



**COUNCIL ON NATUROPATHIC MEDICAL EDUCATION**

**Evaluation Team Report**

**UNIVERSITY OF BRIDGEPORT  
SCHOOL OF NATUROPATHIC MEDICINE  
Bridgeport, Connecticut**

**Evaluation Visit for Re-Accreditation of  
USCNM's ND Program**

**September 5 – 7, 2018**

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

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## **INTRODUCTION**

### **History of the Institution**

The University of Bridgeport (UB) is an independent, non-sectarian university established in 1927. Starting out as a junior college, it became a university in 1947 when the state of Connecticut chartered it as a four-year institution. The degrees granted in its early years included baccalaureates in business, arts and sciences, education and engineering. The Fones School of Dental Hygiene, the first academic program in this field in the world, was founded in 1913 as an independent school and joined the University of Bridgeport in 1949, marking the university's entry into the health sciences. In 1951, UB awarded its first master's degree. In 1991, UB launched the doctoral program in chiropractic followed in 1996 by the doctoral program in naturopathic medicine. Other graduate level healthcare programs include programs in nutrition, nursing and traditional Chinese medicine. UB houses one of the most robust and diverse collection of standard, integrative and complementary health sciences programs in the U.S.

At the time that UB submitted its self-study report to the CNME, the University consisted of a number of colleges, schools, and institutes offering a variety of undergraduate, graduate, and professional degree programs—including the UB College of Naturopathic Medicine; 14 deans were responsible for overseeing these various entities and programs. In August of 2018, shortly before the CNME evaluation visit, UB's new president as of July 2018, Laura Skandera Trombley, PhD—along with the Board of Trustees—announced a major academic reorganization of the University. Basically, the reorganization consolidated all of the academic entities and programs into three new colleges: the College of Arts and Sciences; the College of Engineering, Business and Education; and the College of Health Sciences. Under this reorganization, the UB College of Naturopathic Medicine was renamed the UB School of Naturopathic Medicine (UBSNM), and the title of the person in charge of the school was changed from “dean” to “director” (a number of other dean positions were similarly retitled, and several dean and other positions were eliminated). While the reorganization did not affect the administrative structure within the School of Naturopathic Medicine, it did change the administrative structure above the school and the reporting line of the UBSNM director. (Note that in this report the old and new titles will be used interchangeably due to the very recent organizational restructuring.)

The University is institutionally accredited by the Commission on Institutions of Higher Education of the New England Association of Schools and Colleges (NEASC), the relevant regional accrediting body recognized by the Department of Education. UB last underwent accreditation review and renewal in 2013.

The College of Naturopathic Medicine (UBCNM) enrolled its first class in 1997, and has been in continuous operation since that time. The Connecticut Office of Higher Education (CTOHE)

authorizes UB to offer an ND degree. The ND program is accredited by the Council on Naturopathic Medical Education.

The 2017-2018 self-study process was initiated in January 2017 by the dean (now director), who initially met with the two UBCNM associate deans (now associate directors) to review the process. The director was in communication with the Vice President of Health Sciences, and with the Provost, to whom she reports, throughout the self-study process (she now also jointly reports to the dean of the College of Health Sciences).

The director and associate directors met throughout the spring of 2017 to identify and clarify roles and responsibilities for steering committee members, and to identify other individuals to serve on self-study committees. Meetings continued periodically through the beginning of July, at which point there was a hiatus until October 2017, during which the director was on medical leave.

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

During the CNME evaluation visit, the team reviewed a variety of materials and met with the following people and groups:

- Members of the Board of Trustees
- President
- UBSNM Director
- Provost and Vice President of Academic Affairs
- Dean, College of Health Sciences.
- Deputy Provost
- Chief Financial Officer and Vice President of Finance
- Vice President, Facilities
- Vice President, Health Sciences
- Dean of Admissions
- Dean of Students
- Director, Budget
- Director, Counseling Services
- Director, Financial Aid
- Director, Health Sciences, Assessment, and Planning
- Director, Graduate Admissions
- Director, Research
- Associate Director of Academic Affairs
- Associate Director of Clinical Education
- Executive Assistant to the Director
- Human Resources
- Clinic Faculty
- Clinical Services Administrator
- Didactic Faculty
- Health Sciences CME
- HSPED Coordinator

- Natural Medicine Liaison to Postgraduate Education
- Registrar
- Librarian
- Students, Year 1-2
- Students, Year 3-4

## **Report Terminology**

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 (i.e., a formal finding of non-compliance or partial compliance). 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 criteria are stated.

The term “**area of interest**” denotes a problematic situation that could potentially evolve into non-compliance with a CNME standard or policy; however, it not a formal finding like a recommendation.

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

A **Determination** is provided at the end of each Standards section of the report. This briefly describes the extent to which the Team believes the ND program is in compliance with the particular Standard.

## **Acknowledgement**

The evaluation team sincerely thanks the University for inviting the CNME to conduct the visit, and for the hospitality, cooperation and courtesy the team members were shown throughout the visit. The evaluation team found the UB community to be welcoming and candid about the naturopathic medical program and the operations of the broader University.

## **STANDARD I: PROGRAM MISSION AND OUTCOMES**

The University of Bridgeport School of Naturopathic Medicine (UBSNM)—formerly the Bridgeport *College* of Naturopathic Medicine (UCBNM)—is one of seven schools within the newly established College of Health Sciences at the University of Bridgeport. The school and its mission reflect the mission of the university.

## University of Bridgeport Mission Statement

*The University of Bridgeport offers career oriented undergraduate, graduate and professional degrees and programs for people seeking personal and professional growth. The University promotes academic excellence, personal responsibility, and commitment to service. Distinctive curricula in an international, culturally diverse, supportive learning environment prepare graduates for life and leadership in an increasingly interconnected world. The University is independent and non-sectarian.*

Adopted by the Board of Trustees on April 23, 2004

UBSNM has its own mission, which was revised by a strategic planning committee in the spring of 2017. The mission statement and program outcomes/competencies were both updated to clearly reflect the activities of the program and the programmatic objectives.

## University of Bridgeport College of Naturopathic Medicine Mission Statement

*Rooted in naturopathic philosophy, our goal is to train students to become physicians who are experts in individualized patient-centered care that focuses on disease prevention and optimization of health throughout the lifespan.*

They are transitioning to a new set of competencies/program objectives. The School's current program objectives are described below:

The College of Naturopathic Medicine:

- *Facilitates* the transformation of students to competent, compassionate, culturally sensitive naturopathic physicians who excel in a variety of healthcare settings.
- *Cultivates* an exceptional academic environment that supports research and scholarly activities to enhance student learning and advance the profession.
- *Fosters* collaborative relationships within the university to provide multidisciplinary opportunities in education, research and patient care for students and faculty.
- *Supports* alumni with resources and opportunities for professional development.
- *Provides* excellent naturopathic health and wellness services to the diverse population of Greater Bridgeport and the Northeast Region.
- *Advocates* for the profession through education, outreach, and legislative activities that increase the global awareness of the college and naturopathic medicine

The new program objectives/competencies that were developed are:

### 1. Patient Care

- a. Gather complete, relevant patient information
- b. Document encounters including reporting of information and development of an assessment and plan efficiently and accurately.
- c. Apply clinical reasoning to patient management
- d. Utilizes principles of Naturopathic Medicine in assessment and treatment
- e. Adhere to the therapeutic order in the context of patient management
- f. Apply universal precautions accurately and effectively

### 2. Communication

- a. Demonstrates cultural awareness and sensitivity
  - b. Articulates clearly and responsibly in verbal, non-verbal and written forms
  - c. Employs active listening
  - d. Chooses effective communication tools and techniques including communication technologies to facilitate discussion and enhanced team function
3. Interpersonal Skills
- a. Interacts effectively and collaboratively within patient care, public and professional settings
  - b. Responds appropriately to verbal and non-verbal cues
  - c. Uses respectful language in all interactions including challenging situations and conflicts
4. Medical Knowledge
- a. Demonstrates an understanding of established and evolving knowledge of the biomedical and clinical sciences
  - b. Applies comprehensive understanding of medical knowledge to patient care
  - c. Employs principles of public health, prevention, and wellness in case management
  - d. Demonstrates curiosity, objectivity and the use of clinical reasoning in the acquisition of knowledge
5. Professionalism
- a. Forms doctor-patient relationships that are patient-centered
  - b. Demonstrates a commitment to the profession in a variety of settings, including but not limited to clinical, educational and public environments
  - c. Practices ethical behavior that is honest, moral and responsible
  - d. Adheres to institutional and professional standards for personal, patient and public safety
  - e. Demonstrates reflective practice
6. Self-directed learning and improvement
- a. The competent graduate is aware of the limits of his/her personal knowledge and experience.
  - b. The competent graduate actively sets and pursues clear learning goals, exploits new opportunities for intellectual growth and professional enlightenment, is capable of critical, reliable, and valid self-assessment, and applies the knowledge gained to the practice of his/her profession.

The team believes that it would benefit the school to develop a smaller, more manageable number of measurable program objectives that describe the goals of the program as a whole. A more manageable number of program objectives will allow the school to conduct annual programmatic assessments to assess the quality of the program and guide further improvements.

**Recommendation:** The program needs to develop and adopt a set of program outcomes that are consistent with their new competencies. (Std. I.A.3)



**Determination: Standard I is being partially met.**

## **STANDARD II: ORGANIZATION, GOVERNANCE AND ADMINISTRATION**

The University very recently (August 2018) made significant changes to its administrative structure based on input received from their regional accreditation body (the Commission on Institutions of Higher Education of the New England Association of Schools and Colleges) and under the direction of their new president. As noted above, a number of colleges, institutes and other academic entities within the university were consolidated into three colleges: the College of Arts and Sciences; the College of Engineering, Business and Education; and the College of Health Sciences. The current fourteen directors now report to the three deans (who head up the three colleges), with some changes in titles and elimination of some positions. The deans of the three Colleges, in turn, report to the provost.

The University of Bridgeport (UB) is governed by a Board of Trustees that is responsible for the fiscal and academic integrity of the University. UB currently has 32 trustees representing a variety of professions. The large majority of the board has no contractual, employment or personal financial interest in the institution or program.

The full board meets three times per year and conducts much of its work between meetings through standing committees. Faculty and student representatives, usually the presidents of the Faculty Council and the Student Government Association, attend the meeting and represent the interests of their constituencies.

The evaluation team met with five officers of the Board of Trustees including the Co-Chairs. These board members conveyed a strong and sincere commitment to the success and advancement of the School of Naturopathic Medicine. They communicated their concern about the small number of students currently enrolled, and encouraged any actions the profession could take to raise the profile and appeal of the naturopathic profession in the state and nationally.

The team also met with the new president, Dr. Laura Skandera Trombley, who articulated a strong vision for the Health Sciences College and the role naturopathic medicine will play in it.

The administrative structure of the university and the College of Health Sciences generally meets the needs of the naturopathic college by providing the means for effective communication, participation in governance, integration within the university and functional and appropriate delineation of responsibilities.

The university has been responsive to a number of UBSNM's important needs by improving facilities and upgrading clinic space. Most importantly, they have not reduced the budget or the number of faculty and staff in the school even though the ND program has experienced a significant reduction in the number of students enrolled, and a significant number of layoffs in other areas in the university have been recently made.

The faculty have a voice in University governance through the following activities:

- Advising the Provost in the recruitment and appointment of academic administrators and in recruitment, appointment, reappointment, promotion, and tenure recommendations of peers, as provided for in the Faculty Handbook;
- Possessing policy-making authority through participation in Faculty Council and University Senate;
- Serving on a variety of university-wide committees such as the University Planning Review Board, University Budget Review Committee, and the IT Governance Committee, by invitation of the administration and/or committee chairs.

The program's administrative staff and faculty are large enough to meet the needs of the program and achieve the program's mission. There appears to be strong communication between and among the different stakeholders in the school.

The school has a relatively new senior academic leadership team that has brought many positive changes to the program, and the UBSNM Director—in particular—brings strong leadership skills to the task of managing the school. A performance review was recently conducted for each the Associate Directors, which provided robust feedback and guidance for their future growth, and the evaluation team was informed that the director's performance was reviewed a couple of years ago. It appears, however, that performance reviews have not always been routinely and consistently performed.

**Area of Interest:** The institution needs to ensure that performance is periodically evaluated at reasonable intervals for all UBSNM staff. (Std. II.B.5)

**Commendation:** The team observed a strong interest in—and commitment to—the ND program on the part of the University's governing board and senior leadership, and an inspiring vision for increased integration among the schools of health sciences.

**Determination: Standard II is being met**

### **STANDARD III: PLANNING AND FINANCIAL RESOURCES**

As with many private institutions of higher education, declining enrolments impact the financial bottom line of the institution. With a large international student population, the University of Bridgeport has experienced even greater challenges due to a recent decrease in enrollment of international students owing to the negative national political climate in the U.S. in regard to immigration and religious pluralism. This major decline started with the spring term of 2016. To mitigate the declining international student enrollment, the university has made some strategic moves including the restructuring of its administration and the laying off of a number of administrators and staff.

The naturopathic medical program continues to have a much lower student cohort than is desirable. This year's first-year enrollment of 14 was the lowest in many years. It is also noted that such a professional program operating within the Health Sciences College has higher operating costs than other schools within the university. However, the budgets that have been

prepared by the Director (formerly the Dean) to meet the goals, objectives and strategic plans of the program continue to be adequately met by the university.

Areas that may need additional financial support from the university would include greater resources for the recruitment of students, the purchase of an adequate electronic health records (EHR) system to replace the problematic and inadequate system that is currently in place, and the further development of naturopathic medical research within the school of naturopathic medicine.

Additional investments the university made this past year in the naturopathic program, which were in addition to the operating budget, include the replacement of 35 tablet computers for the present clinic EHR system as well as the installation of a new and much needed research lab. Also, there was recently a complete renovation and refitting of the naturopathic clinic.

A strategic plan for the naturopathic program for the years 2017-2022 was developed in May 2017; however, due to a health-related leave of absence of the director, the plan has not substantially moved forward. The program intends to revisit the strategic plan to both review and update it. The UB's five-year strategic plan will also be going through a revision, now that a new president for the university has been appointed and the administration has undergone a major restructuring.

The UBSNM director has online access to a general annual budget for the school, which allows her to regularly monitor expense line items; however, it would be helpful for her to also have access to a monthly report comparing budgeted expenses to the actual expenses, since this would allow for greater control and financial management of the program. Also, at present there is no method that the director can use to assess the actual costs of staffing and managing the clinic as separate from the program due to the overlapping of clinic faculty with the didactic program.

***Recommendation:*** The program previously developed a program-level strategic plan that, due to an unavoidable issue, was put on hold. The program needs to review, reassess and update the strategic plan to reflect current circumstances, and begin implementation. (Std. II.A. 2 and 4)

***Area of interest:*** While the school director is involved with developing program budgets and is provided with an annual program budget which she can use with discretion, the program director lacks broader information on the costs and revenues associated with the program (e.g., the full costs and revenues associated with operating the clinic); this impacts the director's ability to make cost-effective decisions in some instances. Budget information needs to be provided in a usable format that provides a timely and clear understanding of revenues and expenses in all areas of the program. (Std.III.C.2)

**Determination: Standard III is being met.**

## **STANDARD IV: PROGRAM FACULTY**

Consistent with the characterization of the faculty in the self-study, the team found the faculty to be a strong asset to the program. UBCNM's faculty are all credentialed with doctoral degrees—either as ND's, DC's, MD's or PhD's—in both the didactic and the clinical part of the program. There are currently 10 full-time (one vacancy currently exists) and 28 adjunct faculty. Given the current student population, these numbers are adequate to meet the needs of teaching, as well as the additional needs of service and other support to the naturopathic program. Full-time faculty are required to participate in service activities such as faculty council and curriculum committees, and they are encouraged to do scholarly work such as practicing, writing, research and presenting at professional conferences. One major strength of the faculty is their significant longevity: for example, over 90% of clinic faculty have greater than 10 years of clinical teaching experience.

Faculty are very much appreciated by the students, and faculty evaluations and interviews indicated that faculty members are generally receptive to making pedagogical changes to improve instruction. Based on assessment results, faculty have been challenged to examine the efficacy of their teaching methodologies, and most seem very engaged in the process. Faculty are very proud of their contributions toward a structured, organized curriculum.

Faculty are invested in integrating naturopathic principles and philosophy into their classes to ensure that they are well-rooted in the program. Feedback to the team from both faculty and students verified that this is the case.

Faculty undergo performance evaluation via observation at least once a year by the program director or an associate director, with new faculty being evaluated every semester. Upon review of faculty files, the team was impressed by the array of detailed and thoughtful feedback faculty members receive; among other things, the feedback outlines their areas of strength and weakness. Results of those observations are then discussed with the faculty. A more extensive observation and evaluation for full-time faculty is done by the director, who provides a written account to the provost. Members of the team reviewed a number of faculty files and found that all part-time and full-time faculty had been evaluated in the past two years, with detailed feedback on where faculty were performing with strength and/or underperforming in the areas of work with students, service to the discipline/profession and service to the program/University. The director noted that as part of the evaluation, she gives every faculty member feedback on at least one area to improve.

Another strength of the faculty is their collective commitment to deepening students' capacity for medical reasoning. Faculty really want students to do more than simply arrive at a correct answer; they want them to truly grasp the concepts and apply them appropriate to case situations. An example of this was seen in pre-clinic discussions, when faculty asked students to justify why they would choose specific exams, labs and therapeutics for patients.

The team observed that the most recent edition of the Faculty Handbook is from 2002. Several faculty members commented that when faculty have discussed possible revisions to the handbook, there has been little agreement—hence the lack of a more recent edition.

**Commendation:** The program has a strong, committed, experienced and student-oriented faculty in all program areas: biomedicine, clinical sciences and clinical practice.

**Determination: Standard IV is being met.**

## **STANDARD V: STUDENT SERVICES**

The University of Bridgeport offers the full range of student services required under the CNME standards and that are typically available in a multipurpose university, and overall, student services at UB are a definite strength of the institution. The naturopathic students are well served by UB's student services, and there are many benefits to the naturopathic medical program in particular being housed within in a multipurpose university that has a well-established administrative structure and the resources to cover a wide range of student services that are important to ND students.

Student records are maintained securely at the university level through the registrar's office. The admissions department is responsible for managing inquiries about the program, introducing prospective students to the various programs available in the College of Health Sciences, and providing information and support to prospective students and applicants. When potential students express interest in the naturopathic medical program, they are invited for a tour of the school and informed about open houses and other ways to learn more. Financial aid advisement, academic counseling and tutoring are all a part of the student services. Campus safety is well managed and compliant with regulations. The University makes a substantial investment in the safety, well-being, and security of students, faculty, and staff.

An important service that is offered to students across the university is personal counseling, which is provided by the counseling department. ND students often deal with issues related to the stress of being in a demanding professional healthcare program and other life issues that may arise, and the ND students at UB are no exception—and they make good use of the University's counseling services. There is also a Behavior Intervention Team (BIT) that is available should it be observed that a student be heading for—or is already in—a crisis situation, and needs help tailored to his/her individual situation.

Only 14 new students enrolled in the ND program for 2018, which is a low number. It was difficult for the evaluation team to understand why enrollment is that low, given that the program is overall of high quality: the director is a capable leader, the faculty are engaged and experienced, and the ND program comprehensive and well-designed program. Also, when considering the resources available to naturopathic medical students within the University as well as the opportunities found within the College of Health Sciences (such as dual enrollment)—and along with the fact that the UBSNM offers the only ND program in the eastern part of the U.S.—one would expect a much higher number of students applying to and entering into the program. And while as noted in an earlier section there appears to be strong support on the part of the board of trustees, the new president and senior administrative staff for the ND

program, the team is concerned that such support may wane if enrollment does not increase to a more sustainable level.

Generally, naturopathic medicine is more widely recognized on the West Coast due to the fact that naturopathic colleges have been in operation there since the 1970s, and the three West Coast states license NDs. However, there has been in the last two decades a great increase in interest in—and utilization of—complementary and integrative medicine among the U.S. population as a whole. Because of this trend, it is the view of the evaluation team that UBSNM is in a unique position to have a much stronger presence in the Northeast and to achieve much higher program enrollment. However, there appears to be several impediments to achieving a enrollment. The following are some suggestions the team has—based on a lengthy conversation team members had with the Director of Admission and her staff—on how to address the enrollment issue (offered with the caveat that the team did not have time to examine the admissions processes and strategies in great detail, or to observe admissions events):

- There may be a need for a more targeted approach to the recruitment of ND students. Presently, in the Northeast, acupuncture and chiropractic are more widely recognized as complementary and integrative healthcare professions than naturopathic medicine; for this reason, it requires extra effort to educate prospective students about naturopathic medicine and what a career in the field offers. So it's important to have admissions staff and ND program staff (ideally NDs) readily available to talk with potential applicants. The admissions staff exhibited the type of interpersonal skills that support successful recruitment; the program would do well to work with the Admissions Dept. to identify people on the program side who similarly have the right temperament and skills to engage potential applicants in a way that can quickly establish a bond with the program. Additionally, it's essential that UBSNM staff and faculty who are involved with student recruitment be available on short notice; sometimes there's only a small window of opportunity to connect with a prospective applicant, and being available at just the right time can make all the difference.
- Perhaps the main obstacle to increasing enrollment is lack of a good mechanism for handling applicants who are well-qualified, informed about the profession, and would be likely to succeed in the program—but who have not completed all of the stringent admissions requirements, such as certain prerequisite science courses. It appears that there is no ready way to support these potential applicants in completing the admission requirements, and that they are simply informed that they should complete the requirements and then apply. Naturally, many such potential applicants never return. Other complementary/alternative healthcare programs address this issue in a variety of ways, such as: integrating some of the prerequisite courses into the curriculum; offering prerequisite courses during a summer term, prior to the start of the program in the fall; allowing students to start the program on a part-time basis while completing prerequisites; offering prerequisite courses online; and so on. The common feature of these various approaches is that potential applicants who lack admissions prerequisites—but are otherwise qualified—are worked with in a flexible way that keeps them connected to the school, and that sends a welcoming message that the school values them and will do what it can to facilitate their entry into the program.
- A number of medical fields are rethinking their prerequisite admissions requirements to determine whether all of the standard prerequisites are really needed in order to succeed

academically in the program, and also whether there should be some greater flexibility as to which courses might count. The team was informed that UB's DC program had had a similar issue to the ND program, namely a low conversion rate. Apparently, the DC program developed a more flexible set of prerequisites that enabled potential applicants with more diverse educational backgrounds to be eligible for admission. While the team understands the importance of only admitting students who are sufficiently prepared and capable to complete the rigorous academic and clinical naturopathic program, there may be some who would be make excellent naturopathic doctors but who are being turned away because they may be missing a prerequisite or two. Again, it's important to approach the issue of prerequisites with flexibility and creativity, given the current nature of higher education admissions.

- The Admissions Dept. has some ideas for how to make UBSNM open houses for prospective students more interactive and less focused on delivering information. Interactive open houses where prospective applicants can spend time in conversation with current students, alums, faculty and staff—perhaps with some demonstrations of techniques—can be very engaging and inspiring.
- Finally, the team learned that a large portion of the program's marketing budget goes to paying the membership dues and advertising costs related to the Association of Accredited Naturopathic Medical Colleges (AANMC). Although the university receives up to 80 inquiries per week from the AANMC website, very few apparently have the necessary prerequisites and even fewer end up applying to the program. A more targeted approach appears to be needed to identify those who are potential candidates such as those already taking pre-medical or health sciences courses in a college or university. That said, the team recognizes the important role that the AANMC plays in promoting the naturopathic profession to potential students and as an information resource for the general public, so the team is not suggesting withdrawing from the AANMC. Rather it's important to be clear how to derive the greatest benefit from the various recruitment strategies in play.

To summarize: the team recommends that the program and the Admissions Dept. work closely, collaboratively and creatively together to explore innovative approaches to admissions and recruitment strategies, activities and processes—and even potentially rethink admissions prerequisites and when and how they might be offered. It is essential to not default to admissions strategies that may have worked in the past if they are no longer successful. It is also important to explore ways that the ND program can distinguish itself from other programs within the College of Health Sciences, while at the same time informing potential applicants about the benefits of studying within a multidisciplinary college that includes both conventional and alternative/integrative healthcare programs (e.g., integrative clinical rotations). With sufficient and effective marketing and strategically targeted recruitment for the naturopathic program, it should be possible to increase student enrollment significantly over the coming years. This will not only strengthen the program but will also increase the number well-trained naturopathic doctors entering the field.

**Commendation:** The University has developed a comprehensive and responsive personal counseling service that is utilized by ND students.

**Recommendation:** Given the current low enrollment rate for the naturopathic medical program, the team recommends that the program's leadership work closely with the University's Admissions Department and Marketing Department to develop and implement new plans, strategies and processes for increasing enrollment in the program. (Std.V.B.9)

**Determination: Standard V is being partially met.**

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

### **Academic Education Component**

The School of Naturopathic Medicine offers a four-year, full-time program of academic and clinical training leading to a professional degree of Doctor of Naturopathic Medicine. The total program hours are 4,620, which consist of 3258 didactic hours and 1362 clinical education hours. The program is offered in two 18-week semesters with a shorter summer session of clinic rotations, and credit hours are based on a variant of the Carnegie unit.

The program has begun to adopt a number of evidence-based learning strategies based on current cognitive science related to how students learn. The first is the integration of the basic science courses that are contextualized through the use of clinical cases. This type of integration has been shown to facilitate better understanding of key concepts and improve the transfer of learning. The second is the emphasis on the development of reflective skills. These are considered vital in the development of self-regulated learning skills and, in turn, clinical expertise. The students develop skills to evaluate their personal well-being, their professional strengths and limitations, and the role they see themselves playing in their community. This occurs in the courses *Medical Ethics, Physician Self-Care, Counseling Skills I and II, and Mind-Body Medicine*. The third strategy is providing better opportunities for students to demonstrate competency in the key areas of Miller's pyramid of clinical assessment, which include "shows how" and "does." Clinical faculty is now being encouraged to have students take more ownership for the assessment and management of patients. They will be required to articulate a deep understanding of what their assessment means and more clearly rationalize their treatment recommendations. Finally, students have been offered the option of studying certain areas of naturopathic medicine in greater detail. They can now do electives in IV therapeutics, homeopathy, generative medicine and TCM.

The school has begun to work more actively with faculty in developing their skills in evidence-based instruction. There is recognition that while group teaching is useful, the administration has had a more positive impact working directly with individual faculty in one-on-one coaching sessions (supported by the ADAA and the Director of Assessment). There have been presentations on active learning and creativity in the classroom which resulted in one instructor adding a class on honing observation skills through the viewing of classic art to her Clinic Practicum I course, and another instructor setting up scenarios on ethical dilemmas in her Ethics course. One faculty member has piloted a flipped classroom technique that he learned at the Teaching Professor Conference in June 2016 in his physiology course. Finally, to create a better learning experience for students the Director introduced a template for use by the treatment and



management courses (NNP prefix in the UBSNM catalog). The template was developed in response to requests from a number of students for a more straightforward delivery of material, organizing the material in a structured manner, replacing the more varied approaches that instructors were using to teach the material.

The program completed the very challenging task of mapping the curriculum, which was begun in fall of 2017. This is vitally important as it clarifies to the academic administration and the faculty what is being taught and where. This in turn allows for more informed teaching, reductions in redundancy and better information to guide curriculum improvements by providing a more comprehensive understanding of how the program is teaching to the competencies. The curriculum mapping project, the review and revision of the program outcomes and objectives, and the current review and revision of the competencies adopted from the AANMC, will be used in further review of the curriculum, providing a framework of agreed-upon goals for curriculum assessment and development.

The program conducts curriculum reviews through the Curriculum and Assessment Committee, which meets monthly during the academic year to review and evaluate the curriculum, delivery, and assessment aspects of the program. The committee evaluates and determines if the curriculum and delivery strategies are achieving the program objectives and outcomes, and supports the students' ability to demonstrate the competencies. Several perspectives are used in the evaluation process, including the results of the UBSNM Clinic Practical Exams, NPLEX, and final course grades—as well as the feedback of faculty and students regarding individual courses and content sequences. The team feels that this rigorous approach is an excellent start, but would like to see concrete evidence of how the committee consistently carries this out and how it uses the data and information it gathers to make decisions regarding curriculum change.

One of the challenges identified by the program is how to foster students' medical reasoning ability. To address this, the program has increased the focus on this competency in both formative and summative assessments. Examples of this approach include having clinical supervisors ask students to analyze the challenges they face when asking patients questions, determining causation and diagnoses, and developing a treatment plan—rather than the supervisors providing the answers up front. Another strategy has been to assign students more time in the laboratory setting with the lab manager in order to provide better understanding of the uses and distinctions among the various tests. In the classroom, instructors are being asked to implement a similar strategy: responding to many student questions with a question that require assessment and analysis, rather than simply providing the answer.

The 4620 required clock hours in the program is nearly 13% more than the CNME minimum required number of hours (4,100). In order to cut down on program expenses and reduce the academic intensity of the program, it may be worth considering ways streamline the program to reduce its length.

***Area of interest:*** The current number of clock hours in the ND program substantially exceeds the CNME requirements resulting in a very heavy academic load for ND students, which impedes their ability to engage in research and scholarship and delve more deeply into other areas such as

specialty interests; the heavy academic load is also increases the stress the students are under. (Std.VI.A.2)

### **Clinical Education Component**

The clinical education curriculum, as outlined in the Clinic Handbook and Clinical Competency Handbook, is competency-based. Clearly articulated clinical competencies provide a basis for evaluating students as they progress through their clinical training. In the clinical component of the program, competencies are separated into skills for entry-level students (secondaries/student interns) and advanced students (primaries/student clinicians). Faculty “sign off” on competencies when a student has successfully demonstrated a skill in a specific area. As students complete the requirements for entry-level competencies, entrance exam, and successfully pass the clinical promotion exam, they transition into the role of an advanced student clinician, taking more responsibility for patient care. Competencies are structured at increasing levels of difficulty, providing students with opportunities to reinforce and refine their knowledge and skills. Students are evaluated weekly by the clinical faculty via a new student clinic evaluation form, and they must ultimately pass a clinic exit exam. The exploration of naturopathic theories, principles, and philosophy are integrated into the clinical competencies. All of the clinical education elements required by the CNME (see Standard VI, section C.6) are integrated into the clinical education component of the program.

Medical reasoning was identified in the self-study report as an area of weakness both in the clinical setting and in clinic exam results. UBSNM has implemented strategies for improvement that include assessment through clinic entrance, promotion, and exit exams, as well as clinical supervisors asking students to assess and analyze the challenges that they face when asking a question (determining causation and diagnoses, developing a treatment plan), rather than giving students that answer. In the 2017 spring semester, a new patient visit structure was introduced to address: a) concerns identified by both administration and students regarding time management of the patient visit, b) feedback received from students regarding redundancy in the patient interview process, and c) the role of each person in the rotation.

The UB Clinics are home to the teaching clinics for UB’s chiropractic, naturopathic medicine, acupuncture, and dental hygiene programs. One floor of the UB Clinics has been allocated to the UBSNM program, and the school has established a network of community clinics where student clinicians also see patients. Students see a wide range of patient populations in the various community clinics as well as in the UB Clinic as they move through the required clinical training. At the UB Clinic, students have opportunity to rotate through general medicine as well as specialty-focused shifts. One of benefits for the ND program of being situated within a multidisciplinary College of Health Sciences is that ND students have an opportunity to participate in an “integrative shift,” in which clinical faculty and students from acupuncture, chiropractic, dental hygiene, and naturopathic medicine programs collaborate for the purpose of assessing patients from an integrative perspective. Patient volume appears adequate; however, the team *suggests* that UBSNM continue to focus on marketing specifically to bring new patients into the naturopathic medicine clinic.

In the context of their clinical training, students utilize a wide range of naturopathic treatment modalities that allowed within the scope of practice in the state of CT, with the exception of acupuncture—which is also allowed (in the scope it is referred to as “naturopathic acupuncture”). Currently students are not allowed to perform acupuncture in the UB Clinic despite it being in the scope of practice, perhaps out of deference to the fact UB also has an acupuncture program. The team *suggests* that students also have the opportunity to practice this modality. It would benefit ND students for UBSNM to find ways to increase their exposure to the use of pharmaceuticals as a treatment modality.

The student-faculty ratio on clinical shifts is adequate, and there are enough shifts each week to provide students enough direct patient care—except for the summer sessions when student shifts are decreased (note that not all students are required to take a shift in the summer). There is a self-identified concern about adequate patient retention in light of the decrease in shifts during the summer. This decrease not only likely adversely impacts revenue, but patient retention, follow-up care and continuity of care as well. The team *suggests* that the program consider running a higher number of clinical shifts in the summer sessions and requiring students to participate in summer clinical training.

An impressive innovation in the program has been the development of a “model rotation.” The model rotation provides secondary student clinicians the opportunity to learn clinical skills by directly observing a clinical supervisor demonstrate the process of the patient visit from start to finish. The clinical supervisor models case-taking, physical examination skills (which students, in turn, repeat), case analysis, assessment, the development of treatment plans, and professional behavior. Students document the treatment in the EMR, and participate in case preview and case review. The clinical supervisor also asks progressively complex questions related to medical reasoning. This is another example of implementing instructional methodology based on current cognitive science related to how students learn. This incremental introduction to the complex task of the primary student clinician means the students are less likely to suffer from cognitive overload, and will be better equipped to understand and carry out their responsibilities more effectively. Other naturopathic colleges would do well to use this approach.

### ***Clinic faculty***

The clinical faculty team is currently comprised of seven full-time and fifteen adjunct faculty members, all of whom are licensed providers in the State of Connecticut. Nine of the ND clinical supervisors are graduates from Bastyr and National University of Natural Medicine, and the remaining 12 are graduates of UBCNM. Clinical faculty are experienced and demonstrate a high level of competence.

***Commendation:*** A large majority (around 91%) of the UBSNM clinical faculty have five or more years of experience.

Faculty are overseen by the Associate Director of Clinical Education (ADCE), who also functions as the Chief Medical officer (CMO) for the UBSNM Clinic. The ADCE performs clinical faculty observations—followed by post-observation meetings—to provide feedback to the faculty member, and to review required clinic documentation, e.g., syllabus development,

student evaluations, data regarding patient medical records, and patient tracking data. This takes place at both the community clinics and UB Clinic.

### ***Clinic Facilities***

The UB clinical facilities are modern and of adequate size for the clinical training program. The equipment inventory is sufficient to provide ample and diverse experiences for diagnostic and therapeutic activities. The clinic has a total of 17 exam rooms plus a hydrotherapy suite; four rooms are equipped with gynecology tables, and three other rooms have adjusting tables. The hydrotherapy suite has three tables for constitutional hydrotherapy treatments, two infrared sauna units, one Russian steam bath, and an immersion tub used for peat/ice baths. The laboratory facilities are of sufficient size and adequately stocked for providing ample educational experience. The laboratory lacks a hood for sterile formulation of IV bags for the IV shift. The Dispensary carries professional quality products and is used by all UB Clinics. The Dispensary Committee and Subcommittee meet regularly to discuss various aspects of the dispensary and which products are carried.

### ***Electronic Health Records – Clinic Documentation***

Primary student clinicians document patient visits in the on-campus UB Clinic in the EHR, and in paper charts at each of the community clinic sites. Supervising physicians are responsible for providing students with feedback regarding the accuracy and completeness of medical documentation, and indicating revisions to be incorporated before charts are signed. Several issues which affect clinical training have been identified in regard to documentation of patient visits using the current EHR system. One is that there is no remote access to EHR for students or faculty. Clinical faculty are unable to access the medical records outside of the clinic environment, and must wait until they return to clinic for their next shift to finish note. This limited accessibility makes providing adequate feedback to students particularly difficult for adjunct faculty, and especially for those who work only one day per week in the school clinic. Lack of remote access interferes with students completing chart notes in a timely fashion as well as physicians signing off on charts. In 2018, only 61.5% of charts at UB clinic were signed within 2 weeks of the date of visit.

Other issues with EHR include problems with functioning and formatting of the documentation of the patient visit. The drop-down menus and check boxes are not user-friendly, due to formatting that makes reading text difficult once the document is finalized. Students use the Classic Encounter note format, which provides a word processor application to type the encounter information. Within this application there is the option of using default templates. The significant issues with the current EHR limit the opportunity to use the information in the medical records for research purposes, such as datamining. Other faults with the system have caused problems with printing, leading to printer selection errors rerouting documents to alternate printers not selected by the user. Time management challenges have resulted from these errors, with the need to search out the printer to which the patient instructions were sent.

The EHR does not support color photographs and documents, which presents a difficulty in maintaining optimal documentation of some specialty lab results that are color-coded for clarity.

The lack of color also restricts the preservation of medical images in patients' medical records, limiting case documentation and quality of instruction. The EHR is also not linked to any conventional laboratory, and thus patients' lab results must be faxed to the UB Clinics and scanned into the patient electronic chart. In summary, the issues with EHR present challenges in documentation of clinic visits and in faculty review of notes and feedback to students, as well as in time management and as a resource for research and scholarship.

**Commendation:** The program has implemented effective strategies that improve medical reasoning skills.

**Recommendation:** The clinical program must have access to an Electronic Health Records system that is suitable to the needs of the naturopathic medical clinical training program. (Std. VI.D 7)

**Determination: Standard VI is being partially met.**

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

The program has taken seriously the importance of developing and implementing a comprehensive assessment plan. UBCNM has worked under the guidance of the Systems Evaluation & Assessment Protocol of the UB Health Sciences Division (which has been subsumed into the new College of Health Sciences) to develop an effective assessment plan for the program. This plan includes both assessment of students and programmatic assessment. The team found in the current iteration of the plan elements of detailed, useful assessment measures; however, a comprehensive plan for cyclical assessment of the program still needs to be achieved.

The UBCNM administration acknowledges that program outcomes need to be further clarified and revised to reflect the evolution of the assessment plan, and that they need to be aligned with the current competencies that have been adopted. Furthermore, it is important to have specific targets for each of the assessment methods, an analysis of whether the target was met, specified timelines for carrying out the components of the assessment plan, and a clear procedure for utilizing data obtained to guide curriculum and other program decisions.

The assessment plan contains a well-designed program competency framework, which includes the knowledge base, course/clinic objectives, student learning outcomes, achievement levels and assessment tools. The framework demonstrates the commitment to assessing student learning, utilizing direct measures such as grades, remediation, grade point average, NPLEX completion, etc.—but needs a clearer connection to assessing “the overall success of the program in terms of meeting its educational goals and objectives,” as stated in the UBSNM self-study report.

There is a plan for multiple measures of data collection from a variety of stakeholders, including admissions data; it could prove helpful to create targets/goals to test objectively progress in meeting expected outcomes.

The team considers UBSNM's classroom/course assessment component of the assessment plan to be a strength of the plan. One of the program's goals for student performance in individual courses is that all students will pass all major exams and, ultimately, also pass the course. If a student fails an exam, he or she must attend the Academic Support program for remediation. The team was informed that as a result of this remediation process, "most students" end up passing classes in which they initially performed poorly. The same is true of failure on Clinic Practical Exams, which include well-developed measures of student competency: students who receive remediation generally succeed.

Assessment processes include both formative and summative measures. One such measure found a deficiency in the medical reasoning ability of students, especially in the clinic training phase, and steps have been made at multiple levels to improve reasoning skills. For example, to increase more formative clinical feedback, instead of telling students what they should do, faculty have been encouraged to help students to reason through why they should do what they do.

On the programmatic side, the program has instituted an Assessment Strategies Coaching Program, which the team found very interesting. In this program, selected faculty review their syllabi, review the course assessments such as exam questions, and clinic faculty review their written and verbal feedback to students. This information is fed directly into the new curriculum map template, which the team found to be quite impressive in its scope of utility—in that it makes clear which competencies are being addressed in each of the courses.

Among the indirect assessment measures from which the program derives data are exit interviews and alumni surveys. As a result of comments the program received about the need for more practice management skills, the program sought help from members of the business school to improve this area. The program has also added an entrepreneurship class which, despite its rigor, has provided tremendous benefit for those students who have persevered in the course.

The evaluation team was informed that the UBSNM administration and faculty have been assessing and addressing the trend in the NPLEX I results in the last 4 years. The program initially began with providing funding for students to participate in external reviews, followed by offering internal reviews at no cost, and then increasing the internal review opportunities at no cost. In the summer term in 2017 the program offered 26 hours of review over a 4-week period for NPLEX I (and 40 hours over the same period for NPLEX II), at no cost to students. Fourteen students signed up to participate in the NPLEX I reviews. As the sessions were underway, the program found that only 2-4 students participated in any of the reviews and, following the NPLEX testing dates, it found that several students had taken the NPLEX test cold, without any additional preparation. The lesson that the program said it learned was to coach students not to take the exam unless they prepared for it. The program has since coached them, and has continued to provide them with online review sessions. The results of the August 2018 NPLEX were significantly improved, with NPLEX I at a 100% pass rate, and NPLEX II at a 81% pass rate. The program will continue to monitor and evaluate results.

**Recommendation:** While NPLEX I results had been trending downward in the last few years, the most recent exam results—from August 2018—were very positive. The program needs to

continue to take steps to monitor and improve performance on NPLEX I to ensure that the turnaround continues. (Std. VII.B.5)

**Recommendation:** While elements of a program assessment plan have been developed, the program needs to complete and fully implement a comprehensive assessment plan. (Std. VII.B.1)

**Determination: Standard VII is being partially met.**

## **STANDARD VIII: RESEARCH AND SCHOLARSHIP**

The University of Bridgeport (UB) has a well-developed research structure and encourages scholarly research across the various schools within the university. The University's Institutional Review Board (IRB) follows the universal guidelines for a diverse membership, and includes a naturopathic physician who is part of UBSNM. The University IRB meets several times each semester to review faculty and student proposals for all research involving human subjects. All research proposals involving any human participants or subjects are submitted to the IRB for approval.

The UBSNM Research Committee comprises PhD and ND faculty members, members of the college administration, and a student representative. Faculty members explore and develop potential research projects, each with a plan for student involvement. Faculty members who have expressed interest in research and support the research efforts within the program in other ways than direct involvement in a research project are also members of the committee.

The current research director chairs the Research Committee. This committee is tasked with assisting in the development of research projects that originate within UBSNM. While the research director has a broad background in research, he also has a full academic teaching load. His personal research focus has been around bench research projects. In 2010, his research efforts were, unfortunately, curtailed when the small research lab he was using ended up being eliminated by the university. However, the university has recently established the Health Sciences Collaborative Research Lab, a new and well-equipped lab for the College of Health Sciences. This new lab will provide additional opportunities for faculty and students to conduct research.

Student participation in research is demonstrated through a variety of activities in the classroom, through the research and thesis courses, participation in Faculty Research Day, Research in Progress (RIP) program, collaboration with other programs on the UB campus such as the collaboration of Dr. Sanders of UBSNM and Dr. Lyon of the UB School of Chiropractic, and promotion of the projects through the UBSNM Research Committee. Current and recent past research projects include: a naturopathic multi-site outcomes study; a study of the inhibitory effects of glyphosate on bacterial growth; and an assessment of the safety, tolerability and effectiveness of a novel formulation, NPF-001, in the prevention of oral mucositis in patients undergoing chemoradiotherapy for the treatment of head and neck cancer.

The University engaged an outside consulting firm to assist in developing a blueprint for implementing a clinical research infrastructure at UB that complements existing and planned endeavors across preclinical, clinical case report, and clinical trial research domains. The resulting document—“University of Bridgeport Clinical Outcome Research Infrastructure Implementation Strategy and Site Visit Summary”—should be a blueprint for future clinical research in the College of Health Sciences. A new research director, Mark Pitcher, PhD, who has just completed a post-doctoral fellowship with the National Center for Complementary and Integrative Health, will soon start as the new research director for the College of Health Sciences, which includes the schools of acupuncture, chiropractic, physician assistant, dental hygienist, nursing and naturopathic medicine

In light of the robust patient volume and breadth of integrative clinical services provided at UB, the team believes that the clinical outcomes research infrastructure can serve as a powerful centerpiece of a translational research portfolio consisting of clinical outcomes, published case reports, clinical trials and preclinical science. The Team is concerned by the lack of direct naturopathic program-specific clinical research. Apart from the contribution to scientific knowledge that is generated, it has been found that where there is a strong research component to a program, published clinical research can have a “halo” affect that increases the visibility and attractiveness of the program to prospective students as well as to prospective philanthropic donors.

Students are required to develop research projects and/or scholarly activities in varying degrees of depth for several courses, such as Introduction to Clinic, Biomedical Integration Lab, Embryology, Ethics, and Public Health. Students begin the process of thesis development in their third year, and must complete their thesis in their fourth year. The thesis project may consist of a review of the literature around a particular subject area, or may detail a bench research project that a student completed at UBSNM. The development of a thesis provides the opportunity for students to enhance their research, writing, and editing skills. Students are also encouraged to work with faculty members on research projects; however, the heavy course load of students often stands in the way of their being able to participate fully in research.

Full-time faculty members are encouraged to participate in research activities and are provided a Release Day each week, which may be used for clinical and/or research endeavors. However, it was observed that the ND’s on faculty mostly used their release days for maintaining an outside clinical practice, rather than engaging in research/scholarship. The full-time clinical faculty contracts do not restrict the use of release days to only research and scholarly activity; the contracts allow for clinical practice on release days.

Although the research within the naturopathic medical program is presently limited, the hiring of a full time research director for the College of Health Sciences has the potential of fostering an increased emphasis on research and greater opportunities for scholarly work and publishable research within the naturopathic program.

**Recommendation:** The amount of naturopathic medicine-related research and scholarship at the institution needs to be increased. (Std. VIII.A.1)



**Determination: Standard VIII is being partially met.**

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

The Wahlstrom Library has over 300,000 digital books, more than 60,000 e-journals, and close to 100 electronic databases—which costs approximately \$600,000 annually to maintain. Faculty may request new subscriptions; those that cost more than \$350 a year must be approved by the appropriate program director, then added to the library budget request for the upcoming fiscal year. The library also has deposit accounts with several vendors and publishers to purchase individual articles for seldom-needed publications, which allows users to easily access materials using the Digital Library software. The online healthcare-related resources for e-journals and books is quite extensive, with several databases specific to alternative and complementary medicine, natural medicine, and naturopathic medicine. Library policies and procedures are clearly presented and readily available online and in hardcopy at the information desk. ADA software is available for students' personal laptops and as well as an adaptive technology room in the library.

In 2013, four new study rooms were added to the 2<sup>nd</sup> floor of the library. This brought the total number of study rooms available for student use to 14 plus two Skype rooms. The Discovery Pavilion is a presentation room, as are rooms 1 & 6; these rooms are outfitted with projectors, Smartboards, and a place to connect laptops. This year, the library also added new online reservation software for study rooms. Between 2013 and 2017, the library renovated the 4<sup>th</sup> floor and most of the 3<sup>rd</sup> floor of the facility. The 4<sup>th</sup> floor is now a quiet floor, as many students need a quiet space in which to study. The Anatomical Models Room is also on this floor, as are the older print journals. The 3<sup>rd</sup> floor holds all of the print book collection, an adaptive technology room for students with auditory or visual disabilities, and a reflection area for anyone wanting to pray or reflect. Study carrels offer individual study, and help keep noise to a minimum.

Orientation is offered to all students during the first week of every semester, and faculty members are updated through ongoing faculty development sessions. The library provides comprehensive, authoritative and current information resources that support learning outcomes and research. The library has in place policies and procedures to protect the collection from theft and other types of loss. The library offers training to naturopathic students about to graduate on how to continue to access online journals, books and materials after leaving UBSNM.

The UB library is adequately staffed with 6 librarians, 2 part-time and 4 full-time. The University Librarian, Library Administration has numerous years of experience. One librarian position—currently vacant, with interviews in progress—is dedicated to servicing only the needs of the College of Health Sciences. The library's strategic planning process is well structured and guides ongoing planning and review of usage. Naturopathic students report they are very satisfied with the library's services and resources.

In addition to the resources available at the Wahlstrom Library, UBCNM maintains a small library of clinical text books on the 8th floor of the Health Sciences Center. The bulk of the collection is kept in open shelving in a clinic conference room. These texts are available for any

clinic student to use at any time the clinic floor is open. A collection of homeopathy textbooks is housed in another clinic conference room on the 8<sup>th</sup> floor that is used for homeopathy rotations.

Given the extensive nature of the library and learning resources, the team *suggests* highlighting this excellent resource during the admissions process as another distinguishing feature of what UBSNM has to offer; this could be an excellent marketing tool for admissions. Students considering entering the UBCNM program are given a tour of the library during a campus wide tour, but a special focus could be given to showcasing the online e-journal and e-book resources and database search engines.

**Commendation:** The University library provides an impressive array of learning resources pertinent to the ND program, including e-journals e-books, and alternative medicine databases.

**Determination: Standard IX is being met.**

## **STANDARD X: PHYSICAL RESOURCES**

The College of Naturopathic Medicine is part of the University of Bridgeport, which is located in the South End of Bridgeport, Connecticut, on the shore of Long Island Sound. The University consists of approximately fifty acres and fifty-four buildings. The naturopathic program is located in the Health Sciences Center, which houses faculty and staff offices for the College of Health Sciences and the UB teaching clinic for the naturopathic, chiropractic, dental hygiene and acupuncture programs. The recently renovated naturopathic clinic, located on the 8<sup>th</sup> floor, is impressive; it includes 17 exam rooms, hydrotherapy facilities, an herbarium, a library, a viewing room, and other features. The ND program administration offices are located on the 6<sup>th</sup> floor. The college shares classroom and laboratory space with other programs throughout the campus.

The UB campus is very secure and safe, and has received national recognition as the safest campus in Connecticut; data shows that crimes rates on campus are low, due in part to the Personal Alarm Locators (PAL) system. The activation of a device quickly summons multiple levels of security. In addition to being a very safe, the campus is a relief point for the city in cases of emergency, such a hurricane

The facilities director has been with the institution for over 11 years, is very experienced in his area, and has strong connection to the City of Bridgeport.

The University has moved Information Technology in-house; this was a major process, but the IT management team feel very confident in the system's current capability, with redundant connectivity to locations across campus. Data security and FERPA compliance measures are in place.

UBSNM faculty and administrators have access the Canvas Learning Management System to upload course materials, facilitate student interaction and perform needed assessments. This

system is supported 24/7 in case technical support is needed. The self-study mentioned the availability of the Respondus test proctoring technology, but very few faculties use the system.

A new 20-year campus master plan includes plans for increased recreation facilities, including wellness opportunities such as pedestrian walkways, yoga and tai chi facilities. Included in the plan is a new health sciences center for support of nursing and other health science programs, including the School of Naturopathic Medicine. Consistent with the emergency response plan, the master plan reflects a strong connection with the city, with planned eco spaces, parks, and bike paths.

**Commendation:** The University has an outstanding safety plan and record.

**Commendation:** The University has developed a visionary 20-year master plan for renovating and expanding the campus that includes innovative ecological features.

**Determination: Standard X is being met.**

## **STANDARD XI: CONTINUING MEDICAL EDUCATION**

The continuing education program for the UBSNM offers a variety of continuing education (CE) programs related to naturopathic medicine, which are reviewed by the Health Sciences Postgraduate Education Department and approved by the University of Bridgeport. The program manager of the Health Sciences Postgraduate Education Department is well-qualified and dedicated to continuing education.

CE offerings include one-hour presentations that are part of the UBSNM weekly Grand Rounds, and presentations at the UBSNM annual events of Philosophy Day and Vendor Day. Other continuing education courses and programs available to the naturopathic community are offered through the School of Chiropractic, School of Acupuncture, and Fones School of Dental Hygiene. The instructor of each course being considered for CE credit must complete a course syllabus that outlines the content of the course, as well as provide their curriculum vita, professional license information, and complete a financial disclosure form and a conflict of interest form.

Committees within the Naturopathic Program that meet to discuss topics and speakers include the Grand Rounds Committee, Vendor Day Committee, and Philosophy Day Committee. Each of these committees is chaired by faculty and composed of faculty and students. Attendance is tracked for all CE events, and participants have the option to complete a Presentation Evaluation form. Attendees receive CE certificates of completion. CE-approved programs are open to students, faculty and naturopathic doctors in the community. Continuing education events on campus are generally offered free or at a discounted cost to UB faculty and at a nominal cost to NDs who are not faculty.

The school generates CE proposals and the Health Sciences Postgraduate Education Department coordinates the logistical aspects of CE events. Even though developing CE events is time-

consuming for faculty, there is an additional incentive for UBSNM to initiate these events, as revenue generated from events is returned to the school for its own use. The State of Connecticut requires 15 hours of CE each year to maintain an ND license, and it approves a number of online CE courses. The Health Sciences Postgraduate Education Department does offer online CE courses, but it is difficult to link to these from the University of Bridgeport website or the UB clinics website page or alumni page. The naturopathic medicine continuing education site is not as well developed as the other Health Sciences postgraduate continuing education sites.

Currently the Grand Rounds CE offerings occur on Wednesday mornings, which limits the ability of faculty and practicing naturopathic doctors in the area to attend. The team *suggests* moving grand rounds to an evening or a Saturday timeslot—even if the move is only once a month—to allow faculty and physicians in the community to attend these CE offerings. This would generate revenue that could then be used later to offer more extensive one-day naturopathic CE events where speakers are paid to present. This would also give students more opportunity to integrate and interact with practicing physicians in the community.

**Determination: Standard XI is being met.**

## **COMPLIANCE WITH CNME POLICIES**

The team found UBCNM to be in compliance with CNME policies.

## **SUMMARY OF EVALUATION TEAM FINDINGS**

### **LIST OF COMMENDATIONS:**

**Commendation:** The team observed a strong interest in—and commitment to—the ND program on the part of the University’s governing board and senior leadership, and an inspiring vision for increased integration among the schools of health sciences.

**Commendation:** The program has a strong, committed, experienced and student-oriented faculty in all program areas: biomedicine, clinical sciences and clinical practice.

**Commendation:** The University has developed a comprehensive and responsive personal counseling service that is utilized by ND students.

**Commendation:** A large majority (around 91%) of the UBSNM clinical faculty have five or more years of experience.

**Commendation:** The program has implemented effective strategies that improve medical reasoning skills.

**Commendation:** The University library provides an impressive array of learning resources pertinent to the ND program, including e-journals e-books, and alternative medicine databases.

**Commendation:** The University has an outstanding safety plan and record.

**Commendation:** The University has developed a visionary 20-year master plan for renovating and expanding the campus that includes innovative ecological features

### **LIST OF RECOMMENDATIONS:**

**Recommendation:** The program needs to develop and adopt a set of program outcomes that are consistent with their new competencies. (Std. I.A.3)

**Recommendation:** The program previously developed a program-level strategic plan that, due to an unavoidable issue, was put on hold. The program needs to review, reassess and update the strategic plan to reflect current circumstances, and begin implementation. (Std. II.A. 2 and 4)

**Recommendation:** Given the current low enrollment rate for the naturopathic medical program, the team recommends that the program's leadership work closely with the University's Admissions Department and Marketing Department to develop and implement new plans, strategies and processes for increasing enrollment in the program. (Std.V.B.9)

**Recommendation:** The clinical program must have access to an Electronic Health Records system that is suitable to the needs of the naturopathic medical clinical training program. (Std. VI.D.7)

**Recommendation:** While NPLEX I results had been trending downward in the last few years, the most recent exam results—from August 2018—were very positive. The program needs to continue to take steps to monitor and improve performance on NPLEX I to ensure that the turnaround continues. (Std. VII.B.5)

**Recommendation:** While elements of a program assessment plan have been developed, the program needs to complete and fully implement a comprehensive assessment plan. (Std. VII.B.1)

**Recommendation:** The amount of naturopathic medicine-related research and scholarship at the institution needs to be increased. (Std. VIII.A.1)

### **LIST OF AREAS OF INTEREST:**

**Area of Interest:** The institution needs to ensure that performance is periodically evaluated at reasonable intervals for all UBSNM staff. (Std. II.B.5)

**Area of interest:** While the school director is involved with developing program budgets and is provided with an annual program budget which she can use with discretion, the program director

lacks broader information on the costs and revenues associated with the program (e.g., the full costs and revenues associated with operating the clinic); this impacts the director's ability to make cost-effective decisions in some instances. Budget information needs to be provided in a usable format that provides a timely and clear understanding of revenues and expenses in all areas of the program. (Std.III.C.2)

***Area of interest:*** The current number of clock hours in the ND program substantially exceeds the CNME requirements resulting in a very heavy academic load for ND students, which impedes their ability to engage in research and scholarship and delve more deeply into other areas such as specialty interests; the heavy academic load is also increases the stress the students are under. (Std.VI.A.2)