and 1% Native Hawaiian/Other Pacific Islander. In 2015 the University launched a new development initiative to raise $20M in philanthropic funds to support unrepresented minority (URM) students over the next 10 years. Successes to date include Health Resources and Services Administration (HRSA) Nursing Workforce Diversity funds (2016-17, $348,700; 2018-2022, $1.5M) and HRSA Scholarships for Disadvantaged Students (2012- 2016, $5M; 2016-2020; $7.8M). The university has been administering those scholarships, and implementing other supportive programs such as:

- the Admission Office Nursing Success Seminar, which has had a significant impact on increasing applications from persons of color and those who identify as male in the BSN, ABSN and ELMSN programs,

- focused mentoring and tutoring, and

- tracked data on student success and numbers of students working in medically underserved communities after graduation.

Results in the programs that have received HRSA funds to increase the enrollment and support of minority students indicate that, as of fall 2019:

- BSN and ABSN program: 29% were underrepresented minority (URM) students and 31% of graduates were practicing in medically underserved communities (MUC),

- MPA program: 26% were URM students, and 37% of graduates were practicing in MUC,

- ELFNP program: 33% were URM students and 56% of graduates were practicing in MUC,

- DPT program: 23% were URM students and 30% of graduates were practicing in MUC.

Over the past four years, 100% of Nursing Workforce Diversity program students in the BSN and ABSN programs have graduated on time, 91% passed the NCLEX exam on the first attempt, 40% assumed alumni tutor or mentor roles for new program participants, and 83% are working in MUC or health professions shortage areas.

The SMU Health Justice Speaker Series, created in 2015, brought Dolores Huerta, Dr. Cornell West, and Dr. Joy DeGruy to campus. The SMU Annual Community Reads series, started in 2014, provides opportunities for SMU faculty and students to examine issues related to health equity through group discussions, additions to course curricula, and presentations by authors. The university's annual Professional Enrichment Day, attended by a majority of faculty and staff, has also featured health justice speakers. In early 2016, the Ethnic Health Institute became part of Samuel Merritt University's Office of Diversity and Inclusion. In 2018 the university created the Center for Innovation and Excellence in Learning with an explicit goal of developing the inclusive pedagogical skills of SMU's faculty and staff. Similarly, the goals of SMU's interprofessional and co-curricular education programs for students include developing both the empathy and the skills to work with diverse teams and to serve patients from different backgrounds and cultures, along with the leadership skills to address health inequities. Component 8, the narrative about SMU's theme of student success, provides more information on how attention to diversity, equity, and inclusion are woven into SMU's framework for student success.

Hiring a more diverse faculty is a priority of SMU's board, which requested and received in November 2019 a Faculty Diversity Pipeline report from SMU's Chief Diversity Officer. The report recommended several changes to SMU's hiring practices to increase the diversity and diversity-consciousness of SMU's faculty. Recommendations included:

1) Standardize recruiting and hiring processes across programs, using the current School of Nursing process as a model.

2) Provide centralized oversight and tracking of those processes by creating a full-time recruiter position within SMU's Office of People and Culture.

3) Provide training in best-practices for interviewing techniques for all department chairs, search committee members, and hiring managers.

4) Provide implicit bias training for all department chairs, search committee members, and hiring managers.

These recommendations have become part of SMU's draft Strategic Vision for Diversity, Equity, and Inclusion 2020 -2025. The final version of the plan is on track to be adopted formally in fall 2020. Oversight for these initiatives is provided by the Executive Director of the Office of People and Culture (formerly Human Resources), who also now serves as the university's chief diversity officer.

Recommendation 3: Sustaining the Focus on Assessment of Student Learning (2008 CFRs 2.6, 3.5, 4.1-4.4, 4.6, 4.8; 2013 CFRs 2.6, 3.4, 4.1, 4.3-4.7)

For the first five years following the 2012 WSCUC reaffirmation of accreditation, the university focused on assessment at the course, program, and institutional levels, and made significant strides in nurturing a university-wide culture of continuous quality improvement based on intentional assessment. Academic leadership ensured that assessment priorities were set and supported by key personnel. In the past five years, SMU has developed an assessment and effectiveness model that goes beyond the traditional measures used by most institutions of higher education, (retention and graduation rates, employment placement, and national board or licensure scores), because the university has found that those traditional metrics do not entirely capture the acquisition and development of knowledge, skills and attributes uniquely required for education in the health professions and necessary for addressing health inequities. SMU's process for developing additional metrics has included: 1) refining learning assessment

systems; 2) revising the university's definition of student success; 3) devising a visual graphic of the student success framework to enhance a shared mental model within the academic community; 4) revising institutional learning outcomes; 5) intentional study of differences in success factors in underrepresented groups, and 6) expanding co-curricular programming to align with expected learning outcomes. Combined with traditional student success measures, these [new measures](#) provide the university with rich data for continuous program improvement. These efforts have been supported by a substantial increase in university resources dedicated to the enhancement of student learning and success, as detailed in Component 8.

Contributing to the Public Good

Achieving the university's goals for diversity, equity, and inclusion is an essential attribute of SMU's ability to serve the public good, as that is defined by the institution's mission. The Covid-19 pandemic has brought into greater prominence the deadly effects of long-standing disparities in access to healthcare, which reinforces the heightened need to educate healthcare professionals with the passion and compassion to serve diverse communities and improve health equity. To provide community health education and care to patients in need is part of class projects, faculty research, medical service trips, and student club activities. SMU has partnerships with area clinics, schools, faith communities, and shelters, as well as in developing countries to offer these curricular, co-curricular, and extra-curricular learning opportunities to enrolled students. For example, in Oakland, occupational therapy students work in campus clinics and nursing students volunteer at homeless shelters. Over the past decade, SMU's students and faculty have also provided care for indigenous populations in Panama, served migrant patients at the U.S.-Mexico border, and donated medical and school supplies in rural Laos. In 2018, more than a dozen nursing, physician assistant, and physical therapy students, as well as faculty and alumni, traveled to Batata, Panama, where they set up and ran a pop-up health clinic. SMU also hosts health-professions students from other nations,

including an annual [undergraduate exchange program](#) between SMU and Seirei Christopher University in Hamamatsu, Japan.

In 2019, a Community Engagement Task Force assessed the university's many types of [services to the community](#) and to the public good and recommended that a Center for Community Engagement (CCE) be created to coordinate these activities and to measure their impact. In late 2019, President Wang announced the establishment of a Center for Community Engagement, with the Ethnic Health Institute (EHI) as part of the new center. (CFRs 1.4, 4.3, 4.6)

Samuel Merritt University's Theme: Student Success

In 2018, the university was selected as one of the first group of institutions eligible for a Thematic Pathway for Reaffirmation (TPR) review. As the university's TPR proposal outlined, SMU's primary theme of student success is supported by four subordinate, interrelated themes: assessment of student learning, co-curricular contributions to student learning, faculty engagement in student success, and interprofessional practice and education (IPE). These primary and subordinate themes were developed through a collaborative process involving faculty and staff, including several leadership groups such as the Senior Academic Leadership Team (SALT, composed of deans and chairs of larger programs), the Academic Vice President's Leadership Team (VPLT), the VP for Enrollment and Student Services (renamed Student Affairs in summer 2020), the Director of Institutional Research, and the WSCUC Accreditation Liaison Officer. (CFRs 4.3, 4.4, 4.5, 4.6, 4.7)

As detailed in the TPR proposal, the expected outcome for the primary theme of student success was a refreshed model of student success that is responsive to significant changes in health care and professional practice, with the goal of preparing graduates who can succeed as practitioners, leaders, and change agents in the U.S. healthcare system. Student success, in this model, reflects the healthcare system's and SMU's increased emphasis on interprofessional education (IPE), on addressing health inequities, and on provider self-care, along with greater

institutional knowledge of how well SMU prepares students for practice in today's healthcare environment. The TPR primary theme of student success addresses CFRs 1.1, 1.2, 1.4; 2.2, 2.5, 2.10, 2.11, 2.13; and 4.4, 4.6, 4.7.

The expected outcome for the subordinate theme of the assessment of student learning was to strengthen SMU's capacity for deeper and more meaningful analysis of student learning and preparation for practice. The TPR subordinate interrelated theme of assessment of student learning addresses CFRs 2.2, 2.3, 2.4, 2.6, 2.7, 2.10.

The expected outcome for the subordinate theme of co-curricular contributions to student learning was a clear model and outcome measures for assessing how co-curricular experiences contribute to student success, with particular attention to their effect on creating an inclusive learning environment. The TPR subordinate interrelated theme of co-curricular contributions to student learning addresses CFRs 2.2, 2.3, 2.5, 2.8, 2.10, 2.11, 2.12, 2.13; and 4.1, 4.3, 4.4, 4.5, 4.6, 4.7.

The expected outcome for the subordinate theme of faculty engagement in student success was the development of faculty as models of – and facilitators for – transformative learning by establishing and growing the Center for Innovation and Excellence in Learning (CIEL). The Center is an SMU-hosted community of practice for educators whose members are inspired to support each other to be master teachers, learners and scholars who have the knowledge and skills to educate students to address health inequities as healthcare providers, and who integrate wellness into their professional and personal lives. The TPR subordinate interrelated theme of faculty engagement addresses CFRs 1.4, 2.1, 2.3, 2.4, 2.5, 2.6, 2.8, 2.9, 2.10; 3.1, 3.3, 3.10; and 4.1, 4.3, 4.4, 4.7.

The expected outcome for the subordinate theme of interprofessional practice and education was to develop and assess the effectiveness of a comprehensive approach to IPE that supports an inclusive, respectful and collaborative approach to improve the health of

individuals and populations, as well as reduce health disparities. The TPR subordinate, interrelated theme of IPE addresses CFRs 2.3, 2.5, 2.8, 2.9, 2.11; and 4.5, 4.6, 4.7.

Component 8 includes a full description of the university's new student success framework, of how the TPR project's expected outcomes were – and are continuing to be -- met, and of ongoing initiatives to support and evaluate student success. The university's overall goal for these lines of inquiry has been to learn more about itself as an institution, and to strive for continuous improvement.

Report Preparation

The institutional report was prepared by SMU's TPR team, with sections of Component 8 written by thematic working groups. The core planning group began work in 2017 under the leadership of the former ALO and former provost (both since retired). In August 2019, SMU's new provost became part of the core group, which also includes the assistant academic vice presidents, the vice president for enrollment and student services, the director of institutional research, a long-standing external consultant, and administrative support from professional staff. The core group met approximately every two months throughout the process.

Working groups of six to eight faculty and staff reviewed each aspect of the student success framework, with particular attention to the ways diversity and inclusion are woven into each one, and then drafted sections of Component 8. The full TPR team (core group and working groups) met approximately twice each year during 2018, 2019, and 2020, to develop and distribute the student success framework, to review this report at various stages, and to inform the campus community about this ongoing work. The final report was reviewed by the president, provost, and Board of Regents on June 4, 2020, and was distributed to the campus community for review and comment for ten days in mid-July 2020 prior to final posting on August 5, 2020 for Review Team access to support the October 2020 visit. (CFRs 1.6, 3.6, 3.7, 3.10, 4.3, 4.5, 4.6, 4.7)

SMU's Response to the Covid-19 Pandemic

The university's Critical Response Team (CRT) was responsible for the initial oversight and coordination of SMU's response to the emergency caused by the pandemic.   SMU's initial response included decisions to cancel large group events (such as the president's inauguration), move instruction online with the assistance of the university's instructional designers and technology teams, and work with clinical sites and the programmatic accrediting agencies to create new ways for students to complete clinical rotations. The university also provided new resources for students (enhanced food pantry, wellness and mental health services, and laptops for those students who needed them), and communicated frequently with students, faculty and staff to ensure that learning continued while the university community sheltered in place. Many SMU students made masks to donate, and several joined California's new Health Corps. Initial course-level feedback from students suggests that the transition to online instruction has been a positive experience for most students. In early summer 2020, the university shifted responsibility for the long-term, ongoing oversight of the pandemic to a newly formed Covid-19 Taskforce. Based on the early work of the CRT, and ongoing efforts in concert with the new taskforce, a document containing safety guidelines for the campus was created, and is updated regularly. Monitoring is ongoing, and as of July 2020 some essential lab and clinical rotations have resumed via in-person teaching and learning with health and safety measures in place.

Component 2: Compliance with Standards: Review under the WSCUC Standards and Compliance with Federal Requirements; Inventory of Educational Effectiveness Indicators

The core TPR team prepared the form for Compliance with the WSCUC Standards and the Inventory of Educational Effectiveness Indicators (IEEI). The process was highly collaborative, and spanned most of a year, enabling a cross-check between areas addressed in SMU's narrative report, especially Component 8, and the WSCUC Criteria for Review (CFR). Completing Component 2 allowed SMU to 1) review its most current policies, procedures, handbooks, and webpages for evidence that it is meeting all of WSCUC's Standards and 2) confirm that each program has a healthy process in place for assessing student achievement of course, program and institutional learning outcomes. (CFRs 4.1, 4.3, 4.6)

Opportunities for faculty and staff to engage in their own transformative learning are a vital component of implementing SMU's new framework for student success. Faculty and staff have been deeply engaged in the creation of the new framework for student success, in the design of an Interprofessional Education (IPE) curriculum to foster collaboration and awareness of the structural determinants of health, and in the ongoing mapping of course and program outcomes, along with programmatic accreditation standards, to institutional learning outcomes. (CFRs 3.3, 3.10, 4.4)

STANDARD 1: Defining Institutional Purposes and Ensuring Educational Objectives

Areas of Strength

SMU's mission and educational objectives are clearly stated, and are robustly linked to course, program, and institutional learning outcomes. Data collection and analysis, including the availability of disaggregated student achievement data, support the achievement of the institution's educational objectives, including the diversity and diversity-awareness of faculty, staff, and students. Ongoing commitment to diversity, equity, and inclusivity led SMU to a new strategic integration within the Office of People and Culture so that university resources could

be fully available to and sensitive to the needs of all constituents. The COVID-19 pandemic and civil unrest around race and policing have prompted SMU to reflect and examine whether current planning and programming have fully captured the needs and perspectives of the full SMU community.

SMU is an educational institution in structure, and a learning community in practice. In response to WSCUC concerns about the relationship between SMU and its parent organization, Samuel Merritt University's Board has worked diligently to address areas of concern and to clarify the respective roles of the two separate organizations. Likewise, recent upgrades and updates to the web site, handbooks and strategic plans maintain transparency, currency, and clarity for students, staff and faculty, and community members. Institutional data is publicly accessible, as are our learning outcomes at various levels, degree programs, credit policies, and student cost information. (CFRs 1.4, 1.5, 1.6, 1.8)

Areas of Opportunity

Similarly, changes to university culture have begun under new leadership, and will continue in the coming years. SMU's new president has established explicit goals for changing university culture, increasing transparency in processes, and embracing diversity, equity, and inclusion. (CFRs 1.2, 1.4, 1.6, 1.7)

STANDARD 2: Achieving Educational Objectives Through Core Functions

Areas of Strength

The programmatic accreditation process for SMU's degree programs complements the WSCUC accreditation process and feeds internal program review. The curricular mapping process, to align all programmatic accreditation standards, and course, program, and institutional learning outcomes, is ongoing and will benefit from the leadership of the newly-hired Director of Institutional Effectiveness. The Institutional Effectiveness Council ensures that program requirements are clearly and appropriately defined, that programs have sufficient

faculty, library, student supports, and other resources to serve their students at every campus as well as online and that graduate programs are sufficiently differentiated from undergraduate programs. SMU's refreshed framework for student success details the specific attributes, skills, and habits that courses and programs are designed to foster in faculty as well as students. SMU collects both direct and indirect evidence of student learning, uses well-developed assessment rubrics, and shares all assessment plans in the [Institutional Effectiveness Center](#) in Canvas. Outcomes and success measures are clearly stated; disaggregated data about student achievement of those outcomes is publicly available and is used for continuous quality improvement. (CFRs 2.1, 2.2, 2.6, 2.7, 2.10, 2.13)

Areas of Opportunity

Aligning co-curricular experiences with institutional learning outcomes is an ongoing process, as is developing a full suite of metrics to enable analysis and continuous improvement of the effectiveness of those co-curricular experiences at supporting student success. At the time of this writing the search for the next Vice President of Student Affairs has just been announced, and this person will have the opportunity to guide the further development of co-curricular contributions to student success.

The development of the new campus in downtown Oakland will open new avenues of partnership, clinical placement, and community service for the university and for our students. (CFR 2.11, 2.13)

STANDARD 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

Areas of Strength

The university has instituted a new faculty peer-review process and has created a Center for Innovation and Excellence in Learning (CIEL) to foster faculty and staff members' own experience of transformative learning, and their mastery of inclusive pedagogies. The

university's draft Strategic Vision for Diversity, Equity, and Inclusion, (final scheduled for fall 2020), includes a plan to increase the diversity of faculty. The university is financially stable and has a record of unqualified independent financial audits. Resource planning is guided by a new [Academic Master Plan](#) (scheduled to be finalized at the end of 2020), as well as by a [Strategic Plan for 2017 - 2026](#). Robust technology resources and the fully-accredited Health Sciences Simulation Center enabled the university to pivot speedily and effectively to online instruction and operations during the Covid-19 pandemic. Enrollment has doubled since the last WSCUC review; the university has successfully developed infrastructure to maintain the quality of programs. (CFRs 3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.10)

Areas of Opportunity

Planning for a new main campus in Oakland presents both challenges and opportunities relating to logistics and resource planning, staffing, program and enrollment growth, and synergies with Sutter Health for clinical placements. The planning process is complex to assure that the facilities, services, information and technology resources can be equivalent or improved in the new location. This is where Samuel Merritt University's existing strengths in planning, transparency, and cross-functional collaboration can be of continued value in sustaining and augmenting institutional capacity and educational effectiveness. The university pivoted quickly and effectively to online delivery; now there is an opportunity to identify and embed the best learning from that experience as we develop faculty, educate students, and stay alert to new program needs delivered in face, online and hybrid modalities. (CFR 3.5, 3.7)

STANDARD 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

Areas of Strength

Samuel Merritt University's refreshed [framework for student success](#) developed as a Thematic Pathway to support WSCUC reaffirmation of regional accreditation represents an

institution-wide collaboration to address the changing environment of education and of healthcare. In support of a similarly refreshed institutional culture of continuous data analysis for quality improvement, SMU has created a new position of Director of Institutional Effectiveness, a new Institutional Effectiveness Center in the Canvas online system, has standardized data collection and analysis across the university through the Department of Institutional Research, and has begun using a student engagement platform (*SMU Pulse*) to record participation in co-curricular activities and community service. The university gathers data from employers and other stakeholders annually. The new Center for Community Engagement will help align SMU programs with needs and assets identified by community partners. (CFRs 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7)

Areas of Opportunity

SMU is addressing multiple changes at once, including new senior leadership, planning for a new Oakland campus, and responding to the Covid-19 pandemic. As noted earlier, these changes present challenges, as well as opportunities for improvement under the mission. A systematic data collection system is in place. These data, and new incoming data on co-curricular outcomes, can be more fully shared, reflected upon, and utilized to identify gaps, suggest potential solutions, and monitor ongoing performance in the face of changing external conditions. Building a data-rich culture to include multiple voices and perspectives and to support planning can help SMU thrive even in changing times. (CFR 4.6, 4.7)

Component 8: Institution-specific Theme: STUDENT SUCCESS

Framework for Student Success

In 2016, leaders in SMU's divisions of Academic Affairs and Student Affairs, asked "How do we define a successful Samuel Merritt University graduate, given the university's mission and the rapid changes in the healthcare system?" Answering that question required the university to look beyond traditional metrics such as retention, graduation rates, and licensure pass rates, to consider a more holistic view of what it means to be an SMU graduate prepared to enter tomorrow's healthcare workforce. A task force of faculty and staff from those two divisions and the Office of the President quickly determined that the first step to defining a successful graduate of SMU would be a complete revision of the institutional learning outcomes. Then, in spring 2018, as those ILOs were being formally adopted, SMU turned to developing an overarching definition of student success and a conceptual framework that highlights the distinctive qualities of a SMU graduate prepared to enter healthcare practice. Faculty and staff were involved in the creation of the framework and model, and in developing the metrics that would allow the university to understand which aspects of the SMU experience are most supportive of student success.

The student success framework authentically reflects pedagogical work on immersive learning, interprofessional practice and education (IPE), and attention to the structural determinants of health, that the university's educators have been engaged in for more than a decade. Thus, the framework reflects the entirety of a SMU student's learning experience, which extends beyond their program-specific professional discipline. The definition of student success at SMU is:

Through transformative learning experiences, successful students at Samuel Merritt University achieve the institutional learning outcomes and mastery of competencies required by their discipline and the broader healthcare environment. Successful graduates demonstrate commitment to the core values of health equity and service to the community. Students develop habits of thinking (habits of the mind), skill practice (habits of the hands) and professionalism (habits of the heart) to make a lasting impact on the well-being of people and society.

The three components of SMU's conceptual framework for student success, shown in figure 8.1, are described in the next sections.

Figure 8.1: *Student Success at Samuel Merritt University: A graphic representation of the three major components of the conceptual framework.*
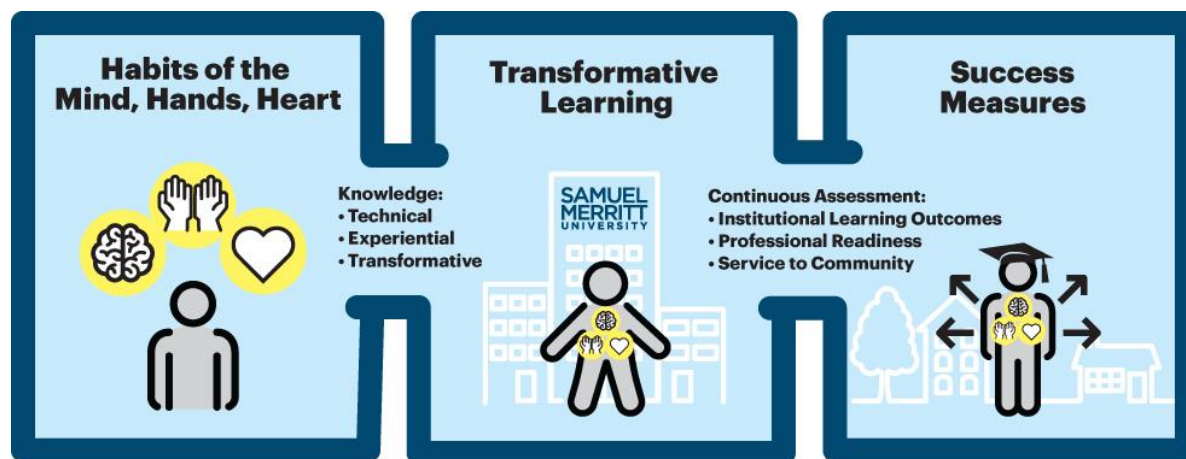
Habits of the Mind, Hands, and Heart

SMU's framework for student success begins with the three habits of the mind, hands, and heart. Habits of the mind include the knowledge base needed for one's healthcare profession, critical thinking and analytical reasoning, and the beginnings of what it means to "think like" a member of the chosen profession. Habits of the hand include skillful application of the knowledge, reasoning, and evidence captured in the habits of the mind to situational contexts within the chosen profession. Habits of the heart include a sense of purpose and what it means to be a member of the chosen profession, as shown in Figure 8.2.

A fundamental premise of SMU's student success framework is that when students begin their health profession education at SMU, they do so by already having the beginnings of developing the habits of the mind, hands, and heart. For example, every student who enters SMU has already completed pre-requisite courses with sufficiently strong grades to merit admission; thus, students are already demonstrating

habits of the mind. Second, most SMU students arrive with some type of practical experience related to their chosen profession; thus, students arrive with attributes for developing habits of the hands. Third, admission decisions are based in part on prospective students' service to their community and leadership that demonstrates integrity and ethics; thus, students arrive with attributes that are the foundation for them to develop further the habits of the heart.

Figure 8.2: *Key descriptors of each of the three habits.*

Transformative Learning
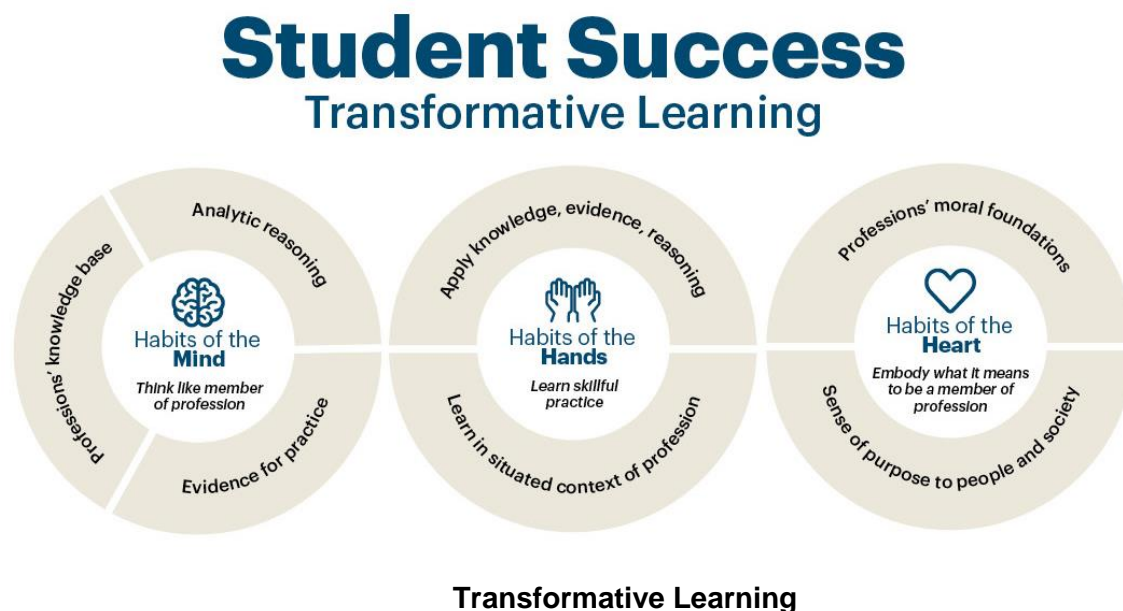
It is through transformative learning, defined by Mezirow, as "a process by which previously uncritically assimilated assumptions, beliefs, values, and perspectives are questioned and thereby become more open, permeable, and better validated"[1] that students integrate the learning in the three habits to become successful SMU students and graduates. Transformative learning leads to a changed self-perception and a reinterpretation of the sense of self in relation to the world. The emergent world view becomes more inclusive, discriminating, and integrative of experience. Presenting both students and faculty with opportunities for transformative

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[1] Mezirow, Jack, "Learning to think like an adult: Core concepts of transformative theory," pp 7-8, in *Learning as Transformation: Critical Perspectives on a Theory in Progress*, Jack Mezirow and Associates, Jossey Bass, San Francisco, CA, 2000.

learning is of tremendous importance for achieving the SMU's mission of graduating "highly-skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities." Transformative learning encompasses technical knowledge, experiential knowledge, and transformative knowledge, all of which are represented in the three major components of the conceptual framework: 1) habits of the mind, hand, and heart; 2) transformative learning; and 3) success measurements.

Habits of the mind and hand, which are based in technical and experiential knowledge, as well as critical thinking, reasoning, and communication skills, are developed through most professional curricula. SMU takes that foundation, enhances it with the habits of the heart, and fosters successful [transformative teaching and learning](#) experiences. To support the development of faculty and staff as models of and facilitators for transformative learning, SMU created the Center for Innovation and Excellence in Learning (CIEL). Through CIEL's offerings, faculty and staff are able to experience their own transformative learning, leading to a greater capacity for reflection and an increased ability to promote and support reflective practices for students in classroom and clinical settings. (CFR 3.3)

Through transformative learning experiences, SMU's students meet the institutional learning outcomes and professional competencies required by their program areas. Successful SMU graduates demonstrate commitment to the core values of health equity and care by having moved through the habits of the mind, hands, and heart, and by being transformed into life-long learners, as shown in Figure 8.3.

Figure 8.3: *The interrelated nature of the types of learning that foster lifelong transformative learning for successful SMU students.*
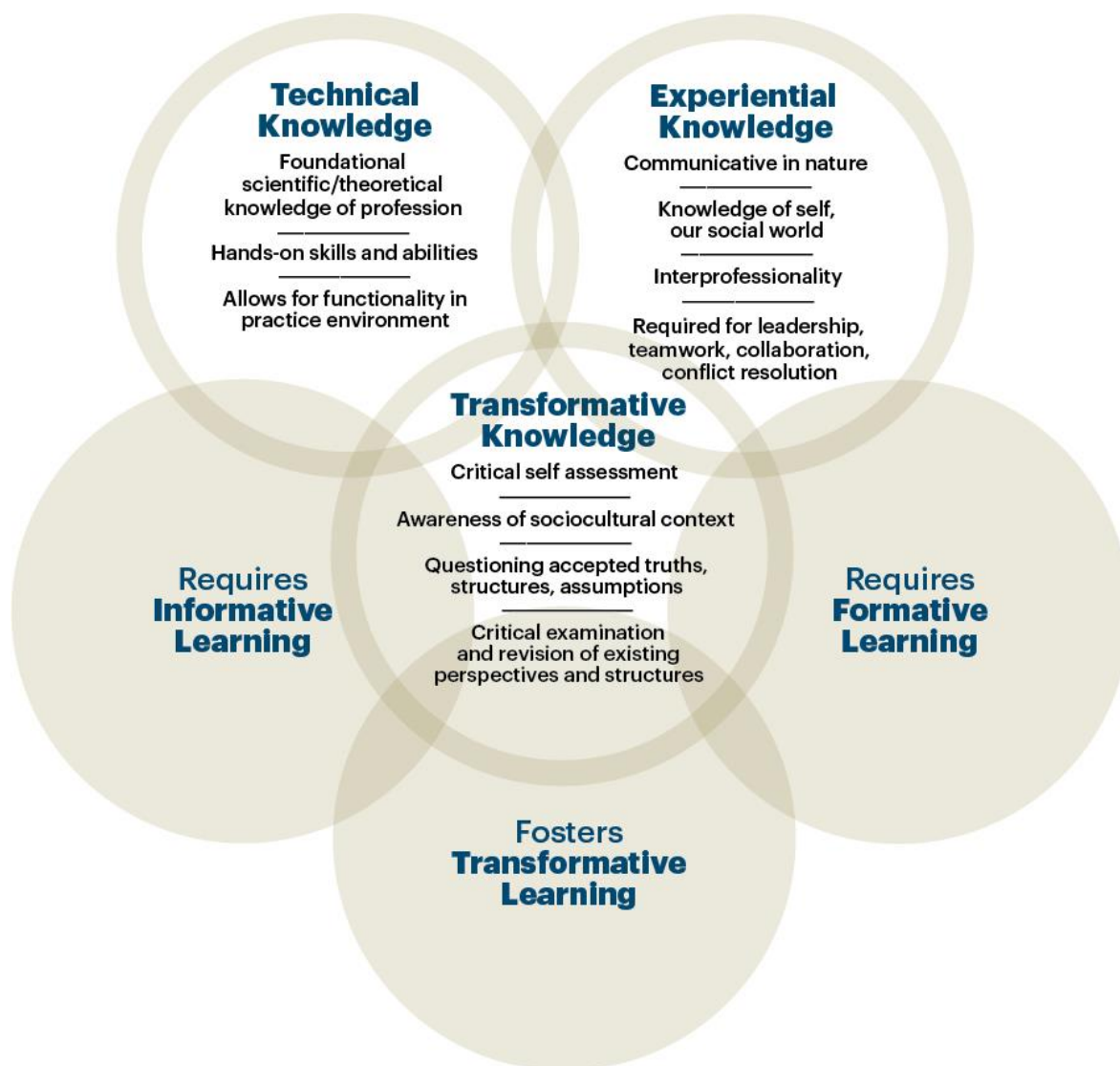
Success Measures

The university's revised framework for student success emphasizes how transformative learning experiences enhance the attributes and outcomes that enable graduates to "become highly-skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities." To support this framework that is embedded in the university mission, SMU has been developing the institution's capacity for consistent analysis of

evidence of student achievement of transformational learning, including technical, experiential, and transformative knowledge.

Each of the next four sections of Component 8 provides an analysis of evidence for student achievement of the institutional learning outcomes that are most germane to a given subordinate theme: 1) assessing student learning, 2) using co-curricular experiences to support student success, 3) engaging faculty in support of student success, and 4) using interprofessional practice and education in support of student success. The university has focused the analysis of evidence on the institutional learning outcomes that can be closely connected to that subtheme.

Subordinate Interrelated Theme 1: Assessing Student Learning (ILOs 1, 5, 8)

Part I of this section assesses student success using SMU's revised institutional learning outcomes; part II uses programs' programmatic accreditation self-studies; and part III uses professional readiness criteria.

ASSESSING STUDENT LEARNING THROUGH THE INSTITUTIONAL LEARNING OUTCOMES

The university has established eight institutional learning outcomes (ILOs) that are met through 1) degree program curricula, including clinical learning opportunities (course and program learning outcomes); 2) co-curricular learning opportunities; and 3) interprofessional practice and education (IPE) experiences. In addition, the university tracks seven professional readiness outcomes which include graduation and retention rates, first-time licensure/certification pass rates, participation in educationally purposeful co-curricular activities, and successful entry into the workforce. Formative assessment of the new ILOs is ongoing; a completed cycle for all student outcome data, for all programs, will be available in 2025-26. At this point in the continuous improvement cycle for the new ILOs, student achievement has been analyzed for three ILOs: ILO 1 (practice), ILO 5 (clinical reasoning), and ILO 8 (self-care).

ILO 1: Enter practice, enter residency education, or practice in the enhanced role for which they have been prepared.

SMU's TPR student success working group analyzed data about licensure pass rates from two SMU degree programs, and employer survey data for all of SMU's degree programs.

ILO 1 in the Bachelor of Science in Nursing (BSN) program

SMU's 2015 study of NCLEX scores (the National Council Licensure Examination, required for entry into practice) in the BSN cohorts revealed that SMU students averaged 10 percentage points below the national average at that time. Students who needed to retake the exam lost confidence, needed to pay additional tuition and living expenses, and experienced significant delays in entry to practice.

Table 8.1: *BSN First-time pass rates for the NCLEX: BSN students at SMU compared to national averages, past 5 years*

Program	2019		2018		2017		2016		2015	
	SMU	USA	SMU	USA	SMU	USA	SMU	USA	SMU	USA
Bachelor of Science in Nursing	91%	91%	91%	92%	88%	90%	85%	88%	83%	88%
Accelerated Bachelor of Science in Nursing	94%	91%	96%	92%	94%	90%	94%	88%	91%	88%
Entry Level Master of Science in Nursing	92%	91%	93%	92%	86%	90%	93%	88%	87%	88%

Test: NCLEX
Testing Authority: National Council of State Boards of Nursing

The university responded by using a deep analysis of data to create strategies to increase the BSN first-time pass rate from 83% (2015) to 91% (2019), which matches the national average. SMU's three key strategies to improve first-time NCLEX pass rates for SMU's BSN graduates were: 1) terminating admission agreements (feeder school contracts) with institutions whose graduates repeatedly failed to come to SMU academically prepared for the rigors of SMU's BSN program and professional practice; 2) hiring an NCLEX Success Coordinator to address poor

test-taking skills in conjunction with increased laboratory practice and adaptive quizzing assignments; 3) implementing predictive modeling, using GPAs and scores on nursing preparation exams, to identify incoming BSN students who will most benefit from a pre-matriculation "boot camp," which includes learning and testing strategies, self-care and accessing support services, and financial management. This program was piloted in the Accelerated BSN (ABSN) program in 2019 and will be available to BSN students in spring 2021.

Further changes resulting from this analysis of data relating to ILO #1 in the BSN program include offering multiple practice test and content reviews within courses and integrating simulation and debriefing experiences into clinical courses. Next steps include faculty development workshops through SMU's Center for Innovation and Excellence in Learning to enhance best practices in instructional and interpersonal communication, particularly with students with diverse backgrounds that are underrepresented in the health professions and for whom the academic and clinical environment can seem unwelcoming. (CFRs 2.4, 2.6, 2.10, 2.13, 4.1, 4.2, 4.3)

ILO 1 in the California School of Podiatric Medicine (CSPM)

An annual survey of all podiatric residency programs in the US assesses student readiness for professional practice through communication skills, clinical competence, professionalism, practice knowledge, system-based learning and patient care. CSPM results indicate that graduates' performance in the first four measured areas was either "more than adequate," or "adequate," requiring no remediation, as compared to a national average of 7.8% of graduates needing remediation on these measures. On the measure of patient care, 7.9% of SMU's podiatry graduates needed "minimal remediation," compared to the national average of 3.52% needing minimal remediation and 3.3% needing moderate remediation. On this same measure, 55.3% of CSPM

graduates were rated "more than adequate," as compared to the national average of 49.7%. (CFRs 2.4, 2.6, 2.10, 2.13, 4.1, 4.2, 4.3)

ILO 1 for All Degree Programs

SMU conducts an annual survey of graduates who graduated one and five years back, and of their employers. Graduates across all academic programs rated themselves "prepared" to "well-prepared" for entering clinical practice at the time of graduation. These data have been consistent over the years. Similarly, employers have rated SMU graduates "well above entry level" in clinical competence over the years. Employment rates in the profession within six months of graduation averaged 85-90% over the past four years, with almost all graduates being employed within 12 months of graduation. [Alumni & Employer Survey Results] (CFRs 2.6, 4.3)

This same survey data revealed that both graduates and employers rated preparation for practice slightly lower for graduates of the Master of Family Nurse Practitioner (FNP) program (3.2 on a 5-point scale, where 5 is highest and 1 is lowest). In response, the university has taken actions to improve the quality and number of clinical practice sites and qualified preceptors for the FNP program. This includes hiring a director for clinical placement of nurse practitioner students, who oversees a team of clinical coordinators working with clinical agencies to provide the required learning experiences for FNP students. The FNP program also increased the use of simulation-based learning because simulated patient encounters allow faculty to gauge students' readiness for clinical rotations. (CFRs 2.6, 2.10, 4.3)

ILO 5: Provide person-centered care using sound clinical reasoning informed by evidence from research and practice.

SMU's Doctor of Physical Therapy (DPT) and Certified Registered Nurse Anesthetist (CRNA) programs use simulation-based learning to assess students' use of sound clinical reasoning in providing person-centered care, because data show that simulation scenarios, which integrate immediate feedback, are an effective way to teach and assess concepts used in

encounters with patients. Both programs also use validated tools to enable preceptors to assess student learning during clinical rotations, and to align feedback from preceptors with SMU's ILOs. Finally, capstone projects and exams evaluate multiple aspects of students' ability to synthesize and use information from research and practice to inform patient care.

ILO 5: Using simulation-based assessments in the DPT and CRNA programs

In their final semester, DPT students undergo a comprehensive assessment where they must evaluate and treat a patient as they would in practice. Physical therapists, who are able to accurately simulate symptomatic movement conditions and adjust in real time to students' performance, play the role of patients. Viewing a video of the encounter, students engage in in-depth critical self-reflection, focused on all aspects of clinical reasoning from a person-centered approach, and debrief with faculty. The linked SMU DPT SP Aggregate Scores with Example illustrates the detailed feedback each student receives on their treatment of the simulated patient, along with an example of a student's extensive self-evaluation following the simulated encounter.

Similarly, CRNA students participate in Acute Crisis Resource Management simulations during the final year of clinical residency. Students test their clinical and cognitive skills in resource management and decision making during simulated perioperative crises using a nationally accepted method of inculcating patient safety considerations within a team context, TeamSTEPPS®. Simulation scenarios require participants to engage in appropriate interactions with team members, (acted by faculty and staff), during a perioperative crisis that emphasizes optimal patient outcomes. Participants rotate between different roles (primary anesthesia provider and backup anesthesia provider) to gain varied perspectives on communication and decision making. After each scenario, faculty lead an analysis of the video for adherence to best practices and student achievement of specific learning outcomes.

Using videos of simulations to assess student achievement has allowed both the DPT and the CRNA programs to document achievement of learning outcomes, refine course content to ensure that students have ample experience applying clinical concepts, and reinforce using up-to-date research in challenging clinical settings. Data from these simulations have also informed simulation scenarios developed by faculty and staff for interprofessional education and have supported the university's commitment to providing TeamSTEPPS® training to all entering students and faculty. (CFRs 2.4, 4.3)

ILO 5: Using validated tools for clinical preceptors' assessment of students in the DPT and CRNA programs

The DPT program uses the American Physical Therapy Association's Physical Therapist Clinical Performance Instrument (PT CPI), a standardized, validated assessment tool, to assess students' clinical performance in 18 dimensions, 12 of which are directly aligned with ILO #5. Data from the past 3 years show that DPT students have demonstrated entry-level performance on these relevant dimensions. The linked document DPT CPI Aggregate Scores Classes of 2017-19 shows the detailed rubric, and one student's capstone manuscript and presentation, with faculty comments. Aggregate mean scores for the classes of 2017-2019 are summarized at the start of the attachment, rising from 94% in fall 2017 to 96% in spring 2019. For CRNA students completing their final clinical rotation, SMU uses a summative evaluation form, which incorporates daily evaluations by a clinical preceptor, and enables a final assessment on all program objectives. Students demonstrate that they are able to plan, manage, and evaluate anesthetics for all categories of cases by applying advanced theoretical principles of practice. Because the CRNA program has ample evaluation and remediation processes in place throughout the program, students who reach this summative evaluation phase regularly meet all of the program learning outcomes. CFRs 2.4, 4.4

ILO 5: Using capstone projects and exams to evaluate students' synthesis and use of data and research in the DPT and CRNA programs

As part of their capstone project, DPT students work in pairs to evaluate their clinical reasoning during a previous clinical experience. In support of this final project, the DPT program has created a capstone series of courses threaded throughout the curriculum, resulting in students' greater sophistication in incorporating best evidence for clinical reasoning and decision making into these capstone projects. (CFRs 2.4, 4.3, 4.4)

The CRNA program's comprehensive oral exam focuses on the ability of the student, who is within months of program completion, to synthesize and integrate key patient data and evidence-based practice related to anesthesia management for complex cases involving pediatric, adult, and obstetric patients. After a ten-minute review of a previously unknown case, students are rigorously examined by a committee of faculty with deep clinical expertise. Since these oral comprehensive exams were instituted in 2002, the pass rate for first-time licensing exam takers has exceeded the national average every year, providing evidence of student achievement of SMU's ILO #1 as well as ILO #5. (CFRs 2.4, 4.3, 4.4)

ILO 8: Engage in self-care practices for personal health and wellness.

In response to overwhelming evidence of provider burnout, the healthcare professions are developing new standards for self-care and personal wellness. SMU has long provided co-curricular wellness activities for students. The Center for Innovation and Excellence in Learning (CIEL) has begun providing workshops to help faculty include wellness content and wellness activities in course curricula. For these workshops, the university is able to draw on two innovative SMU programs that have led the field in incorporating personal health and wellness into program design, starting with the RN to BSN program and the HRSA-funded Nursing Workforce Diversity initiative in the BSN program. 2019 survey data indicate that students and employees feel SMU supports health and well-being; out of 5

points with 5 being the highest satisfaction and 1 being the lowest, students agreed at 3.86, and

employees at 3.35.

ILO 8 in SMU's RN to BSN program

Using Jean Watson's concept of caring science[2], SMU's RN to BSN program supports

the development of professional agency for the practicing nurses who enroll in the program. For

example, the program begins with a Mindfulness-based Stress Reduction course to give

students an experiential grounding in the caring science framework. Evidence that this approach

has led to transformational learning includes student-created videos to demonstrate the

application of Mindfulness-based Stress Reduction to patient care, and excerpts from students'

reflective journals, such as this one demonstrating the development of what Watson calls a

"constructed voice," defined as one arising from the nurse's own experience, as opposed to one

that is externally imposed. This transformation in communication skills is one of the key RN to

BSN program outcomes, with 96% of students achieving the outcome.

> *"I communicate better and have found my voice when advocating for my patients, the
> health of my department, and my role in improving the quality of care. The RN to BSN
> program has created a clear vision of myself as a nurse leader."*

The linked RN to BSN Student Transformation Video also is an excellent demonstration of

student transformation undergirded by Watson's Caring Science concept.

Five SMU faculty members have also presented action research assessing student

learning in the RN to BSN program at SMU's annual spring research symposium. One

assessment found that in-class heart centering exercises resulted in decreased stress,

enhanced feelings of well-being, and enhanced learning community in class cohorts. (CFRs

2.10, 4.4, 4.7)

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[2] Watson, Jean, Nursing the Philosophy and Science of Caring, 1979, Boston: Little Brown, revised 2008

ILO 8 in the Nursing Workforce Diversity (NWD) Initiative

The NWD initiative, funded through two grants from the federal Health Resources and Services Administration, provides scholarships and support for students from underserved communities, including disadvantaged students and ethnic and racial minorities. All participants attend monthly group counseling sessions to refine communication and problem-solving skills for navigating diversity/ inclusion issues, and to learn movement practices such as yoga or Tai Chi, and reflective practices, such as meditation. Evidence of the effectiveness of the self-care and wellness components of the NWD program include [student testimonials](#) about the value of new skills gained in relaxation and stress reduction. Effective wellness and self-care practices validated by data from these two programs are being incorporated into additional programs at SMU as the university further develops an overall culture of wellness. (CFRs 4.3, 4.7)

ASSESSING STUDENT LEARNING THROUGH PROGRAMMATIC ACCREDITATION SELF-STUDIES

In addition to the ILOs, SMU also assesses student learning through an analytic crosswalk between program specific self-study findings and required WSCUC elements of program review. Further, each program analyzes the alignment of program strategic priorities with institutional strategic priorities, including innovative education, meaningful partnerships, diverse leadership, financial sustainability, and tuition affordability. The ultimate goal of this crosswalk is to determine if specialized accreditation findings that correspond to WSCUC requirements have yielded additional information critical to enhancing student success at Samuel Merritt University. (CFRs 2.7, 4.1, 4.3)

This narrative uses data gleaned from a comparative analysis of programmatic accreditation studies by the Doctor of Physical Therapy (DPT) and Doctor of Occupational Therapy (OTD) programs. Because their most recent programmatic accreditations occurred during the developmental phase of SMU's renewed student success model, a detailed

analysis of how well programmatic accreditation reviews provide data for the university's new framework and revised institutional learning outcomes has been possible. The DPT program received a 10-year accreditation, the longest duration possible for this program, and the OTD program received a 5-year accreditation, because it is offering a clinical doctorate for the first time. The formal processes for the internal program review, which takes place within six months of programmatic accreditation, are detailed in program review policies.

The analytic crosswalk using DPT and OTD programmatic accreditation found that both programs fulfilled all of the required WSCUC elements of program review, and that conducting internal program reviews using the Program Review Accreditation Self-study Articulation Reports (PRASAR) more tightly integrates specialized and regional accreditation requirements, and allows the university to focus on student learning outcomes, success metrics, and program alignment with institutional strategic priorities. (CFRs 2.7, 4.3, 4.4)

The following examples include these WSCUC program review criteria: 1) outcomes-based assessment of student learning and development; 2) continuous quality improvement processes that are evidenced-based to support decision making; 3) use of program review results to inform planning and budgeting. (CFRs 2.7, 4.1, 4.3, 3.4)

Outcomes Assessment of Student Learning and Development in the DPT and OTD Programs

Primary criteria for assessment of student learning includes clinical reasoning, student course performance, national exam scores, progression, retention and graduation data, completion of all course, program and institutional ILOs, and employment rate. Students from both programs score above the national average on licensing exams, and retention, progression and graduate data are well above 90 percent, as is employment within six months of graduation. PRASAR self-study documents provide comprehensive reports on the assessments used to measure learning outcomes in both the Occupational Therapy Program Review and the Physical Therapy Program Review.

Continuous Quality Improvement in the DPT and OTD Programs

The external reviewers for the OTD program commended faculty engagement in continuous improvement through research, as well as "well-trained evidence-based students who value a critical use of evidence in their practice." Both program accreditors specifically noted the high quality of instruction, including teaching technologies, immersive learning modalities, and effective use of the Health Sciences Simulation Center and Motion Analysis Research Laboratories.

Continuous improvement in the DPT curriculum includes a new required course for which community members come to campus and receive *pro bono* care from faculty and students and a DPT service project, which has resulted in regular wellness walks in Oakland area regional parks, through a partnership among SMU's Ethnic Health Institute, Alameda County, and Oakland's Roots Clinic. Also in the DPT program, a new simulation-based course is designed to sharpen clinical reasoning skills in more complicated care settings, a new clinical laboratory that can accommodate an increase in enrollment, and the program's commitment to holistic admissions processes has yielded higher numbers of underrepresented applicants qualified for admission. The DPT program is one of three at Samuel Merritt with current federal funding from HRSA's Scholarships for Disadvantaged Students (SDS) program, which has enabled the university to recruit more students from educationally, environmentally and economically disadvantaged backgrounds. (The other programs with SDS funding are Entry Level Family Nurse Practitioner and Physician Assistant.)

Planning and Budgeting in the DPT and OTD Programs

The programmatic accreditation review revealed insufficient staffing in the DPT program, leading the program to hire additional administrative support for general program operations. The university is using the academic master planning process to determine appropriate

numbers and qualifications of staff to support student learning and faculty teaching and research. (CFRs 3.1, 4.6, 4.7)

ASSESSING STUDENT LEARNING THROUGH PROFESSIONAL READINESS DATA FOR ALL SMU PROGRAMS

Student success and professional readiness across all programs at SMU are measured by a suite of seven robust indicators that allow trend analysis, including four indicators that are analyzed by race and ethnicity to measure success for students of color, some of whom are considered underrepresented minorities in health care professions. SMU also tracks and analyzes examples of student work and data from student and alumni surveys, including self-reported outcome achievement, satisfaction with the academic experience, university climate, how well their program is preparing them for their profession, and narrative comments. Most of these student success data are publicly available on SMU's website. (CFRs 1.2, 2.6, 2.7, 2.10, 2.13, 4.2)

Indicator 1: Licensure Pass Rate (Professional Readiness)

SMU's first-time pass rates have historically been high, in most instances meeting or exceeding national first-time pass rates in the discipline. As described earlier, the BSN pass rate was an outlier in this regard and was raised, through focused interventions, from 83% in 2015 to 91% in 2019. The university is now seeing intermittent lower-than-national pass rates for the APMLE exam in the Doctor of Podiatric Medicine program and is planning similar interventions to address the issue.

When first-time licensure pass rates in the pre-licensure nursing programs (BSN and accelerated BSN) are analyzed by race and ethnicity, data indicate that African American/ Black students have a lower first-time pass rate than other students. Between 2015 and 2019, the first-time pass rate was 93% for White students in the BSN programs, and 96% in the ABSN program, while the average for Black/ African American students was 84% in the BSN program

and 86% in the ABSN program. For Hispanic/Latinx students, the first-time pass rate was 89% for BSN and 94% for ABSN (SMU BSN and ABSN NCLEX Data, Component 8). During 2018 and 2019, the Office of Diversity and Inclusion, Student Affairs, the NCLEX Coordinator, and academic departments focused on improving underrepresented minority student success in licensing examinations via several programs and initiatives, including the Nursing Workforce Diversity initiative described in the section on ILO #8. Initial results indicate that Black students are performing better than earlier years in their NCLEX exams:

First-time NCLEX Pass Rates (ABSN, BSN and ELMSN programs)

	2015 exam year		2016 exam year		2017 exam year		2018 exam year		2019 exam year	
	Failed	Pass	Failed	Pass	Failed	Pass	Failed	Pass	Failed	Pass
Black/African American	28%	72%	14%	86%	30%	70%	12%	88%	10%	90%
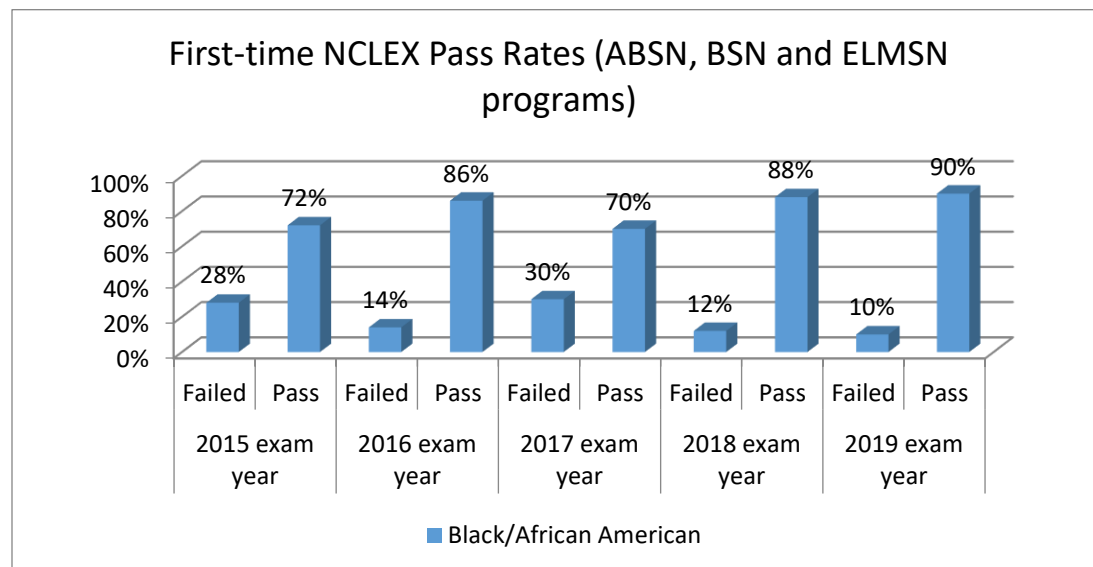
SMU will continue to monitor this trend to close the gap. (CFRs 2.10, 2.11, 2.13, 4.3)

Indicator 2: Employment in Specialty (Professional Readiness)

Ninety-five percent of graduates are employed in their profession within one year of graduation from SMU. Six-month employment rates vary by program, influenced by market-driven employment conditions and licensure exam schedules. BSN and ABSN graduates take longer to find employment in the Bay Area than other programs, reflecting a persistently tight labor market for nurses in the San Francisco Bay Area. Feedback from student and alumni surveys for the two programs have prompted

increased career support services at SMU, resulting in a 10% increase in satisfaction on the most recent student climate survey. On the employer side, almost 86% of the surveyed employers of SMU graduates indicate that they often or always prefer SMU graduates to other candidates in their hiring process. In addition, 89% of employers rate SMU graduates as very good or excellent in comparison to other professionals in the specialty employed in their organization. (CFR 2.6)

Indicator 3: Retention (Student Success)

For the past five years, over 95% of all SMU students have been retained the first year. The DNP and Family Nurse Practitioner Online programs have a lower first-year retention average of 88% to 90%, which may be attributed to usual attrition in online programs. The five-year average first-year retention rate for students of color (94%) is below that of White students (96%); while these retention rates are still remarkably high and lead to high overall on-time graduate rates (97%). Samuel Merritt has taken these disparities seriously and has developed an evidence-informed predictive model to understand the factors that contribute to lower retention among students of color. The university has also implemented a comprehensive student success initiative that includes mentoring, learning support, coaching, student support groups, early warning systems, financial aid counseling, emergency scholarship funds, and faculty development to help students of color and those from educationally, environmentally, or economically disadvantaged backgrounds succeed in their programs. Because the ABSN and BSN programs have 67% students of color and relatively lower first-year retention rates (96% students of color compared to 98% for White students), expanded support efforts began in those programs. (CFRs 1.4, 2.10, 2.11, 2.13)

Indicator 4: Graduation (Student Success)

The five-year average on-time graduation rates for SMU students is 92%; 97% graduate within 150% of program length. All programs except the online Doctor of Nursing Practice and

online Master Family Nurse Practitioner programs have similarly high on-time graduation rates. Attrition and on-time graduation in these online programs are higher than in other SMU programs due to voluntary withdrawals and leaves of absence, primarily for personal reasons. The five-year average on-time graduation rate in all programs for African American/ Black students is 87% and the 150% graduation rate is 95%. These slightly lower rates parallel the first-year retention data discussed above. The university has responded by establishing as the primary metric for success for these programs an improvement in the on-time graduation rate among all students of color, and for those who are from environmentally, economically, or educationally disadvantaged backgrounds. The disparity in on-time graduation rates is a high priority for the university, which has a plan to expand the initiatives that began with the BSN and ABSN programs to all at-risk students over the next two-years. (CFRs 2.6, 2.10, 2.11, 2.13)

Indicator 5: Grade Point Average (GPA) (Student Success)

An average of 84% of SMU students across all programs maintain a program GPA of 3.0. The average graduating GPA for students across all programs is 3.67. Students of color graduate with an average GPA of 3.69 compared to White students who graduate with a 3.71 average GPA, a statistically insignificant difference.

Predictive analytics using data from the survey of entering students indicate that the science GPA, student resilience and motivation, and educational background are all significant contributors to the student maintaining 3.0 program GPA at SMU. Probability equations from these predictive models allow early identification of students at risk of failing and support early referral for focused academic services support from Student Affairs and at the program or department level. (CFRs 2.13, 4.2, 4.3)

Indicator 6: Participation in educationally purposeful community service and co-curricular learning activities (Student Success)

Educationally purposeful [community service and co-curricular learning activities](#) align with the university's mission statement and institutional learning outcomes and are described in the co-curricular learning section of this narrative. The university is in the process of determining how best to assess the extent an individual co-curricular activity contributes to student achievement of an ILO. SMU has begun to monitor co-curricular participation through *SMU Pulse*, the university's student engagement platform, which, in fall of 2019, was already being used by 95% of students. *SMU Pulse* records participation in student organizations and clubs, such as the Students of Color Collective, International Health Club, and the Community Service Honor Society, as well as co-curricular learning events and workshops. Recent workshops have included career development, mental and physical self-care, learning strategies, societal issues of health disparities and health access for people of color, the trans community, and people with physical disabilities. Recent events include Hypertension Sunday, the Oakland Chinatown StreetFest, and public health education events. During academic year 2019-2020, 1,921 students (74% of enrolled students) had participated in at least one educationally purposeful learning event as indicated by *SMU Pulse* data. (CFRs 2.11, 2.13)

Indicator 7: Achievement of course, program and institutional learning outcomes (Student Success and Student Readiness)

Professional competencies are measured by direct evidence of student achievement of course learning outcomes, which includes both assignments and assessments, and by on-time graduation and licensure pass rates. Indirect evidence is generated by post-employment ratings by graduates and their employers, both of which show a steady enhancement in competency levels for the ILOs, progressing from one to five years post-graduation.

Beginning in 2019 SMU began identifying key assignments for each course in order to accumulate examples of student learning at the course level. Both data and artifacts can now be

assessed with standardized rubrics to generate evidence useful to faculty in making curricular change decisions. New interactive curricular maps using data visualizations have also been implemented in the past year, which show curricular alignments at various micro and macro levels, both within and across programs. These maps include the alignment and interactions of learning outcomes at the course, program, and institutional level, along with programmatic accreditation standards, for all academic programs. The Institutional Effectiveness Center in SMU's Canvas learning-management system site contains curricular maps, key assignments, assessment plans, teaching and learning assessment reports, and actual evidence of student learning. (CFRs 4.1, 4.2)

Subordinate Interrelated Theme 2: Using Co-Curricular Learning to Support Student Success (ILOs 2, 4, 6, 8)

Students enroll at Samuel Merritt University not only for the quality of the program in their chosen discipline, but also because of the university's mission, values, and its commitment to meeting the health needs of our communities through equitable and just health practices. At SMU, students have the opportunity to deepen the learning that occurs within academic programs through co-curricular activities, where students come together with faculty and staff to learn from one another on all of the campuses and in the surrounding communities. Core values of trust, respect, and integrity drive this co-curricular work as the university promotes inclusion and social justice in active partnership with students, faculty, staff, and community. (CFR 2.11)

Through close collaboration among divisions and departments, the faculty and staff have intentionally aligned co-curricular learning activities with the university's institutional learning outcomes. This work, in turn, both builds on and reinforces a revised model for student orientation that the university first developed in 2016, when the university began using an interprofessional learning experience to introduce students to the three habits central to professional practice: habits of mind, hands, and heart. Co-

curricular activities provide opportunities for growth in the areas that will come into play when students become healthcare practitioners: opportunities for developing the underlying theoretical and experiential knowledge required for practice (habits of the mind), for applying theory and knowledge in practice (habits of the hand), and for service to society and leadership as members of the professions (habits of the heart). (CFRs 2.3, 2.5, 2.11, 2.13, 4.3, 4.4)

Co-curricular activities are aligned with the relevant ILOs. For example, HEALS training, implicit bias training, and the Community Reads program all align with the core concepts in ILO #2(ethics, professionalism), ILO #4 (structural and social determinants of health), and ILO #6 (leadership and advocacy). The university offers co-curricular experiences on all campuses, and broadcasts between campuses or records events for future viewing, because these efforts are integral to the university's creation of an equitable learning experience. Students document their participation in co-curricular experiences (and fulfillment of the linked ILOs) through *SMU Pulse*. Student Affairs staff members have also created ILO certificates, which students can use in their portfolios to establish their qualifications earned beyond the classroom. (CFRs 2.3, 2.11, 2.13)

The university has developed indirect assessment tools that provide data about how co-curricular experiences contribute to students' success and their development as professionals. Data from the past three academic years indicate that over 94% of students felt that the programming contributed to their success as a student, development as professionals and helped them achieve the addressed ILOs.

Evaluation of SMU's Co-curricular Programming Experiences (% of students indicating "yes")	2017-2018	2018-2019	2019-2020
Co-curricular programming met expected ILOs	100%	99%	99%
Co-curricular programming contributed to my success as a student	99%	99%	97%
Co-curricular programming contributed to my development as a professional	100%	99%	94%

Source: Co-curricular programming evaluation via *SMU Pulse*

There is further potential to develop direct student learning measures across all co-curricular activities. Groundwork already in place includes the initial mapping of co-curricular outcomes to institutional outcomes, and the incoming VP of Student Affairs will have an opportunity to lead the strategic development of these indicators.

These data demonstrated that students found value in these experiences in a global sense. The university is in the process of collecting more direct data to analyze how specific elements of co-curricular activities help students achieve the institutional learning outcomes. Similarly, the university will create specific links between co-curricular experiences and the habits of mind, hands, and heart that inform SMU's framework for student success. Both of these processes will be supported by the Center for Community Engagement, which will collect data about how SMU initiatives are designed in partnership with the communities being served by students at all of SMU's campuses, and how they meet demonstrated community needs (addressing many ILOs and the habits of heart, mind, and hand). (CFRs 2.11, 2.13, 4.1)

Subordinate Interrelated Theme 3: Engaging Faculty in Support of Student Success

Faculty engagement is the critical component in the university's creation of a rich, stimulating learning environment where constructive relationships among learners and educators lead to mutual trust and respect, and foster in learners a willingness to learn, develop, and transform. In such a learning environment, students engage with learning activities designed by faculty (including clinical staff) to promote all levels of learning, including mastery of the technical, experiential, and transformative knowledge required for success in professional practice. These kinds of learning intentionally lead students to question previously held views about themselves and the world around them, and so create conditions from which transformative learning emerges.

Success in the health professions requires complex critical thinking and reflection on assumptions, along with teamwork, clinical reasoning, and the ability to integrate situational context into practice decisions. As students develop and apply these skills in the context of

practice, they undergo significant transformation as individuals, and develop as potential leaders. SMU's pedagogical culture promotes active student learning through discovery and critical self-reflection, in collaboration with both peers and faculty. (CFR 2.5)

SMU has prioritized developing faculty as educators in multiple dimensions: curriculum and course design (with the support of SMU's Academic and Instructional Innovation team), the use of technology (Canvas best practices, the Apple collaboration for iCIEL, Teaching with Technology grants), scholarship (internal grants, the annual spring scholarship symposium, research support through Hanover Research), and workshops and collaborations through SMU's Center for Innovation and Excellence in Learning (CIEL). The university also helps faculty structure courses that include explicit links between course content and learning assessments, so that appropriate and innovative pedagogical strategies are clearly connected to students' learning. (CFR 2.8)

Faculty members must also engage in transformative learning themselves, which involves a re-conceptualization of their roles and responsibilities. For the university's predominantly White faculty, this re-conceptualization often includes learning new skills for effective and inclusive communication with the increasingly diverse student body and communities the university serves. The university places high value on faculty's continuous and critical self-reflection, and development of themselves as effective educators. This faculty development, in turn, supports students' success in becoming healthcare professionals who develop habits of thinking, skilled practice, and professional responsibility that enable them to make a lasting impact on the well-being of society. (CFR 3.3)

Center for Innovation & Excellence in Learning (CIEL)

In 2016, SMU launched a strategic initiative to establish the Center for Innovation & Excellence in Learning (CIEL), to serve as a physical and virtual space from which to coordinate and expand faculty and staff development work. CIEL's mission is to educate educators and develop them as scholars who can inspire students to be outstanding clinicians, collaborative

members of the healthcare team, creative thinkers and lifelong learners. In fall 2018, a faculty and staff group worked to bring the CIEL concept to fruition, beginning to build the CIEL culture of collaboration. The university funded the build-out of a physical space on SMU's Oakland campus to house CIEL's staff and provide a gathering space for educators to collaborate and learn, with faculty and staff from remote campuses joining in through a web-based virtual space. (CFRs, 2.8, 2.9)

An example of CIEL's work is the iCIEL collaboration with Apple Education, a professional development program focused on the integration of traditional and innovative teaching practices using digital applications on mobile operating systems. As of 2020, master trainers and a core team of iCIEL champions have been trained, and a curriculum planning committee formed to lead the implementation of digital mobile applications in classrooms, simulation centers, labs, and clinical settings. Master trainers provided an iCIEL summer institute for SMU faculty in the summer of 2019. The first active learning classroom was unveiled at the Oakland campus in September 2019, including flexible design and moveable furniture, along with user-friendly technology. The full rollout of this initiative projects a fully connected campus by 2024, at which time all academic programs will incorporate mobile teaching strategies and technology and will track outcome measures for improvement. Also, by 2024, CIEL is projected to be offering to other institutions training in best practices in the use of mobile digital technology for learning. Metrics include improvement in student engagement and performance, improved faculty evaluations, and higher numbers of emerging pedagogies used by faculty. (CFRs 2.3, 2.8, 2.9, 3.3, 3.5, 4.4, 4.7)

Ongoing assessment of SMU's faculty development programs is based on a rubric developed by the American Council on Education, "A Center for Teaching and Learning Matrix"

(Brown et al, 2018)[3]. Two items on the 17-item rubric explicitly relate to assessing the transformative learning mindsets of faculty, which is a high priority for SMU's framework for student success (the subdomains of *Content* and *Approach* under the Programs and Services domain). The Director of CIEL completed the first formal assessment of CIEL using this rubric in July 2020. Fourteen of the 17 items (82%) indicate a *proficient/functioning* level including the aforementioned items aligned with transformative learning. A notable item in which CIEL meets criteria for *accomplished/exemplary* is the subdomain of Collaborations under the Organizational Structure domain. (CFR 3.3)

Opportunities to Link Teaching and Scholarship

The university's annual spring scholarship symposium is a forum for scholarly work focused on improvement of teaching and learning practices. Since 2013, the university's Improving Teaching with Technology grant initiative has awarded small grants ($500) to faculty participants who propose a new teaching and learning project for their course, implement it, gather data to assess the impact of the change, and then present their outcomes during the spring symposium. More than 150 presentations have covered such topics as the use of simulation, instructional videos, classroom response systems, student peer review, and mindfulness techniques. These presentations have, in turn, prompted faculty to reflect critically on their own and each other's teaching practice, and to engage in learning with and from their peers, all of which in turn fosters students' transformative learning. (CFRs 3.3, 4.4)

Curricular Assessment Mapping and Canvas Best Practices-Instructional Design

Responding to a need expressed by SMU faculty for help designing learning experiences that explicitly link to program learning outcomes, the university created an educational campaign to integrate curricular mapping at the assignment, course, and program

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[3] Brown, Eli-Collins, Haras, Catherine, Hurney, Carol, Iuzzini, Jonathan, Magruder, Emily, Sorcinelli, Mary, Taylor, Steven, Wright, Mary. (2018). *A Center for Teaching and Learning Matrix.* American Council on Education. Retrieved from: https://podnetwork.org/content/uploads/ACE-POD-Teaching-Center-Matrix-2018.pdf

levels. By 2015 all full-time faculty were trained in how to align their assignments with course learning outcomes using SMU's Canvas learning management system. As faculty engaged in this process, many modified their assignments to link them more closely to specific learning outcomes or eliminated redundant assignments to streamline the curriculum. Aligning assignments more closely with learning outcomes has already improved the curriculum. Periodic curricular reviews performed by program faculty have resulted in redoing PLOs, improving PLO linkages to the both CLOs and ILOs, as well as identifying key assignments within each course explicitly linked to one or more PLOs. This increased sophistication in our approach to outcome and assignment alignment demonstrates curricular improvements in that it allows identification of signature "capstone" assignments that can serve as evidence of student attainment of critical PLOs. Additionally, it makes possible the generation of data subsets that can be evaluated via standardized rubrics, thus providing concrete evidence for curricular change decisions. The Curricular Alignment and Assessment Activity Review Fall 2019 describes these processes and archives evidence from existing improvement efforts. It has also provided useful data for programmatic accreditations and internal program reviews. As of fall 2019, there are over 10,000 assignments in Canvas aligned with course learning outcomes. (CFRs 2.9, 3.3, 4.1, 4.4)

A parallel Canvas best practice initiative was designed to standardize where students could find information within each Canvas course. Academic and Instructional Innovation staff conducted a study to investigate the impact of this best practice initiative. They discovered that 92% of the School of Nursing's pre-licensure faculty found the reorganization of online information and course materials valuable. Student course evaluation ratings about course organization also improved. (CFRs 2.9, 3.2 3.3, 4.1)

Professional Enrichment Day

Professional Enrichment Day for faculty and staff has been focused on diversity and inclusion topics for the past four years, allowing educators the opportunity for critical self-

reflection and transformative learning around the promotion of diversity and an inclusive campus culture. Participation has been growing steadily across the past 4 years:

Academic Year (year of PED)	# of participants	Notes
2016-17 (2016)	86	• Event was still called Faculty Preview Day, but this was the year that OAA (FDC) and the ODI partnered for the event. Dr. Howard Pinderhughes (UCSF) was the keynote speaker. • Note FDC and A&II have traditionally collaborated for afternoon workshops and this has continued.
2017-18 (2017)	106	• First year the event was entitled Professional Enrichment Day (PED). Some academic staff were invited. FDC/ODI/A&II collaboration. • Erica Monasterio, MN, FNP-BC and Teresa Scherzer, PhD, MSW were the keynote presenters. Erica and Teresa trained the SMU HEALS master trainer group.
2018-19 (2018)	152	• This is the first year that all staff were invited to attend • Dr. Camara Jones, MD, MPH, PhD was our keynote, who presented in structural determinants of health and allegories on race and racism.
2019-20 (2019)	171	• Fourth year of collaboration between FDC and ODI and A&II • Second year that the event invitation was inclusive of all faculty and all staff; students were invited to attend virtually • Keynote speaker: Haben Girma

Invited speakers and topics have included Dr. Howard Pinderhughes from UCSF, who spoke on "Structural Competency and Implicit Bias" and the creation of an institutional plan (2016), University of California San Francisco H*E*A*L*S trainers in 2017, Dr. Camara Jones from Morehouse who spoke on "Structural Determinants of Health and Allegories on Race and Racism (2018), and Haben Girma, J.D. who spoke on creating accessible spaces in 2019. (CFRs 1.4, 3.3)

HEALS Model Training Initiative

At the 2017 Professional Enrichment Day event, Dr. Erica Monasterio and Dr. Teresa Scherzer presented a communication model designed to provide faculty and students with tools to address instances of implicit bias and microaggressions when they arise in the academic environment. Their H*E*A*L*S* model (Halt, Engage, Allow, Learn, and Synthesize), was developed and implemented successfully at the University of California San Francisco. Following the initial event, a subset of SMU educators completed a two-session course to train

"Master HEALer" members of the community to sustain implementation of H*E*A*L*S protocols in classroom and clinical settings. A 2019 Qualtrics survey of SMU faculty and staff community was conducted by the Office of Diversity and Inclusion to assess current levels of community engagement with the H*E*A*L*S model, two years after its introduction. Significantly, over 70% of survey respondents reported that the H*E*A*L*S training changed their perspectives on how they communicate with students or how they teach material, suggesting these faculty have achieved transformative learning. (CFRs 1.4, 3.3)

Faculty Peer Review

In response to faculty requests for a metric to be used in reviews of teaching performance in addition to student course evaluations, the university established a rubric, forms, and process for faculty peer reviews at the conclusion of the faculty member's first year at SMU and then every 3-5 years. To date, faculty in the Physical Therapy and Basic Sciences programs have the highest participation in the peer-review process. The university is currently investigating barriers to faculty participation such as the time required to complete the process, and a lack of integration into the online performance review system, to improve faculty compliance. (CFRs 2.9, 3.2)

Ongoing Faculty Development Work

Student success as defined by SMU's new framework is predicated on the transformative learning experience that faculty members must undergo in order to develop as educators. As faculty gain experience of how best to foster students' development of technical, experiential, and transformative knowledge, both teaching and learning assessment will improve. In particular, as CIEL continues its work to develop faculty in ways that improve faculty practice as educators, the university expects to see a shared understanding among faculty, students and staff of the important connections between the quality of learning experiences and student success. (CFR 2.8, 3.3)

Subordinate Interrelated Theme 4: Using Interprofessional Practice and Education to Support Student Success (ILOS 1, 2, 3, 6)

Interprofessional collaborative practice is essential to "safe, high quality, accessible patient-centered care" (IPEC 2011). As a health sciences university, SMU is most experienced in promoting effective collaborative practice through the delivery of interprofessional practice and education (IPE) which "occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, Framework for Action on Interprofessional Education, "Key Messages," 2010). Early recognition of the importance of IPE prompted the appointment of SMU's first assistant academic vice president (AAVP) in 2012 to lead IPE efforts across the university. With the additional support of a strategic IPE Steering Committee and a corps of faculty qualified to facilitate IPE activities, the university has begun offering several robust interprofessional learning opportunities to all students at SMU, including:

➢ An ongoing, university-wide initiative launched in 2013 to train all faculty, staff and students on the Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) from the U.S. Agency for Healthcare Research and Quality (AHRQ) and Department of Defense (DOD).

➢ A 2-unit, elective course on interprofessional team practice for error management co-developed and facilitated by faculty from SMU and the UC Berkeley-UCSF Joint Medical Program. The course has grown into a collaboration of four universities and students from nine professions.

➢ Simulation-enhanced IPE sessions incorporated as required activities into existing SMU courses in four academic programs (ELMS-Nursing, Occupational Therapy, Physician Assistant, and Physical Therapy). In these sessions, interprofessional student teams work together to address issues related to communication and patient safety. Recently these IPE sessions have involved six universities and six different professions.

Interprofessional Student Hotspotting Program

The [Interprofessional Student Hotspotting](#) program is sponsored by the Camden Coalition of Healthcare Providers. SMU was selected in 2017 as one of four national Hotspotting Hubs to support 16 interprofessional student teams from across the West Coast. During this 6-month program, teams of six students from different professions learn the importance of interprofessional collaboration and gain real-life exposure to patient-centered care for individuals with complex health and social needs. In fall 2019, this experience was formalized into a 2-unit elective course. Numerous [student teams](#) from SMU and from other schools already have benefited from the program.

Interprofessional Passport

In 2016, the university decided to expand IPE offerings and integrate them into graduation requirements. To meet the scheduling challenges the institution's five academic programs from four campuses created an "[IPE Passport](#)," that is an online tool that enables students to view and sign-up for approved IPE experiences, track their progress toward meeting IPE requirements, submit assignments, evaluation forms, and reflections. An IPE taskforce established both process and content standards for IPE Passport experiences. These experiences must address collaboration with members of other professions to improve health outcomes, must be mapped to one or more IPEC competencies for interprofessional collaborative practice (which correspond to SMU's framework for the habits of mind and heart), and must also contribute to the accomplishment of one or more of SMU's institutional learning outcomes. Since inception of this requirement, all students who graduated from SMU have achieved this IPE Passport experience and met this requirement.

Interprofessional Education Curriculum and SMU's ILOs

For nurturing students' habits of the mind, the IPE curriculum provides knowledge, reasoning, and evidence that enables effective thinking around teamwork, communication,

and complementary roles and responsibilities. For students' habits of the hand, the IPE

curriculum provides opportunities to apply this evidence, reasoning, and skill in the context

of interprofessional collaboration. For students' habits of the heart, the IPE curriculum fosters

the values and ethics that support an inclusive, respectful, and collaborative approach to

improving the health of individuals, society, and vulnerable populations. The IPE curriculum also

allows students to demonstrate achievement of institutional learning outcomes relating to

service to society (ILO 2), professional readiness (ILO 1), collaborating effectively as members

of interprofessional teams (ILO 3), and advocating to improve health and healthcare, especially

for structurally vulnerable populations (ILO 6). (CFRs 2.3, 2.4, 2.5, 2.11)

Assessing the IPE curriculum

The university is developing a plan for assessing the impact of IPE experiences using

validated tools such as the Interprofessional Attitudes Scale (IPAS),[4] and the Interprofessional

Collaboration Competency Attainment Survey Revised (ICCAS).[5] Using a retrospective pre-post

approach, participants will complete the ICCAS after completing the IPE passport, rating their

abilities twice: once as they recall them prior to training, and again after that training is

completed. The results will allow IPE programs to evaluate the effectiveness of interventions.

(CFR 4.1, 4.3)

SMU is piloting the entire passport system with members of the SMU faculty in spring

2020. When the IPE passport is sufficiently populated with experiences, each student at SMU

will be required to complete the experiences in each of the three levels. An IPE steering

committee of students and faculty from each academic program will review data annually to

assess the effectiveness of the IPE passport model in supporting the achievement of our

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[4] IPAS is designed to assess attitudes that relate to the Core Competencies for Interprofessional Collaborative Practice, and consists of 27 items in 5 sub-scales called "Teamwork, Roles, and Responsibilities", "Patient-Centeredness", "Interprofessional Biases", "Diversity & Ethics", and "Community-Centeredness".
[5] The ICCAS is a 20-item, self-report tool that measures participants' skills in communication, collaboration, roles and responsibilities, collaborative patient-family-centered approach, conflict management/resolution, and team functioning.

students. Findings will be used for iterative improvement of the IPE passport, and will be

submitted to the SMU assessment committee to inform the university's overall evaluation of its

efficacy of supporting student success through transformative learning. (CFRs 4.1, 4.4, 4.5)

Building on the habits of the mind, heart and hands that students bring with them to Samuel Merritt University

As holistic admission review processes are adopted throughout the university,

those processes both enable and are reinforced by attention to an applicant's capacity to

engage in analytic reasoning (mind), moral growth and socially sensitive learning (heart),

and clinical reasoning and skills (hand). Similarly, the realms of these three habits

provide an organizing framework for holistic student services for Samuel Merritt's

increasingly diverse student body, including wellness activities, psychosocial counseling,

and the team approach of SMU Cares, which can address multiple stressors at once

(food insecurity, housing insecurity, academic or social support needs, and emergency

funds). Continuing work includes using data to establish early warning protocols, training

faculty and staff in conflict resolution and awareness of implicit bias, and prioritizing

faculty of color for new hires.

New co-curricular opportunities, which are linked to specific course, program,

and institutional learning outcomes, are intended to support the development of the three

habits in students. Continuing work will determine the best metrics for evaluating the role

of co-curricular programming in fostering students' habits of heart, hand, and mind.

Aligning course, program, and institutional learning outcomes to foster transformative learning

Simulation-based learning opportunities in SMU's Health Science Simulation Center and

Motion Analysis Research Center are integrated into coursework to provide the new

perspectives and challenges that lead to transformative learning. Simulations, which combine

hands-on practice with debriefing and self-analysis through video, further allow students to integrate the three habits into practice.

A new curriculum for interprofessional education (IPE) provides students with opportunities to practice functioning in complex, high-intensity, collaborative and rapidly-changing domains of health care professions. IPE offerings are aligned with institutional learning outcomes, particularly those relating to professional readiness and service to community.

Faculty and staff are increasing their instructional skills for engagement, active learning, using technology, encouraging reflection, and guiding student discussions involving difficult or controversial subjects. This faculty development work is centralized at the Center for Innovation and Excellence in Learning, guided by a professional staff of instructional designers and assessment experts.

Student Success Measures

Foundational work in preparation for the Thematic Pathway Review included revising the institutional assessment paradigm to encompass all measures of student success. A new Director of Institutional Effectiveness will facilitate institutional assessment activities in tandem with the Assessment Council, members of which represent all segments of the university community.

Systems to facilitate consistency among all course, program, and institutional learning outcomes have been in place for the last decade and were recently updated with new ILOs. Ongoing work includes consolidating all evidence of learning outcomes into the new Institutional Assessment Canvas course to facilitate continuous analysis of the alignment of learning outcomes at all levels, and of their effectiveness for supporting student success as defined by SMU's new framework.

The university has adopted a systematic program review process (PRASAR) which provides a data-based crosswalk between programmatic and regional accreditation reviews.

This crosswalk further enhances the institution's ability to analyze performance on student success metrics.

In pursuit of the institution's ambitious framework for student success through transformative learning, SMU is building on robust applicant pools of highly-qualified applicants, enviable financial health, growing enrollments, extraordinarily high retention and graduation rates, exceptional student performance on credentialing exams, and state-of-the-art learning environments that encourage student creativity, professional development, and acquisition of technical skills.

Component 9: Summary, Reflection and Plans for Improvement

Summary of Thematic Pathway Outcomes

Samuel Merritt University has developed a theoretically grounded framework for student success that takes into account the specific requirements of health professions education, and that prioritizes the key attributes future healthcare professionals will need to fulfill SMU's mission of positively transforming the experience of care in diverse communities.

The expected outcome, in SMU's TPR proposal, for the primary theme of student success was a refreshed model of student success reflecting the healthcare profession's and SMU's greater emphasis on IPE, addressing health inequities, and provider self-care, along with greater institutional knowledge of how well SMU prepares students for practice in today's healthcare environment. SMU has provided evidence it has met this outcome under Standards 1, 2, 3 and 4.

The expected outcome for the subordinate theme of the assessment of student learning was to strengthen SMU's capacity for deeper and more meaningful analysis of student learning and preparation for practice. SMU has provided evidence it has met this outcome under Standards 1, 2 and 4.

The expected outcome for the subordinate theme of co-curricular contributions to student learning was a clear model and outcome measures for assessing how co-curricular experiences contribute to student success, with particular attention to their effect on creating an inclusive learning environment. SMU has provided evidence it has met this outcome under Standards 1, 2 and 4.

The expected outcome for the subordinate theme of faculty engagement in student success was to grow a SMU-hosted international community of practice for educators whose members are inspired to support each other to be master teachers, learners and scholars and who have the knowledge and skills to educate students to address health inequities as healthcare providers. SMU has provided evidence it has met this outcome under Standard 3.

The expected outcome for the subordinate theme of interprofessional education was to launch and assess the IPE Passport program to support an inclusive, respectful and collaborative approach to improve the health of individuals and populations, as well as reduce health disparities. SMU has provided evidence it has met this outcome under Standards 2 & 4.

Reflection on the Thematic Pathway and a Vision for Future Growth

Samuel Merritt University is a community that is committed to student success and our experience with developing the thematic pathway for this review amply demonstrated that commitment as members from across the organization dedicated themselves to various parts of the project. The enthusiasm for looking beyond the obvious measures of retention and graduation rates was apparent, as was the recognition of the changing nature of healthcare education demands and the varied environments in which healthcare will be delivered in the future.

SMU's vision is to become a nationally recognized premier, multi-specialty health sciences institution. To help achieve this vision, the University has set a number of strategic priorities including: delivering innovative education; developing meaningful partnerships; assuring financial sustainability; and recruiting and retaining diverse leadership, faculty, staff, and students. A critical aspect of meeting this vision and these strategic priorities is growth and expansion of the academic programs offered by SMU.

The Academic Master Plan will guide the University's strategic expansion of innovative academic programs to meet the future needs of the healthcare industry and the people it serves in diverse communities. Building on the University's solid reputation for immersive learning, simulation, collaborative research, and inter-professional education, the University has set a total enrollment target of 5,000 students in the next 15 years. This growth will occur at the new main campus in Oakland as well as at the branch campuses in Northern and Central California in addition to our fully online program offerings.

Plans for Improvement

SMU is a learning community and is therefore continuously engaged in developing the institution's current performance and future capacity.

STANDARD 1: Defining Institutional Purposes and Ensuring Educational Objectives

SMU's new president has established explicit goals for changing university culture, increasing transparency in processes, and diversity, equity, and inclusion. The university's president and leadership team are leading the process of culture change. Recent and planned changes in institutional structures and processes are supporting long-term positive change at multiple levels of the organization. The development of the Academic Master Plan and the updated Strategic Plan for the university can guide continuing development in concert with institutional goals and strategic priorities while remaining flexible to changing external conditions. SMU will:

- ➢ Develop and complete a plan for a new main campus.
- ➢ Continue to build diversity, equity and inclusion into all facets of the institution.
- ➢ Identify new programs and expand existing offerings based in community needs as guided by the mission.

STANDARD 2: Achieving Educational Objectives Through Core Functions

The Director of Institutional Effectiveness will collaborate with the Division of Student Affairs to align co-curricular activities with institutional learning outcomes, and to establish clear metrics for the contribution co-curricular activities make to student success. The leadership of both units are brand new: this has potential to bring in new ideas, building on Samuel Merritt University's already-effective structures and traditions for student success.

- ➢ Complete the curricular mapping process, to align all course (CLO), program (PLO), and institutional learning (ILO) outcomes.
- ➢ Augment and clarify the contributions of co-curricular experiences to student success.

> ➤ Develop a full suite of metrics to enable analysis and continuous improvement of the effectiveness of those co-curricular experiences at supporting student success.

STANDARD 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability

The university's leadership team is aligning the Strategic Plan, the Academic Master Plan, and the planning for a new Oakland campus. Planning at this level is broad in scope and complex in detail.

> ➤ Refine resource planning, program and enrollment growth, and synergies with Sutter Health for clinical placements.

> ➤ Recruit diverse and highly qualified faculty and staff.

> ➤ Provide for ongoing faculty and staff professional development in changing environments.

STANDARD 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

SMU is addressing multiple changes at once, including new senior leadership, planning for a new Oakland campus, and responding to the Covid-19 pandemic, economic downturn and civil unrest. As noted earlier, these changes present challenges as well as opportunities for improvement as we strive to maintain, and then improve, the high standards of quality that define Samuel Merritt University.

> ➤ Build an aspirational and innovative culture that can thrives through change.

> ➤ Use organizational design and data strategically to inform continued improvements.

> ➤ Align and steward resources for maximum effectiveness and efficiency.

> ➤ Pursue excellence in graduate and undergraduate health-related degree programs.

The foundations of Samuel Merritt University remain strong even in a time of considerable external change and challenge. Having our strength of mission, coherence of community dedication, and clear goals for the future will help us persist, and even thrive, through times that

may overwhelm some other organizations. Still, we have noted some areas where the university will continue our ongoing journey of improving student success. The opportunity to engage in the TPR process enabled us to dive deeply into the question of what student success could look like for our institution, and how we might get there. Our opportunities for the future are to take these ideals, and the positive things we have already been doing, forward in a coherent, intentional, and planned fashion, informed by measurement and feedback, and resourced accordingly. Many fine accomplishments have been achieved, and the many constituencies the university serves will continue to be positively affected and influenced by Samuel Merritt University as we educate more students to become highly skilled and compassionate health care professionals who positively transform the experience of care in diverse communities.