



**COUNCIL ON NATUROPATHIC MEDICAL EDUCATION**

**Evaluation Team Report**

**BASTYR UNIVERSITY**

**SCHOOL OF NATUROPATHIC MEDICINE**

**NATUROPATHIC MEDICINE PROGRAM**

**Kenmore, Washington and San Diego, California**

**Comprehensive Evaluation Visit for Reaffirmation of Accreditation**

**July 22 - 26, 2013**

*A Confidential Report to the Council  
That Represents the Views of the Evaluation Team*

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Comprehensive Evaluation Visit for Reaffirmation of Accreditation**

**Bastyr University  
School of Naturopathic Medicine  
Naturopathic Medicine Program**

**Kenmore, Washington and San Diego, California**

**July 22 -26, 2013**

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## **INTRODUCTION**

### **History and Status of the Institution**

Bastyr University (BU) was founded in 1978 as the John Bastyr College of Naturopathic Medicine with a single academic degree program in naturopathic medicine. In 1984 the institution's name was changed to Bastyr College, as more degree programs were added. In 1994 the College was renamed Bastyr University. Today, Bastyr is a private, coeducational, non-proprietary, non-sectarian, non-profit multipurpose institution offering more than 20 certificate, undergraduate, and graduate level health science professional programs under the auspices of its three schools: Naturopathic Medicine, Natural Health Arts and Sciences, and Traditional World Medicines. The Doctor of Naturopathic Medicine (ND) program is University's largest, comprising 492 of the 1,035 students that were enrolled in fall 2012.

BU is incorporated under the laws of the State of Washington and is authorized to operate as an institution of higher education by the Washington State Academic Council. It holds tax-exempt status under the provisions of Internal Revenue Service code section 501(c)(3), and is fully eligible and approved for participation in federally guaranteed student loan programs. The University has been regionally accredited on a continuing basis by the Northwest Commission on Colleges and Universities (NWCCU) since 1989, with its most recent reaffirmation of accreditation occurring in 2012. The ND program has had on-going accreditation by the Council on Naturopathic Medical Education (CNME) since 1987, with ND program accreditation being reaffirmed most recently in 2008.

In December 2011 the CNME approved a substantive change proposal for Bastyr University to establish a branch campus, Bastyr University California (BUC), in the Torrey Pines area just north of San Diego, CA, and to offer the Doctor of Naturopathic Medicine program there. This was followed by NWCCU approval in February 2012, with the California Bureau of Private and Postsecondary Education providing verification of exempt status in June 2012. In September 2012, 49 ND students began their first year studies at BUC.

### **Nature of Visit and Structure of the Report**

The Evaluation Team (the "Team") spent two days at the BUC campus in San Diego and three days at the Bastyr University main campus in Kenmore, WA, and the Bastyr Center for Natural Health (BCNH) in Seattle. During the course of visits to the two campuses and the BCNH the Team met with and interviewed the following individuals and groups:

- Members of the Board of Trustees
- President
- Senior Vice President and Provost
- BUC Vice President/Academic Dean
- Vice President for Administration and Finance
- Vice President for Student Affairs/Dean of Students
- School of Naturopathic Medicine (SNM) Dean
- SNM Associate Dean, Naturopathic Academics

- SNM Associate Dean, Naturopathic Clinical Education
- SNM Department Chairs
- SNM Director of Graduate and Community Medicine
- BCNH Chief Medical Officer
- Director of Clinical Services at BUC
- Director of the BU Research Institute (BURI)
- Associate Director of BURI at BUC
- Director of Certificate, Community & Continuing Education
- Director of Institutional Effectiveness
- Director of Library Services
- Director of Facilities and Safety
- Executive Director of Human Resources
- Basic sciences and SNM faculty at the Kenmore and San Diego campuses
- Clinical faculty at BCNH
- Preceptor Coordinator at BCNH
- ND program residents at BCNH
- ND program students at the Kenmore and San Diego campuses and BCNH

In the Evaluation Team Report certain key words have special meanings. The word **commends** identifies an aspect of programmatic or institutional strength that the Team has found worthy of special praise or of being highly noteworthy.

The term **is concerned** denotes an aspect of the program or institution that the Team has found to be deficient in meeting the criteria as stated in a particular element or section of the CNME Accreditation Standards. The word **recommends** represents the corrective action(s) the Team deems necessary to address the deficiency. Whenever a concern and associated recommendation appear in the report, the relevant CNME standard or policy is stated in the Team report

The term **Area of Interest** denotes a problematic situation that could potentially evolve to non-compliance with a CNME standard or policy; while not a formal finding like a recommendation, an area of interest must be referenced in the Team report to a specific CNME standard or policy.

The word ***suggests*** identifies a non-binding, collegial comment by the Team intended for the purpose of programmatic or institutional improvement. The Team hopes that the suggestions will be helpful to the program and institution. Team suggestions do not require any response or actions, and may freely be adopted, modified, or rejected.

A ***Determination*** is provided at the end of each section of the report pertaining to a CNME accreditation standard. This briefly describes the extent to which the Team believes the College is in compliance with the particular standard.

The Team thanks Bastyr University faculty, administrators, and staff within and external to the School of Naturopathic Medicine at both the Kenmore and San Diego campuses for the hospitality, cooperation, and courtesy shown Team members throughout the visit. The candor that was evident at meetings and interview sessions provided the Team with useful and relevant

information regarding SNM issues, activities and achievements during the Reaffirmation of Accreditation evaluation visit, and was much appreciated. In addition, the Team wishes to acknowledge the high degree of self-reflection and the careful analysis of the challenges facing the ND program contained in the Self-Study Report, and the corresponding formulation of plans and recommendations for future development.

## **STANDARD I: MISSION AND OBJECTIVES**

Bastyr University's Naturopathic Doctor (ND) Program has clear, concise, and realistic mission and vision statements that were revised in 2005 and reaffirmed in 2012, and that support the university mission and vision. The mission statement is consistent with the operating authority of the program and institution, and appropriately references the educational preparation of naturopathic doctors. Core themes, core values, and strategic initiatives developed by the university in 2008 and 2011 serve to further guide the development of student learning outcomes and competencies in the ND program.

The ND program outcomes were adopted in 2011 and reaffirmed in 2012 by ND faculty and administrators. The outcomes support instruction, research/scholarship and service, and provide direction for the consistent review of the program. Though these were developed through an inclusive process, it does not appear students were involved. In addition to publications that already contain the information, such as the catalog, the ND program is considering other means by which the mission, vision, and program outcomes can be disseminated to students. An example is the current discussion about the inclusion of these statements in course syllabi.

In this standard and throughout the self-study, the ND program refers to numerous lists of outcomes, competencies, and other documents to guide development, alignment, and measurement of the program. Specifically noted, these include university and program missions, visions, expected learning outcomes, program outcomes, core competencies, core values, global competencies, program competencies, and professional outcomes mentioned in the clinical handbook. A lack of understanding exists about the purposes of and differences between outcomes and competencies as demonstrated through inconsistent wording and application to the ND program. This difficulty is further discussed in **Standard VII: Evaluation and Assessment**.

While the re-evaluation of the mission and outcomes was completed as late as 2012, there has been no consistent, periodic review of these statements. In its self-study summary, the program noted its intention to incorporate an "annual review of program vision, mission and programmatic objectives into program assessment."

**Area of Interest:** As noted by the program in its self-study, the 2012 review and reaffirmation of the mission, vision, and program outcomes was only the first step in implementing a periodic reevaluation process as part of its assessment plan. (I.C)

**Determination:** *Standard I on Mission and Objectives is being met.*

## STANDARD II: ORGANIZATION, GOVERNANCE AND ADMINISTRATION

Bastyr University (BU) is a non-profit higher education institution legally incorporated in the State of Washington and recognized by the Northwest Commission on Colleges and Universities to offer a Doctor of Naturopathic Medicine degree (ND) program. BU additionally has received approval from the California Bureau of Private and Postsecondary Education to operate its branch campus, Bastyr University California (BUC), in San Diego. Also, BU is fully approved to have its students participate in federally guaranteed student loan programs. Additional details are provided in the **Introduction** section of this report.

The University's governing board currently consists of 15 elected trustees who may serve three 3-year terms. A majority of the trustees are from the greater Kenmore/Seattle area and two are from the San Diego area. They are a diverse body in terms of backgrounds and experiences: higher education, health policy, finance, business, public affairs, human resources, marketing and development, natural health products, and non-profit organizations. One trustee is a naturopathic physician as required by Board bylaws. Board membership also includes the BU president and a University faculty member nominated by the faculty and selected by the Board.

The Board meets four times per year. It has bylaws (the last version approved in 2009) and policies which prescribe and govern its operations, and five committees: Executive, Academic Affairs, Finance, Nominating and Stewardship, and Compensation. Members of these committees and their chairs are appointed by the Board chair. These committees provide reports at Board meetings. The Board approves the University's strategic plan and provides fiscal oversight through its review and approval of the annual institutional budget and audit. It is responsible for the appointment of the president, who is evaluated periodically by the Executive Committee, with the last presidential evaluation occurring in 2012. In addition, the Board approves new degree programs and major program changes, a recent example being the approval to establish BUC. All Board members complete a conflict-of-interest statement on an annual basis according to established procedures.

The SNM ND program can communicate with and provide input to the Board through the senior vice president and provost who, along with the SNM dean, serves on the Academic Leadership Council (ALC) and is the liaison to the Board's Academic Affairs Committee. In addition, the strategic plan and annual budget requests also can serve to inform the Board of ND program needs.

The BU president is the institution's chief executive officer, and has served in that capacity since 2005. He's had extensive experience in higher education as both a faculty member and administrator, and was a hospital CEO prior to assuming the University presidency.

The SNM dean has held that position since 2009. An ND graduate of BU and member of the University faculty since 1984, she holds the rank of clinical professor. She also has a BS degree in medical technology. The dean has taught many ND courses: clinical laboratory diagnosis, microbiology, infectious disease, gynecology, physical and clinical diagnosis, in addition to having responsibilities for grand rounds and clinical supervision. She was dean of clinical affairs

at BU from 1999 to 2003. She also has been involved in research and published some of her work in peer-reviewed journals. In the professional activities and service areas, the dean has been affiliated as a teacher with the American Academy of Family Physicians since 2006, served on the Board of Trustees of the Harborview Medical Center and been president of the American Association of Naturopathic Physicians (AANP). She currently is serving as vice president of the Association of Accredited Naturopathic Medical Colleges (AANMC), and in 2011 was appointed by the US Secretary of Health and Human Services to a four-year term on the Advisory Council for the National Center for Complementary and Alternative Medicine.

Among the dean's responsibilities are to develop, implement, and administer the ND program curriculum within the SNM; provide oversight and administer the SNM academic departments; ensure SNM compliance with BU and academic policies and procedures; recruit, hire and retain qualified academic program faculty; guide and maintain faculty development and training activities; effectively represent naturopathic medicine to the public; and be the individual responsible for preparing and submitting SNM budget/allocation requests, and providing on-going oversight of SNM budget expenditures and operations. In addition, the dean has final say regarding ND program admissions decisions. It is also important for the dean to maintain strong SNM interdepartmental communications, and communications with University administrators and schools within the University, particularly the School of Natural Health, Arts & Sciences, which provides basic sciences instruction for the ND program. The dean reports to the senior vice president and provost and serves as a member of the Academic Leadership Council (ALC), where important decisions are made and/or recommended regarding BU academic programs.

Reporting to the dean are two associate deans (both hired in 2012) for naturopathic academics and naturopathic clinical education, respectively; four department chairs: clinical sciences, physical medicine, botanical medicine and homeopathy; and the director of graduate and community medicine who is responsible for the residency program. The associate dean for academics, under the direction of the dean, is responsible for students' academic status, admissions (she co-chairs the Admissions Committee), the naturopathic philosophy and practice management parts of the ND curriculum, and the supervision of teaching fellows. The associate dean for naturopathic clinical education, under the direction of the dean is responsible for the development of the clinical education curriculum, the clinical competencies achieved by students, student remediation and supervision of clinical faculty. With the exception of the director of graduate and community medicine, who has a one FTE administrative appointment, the other individuals reporting to the dean have their FTEs split between administrative and instructional assignments. Administrative FTE assignments range from 0.11 (homeopathy) to 0.6 (associate deans and the chair of clinical sciences). Administrative and staff support for the ND program is adequate for the SNM to operate and deliver its curriculum effectively, although there may be a need to hire an individual to lead efforts to develop a strong and needed assessment of the student learning process (see **Section VII: Evaluation and Assessment**).

Administrative, staff and faculty employees of the institution are regularly evaluated. Policies and procedures related to terms and conditions of employment appear in the HR Policies and Procedures Manual and the Faculty Handbook, which also denote appropriate non-discrimination and equal opportunity policies, as well as employee grievance policies and procedures.

Opportunities for professional development exist with the SNM. The dean currently has \$100,000 available to address faculty development in the context of fostering individual professional growth via continuing education activities and meeting programmatic needs. Senior administrative staff and faculty also have financial support to attend professional meetings and conferences.

The SNM's leadership team actively invites and encourages input and feedback from faculty, staff and students. There are a variety of mechanisms to accomplish this: Faculty Senate and Faculty Assembly meetings; the Staff Council, which meets monthly; and the Student Council, which meets bi-weekly when classes are in session. Monthly meetings of the SNM leadership team and faculty and informal weekly meetings of the SNM leadership team with students in the dining commons also provide opportunities for faculty and student input and feedback. In addition, employees and students are surveyed periodically to solicit their input regarding a variety of topics and issues at the University. The naturopathic faculty through the SNM, provide input on academic and admissions policies. The Naturopathic Curriculum Review Committee (NMCRC) and the University's Curriculum Review Committee (CRC) review and provide input on academic and curricular matters and approve curricular changes. As noted previously, the dean serves on the ALC, which is overseen by the senior vice president and provost, and that group can facilitate bringing major programmatic items and issues to the attention of the president and the Board.

At the time of the site visit the operations at the University's campus in San Diego were being managed by the BUC vice president/academic dean. A consequence of this has been a divided leadership structure for the ND program at BUC. As an example, both basic sciences and ND faculty at BUC have been hired by and report to the vice president/academic dean, whereas at the Kenmore campus, all ND faculty members are hired by the SNM Dean with faculty reporting lines being within the SNM through department chairs, associate deans, etc. While some faculty hires at BUC have involved consultation with the SNM dean, others have not. However, the vice president/academic dean and the SNM dean have communicated with each other regarding many issues impacting the BUC ND program, and the SNM dean does have final say on which students are admitted to the ND program on both campuses. Division of responsibilities has been understandable, and may have been necessary, given that two major initiatives impacting the ND program occurred simultaneously in fall 2012: (1) the opening of the BUC campus with its better than expected enrollment of nearly 50 first year ND students, and (2) the launching of the integrated ND curriculum. However, with projections that the BUC ND student population will double in fall 2013, and eventually reach an enrollment of 240 by fall 2015, the team noted that the current ND program administrative model at BUC could be difficult to sustain due to the vice president/academic dean having increasing responsibilities with respect to the management and operations of academic support services, administrative services and an expanded physical plant, accompanied by a focus to spearhead BU external relations/development activities in the San Diego area. Additional uncertainties in the ND program chain of command at BUC could potentially compromise the oversight of the ND program at BUC and consistency in the content and delivery of the ND program between the BUC and Kenmore campuses.

Several days after the site visit, the team was informed by the president that the following had occurred: The BUC vice president/academic dean had tendered her resignation effective

September 10, 2013, and the associate dean for naturopathic clinical education at the Kenmore campus had been named to replace her for the 2013-14 academic year. The associate dean will oversee the ND program for the upcoming academic year and thereafter. She will report directly to the SNM dean with “dotted line” reporting to the senior vice president and provost on BUC academic matters and to the president on non-academic matters. These actions reasonably address the issues the team had brought to the attention of the BU administration.

**Area of Interest:** With the associate dean of naturopathic clinical education assuming a range of responsibilities at BUC that importantly include oversight of the ND program at that location, the ND program should take steps to ensure that the associate dean’s current range of responsibilities at the Kenmore campus are appropriately assigned and managed. (II.B.3)

**Determination:** *Standard II on Organization, Governance and Administration is being met.*

### **STANDARD III: FINANCIAL RESOURCES**

The fiscal year (FY) at BU runs from July 1 of a given year through June 30 of the following year. For FY 2012—which is the period spanning July 1, 2011, to June 30, 2012—total University revenue from operating (operations and unrestricted gifts), and temporarily restricted and permanently restricted sources was \$34.2 million, with operational expenses being \$32.8 million. When factoring in depreciation and other items the increase in institutional net assets for FY 2012 was \$809,000. The analogous categorical numbers for FY 2011 were \$32.2 million, \$30.9 million, and \$1.4 million, respectively. FY 2013 financial statements were not yet available at the time of the evaluation site visit.

At the end of FY 2012 BU had net assets of \$16.4 million, \$24.2 million of long-term debt, \$3.5 million in unrestricted/temporarily restricted/permanently endowment funds and \$9.1 million in cash and cash equivalents. During FY 2012 bond debt was restructured to take advantage of more favorable repayment terms that are expected to save BU \$6 million over the next five years. The University presently leases its BCNH space for \$1.2 million per year.

SNM operating expenditures for FY 2013 at the Kenmore campus were \$3.3 million and are budgeted for a \$130,000 increase in FY 2014. This increase is primarily to support the following: a new core faculty position in herbal sciences, a 0.5 FTE herbal laboratory coordinator position, a faculty member’s sabbatical leave, an increase in core faculty credits to deliver the integrated ND curriculum, and botanical medicine teaching assistants. Also, there is a \$17,000 budget allocation for capital expenditures. The 2014 SNM budget requests not funded were mostly related to a one-time expense that could be incurred to teach out the traditional ND curriculum for 5-year track students.

ND program expenses at BUC in FY 2013 were \$161,000, with the majority of funds used to support faculty costs. At BUC, where the enrollment of ND students at is expected to be double that of the previous year, the SMN budget for operations in FY 2014 is \$518,000, with the increase primarily due to core and adjunct faculty and residents/fellows who will be hired to teach the first two years of the ND curriculum. Including the small capital allocation, the total

FY 2014 budget allocation to the SNM will be approximately \$500,000 more than in FY 2013.

The present faculty cohort at BUC will grow by 3.5 FTE in FY 2014, and \$20,000 will be allocated for teaching assistants and work-study students. Moreover, the non-SNM budget allocation for BUC will support a 3.2 FTE increase in staff personnel to include 0.6 FTE librarian and a 0.6 FTE student services assistant. The Team learned during the site visit that the University has not yet been able to hire a BUC librarian due to the part-time nature of the position.

There is recognition that the level of reserve/endowment funds is small when looking at the University's overall indebtedness and its ability to effectively handle a financial crisis. In 2012, one of the NWCCU recommendations that resulted from a comprehensive regional reaffirmation of accreditation site visit was that in order for BU to deal effectively with unexpected events or financial exigencies as well as with the new San Diego initiatives, the University needed to give significant attention to further increasing its unrestricted Board-designated reserve funds. At present, BU is financially stable and has the resources sufficient to support its mission, goals, and objectives and those of the SNM and the ND program in the areas of instruction, research/scholarship and service.

The chief financial officer of BU is the vice president for finance and administration, who is an officer of the University. A second key member of the financial team is the controller, a CPA who reports to the vice president and oversees the finance office that runs the business operations of the institution. Both individuals are qualified for the positions they hold.

BU financial year-end audits are prepared by Jacobson Jarvis, an independent CPA firm, in accordance with generally accepted accounting principles. Audit activities begin in April/May with the auditor's fieldwork occurring in July/August. Throughout the year, the University focuses on any auditor's recommendations from the previous year that may have arisen regarding internal controls and compliance. The final audit, usually available by the end of September, is reviewed by the Finance/Audit Committee of the Board before its submission to the Board for review and approval. Throughout the year trustees receive, on a quarterly basis, dashboard-type information in key areas that inform them of the University's financial status. Many internal controls exist to ensure that BU financial operations are legal, appropriate and in compliance with financial accounting standards. The 2012 audit was clean in every respect, with no findings regarding the University's internal financial controls.

The SNM/BU budgeting process is as follows: In the middle of the fall term, the dean requests department heads, associate deans, and other individuals with administrative responsibilities to present her with resource allocation requests for the next FY. SNM administrators are expected to factor into their requests input they may have received from the people they supervise. The dean, in an interactive manner, decides which requests to take to the senior administrative level of the institution. The senior members of the president's team, including the senior vice president and provost, then craft a university budget and budget narrative to present to the trustees, where it goes through appropriate reviews prior to being approved by the Board at its spring meeting (in 2013 this occurred in March). Budget requests must be justified and aligned with one or more of the BU Strategic Initiatives and elements of the institution's strategic plan.

The University receives research funding primarily from the NIH through the Bastyr University Research Institute (BURI). When a grant is awarded, the Finance Office establishes a restricted account budget in accordance with the terms of the grant and the budget details created by the BURI. Grant payroll and other expenditures are subsequently handled by the Finance Office. Grants and contracts are often multi-year in nature, and usually involve indirect costs to be paid to the University. Utilization of research grant funds are subject to the University's financial control policies and procedures and grant funding agency policies.

Development and fund raising activities are not specifically a function of the SNM, and are coordinated and managed at the University level. The executive director for development position is currently vacant. Of note is the fact that University did receive \$107,000 in donations to support the development of the BUC campus. Also, the student tuition and tuition refund policies are published in the University Catalog, and BU is compliant with all federal and state regulations in this regard.

BU has a strategic plan that was originally approved by the Board of Trustees in May 2008 and was most recently updated in May of 2013. The plan features six Board-approved over-arching Strategic Initiatives accompanied by goals with objectives and in some cases action items associated with the objectives. The objectives and action items have color coded markings to indicate their status. Green signifies the item has been accomplished, yellow means the objective or action item is in process or expected to be continuous, and red denotes an objective intentionally abandoned. The plan contains little information regarding timelines for achievement of objectives, and there are no projected resource needs tied to the objectives. The president and others recognize the plan is too detailed and overly complex to provide a meaningful roadmap, and that it needs to be reworked in order to more usefully direct future activities of the University. It would be expected that the SNM and ND program would constitute significant elements of a University strategic plan, but that is not the situation at the present time.

The University has developed projected consolidated operating budgets for FYs 2013 through 2017. These include: tuition and academic fees, government grants and contracts, clinic income, contributions and other sources of income on the revenue side; plus salaries, payroll taxes and benefits, other (operating) expenses, contingency funds and strategic fund expenditures on the expense side. The plan is macroscopic in nature and is based mostly on percentage assumptions of enrollment and other revenue growth, plus projected expenditure over time increases by percentage or a flat number in various categories. It contains few details regarding breakdown of revenues or expenditures by program, therefore little information can be derived from it with respect to financial projections for the SNM. Lacking a substantive financial plan at the University level, the SMN does not have a multiyear financial plan to present at this time.

**Area of Interest:** While the University has a strategic and five-year financial plan in place, it does not contain a multiyear financial plan for the ND program. This is particularly important, given the projected rapid growth of the ND program at the San Diego campus. (III.C.2)

The Team *suggests* that the SNM work with the University administration to develop a

detailed—at a minimum three-year—financial plan to ensure that appropriate resource allocations are available to provide quality ND education and training experiences at both the BU Kenmore and BUC locations.

**Determination: *Standard III on Financial Resources is being met.***

#### **STANDARD IV: PROGRAM FACULTY**

The CNME evaluation team met with academic faculty at BU California, and with academic and clinical faculty at BU Kenmore (BUK). The BU faculty, across the board, are appropriately credentialed and committed to educating competent naturopathic physicians. As would be expected, the BU Kenmore faculty cohort is more seasoned than their counterparts at BUC.

As a new entering class is added at BUC during the next three years filling out the full ND program, many new faculty will need to be hired. Given that some of these hires may not be familiar with naturopathic medicine, ongoing orientation to the ND program of study is essential. In addition, given the location of the school and the planned clinical component of the education, it may be useful for the BUC faculty orientation to include an introduction to medical Spanish and Hispanic culture sensitivity training.

It took tremendous effort and dedication on the part of the faculty over the last two years to develop the new ND curriculum and to implement it for the first year ND students in academic year 2012 – 2013, while at the same time teaching out the old curriculum. This parallel teaching of the old and new curriculums will continue for the next 3 – 4 years, as a significant number of students are completing the ND program on a 5-year schedule and/or are enrolled in dual-degree programs.

At the time of the visit, there was inconsistent coordination between the faculty at BU Kenmore and BUC and hence the possibility of inconsistency in the training offered. With the recent appointment of the associate dean for naturopathic clinical education to oversee BUC, the team expects that coordination between campuses will improve greatly. Needless to say, coordination and cooperation between the two campuses and among all faculty is essential to offering a consistent ND program.

Due to cost of living differences and marketplace factors, compensation for faculty varies between BUK and BUC, and it varies between research and academic and clinic faculty. The University periodically reviews faculty compensation in light of comparison data, and it would be useful to clearly communicate to the faculty the reasons for differing levels of compensation. Another compensation issue is related to the extra time required to prepare materials and course outlines for the new curriculum. For faculty who are teaching both the new and old curriculum simultaneously, the extra time required is significant. While there was some extra compensation available to faculty for the work involved in planning the new curriculum, the Team understood that this extra compensation did not extend to the work involved in reformulating individual courses. Many faculty members also need assistance to develop the skills required to deliver the new curriculum as intended. A common theme among the faculty with whom the team spoke

was the level of remuneration. Most feel underpaid for the amount of work they have to perform—especially given the expanding workload due to the new curriculum. Both academic and clinic faculty and both full-time and adjunct faculty expressed this concern.

Funds are available for faculty development pertaining to teaching and maintaining excellence and expertise. Previously, \$300 was allocated to each faculty member for continuing education. A new system with different levels of funding was recently implemented that requires the faculty to submit a proposal for their development needs. Few faculty members seemed fully aware of this change or how to access these funds.

The Team **commends** the dedication of the faculty to the ND program and its students.

**Area of Interest:** Overall, the faculty with whom the team met expressed dissatisfaction with the adequacy of remuneration/release time in light of the increased workload due to the ongoing course development and revision associated with the new integrated curriculum. (IV.F.3)

From discussions with academic administrators and faculty, the Team **is concerned** that a number of faculty members lack the pedagogical knowledge and skills necessary to deliver the new integrated curriculum. The Team **recommends** that the School of Naturopathic Medicine ensure that training is provided to faculty members to enable them to utilize appropriate instructional methodology to effectively implement the integrated curriculum. (IV.D.2)

**Determination:** *Standard IV is partially met, with deficiencies as noted.*

## **STANDARD V: STUDENT SERVICES**

Student services are well developed for the ND program on the Kenmore campus. Policies, procedures, and processes in admissions, orientation, advisement and counseling, financial aid, tutorial services, and career services support students' progress and success in the ND program. Although the draft Student Handbook provided in the Appendix is currently under revision, it is thorough and provides fair and efficient policies and procedures, and detailed information on the rights, privileges, and responsibilities of students. The catalog and MyBU intranet portal are other good sources of student information. Student safety is also of primary importance as evidenced by the regular presence of security on the Kenmore campus.

While some student services are available on the San Diego campus, these services are limited in supporting student needs and progress in the ND program. During its first year of operation, there was an effort to provide many of these services electronically and over the telephone, but students and faculty have found these to be generally inadequate and impersonal. This discontent with remotely delivered services has placed an undue burden on faculty and staff in San Diego to not only deliver the curriculum effectively but also to provide advising, career services, and counseling, etc.—services which are critical to student satisfaction and retention. Kenmore campus administrators have been responsive to these concerns. For the next academic year, 2013 – 2014, two part-time administrative positions have been approved for the San Diego campus: a library staff position and a student services coordinator. Three full-time faculty positions have

also been added.

Recruitment and admissions policies and procedures support both campuses well and have provided for the admission of full cohorts of students at both locations. The admissions process has resulted in enrolling students capable of successfully completing the ND program in Kenmore through the years, and the team anticipates the same positive result at the San Diego campus as students complete the program there.

Student records are maintained in the Registrar's Office. These records are well managed and adhere to FERPA regulations regarding access, etc.

The Financial Aid Office provides a student handbook that outlines aid available to students. Current and prospective students may also access aid information via Bastyr's website and through mandatory counseling at matriculation. Additionally, exit information is provided when a student withdraws, takes a leave of absence, or graduates. This effort to provide important financial aid information to students has resulted in a low default rate on student loans.

Counseling in the ND program is provided in several, effective ways:

1. Students participate in counseling in the first year of the program through the Clinic Observation course. These students attend three counseling sessions with upper division ND students who are serving as student staff counselors and are supervised by the Counseling Center Director. This program provides support for first-year students and learning opportunities for upper division students.
2. Counseling is available beyond the three sessions, mentioned above, through the Counseling Center for \$15/session.
3. Faculty members also serve as mentors and advisors. Students report a high degree of satisfaction with this part of the counseling program. Faculty members provide much needed support throughout the length of the program.
4. The Registrar's Office provides advice to students on four-year and five-year tracks, electives, transfer credit, etc.

Official publications and online resources are numerous and fully support the ND program. In addition to the website, catalog, intranet, and handbooks mentioned previously, these include brochures, marketing materials, and other documents. These materials are produced through the Department of Marketing and Media, a division of Student Affairs. This centralized process ensures consistent messaging and accuracy in publications.

Student Affairs' policies, procedures, and publications are frequently reviewed and updated regularly. This attention to detail supports effective communication with both internal and external constituencies.

**Area of Interest:** As would be expected of a start-up campus, student services at the San Diego campus are not comparable to those at Kenmore. Some of these services, such as counseling, student advisement, and financial aid, are being offered via the Mondo system, which allows for computer-mediated communication. The students have found this arrangement to be ineffective at times due to technological problems and the remoteness of staff as regards the circumstances

in San Diego. (V.A)

**Determination: Standard V on Student Services is being met.**

## **STANDARD VI: PROGRAM OF STUDY**

In fall 2012 both the Bastyr University Kenmore and Bastyr University California (BUC) campuses launched a new “integrated curriculum.” The curriculum was designed to be competency based and was developed using a “backward design” to ensure that all competencies were met. Highlights of the new program include students beginning clinical observation in their first year (Observation I), a more unified and systems based approach, the student mentorship program, and an increased emphasis on student preparation prior to class so that class time may be used for more clinical discussion.

Conducting a CNME evaluation visit one year into the implementation of the new curriculum provides unique opportunities and challenges. As would be expected in a new curriculum, there is a great deal of self-evaluation and refinement already occurring on an ongoing basis. With the ongoing evaluation there are many self-identified deficiencies that are currently being addressed by the SNM dean and her team of faculty and administrators.

The Team was impressed by the level of forthright self-reflection and action plans already in place by the SNM dean for continued improvement of the ND program. It is clear that the administrative team is working toward utilizing a variety of assessment indices to evaluate all levels of the program. A variety of assessment tools, such as NPLEX scores, student & faculty surveys, OSCE examinations, etc., are utilized by the administrative team. It is less clear that there are specific and measurable rubrics in place to evaluate individual students and the program at large in regards to meeting specific programmatic competencies. The Team *suggests* that the SNM administrative team continue to work toward implementation of measurable evaluations of the competencies laid out for the Naturopathic Medicine program.

Student satisfaction regarding programmatic outcomes appears mixed. Students repeatedly note that they have some outstanding and dedicated instructors. Bastyr has clearly focused resources toward the development and support of students through their new mentor program. However students also identify several areas of concern regarding both their clinical and didactic education. The Team believes that many of these issues will be addressed at some level with the curriculum revision, but that the SNM would be well served to continue to evaluate the program for opportunities to address areas of student concern identified in the 2012 “Student Satisfaction Survey.” Broad themes identified from the student survey and from student meetings include: low patient contact numbers in the clinic, student concern over lack of naturopathic philosophy, and—as noted in the 2008 study—preparation for practice following graduation is a concern identified by both the student survey and by faculty/administration in general.

### **Academic Component**

In addition to opening the San Diego campus in fall 2012, the University launched its new

integrated curriculum (IC) to students matriculating on both campuses. Students previously enrolled in the program are continuing to receive the well-established traditional curriculum (TC) until a teach-out is complete.

The IC for the second year is being implemented in fall 2013, while the 3rd and 4th years of the curriculum, although sketched out generally, still await course-level development before implementation is possible.

The process of the curriculum redesign and on-going development is being overseen by the School of Naturopathic Medicine Curriculum Revision Committee (SNMCRC), with final approval from the University-wide Curriculum Review Committee (CRC). The SNMCRC meets to assess current curricular needs and changes. The SNMCRC meets as needed, and the CRC meets once a month.

The new curriculum is 4425.5 clock hours, a 100-clock-hour increase from the traditional curriculum, which is 4325.5 clock hours. The additional hours correspond to an increase in clinical education (observation shifts beginning in 1st year) and in philosophy and case discussion courses over the entirety of the program of study. The IC designers' goal was to reduce "seat time" by 50%, but the dean of SNM estimates the reduction more realistically will be 20%.

The naturopathic medicine program continues to be delivered residually on a quarter system basis, with the minimum course of study being four years in duration. Many students choose to extend the course load over five years or add an additional program of study to attain a dual degree (MSAOM, DAOM, MACP or MS in Midwifery).

The 2012 student satisfaction survey included several comments on the traditional curriculum needing more emphasis on embedded philosophy, not only in the classroom, but in the clinic as well. The Naturopathic Theory and Practice course in the new curriculum is designed to infuse discussion and application of naturopathic philosophy early and throughout the program. The team found that students experiencing the IC are excited about this aspect of the redesign.

Another delivery change associated with the IC is a modular approach, as seen in the first year of the program. The course modules begin in the first year with a focus on "wellness"—normal function of the various body systems. The modules are co-taught by two or three basic science faculty, and cover normal anatomy, physiology, histology, biochemistry, and embryology. The second-year curriculum is designed to then focus on disease/pathology and diagnosis.

Another goal of the new curriculum is to implement innovative classroom teaching techniques to optimize the content delivery and improve critical thinking in students. The "flipped classroom" or "hybrid classroom" approach is the stated goal: lecture content is provided online (e.g., voiced-over PowerPoint) for the students to view prior to class, and then class time is devoted to discussion and activities. The team found, however, that few faculty are actually consistently delivering their courses in this way, though many are using the Moodle platform to post information, notes, etc. Some of the faculty who are employing these new teaching techniques are also using them where possible in their teach-out courses.

Examples of the new curriculum's approach to the integration of the academic components are the Integrated Case Series and Naturopathic Theory and Practice courses. The Integrated Case series course is comprised of a paper case provided by the Moodle platform with some guiding questions that the students must prepare for ahead of time. Once the class convenes, the two faculty (one basic science and one clinical) facilitate discussion regarding the case that ranges from basic science applications to clinical presentations. The students discuss further questions that are proposed, work in small groups, and are expected to use information resources to substantiate their findings. This course series is designed to increase the level of complexity as it progresses; so far it has been widely well-received, as stated by both faculty and students.

Although still early in its implementation, the Team **commends** the design of the integrated curriculum, which has brought clinical exposure and critical thinking components into the first year of the ND program, and for weaving naturopathic philosophy into the program in a manner that bridges the didactic and clinical aspects.

The overall success of the new curriculum in comparison with the traditional curriculum won't be fully evident until there is information available on NPLEX pass rates and student performance in clinic for IC students/graduates. However, BU analysis of first-year student academic performance between campuses and between new and traditional curricula shows equivalent pass/fail rates.

An area noted by faculty of both campuses is the need to improve communication between Kenmore and San Diego. The roll out of the new curriculum has been challenging between peer teachers and also between Kenmore department chairs and BUC faculty. This likely is due to lack of proximity, the workload associated with implementing the integrated curriculum, and a lack of clarity on roles and reporting.

**Area of Interest:** There is insufficient coordination and communication between the San Diego and Kenmore campuses to enable consistent delivery of the ND program at both locations. (VI.A.5)

The University has developed and instituted school-wide and program-wide Global Student Competencies, which are prominently in the course syllabi, and the naturopathic program has also implemented its own competencies based generally on level of knowledge attained, skilled clinical application, understanding and utilization of naturopathic philosophy and professionalism. The program's expected outcomes delineate three major areas: Naturopathic Medical Expert, Naturopathic Health Advocate, and Naturopathic Health Professional and Scholar.

The Team reviewed syllabi for both the traditional and integrated curriculum. The Team found format inconsistencies among syllabi of the TC, but the format of the IC syllabi were more consistent. Typically, the syllabi included the following headings: Course descriptions/purpose, Pre-requisites, Global Student Objectives (checklist), Course Educational Objectives, Course competencies, Instructional materials and resources, Outline of course topics and dates (with corresponding reading and assignments for each week), and the names of instructors if the course is co-taught. The team noted, however, that on many syllabi, course outcomes are not directly

linked back to the program outcomes and, additionally, course outcomes are not described with measurable action verbs and do not seem to be directly measured by the course assessments.

The Team **is concerned** that the “competency-based curriculum” does not demonstrate sufficient alignment between mission, program outcomes, course objectives and competencies to allow for evaluation of the effectiveness of the curriculum. The Team **recommends** that the ND program take steps to strengthen the alignment between its mission, program outcomes, course objectives, course assessments and competencies to allow for evaluation of the effectiveness of the program. (VI.A.1)

Integrating academic and clinical learning is a primary goal of the curriculum redesign. An expected outcome of the IC is to boost student integrated thinking processes early in the program. Clinical faculty at BUC stated that the students in Observation I asked more sophisticated questions than was the case for students in the TC. However, clinical faculty expressed a concern on the Kenmore campus that including observation students on existing clinic shifts has added to their already heavy teaching burden.

Several faculty at the Kenmore campus have both didactic and clinical teaching duties; this arrangement is valued by both faculty and academic administrators, as it allows for greater coordination in the application of knowledge and skills in clinical settings.

Both the traditional and integrated curricula are designed to prepare students to become competent and successful practicing naturopathic physicians who possess the necessary knowledge, skills, attitudes and behaviors. Both curricula begin with a focus on wellness (including self-care), prevention and normal function, and then move to identifying and treating health concerns/diseases using appropriate diagnostics/laboratory/differential diagnosis and naturopathic therapeutics and principles. Both the traditional and integrated curricula comply with CNME standards to provide in-depth study of the basic sciences, diagnostics, therapeutics, advanced clinical topics, and professionalism (ethics/jurisprudence).

Early on in the program and on multiple occasions—with the help of library staff and programs—students are expected to demonstrate information literacy. The information literacy of faculty is being supported by activities and initiatives developed during the years of an NIH R25 grant, which provides opportunities for faculty to gain training in evidence-based practice; it is expected that faculty will, in turn, teach students about the principles of evidence-based practice—both in the classroom and the clinic.

Another feature of academic and clinical bridging in the IC is the implementation of a mentor program, which assigns first-year students to senior faculty who have received training in mentorship. The students and mentors meet in groups and individually for informal conversations about the program and naturopathic medicine, and to answer any questions the students may have. The Team **commends** Bastyr University for devoting significant resources to develop and support a faculty-based mentoring program for students, which provides substantial value and contributes to a well-rounded student education.

## **Clinical Education Component**

Clinical education is a critical component of Bastyr's naturopathic medical education, and the SNM's new IC demonstrates commitment to improving the amount and diversity of the clinical experience students receive throughout the program. With the new curriculum students now begin their clinical observation on a limited basis in the first year of the program. The observation experience appears to be very robust on some clinic rotations, and somewhat less so on others, depending on patient load and individual instructors' expectations. The traditional curriculum continues to move ahead with students completing their early, mid and late primary experiences.

Evaluation of student clinical competencies has been self-identified by the Bastyr SNM leadership as an area needing attention. Currently, the clinical leadership team is working on creating a revised student evaluation form and a revised faculty handbook, both geared toward improving assessment of the students during their clinical rotations. In addition to written rubrics and evaluation forms, both the SNM dean and the clinic director at the BUC campus report that there are plans to meet with faculty to discuss necessary components for a complete and objective clinical evaluation of students. This will be an important tool in evaluating CNME standards for students to have opportunities to demonstrate competence in a full range of naturopathic therapies, opportunities to treat patients of all ages and a wide variety of conditions, opportunities to interact with other healthcare providers, etc.

Noting the CNME standards regarding total minimum contact hours (4100), clinical education hours (1200), patient interactions (450 total, 225 primary) the ND program meets or exceeds all CNME criteria.

As noted previously, several student concerns regarding clinical education were identified, including lack of adequate patient contacts and variety (students stating they could, in certain cases, regularly attend an entire clinic shift and not see a patient) as well as a perception of there being relatively high turnover in clinical faculty. However, the Team did not find substantial faculty turnover to be a notable issue. Finally, students expressed a concern regarding insufficient incorporation of philosophy into the curriculum and teaching. During the visit, the Team did not find a consistent basis for the student issues listed above; nevertheless, the Team encourages the ND program to continue to assess student perceptions regarding these issues.

The Team learned that the ND program utilizes first-year residents to run student clinic shifts without an attending physician, starting in the residents' 4<sup>th</sup> month of residency. This is discussed in the Residency section of this report as being an area of interest regarding residency workload; however, the Team feels it also deserves attention as a student clinical issue. The Team believes that a first-year resident, with less than 6 months experience, does not have the clinical expertise to appropriately manage and guide 4<sup>th</sup> year students on general medicine shifts. While this does not violate CNME criteria, it certainly warrants further evaluation from the SNM administrative team.

In summary, the overall clinical experience at BU Kenmore meets all formal CNME benchmarks. The BUC clinical experience is in its initial stages of development, and the University is making good progress in constructing a new LEED-certified clinic space that

should meet BUC's needs for many years to come. The addition of new clinical faculty and new administrative support will provide additional needed infrastructure. Revised formative and summative evaluations are being developed to assure adequate student evaluation. The Team is confident that clinical education is a priority for the SNM administrative team.

### **Clinic Administration, Resources, and Facilities**

At the BUC campus, renovations are currently underway to build what appears to be a state-of-the-art, environmentally sound, new clinic space that will include 11 treatment rooms, as well as hydro-therapy rooms, physical medicine rooms, a teaching kitchen, and a botanical medicine laboratory. From the facilities perspective, there is a strong focus on providing necessary resources for the BUC campus. Students, faculty and administration acknowledge the need for expanded personnel resources, some of which will be forthcoming this fall with the addition of 3.5 FTE new faculty members and 3.2 FTE new staff members—including a dedicated clinic administrative staff person. Plans do not currently include the addition of an onsite dispensary.

At both Kenmore and BUC, clinical education takes place in a healthcare clinic and/or hospitals that provide patient care in accordance with applicable local, state and federal requirements governing health and safety. As noted above, administrative staff identify that in general students have no difficulty meeting minimum patient requirements; however, student evaluations note that a small subset of students do indeed struggle to find enough patient contacts and variety to meet the requirements. The current revisions to the evaluation of student competencies and the planned improved control of student records should provide upgrades to the recordkeeping procedures in place that are designed to fully document completion of clinical education requirements.

Patient records are maintained at the Kenmore campus in the Epic EMR system. The move toward electronic records has improved and helped to standardize many aspects of the charting system. There is an acknowledged deficit in having all charts closed within 48 hours of a visit, but this issue is being addressed by the administrative staff, and the associate dean for naturopathic clinical education reports they are making significant improvement in this area.

In general clinic administration, resources and facilities are appropriate and adequate.

***Determination: Standard VI on Program of Study is being partially met, with deficiencies as noted.***

### **STANDARD VII: EVALUATION AND ASSESSMENT**

The School of Naturopathic Medicine (SNM) is in the process of developing its academic assessment plan to measure the effectiveness of its new, integrated curriculum, which was implemented in fall 2012 for incoming first-year students. Numerous formative and summative assessment tools, including both direct and indirect measures, have been identified as measures of student learning in the ND program. The assessment tools utilized in the traditional curriculum will continue to be used there and also in the integrated curriculum.

Although progress has been made in the development of an assessment plan, SNM noted its continued effort to formalize the plan and the need for greater development and refinement as each year of the integrated curriculum is implemented. Specifically, there is a need for (i) clearly defined processes, (ii) clearly defined assessment measures, and (iii) strong alignment of the program outcomes to the program mission, and the program outcomes to assessment measures. In addition, language such as “is under consideration” indicates some measures mentioned in the self-study are not firm choices for assessment. For example, the first-year program outcome is that students will “demonstrate an appropriate level of knowledge in both basic medical and clinical sciences.” One of the direct measures is “didactic and clinical learning assessment tools that document the students’ sequential achievement of these competencies.” This direct measure does not clearly indicate what tools will be used or how these tools relate to this program outcome.

Plans have been made for data collection and analysis, although the plan is incomplete. When needed changes are revealed through the assessment process, there is no indication of how those changes will then be applied to the naturopathic program and the institutional planning process. Currently, little didactic data and no clinical data have been collected during the first year of the integrated curriculum; therefore, the CNME requirement for regular collection of data and use of the data to make improvements cannot be fulfilled for the integrated curriculum. Data have been collected in the traditional curriculum; however, the data have not been collected or analyzed consistently. Additionally, detailed plans need to be in place to handle the data that will be the result from the numerous assessment tools identified for the integrated curriculum. The current plan, if implemented as described, will generate large data sets that may quickly become unmanageable given the time constraints associated with a four-year academic program, large student cohorts, and a lack of staff dedicated to assessment of the ND program.

In considering the necessary management of the assessment plan that will be required upon its implementation, there are too many sets of outcomes, competencies, and other guiding documents to align and measure; as noted by the ND program in the first chapter of the Self-Study and throughout, there are University and program missions, visions, expected learning outcomes, program outcomes, core competencies, core values, global competencies, and program competencies, as well as professional outcomes mentioned in the clinical handbook. A lack of understanding seems to exist about the purposes of and differences between outcomes and competencies as demonstrated through inconsistent wording and application to the ND program. This is also seen in course syllabi with inconsistent wording of course outcomes that have not been connected to the course assessments to ensure effective measurement of student learning. Moreover, each course’s outcomes are not linked to the program outcomes, and this link is not reported in syllabi. If present this link, or alignment, would further support and lend credibility to the assessment of the program outcomes and thus the ND program.

In the traditional curriculum, clinical knowledge and skills are being assessed inconsistently by clinical faculty members who have not been trained on the assessment measures. The SNM is planning for faculty training to help faculty apply formative measures regularly with a focus on inter-rater reliability, a process critical for fair, consistent assessment of student learning. The associate dean for naturopathic clinical education is also considering the addition of a clinic exit

exam for a summative evaluation of students' clinical knowledge and skills. These formative and summative measures will be used in both the traditional curriculum and the integrated curriculum to assess students' clinical performance.

The SNM maintains data for the latest five-year period on the ND program's completion rate, and noted that most of its students are on the five-year track program. The program's completion rate has consistently remained above the required 75%.

The latest five-year student and graduate data for NPLEX I and II overall pass rates, respectively, are kept and reviewed regularly. The data show a consistent pass rate higher than the required 70% for first-time takers.

While the program has made progress in developing its ND program assessment plan, the Team **is concerned** that the plan lacks (i) key components with clearly defined, developed, and appropriate assessment measures, both direct and indirect, that are aligned to the program outcomes, (ii) appropriate, effective implementation of the plan in both the traditional curriculum and the integrated curriculum, and (iii) manageable or sustainable means to maintain implementation of the plan. The Team **recommends** that the ND program develop and implement a comprehensive assessment plan with (i) clearly defined, developed, and appropriate assessment measures directly linked to the program outcomes, and (ii) a manageable and sustainable way of maintaining the plan so that it yields valid, reliable, and consistent data that are then used for ND program improvement. (VII.A.B.C)

The Team is **concerned** that clinical knowledge and skills are being assessed inconsistently by clinical faculty members who have not been trained on the assessment measures. The Team **recommends** that the ND program regularly and consistently assess students' clinical performance—based on objective, measurable competencies and through the use of consistent application of appropriate assessment tools—at key milestones during the clinical training period, including completion of the program. (VII.D)

***Determination: Standard VII on Evaluation and Assessment is being partially met, with deficiencies as noted.***

## **STANDARD VIII: CONTINUING MEDICAL EDUCATION**

The Certificate, Community and Continuing Education (CCCE) Department provides naturopathic doctors opportunities for earning CEUs through a variety of conferences, seminars and certificate/training programs. The director of the department holds a Master of Public Administration degree and had experience in continuing education programming prior to coming to BU. She is 0.9 FTE and is supported by a full time administrative assistant, a half-time program manager, and a quarter-time graphic designer.

The director works with the Washington Association of Naturopathic Physicians to keep abreast of both continuing education requirements and rules in the state, to coordinate planning for the annual CE conference, and to do outreach for proposals on subjects of interest of naturopathic

physicians. The department plans to conduct a survey of Washington NDs in fall 2013 in order to assess satisfaction with the CE program and solicit topics of interest for future offerings.

The CCCE offerings include: a co-sponsored BU/WANP 2-day conference, onsite seminars (approximately 21 per quarter), home-study courses (recorded seminars with PowerPoint slides and assessment questions), and various certificate/training programs. A review of the offerings finds a breadth of appropriate topics for the primary care naturopathic physician taught by qualified instructors.

The certificate programs consist of Essential Oils and Aromatherapy, CranioSacral Therapy, Hypnotherapy, Medical Qi Gong, and Indigenous Wisdom Teaching. These programs grew out of successful single seminars. They are open to NDs and naturopathic students, other healthcare professionals, and members of the community. Interest in, attendance and completion of these certificate programs has met the baseline expectations of the CCCE Department.

A Seminar Proposal Form is used to formalize the process of CE program selection and lists all the information that a speaker must include for consideration. The proposal for a CE program is first screened by the program manager to assess the speaker's credentials and qualifications, possible conflicts of interest, the quality of the presentation, and how the proposal matches BU's mission. The proposal may then be reviewed by the director or the program deans if there are any concerns regarding the level of the content. The process of assessing conflicts of interest is thorough and allows for transparency.

The records kept by the department include information on the educational programs, including attendance and evaluations. They are kept indefinitely in an electronic format using Peopleware software, and in hardcopy form for five years. CE participants must verify attendance, and certificates are awarded once the seminar or program has concluded. An area acknowledged for improvement is to create and manage evaluations for the home-study courses.

Students are encouraged and allowed to attend CE offerings, and are offered a reduced rate as an incentive. The cost to attend the co-sponsored WANP annual convention for students is quite low, so as to boost attendance. Students do not receive core academic credit for these programs.

The senior vice president and provost supports the CE department in reviewing plans for offerings and coordinating them across the University's programs. The department is a revenue-generating component of the university and there are appropriate and attainable expectations regarding its revenue contributions.

The CCCE director is also in contact with the senior vice president and provost and with the BUC clinic director regarding when and how to launch a CE program at the San Diego Campus. The plan is that once the integrated curriculum is more fully implemented and the campus more well-established, the department can begin assessing the need for CE programs and evaluating proposals there.

**Determination: Standard VIII on Continuing Medical Education is being met.**

## **STANDARD IX: LIBRARY AND LEARNING RESOURCES**

The librarian and staff at BU Kenmore are appropriately trained and keep up-to-date on the evolving field of information science and its management. All of the library personnel are currently based at BUK. Since there is currently no librarian on campus at BUC, hiring a 0.65 FTE librarian was planned for fall 2013. Unfortunately, the 0.65 FTE position as advertised was not adequate to attract qualified applicants. It is felt that the position will have to be increased to 0.75 or greater FTE for the next academic year in order to attract qualified applicants. In the meantime, the lack of an onsite librarian at BUC limits the range of library services available to students during the 2013 – 2014 academic year.

**Area of Interest:** The San Diego campus does not have a qualified librarian on staff. (IX.A.3)

The BUC library has both a hardcopy collection and an electronic collection. The hardcopy collection consists of about 500 volumes, and there is a reserve collection that includes two copies of each current course required or recommended text. The collection was in an open area near faculty offices and operated on a self-selection and honor system for checking out books. The reserve collection at BUC will be expanded as the second year of the ND program is added in fall 2013.

Library space at BUK is limited. No recommendations from the 2002 space study were implemented and the budget request for a 2013 space study was also denied. A space study will be needed for BUC in order to accommodate increasing enrollment, increasing faculty needs, and future opening of the teaching clinic. The BU Librarian has drawn up a possible plan and talked to the BU facilities manager about its feasibility on the BUC campus, but nothing formal has been initiated.

The library offers a tutorial within the research courses in each of the four years of the ND curriculum. This tutorial consists of a student doing an online pre-class preparation followed by an in class presentation by the university librarian. The presence of first- and second-year students in the ND program at BUC during the 2013 – 2014 academic year will require the librarian to spend at least a week per quarter on the San Diego campus for the purposes of this course. There will also need to be regular, adequate, and effective communication between the two campuses of BU in order to continue to provide adequate library services.

The formal Library Advisory Committee was discontinued sometime around 2008 because it did not meet the needs of the library. Currently ad hoc committees are formed to address library and learning resource issues as they arise. The library regularly asks for feedback from students and faculty about its services. According to the director of library services, this method of addressing issues is satisfactory. The current methods of gauging user needs and satisfaction (e.g., through the use of online surveys) also seem satisfactory. More engagement of BUC students, faculty and staff will be required to ensure adequate input and feedback from the BUC campus.

Students at BUC have access to the University of California San Diego (UCSD) general and

medical libraries, and may check out books. The BUK librarian meets with her counterpart at UCSD on each trip to BUC. This outreach has provided the BUC campus with much-needed access to other facilities and information. UCSD offers greater journal access while BUK offers greater CAM database access. According to a student survey, only 9% of BUC students use the UCSD library weekly due to the cost of parking on that campus. Other library materials, databases and journals are accessible by electronic sources to which Bastyr University Kenmore has subscriptions, thus providing access to both campuses. Students currently learn about how to access the electronic databases through a number of mandatory tutorials that are done online. These courses build on each other and are of increasing complexity across the four years of the ND program. They are accessed via Moodle. There are currently no formal programs or tutorials to help faculty access library materials or online sources of information for academic or research or clinic purposes.

**Determination: Standard IX on Library and Learning Resources is met.**

## **STANDARD X: RESEARCH AND SCHOLARSHIP**

Bastyr University has a mature research program. Its research activities are fully aligned with the vision and mission of both the University and the SNM, as those visions and missions relate to research and scholarship. The Bastyr University Research Institute (BURI), headed by a director, provides oversight for the University's research activities. In 2010 BU received two of its largest NIH grants, totaling over \$7.6 million, for integrative oncology research. Many other grants have been awarded. A recent example is a National Center for Complementary and Alternative Medicine (NCCAM) R25 grant that was awarded for a collaborative effort between the University of Washington (UW) and the BU SNM to promote and support the use and practice of evidence-based medicine and to incorporate more educational modules in this area within the SNM curriculum.

A May 2013 status report with respect to NIH-supported research grants at BU shows: six active with continued funding past December 31, three due to be finished by the end of this year, and one already completed this past March. Two of the grants are in partnership with UW. The 10 grants, which are predominantly naturopathic medicine-related, collectively represent \$11.9 million in NIH grant awards. In addition, there are two active non-government supported research contracts, one of which is expected to be completed in 2013, that are valued at \$1.4 million, and five pending applications for grants (four to NIH, one to a non-government agency) that total \$4.8 million.

The University has no formal research committee. BURI serves as the University's repository of resources and personnel necessary to conduct productive research. An Institutional Review Board (IRB) is chaired by the director of the Office of Research Integrity. There is also a Scientific Review Committee (SRC), consisting of faculty members, that informs and supports the IRB process by looking closely at the scientific merit and research design issues that are relevant and of potential concern to research involving human subjects. Numerous policies exist that govern research operations at the University in areas such as intellectual property, patents and academic freedom, etc., to ensure proper and ethical conduct of research within the

framework of University policies and procedures, meeting legal requirements, and the terms and conditions that accompany awarded grants.

Research is largely supported by external grants. In 2012, BU research expenditures were approximately \$3 million. Student tuition does not directly fund research activity; however, the University does provide BURI \$300,000 annually, with much of it coming from research grant indirect costs (overhead). In addition to the BURI director there are: an associate director; a grant and contract specialist; a director of the research laboratories; a post-award specialist who works with investigators to set up grant budgets, hire staff and provide for the specific needs of each grant; and a research program coordinator. There are five core research faculty members in the SNM, all of whom are focused on clinical research activities with designated responsibilities to garner grant funding in addition to whatever other didactic or clinical teaching duties are assigned. At the BURI Clinical Research Center, which serves as the location for conducting funded clinical research trials, the staff includes a clinical research nurse manager, a patient services representative, and an intravenous therapy nurse. In 2012, BU demonstrated its research productivity via 17 peer reviewed publications and manuscripts accepted for publication.

Information presented in the self-study report demonstrates that sufficient facilities, equipment, infrastructure and information technology exist to support BURI research efforts, which also receive a boost via collaborations with the University of Washington. Faculty members are also encouraged to undertake scholarly activity other than funded clinical research. BU is able to support a research seed grant program upon an application for funds to undertake pilot studies to generate information that may be useful for grant application purposes. Although this opportunity exists, the University has recommended the creation of a plan that will foster increased research participation by SNM program faculty. BU also sponsors the Center for Student Research (CSR), which provides funding for students to work with faculty members on a variety of research projects. The Entering Student Expectation Survey showed that over 70% of entering BU students strongly expect or moderately expect to have a one-on-one research experience with a faculty member.

The BURI director was hired in 2012. He reports to the President, is based at the University in Kenmore (BUK), and has a 0.25 FTE administrative appointment. He also has a 0.75 FTE position associated with three recently funded research grants at Group Health, which is not affiliated with BU. The director is a senior researcher with a proven track record of research and administration who has had past and on-going research experience with BU.

The BURI associate director is based at the Bastyr University California (BUC) campus. His time is formally assigned equally between administrative/grant writing responsibilities and services as a clinical research assistant professor. Much of his research time is devoted to grant writing. An accomplished young researcher whose associate director appointment occurred in April 2013, he was originally at BU doing whole systems and diabetes research, and is in regular contact with the BURI director at Kenmore.

Although research activities are coordinated through BUK, networking and collaborative efforts need to be developed at BUC. The BURI director has met in San Diego with researchers from local VA hospitals, the University of California at San Diego (UCSD), Scripps Institute, and

other organizations. There's an interest in collaborations that will need to be fostered through joint grant proposal efforts.

An issue at BUK is research faculty retention. Salaries in the market place for research faculty are considerably higher than for academic faculty. In order to attract and retain research faculty, BU needs to be competitive. Recently there was a 20% salary increase above base salary for BU research faculty, but the Team was informed that the gap to comparable research faculty at major research institutions is still considerable (about \$40,000 in some cases). If BU compensation for researchers is not competitive, competent research faculty will be easily attracted to institutions paying market rate salaries, and research activities at BU may become more limited in scope. Another issue to be addressed is the provision of "safety net" support in the form of continuing salary for talented research faculty—who may be between grant funding periods—to better ensure their retention at BURI.

An additional issue that arose in discussions was that instructors who teach research courses are often residents with little or no research experience, as opposed to research faculty with appropriate levels of experience. This may not result in the most accurate information being presented regarding what is required to be an effective/successful researcher, or foster the development of ND students with an interest in becoming researchers. There is also a concern that a gap has developed at BU between senior and junior research faculty, reflected in there being few to no mid-level research faculty. BU has had an excellent track record in research, but it may wish to consider hiring, supporting and retaining mid-level researchers to continue having an active, growing research program.

The Team **commends** the BU research program for its long-term productivity and on-going success in acquiring significant external funding to support its research efforts.

***Determination: Standard X on Research and Scholarship is being met.***

## **STANDARD XI: PHYSICAL RESOURCES**

Bastyr University (BU) has major academic facilities at three locations, all of which serve the ND degree program. The main campus, owned by the University, is situated on 51 acres in Kenmore, Washington. A 186,000 square-foot building, formerly a Catholic Seminary, is home to a multiplicity of BU degree programs; it contains classrooms, teaching and research laboratories, exam rooms, faculty, staff and administrative offices, a library, a bookstore, meeting rooms, a dining commons and a chapel.

A second campus, Bastyr University California (BUC), is located in the Torrey Pines area just north of San Diego, CA. It is in close proximity to the University of California at San Diego (UCSD) and the UCSD medical school. At present, the physical plant consists of a leased, two-story 19,300 square foot building that provides classroom, laboratory, and academic support services space for students that are enrolled in the first year of the ND program there. With the BUC ND total enrollment expected to double to 100 students by fall 2103, the University recognized the necessity for acquiring more space at the campus sooner rather than later. As

such, BU has leased an additional 12,000 square feet of space in a one-story building adjacent to the two-story structure it currently occupies. Work is presently occurring to retrofit and build out the interiors of both buildings, with an emphasis on clinic space, to accommodate the faster than expected increase in enrollment, and the expansions in clinical educational/service and research activities that are likely to occur. When the renovation work is completed, it is anticipated that this will serve the institution's academic needs for the next four to five years. The Team reviewed the construction plans at BUC and the work underway, and noted that significant progress was being made.

The Bastyr Center for Natural Health (BCNH) occupies 41,293 square feet of leased space in a building located in the Wallingford District of Seattle, where it has been located since 2006. It is the largest natural healthcare clinic in the Northwest. A wide range of BU clinical health services are offered in the areas of naturopathic medicine, acupuncture and Asian medicine, homeopathy, nutrition and counseling. In addition to all the rooms, equipment and other forms of support (such as a natural medicine dispensary) that are required to provide patient care, the BCNH has classrooms, meeting rooms, offices for faculty, a library, and office space available for lease to private practitioners. Plans exist to retrofit BCNH space on an on-going basis; in 2012, three new classrooms and two prep faculty offices were built on the lower floor.

The University has developed a comprehensive 10-year Master Plan, dated December 2009, that contains a multitude of thoughts and proposals regarding the usage of buildings and grounds at the Kenmore campus. These are aligned with the vision and mission of the University with respect to improving and sustaining its natural healthcare-focused programs, and providing a better quality of life with respect to issues of importance to University stakeholders. The plan has been approved by the City of Kenmore. Noteworthy has been the construction and 2010 opening of the new Student Village, a LEED-certified housing complex that provides private living quarters for up to 132 students on the Kenmore campus. The Team **commends** the University for its strong commitment to environmentalism in construction and landscape projects.

Although there is an enormous amount of interior space at the Kenmore campus, and all necessary space (classroom, laboratory, office, etc.) exists to support the mission and delivery of the ND program, the space is somewhat "disconnected." This is likely due to the building's original purpose as a seminary designed to offer religious instruction and training, plus housing, for 400 students. The Team believes the possibility exists for Kenmore building space to be utilized more efficiently and effectively, and as resources permit, to take appropriate action steps.

Capital projects, as they relate to facilities, occur on a continuing basis. The scope and priority of such projects depend upon the urgency of need and the funding required. The amount available for capital expenditures is usually determined by a combination of factors, including: operating surplus, desired growth of net assets, and on-hand cash/cash equivalents. Presently, facilities renovations at BUC are a priority.

All facilities under the control of BU are in compliance with federal, state, and local fire, safety, health, and accessibility laws and regulations. Copies of the institution's safety plans throughout each of the three BU locations and are overseen by the Facilities director.

*Determination: Standard XI on Physical Resources is being met.*

## **RESIDENCY PROGRAM**

### **Standard Part 2 & 3 - Sponsor Recognition Standards & Residency Program Approval Standards**

The BU residency program has been approved by CNME since 2002, and the University has been a recognized sponsor institution since 2007. Since that time, Bastyr has shown consistent dedication to developing and expanding the residency department and the residency training sites it oversees. Today the residency department oversees 22 affiliated residency sites. The program director was frank in his evaluation of the residency program, noting both the strengths and challenges facing the program.

The sponsor institution supports a scholarly environment for the BCHN residents, including regular journal/case review meetings (led by the chief resident, and attended by the residency director), mentoring, and quarterly evaluation meetings with the residency director. Additionally, residents no longer receive a set stipend to attend CE events, but instead are encouraged to apply for resources from a dedicated and substantial pool of faculty development funds. Residents report being encouraged and able to attend numerous high-quality CE events. Finally, BU supports a scholarly environment and demonstrates this dedication with the implementation of a chief residency position focused on evidence-based medicine.

Residents at BCHN express high levels of satisfaction with the mentoring and patient volume during their rotation. However, they do report feeling challenged by the hours and salary levels, and note that those aspects of the program may be an impediment to potential applicants for the program. As noted under **Standard VI: Program of Study**, BU utilizes first year residents to run student clinic shifts without an attending physician, starting in the residents' 4<sup>th</sup> month of residency. While this is a student clinical training issue, it merits attention here. The Team believes that a first-year resident with less than 6 months experience does not have the clinical expertise to appropriately manage and guide 4<sup>th</sup> year students on general medicine shifts. While this does not violate CNME criteria, it certainly warrants further evaluation from the Bastyr administrative team. The team strongly *suggests* that the SNM review the teaching role of first-year residents in general medicine student-teaching shifts and take steps to ensure that their teaching role in a mentored environment is appropriate for their level of knowledge and experience.

The residency director works to ensure that all site supervisors understand and comply with CNME requirements. To facilitate better understanding and compliance with CNME requirements, the residency director is working to implement a Residency Advisory Council that will be composed of a group of site supervisors and a number of Bastyr administrators. That said, the residency director stated that in some cases the lack of explicit/concrete guidance in the CNME residency handbook is an impediment to ensuring consistent operations across all distant sites. In particular, establishing baseline numbers could be useful as regards hours required for external rotations, minimum patient contact numbers, minimum salary, etc.

Regarding distant site oversight and supervision, there is a concentrated effort to meet—either by phone or in person—with the resident each term; however, the residency director notes that this does not always happen due to a variety of factors. The residency director does ensure that the BU residency program meets CNME standards that require a minimum of two evaluations per year, and that 40% of the program is dedicated to clinical naturopathic medicine or naturopathic care.

The residency sponsor works to verify that physical, human, and financial resources are sufficient to support each of the residencies. Some residents are employed as independent contractors; the Team *suggests* that the program look into whether an independent contractor status for a resident is consistent with applicable employment laws within the jurisdictions where it is utilized.

**Area of Interest:** Dependent upon location and the terms and conditions of employment, there is an inconsistent salary structure for residents. (*Residency Handbook for Naturopathic Medicine Programs*, Section 2.3, Administrative Oversight, second item a)

#### **Standard Parts 4 – 7**

Standards 4 – 7 pertain to the establishment and maintenance of sponsor recognition status. The standards have been evaluated by the CPNME in the past and continue to be monitored on an ongoing basis. The Team is satisfied that the standards are being met and that structures are in place to ensure that the residency director appropriately monitors and reports on each distant residency site.

**Determination:** *Standards for Residency Sponsorship are being met.*

#### **COMPLIANCE WITH CNME POLICIES**

The Team found the University and the SNM to be in compliance with CNME’s policies.

## LIST OF COMMENDATIONS

1. The Team **commends** the competence and dedication of the SNM faculty, and members of the SNM and University administration and staff for their efforts to develop, implement and sustain a quality ND program; and also, for their innovation and entrepreneurial spirit in revising the ND curriculum and opening the BUC branch campus.
2. The Team **commends** the dedication of the faculty to the ND program and its students.
3. Although still early in its implementation, the Team **commends** the design of the integrated curriculum, which has brought clinical exposure and critical thinking components into the first year of the ND program, and for weaving naturopathic philosophy into the program in a manner that bridges the didactic and clinical aspects.
4. The Team **commends** Bastyr University for devoting significant resources to develop and support a faculty-based mentoring program for students, which provides substantial value and contributes to a well-rounded student education.
5. The Team **commends** the BU research program for its long-term productivity and on-going success in acquiring significant external funding to support its research efforts.
6. The Team **commends** the University for its strong commitment to environmentalism in construction and landscape projects.

## LIST OF RECOMMENDATIONS

VI-1. The Team **recommends** that the School of Naturopathic Medicine ensure that training is provided to faculty members to enable them to utilize appropriate instructional methodology to effectively implement the integrated curriculum. (IV.D.2)

VI-2. The Team **recommends** that the ND program take steps to strengthen the alignment between its mission, program outcomes, course objectives, course assessments and competencies to allow for evaluation of the effectiveness of the program. (VI.A.1)

VII-1. The Team **recommends** that the ND program develop and implement a comprehensive assessment plan with (i) clearly defined, developed, and appropriate assessment measures directly linked to the program outcomes, and (ii) a manageable and sustainable way of maintaining the plan so that it yields valid, reliable, and consistent data that are then used for ND program improvement. (VII.A.B.C)

VII-2. The Team **recommends** that the ND program regularly and consistently assess students' clinical performance—based on objective, measurable competencies and through the use of consistent application of appropriate assessment tools—at key milestones during the clinical training period, including completion of the program. (VII.D)

## LIST OF AREAS OF INTEREST

I-1. **Area of Interest:** As noted by the program in the self-study, the 2012 review and reaffirmation of the mission, vision, and program outcomes was only the first step in implementing a periodic reevaluation process as part its assessment plan. (I.C)

II-1. **Area of Interest:** With the associate dean of naturopathic clinical education assuming a range of responsibilities at BUC that importantly include oversight of the ND program at that location, the ND program should take steps to ensure that the associate dean's current range of responsibilities at the Kenmore campus are appropriately assigned and managed. (II.B.3)

III-1. **Area of Interest:** While the University has a strategic and five-year financial plan in place, it does not contain a multiyear financial plan for the ND program. This is particularly important, given the projected rapid growth of the ND program at the San Diego campus. (III.C.2)

IV-1. **Area of Interest:** Overall, the faculty with whom the team met expressed dissatisfaction with the adequacy of remuneration/release time in light of the increased workload due to the ongoing course development and revision associated with the new integrated curriculum. (IV.F.3)

V-1. **Area of Interest:** As would be expected of a start-up campus, student services at the San Diego campus are not comparable to those at Kenmore. Some of these services, such as counseling, student advisement, and financial aid, are being offered via the Mondo system, which allows for computer-mediated communication. The students have found this arrangement to be ineffective at times due to technological problems and the remoteness of staff as regards the circumstances in San Diego. (V.A)

VI-1. **Area of Interest:** There is insufficient coordination and communication between the San Diego and Kenmore campuses to enable consistent delivery of the ND program at both locations. (VI.A.5)

IX-1. **Area of Interest:** The San Diego campus does not have a qualified librarian on staff. (IX.A.3)

## LIST OF RESIDENCY PROGRAM FINDINGS

**Area of Interest:** Dependent upon location and the terms and conditions of employment, there is an inconsistent salary structure for residents. (*Residency Handbook for Naturopathic Medicine Programs*, Section 2.3, Administrative Oversight, second item a)