

**COUNCIL ON NATUROPATHIC MEDICAL EDUCATION**

**Evaluation Team Report**

**National University of Natural Medicine**

**School of Naturopathic Medicine**

**NATUROPATHIC MEDICINE PROGRAM**

**Portland, OR**

**Comprehensive Visit for Reaffirmation of Accreditation**

**April 20-22, 2022**

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

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School of Naturopathic Medicine  
Naturopathic Medicine Program**

**Portland, OR**

**April 20-22, 2022**

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## **INTRODUCTION**

### **History of the Institution**

National University of Natural Medicine (NUNM), home to the oldest programmatically accredited naturopathic medical education institution in North America, was established in 1956 under the name National College of Naturopathic Medicine (NCNM). The college's first four decades had one primary objective: education leading to the Doctor of Naturopathic Medicine (ND) degree. In the 1990s, the college expanded its mission to include the training of other natural healthcare practitioners.

In 2012, a third school, the School of Research and Graduate Studies, was established, later renamed the School of Graduate Studies. With its shift to a multi-purpose institution, a new name was chosen – National College of Natural Medicine – and announced at its 50<sup>th</sup> anniversary in 2006. In 2016, following the State of Oregon Higher Education Coordinating Commission and Northwest Commission on Colleges and Universities (NWCCU) approval to offer undergraduate education, the institution changed its name again to reflect its status as a university. In June 2016, in honor of its 60th anniversary, NCNM became known as the National University of Natural Medicine (NUNM). NUNM is comprised of two colleges and one school. The College of Naturopathic Medicine houses the naturopathic medical (ND) program and its affiliated certificate programs. In addition to the academic degree programs, NUNM also houses the Helfgott Research Institute (HRI), established in 2003.

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

NUNM's self-study process was included participation of various stakeholders, including students, faculty, staff and board members. The site visit team, consisting of the team chair and three evaluators, were present on the NUNM campus from April 20 to 22, 2022. The CNME executive director was present via a remote link for various meetings. During the visit we interviewed the Board of Directors, the president, faculty, staff and students. In addition, the team interviewed various administrators regarding their respective areas. All interviewees were open and forthright in their responses. The chief of staff and the president were very helpful in promptly supplying any documents or materials we requested.

The following is a list of people and groups with whom the team met:

- President/Chief Executive Officer
- Board of Directors
- Chief Financial Officer
- Chief Medical Officer
- Dean, Graduate Medical Education and Clinical Education/Affairs
- Dean, School of Naturopathic Medicine
- Dean of Students
- Chair, PEC
- Director of Academic Success & Access
- Director of Financial Aid

- Director of Institutional Effectiveness
- Director of Instructional Design and Technology
- Assistant Director, Admissions
- Manager of Career Services
- Manager of Facilities
- Naturopathic Medicine Faculty
- Registrar
- Librarian
- ND clinical interns
- ND students enrolled in various years of the program
- Alumni

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 remove 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 to non-compliance with a CNME standard or policy; while not a formal finding like a recommendation, an area of interest must be referenced to a specific standard or policy in the team report.

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 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 College is in compliance with the particular Standard.”

The evaluation team sincerely thanks the Doctor of Naturopathic Medicine Program and the National University of Natural Medicine for inviting the CNME Evaluation Team to conduct the visit, and for the hospitality, cooperation and courtesy the members were shown throughout the visit.

## STANDARD I: MISSION AND OBJECTIVES

### A. Mission and Outcomes

In June 2011, the NUNM Board of Directors approved the following university mission statement:

*To educate and train physicians, practitioners, and pre-professionals in the art, science, and research of natural medicine.*

The university mission statement is currently under review as part of the university strategic plan for the period 2022-2027.

The following is current ND program mission:

*Cultivating tomorrow's physicians to empower patients and communities through the integration of traditional, innovative, and evidence-based naturopathic medicine.*

The program mission is consistent with the institutional mission; is clear, concise, realistic, and encompasses the educational preparation of naturopathic physicians/doctors, as required by the CNME; and is disseminated widely, including in the course catalog and student handbook.

The ND program is in the process of reviewing and revising its programmatic objectives and underlying competencies toward meeting the needs of the future of the ND degree program with the stated goals of:

- Fully embodying the changing scope of naturopathic practice in Oregon
- Reflecting national trends in medical education
- Focusing on uniting historical naturopathic philosophy and roots with current practice and trends toward evidence-informed medicine
- Clearly outlining the skill-set of our graduates for licensing, legislative, and other regulatory bodies.

Over the course of 2021, several committees worked on revising the program outcomes, with the following set of draft program outcomes being the result:

- **Program Outcome 1 (PO1): Medical Knowledge – Knowledge for Practice**  
Students apply evidence-informed principles of biomedical, clinical, epidemiological and social-behavioral sciences to guide diagnosis, treatment, and patient care decisions.
- **PO2: Patient Care & Procedures – Skills for Practice**  
Students are able to conduct a complete and accurate history, physical exam and objective assessment, to arrive at a diagnosis. They provide personalized, compassionate, ethical, holistic patient care expected of an ND within the context of a patient-centered model.
- **PO3: Effective Communication**  
Students communicate effectively, in person or via technology, to optimize patient relationships and patient care. They consult, collaborate with and refer to other health professionals as appropriate.
- **PO4: Ethics and Professionalism**

Students act professionally in carrying out responsibilities, adhere to ethical principles, and be sensitive in providing care to a diverse patient population.

- **PO5: Career Development and Practice Management**  
Students identify opportunities and develop a strategic plan for establishing and maintaining a viable career using their naturopathic medical education.
- **PO6: Systems-Based Practice**  
Students demonstrate an awareness of the developing role of naturopathic medicine within larger frameworks of healthcare systems, advocating for optimal patient and community health care.
- **PO7: Practice-Based Learning, Research, and Scholarship**  
Students will critically appraise, assimilate and apply scientific evidence to improve healthcare. Demonstrate an understanding of the strengths and imitations of research and dedicate themselves to ongoing personal reflection and lifelong learning.

These outcomes reflect the mission, and each outcome is accompanied by a set of competencies that further describe the knowledge and skills that students are expected to graduate with.

## **B. Development, Implementation and Review of the Mission and Outcomes**

The current ND program mission was developed over the course of 2020 – 2021, and was approved by the board in November 2021. The program mission revision process, which was driven primarily by the faculty and included ample opportunity for students to offer comments and feedback, is a nice example of NUNM’s strong commitment to shared governance and giving voice to the values and aspirations of the community.

Similarly, the process for developing the program outcomes included ample faculty and student involvement, and has also demonstrated NUNM’s commitment to shared governance.

It appears that the ND program mission serves as the basis for program planning and development; for example, every course syllabus references relevant program outcomes and competencies.

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

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

### **A. Legal Organization and Governance**

National University of Natural Medicine (NUNM) is a non-profit corporation organized under the laws of the State of Oregon and exempt from federal income tax under IRS 501(c)(3). The Northwest Commission on Colleges and Universities (NWCCU) accredits the university. The university was granted candidacy in 2000. The most recent peer review by NWCCU was a mid-cycle peer-review in 2020, following a full institutional review in 2017. Degree authorization is granted by the Oregon Higher Education Coordinating Council – Office of Degree Authorization (ODA) through oversight by NWCCU Office of Institutional Effectiveness (IE). The Doctor of

Naturopathic Medicine program is accredited by the Council on Naturopathic Medicine Education (CNME).

The Board of Directors (board) is the university's governing body and operates in accordance with its bylaws. The board currently consists of seven members, with a maximum of 12 members that may be appointed. At all times, at least one-third (1/3) members of the aggregate membership of the Board of Directors shall be licensed naturopathic physicians and/or Chinese medicine practitioners with an accredited graduate and/or postgraduate degree. The board currently consists of three individuals with designation as naturopathic physician and or Chinese medicine practitioners, in accordance with board bylaws. Remaining board members represent a diversity of professional backgrounds in relevant areas, including law, education, and medicine. The board is responsible for the appointment and evaluation of the president, establishment of broad policy, and holds fiduciary and strategic responsibility for the successful design and delivery of the university's mission. To prevent undue outside influence each board member signs a conflict-of-interest disclosure statement per board policy, and there exists a procedure for recusal in the event of a potential conflict. There are also four non-voting campus representatives elected by their formal constituency bodies: one representing the faculty, one representing the staff, and two representing students.

The board has several standing committees: Executive Committee, Board Development Committee, Academic Affairs Committee (AAC), Financial and Administrative Affairs Committee (FAAC), and Strategic Planning Committee, as well as a Diversity Equity and Inclusion Committee that was added as a standing committee in 2019. The board committees provide a regular avenue for the board members to communicate with NUNM faculty and administrative members, and vice versa. The AAC reviews CNME reports and is updated by academic administration on accreditation processes, which ensures that the board is regularly apprised of CNME accreditation-related matters in regard to NUNM.

The board regularly evaluates its processes and composition—most recently in 2017, when it conducted a self-evaluation via survey. In 2020, the NUNM board went through a number of changes. Three board members ended their service terms after extending terms (a term is equal to three years of service). One board member resigned during their third term of service. Two board members left within their first term of service. Additionally, the board bylaws were revised to allow for fewer board members.

## **B. Administration**

Dr. David Schleich served as president from 2007 until June 2019, when he retired. On July 1, 2019, Dr. Christine Girard assumed the presidency and served as president until September 2020. Upon Dr. Girard's departure, the board hired Dr. Melanie Henriksen as interim president, and subsequently appointed her permanently to the role in July 2021. Dr. Henriksen holds a Doctorate in Naturopathic Medicine, a Master of Science in Oriental Medicine, and a Master's in Nursing with a clinical focus in Midwifery. Dr. Henriksen served as NUNM's interim chief medical officer from December 2018 till August 2020 and as the Dean of the Naturopathic Medicine program from 2012 till 2017. Dr. Henriksen is also currently serving as the Chief Academic Officer (provost).

Since 2014, there have been three deans of the College of Naturopathic Medicine. Following Dr. Henriksen's departure from NUNM in 2017, Dr. Shehab El-Hashemy assumed the position of dean of the College of Naturopathic Medicine role, a role he held until 2020. In 2020, Dr. El-Hashemy transitioned into the director of curricular innovation and a full-time faculty member. Dr. Kelly Baltazar assumed the interim role as director of the College of Naturopathic Medicine in July 2020 and became the permanent dean in February 2021; she previously held the role of Interim Associate Dean of Clinical Education at NUNM. Dr. Baltazar holds a doctorate in naturopathic medicine from Bastyr University, a doctorate in chiropractic from the National University of Health Sciences, and a Master's in Science in Advanced Clinical Practice from the National University of Health Sciences. The dean reports to the provost/vice president of academic affairs/chief academic officer.

In 2020, the associate dean of clinical education and the associate dean of graduate medical education were combined to become the dean of graduate medical education and clinic affairs. Dr. Diane (Dee) Saunders holds this position. Dr. Saunders was the former associate dean of graduate medical education before her new appointment. She is responsible for NUNM's naturopathic graduate medical education programs, compliance with CNME's residency requirements, and oversight of the residency program. Dr. Saunders is a 2015 NCNM graduate, holding a Doctor of Naturopathic Medicine and a Master of Science in Integrative Medical Research from NUNM, and has been a faculty member since 2016.

In 2019, the then CMO, Dr. Regina Dehen, retired after six years in the position. In July 2020, Dr. Nagelkirk was appointed the new CMO/dean of clinics for the NUNM Health Center and our community teaching clinics. Dr. Nagelkirk is a 2012 graduate of NUNM's naturopathic medicine program and has served as a full-time faculty member since 2013. Dr. Nagelkirk reports to the president and ensures NUNM's clinical compliance with state and federal medical policies, regulations, and clinical performance standards. CMO is responsible for updating clinic policies and procedures manuals, chairing the Clinical Standards Committee, and improving the efficiency and collaboration of our clinical care teams.

Dr. Justin Fowler was hired in 2017 as the director of instructional design and technology and reports to the vice president of institutional effectiveness/associate provost. The director of instructional design and technology guides the ND faculty in designing a curriculum that meets students' needs for in-person and online teaching, alignment of student learning objectives, including the newly developed and approved ND first-year online program launched in fall 2021. Dr. Fowler holds a Doctor of Education in Organizational Change Leadership and a Master of Education in Learning Design and Technology from the University of Southern California.

In general, staffing in support of academic administrators is adequate. Except for the CMO and dean of students, all academic deans are supported by a full-time administrative assistant. Additional support for the CMO and dean of students is under review for the upcoming budget cycle, including budget projections for the coming academic year. Academic support is provided through academic coordinators who support faculty and the assistants to the program dean and the dean of graduate medical education and clinical affairs. NUNM utilizes shared governance and university cabinet model. These governance structures foster collaboration within and across departments, faculty senate, student government, and staff association.

NUNM's human resources policies and procedures appropriately reflect the comprehensive policies required for an institution of higher education. The employee handbook contains conditions of employment, rights and responsibilities, criteria and procedures for employee evaluations, promotion, and termination. The faculty handbook and the faculty resources section on the Intranet provide processes and guidelines for promotion and evaluation that are specific to faculty. NUNM's non-discrimination and equal opportunity policies are delineated in the university catalog and on the website. Faculty and employee handbooks provide the policies and procedures to address complaints or grievances fairly and in a timely manner. A new process for employee evaluation was modified in November 2019. The new evaluation system is a bi-annual evaluation for all non-faculty employees. Evaluation criteria have been refined, and performance is not tied to bonuses. Performance standards in the evaluation of administrators are based on individual specific goals established in the prior evaluation and departmental goals.

Training needs of administrators and staff are considered during the annual budget process, including those identified by the employee and the supervisor in the evaluation process. Additionally, the HR budget includes continuing education funds to provide employee and supervisory training throughout the year. The HR Office periodically sponsors training utilizing webinars, seminars, and conferences.

Faculty development and promotion has been coordinated by the Faculty Development Committee, a subcommittee of the Faculty Senate, and has been responsible for making decisions about applications for professional development funds, administers faculty awards, quarter-length sabbaticals, and a portfolio-based promotion system. Due to budget constraints in the last few years, faculty development has been decentralized and provided via the program dean, the Instructional Design and Technology Department, and HR. The Faculty Development Committee is currently undergoing a new revision and revival. Promotion of at least six faculty members based on the NUNM the portfolio and promotion system, the NTEP has been reported from the last number of years.

In addition to having formal representation on the board, students, faculty, and staff representatives may provide input into decision-making processes and make recommendations through the administrative and communication structures. The president meets regularly with the Student Governance Association (SGA), Faculty Senate (FS), and the Staff Association representatives. The provost meets monthly with the Faculty Senate co-chairs. The annual budget process, chaired by the CFO, includes official student, staff, and faculty representation in addition to all budget unit heads. The Academic Operations Team (AOT), which serves as a formal internal approving body for academic and administrative policies and provides a forum for issues regarding the degree programs and student concerns, is chaired by the provost and is composed of the academic and student services department heads and representatives of the Curriculum Approval Committee (CAC), FC, and SGA.

Policies with widespread implications for multiple constituents are sent for final approval to the newly developed University Cabinet, established in March 2021, which is a body composed of administrators, faculty, staff, and student representatives. The UC is primarily focused on final policy review, budgetary guidance, and increasing collaboration/communication across the university. It is a primary component of the newly established shared governance model. To

further the shared governance model, the Shared Governance Task Force was launched in January of 2020 to create a transparent and collaborative opportunity for the community to bring forth ideas and suggestions in moving NUNM forward. A task force developed a charter along with values, principles, and communication channels. Members include leadership from SGA, FS, Staff Association, and academic and administrative leadership.

The Faculty Senate (FS) serves as a representation and advocacy group for faculty issues as well as a governing body and is open to full- and part-time faculty. One FS member serves as an elected constituency non-voting representative on the board and the board's Academic Affairs Committee. The FS appoints representatives to sit on board committees, university councils, and teams. NUNM's curriculum committee, the CAC, includes faculty and student representation from the school/colleges of the university. Regular communication faculty and administrators is also facilitated through faculty meetings, chaired by the program deans annually and by department heads twice a month. Faculty also serve on *ad hoc* hiring committees that interview potential faculty members and other administrative positions to recommend to the program dean and provost.

**Commendation II-1:** The program and university should be commended for the commitment to shared governance and their inclusive and transparent approach. (Std. II, B6)

**Commendation II-2:** The university has faced enormous challenges over the last few years, including leadership instability, financial challenges due to declining enrollments related in part to governmental measures to address the COVID pandemic and to the level of debt service on the university's borrowing. Despite these challenges, a strong and focused administrative leadership team appears to be establishing itself with renewed energy. (Std. II, B2)

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

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

### **A. Planning**

The university has experienced significant turnover in the administration and in the board of directors in the last few years. There have been three presidents in the last two years and fifty percent turnover in the board. During this time strategic planning was put on hold. However, with the appointment of the current president and the recent addition of several new board members, NUNM's governance and leadership are stabilizing, and the president and board have indicated their commitment to reengaging in strategic planning, as evidenced by the board letter of July 1, 2021, stating that strategic planning will be resumed. The board anticipates having a new strategic plan in place by June 2022. The process will be led by a consultant and include multiple constituencies at the university, including students, faculty and staff.

The university has a written business plan and budget for July 1, 2021, through June 30, 2022, which includes the ND program. There is a projected budget through 2024 – 2025.

The program has a draft of a strategic plan dated April 2022 which identifies program goals and objectives. It is unclear if this plan takes into account data from the program assessment plan. Since the board is actively updating the university purpose, vision, mission, values and goals, the program strategic plan draft will likely be adjusted in future drafts to be in alignment with the new university plan. The program has sufficient input and involvement with institutional strategic and financial planning.

## **B. Institutional Financial Resources**

Currently the university is facing challenges to financial stability, including declining enrollments, a large debt service and expensive deferred maintenance on the campus, and offering some programs that do not have robust enrollment. The university is currently in the process of selling the campus. This sale is expected to resolve the heavy debt burden the university is currently carrying and eliminate the need for very expensive repairs to the main academic building; also, while the current campus is fairly spacious, its use of space is suboptimal. Although NUNM would like to own its next campus, the new campus is likely to be initially leased, thus eliminating repair costs and achieving a more favorable financial picture overall for the university. However, leasing a new campus this does not address the other challenges of declining enrollments and under-enrolled programs. The projected budget through 2024 – 2025 shows a projected deficit between total income and total expenses for each year of between five hundred and seven hundred thousand dollars. Most programs did not meet their projected budgets for Fall 2021. While enrollment projections were met or slightly exceeded, the attrition rates are high and a significant portion of students are taking fewer credits than a full load or taking leaves of absence. The university contracts with an accounting firm to conduct an annual independent financial audit.

While the university ran a surplus in FY 2020 and FY 2021, this was due in part to receiving sizable payments from the federal Paycheck Protection Program (PPP). Without the PPP payments, NUNM would likely have either run deficits or would have needed to make draconian cuts to its budget. Because PPP payments cannot be counted on moving forward, the university's financial situation is still somewhat tenuous.

## **C. Program Financial Resources**

The program provided three years of budgets for 2018 – 2019, 2019 – 2020 and 2020 – 2021. The university reported that it closed a million-dollar budget gap for the 2021 – 2022 fiscal year, which allowed for sufficient financial resources for the program to achieve its mission, meet existing commitments and provide adequately for instruction. In addition, some previous budget cuts were reversed: retirement contributions to faculty and staff were increased to two percent, previous three to five percent salary reductions for full time faculty and salaried managers were reversed back to baseline and a 2 – 4 percent cost of living increase was instituted for faculty and staff. However current budget projections do not favor a balanced program budget going forward. In addition, it is unclear if the budget planning process takes into account information derived from the program assessment plan. Program budget managers are provided with regular and timely reports.

The team has concerns about the level of administrative and instructional support for faculty. Because of the new curriculum model, faculty—especially course directors—need increased administrative support for handling routine tasks. The sufficiency of TAs and residents to support didactic and lab courses also seems to be a challenge and should be addressed.

**Recommendation III-1:** The team is concerned regarding the adequacy and stability of the institution’s financial resources due to challenges growing out of the recent Covid situation and other factors. The university needs to move forward with careful financial and institutional planning—taking into account the results of the program and institutional assessment plans—in order to develop and implement a coordinated set of steps to improve the institution’s financial adequacy and stability. (Std. III, B1)

**Area of Interest III-1:** As the institution’s financial situation improves, funding needs to be increased for administrative and academic support for faculty (e.g., administrative support for course directors; TAs and residents for didactic and lab courses). (Std. II, C1)

***Determination:*** *Standard III on Planning and Financial Resources is being partially met, with deficiencies as noted.*

## **STANDARD IV: FACULTY**

### **A. Faculty Qualifications**

NUNM has a qualified faculty with extensive experience in classroom and clinical instruction. All didactic instructors have demonstrated expertise in their field of study and, if they are naturopathic doctors, have been in practice for at least 2 years. All clinical instructors have been in practice for at least 5 years or have completed two years of residency. Over half of the instructors have been with the institution for 7 years or more, and full-time faculty have practiced clinical medicine for an average of 16 years. The NUNM faculty as a whole have a clear primary focus in naturopathic medicine; 88% of full time and 76% of adjunct instructors hold an ND degree. As per the faculty list, twenty-two instructors teach both in the classroom and as clinic supervisors.

### **B. Faculty Sufficiency**

The ND faculty at NUNM deliver a high-quality, integrated, and clinically focused academic curriculum that is predominantly delivered in blocks, with most of the blocks corresponding to body systems. A course director administers a block and participates in team-based teaching for that block’s lectures, labs, and tutorials. Course directors also liaise with ‘thread leaders’ who ensure that important themes in naturopathic medicine are incorporated in each block. Threads can be therapeutic modalities (i.e., botanical medicine, homeopathy) or important competencies of the ND student (i.e., cultural competency, communication skills). Stakeholder feedback, curricular committees, and extensive collaboration between faculty determine whether threads

need to be augmented or if new threads need to be added. During interviews, faculty identified areas where they feel more development is needed in the current block curriculum – namely, laboratory diagnosis, homeopathy, and more frequent training in evidence-informed practice. Faculty and academic leadership also acknowledge that additional tracking of assessments for threads in each block needs to occur to ensure that students are competent in each thread, not just in the block overall. Although these goals are achievable using the current block model, it entails a large amount of work, especially for course directors and thread leaders.

In 2016 there were 23 full-time and 55 adjunct faculty in the ND program. These numbers have slowly but steadily declined to 16 full-time faculty and 37 adjunct faculty; most of the full-time faculty that retired or left the program did so for personal or family reasons. The team has some concerns that the reduced current number of full-time faculty results in a higher workload regarding curriculum and committee work for the remaining faculty, and that this may be unsustainable over the long term. The team also understands that financial pressures may have contributed to this situation.

### **C. Faculty Orientation and Performance Evaluation**

Human Resources has established procedures and resources to orient and support new instructors. The program dean or CMO meets with new faculty to discuss program goals or clinic protocols. Other logistical and online teaching guidance is available from support staff, peers and a dedicated instructional designer. Orientation checklists ensure that new faculty members are adequately on-boarded.

NUNM implemented a new faculty evaluation process in 2020—the Teaching Excellence Program (NTEP)—that clearly defines a schedule for brief annual reviews (‘Secondary Assessments’) and more comprehensive periodic summative assessments. The more comprehensive assessments (‘Primary Assessments’) occur after the first probationary year for new faculty, every five years for established faculty, or when a faculty member is eligible for promotion. Data for the Secondary Assessment is gathered from student evaluations, peer review, administrative review, and self-assessment to provide annual feedback to the faculty member. If the Secondary Assessment demonstrates that the faculty member is fulfilling her role, then that member’s contract is extended, and a recommendation is made to the provost for a step increase in the faculty salary scale. If the faculty member is deficient in performing her role, then the Dean will build an action plan and the next evaluation of that faculty member will be a Primary Assessment.

The Primary Assessment is a more comprehensive review process that includes a portfolio that highlights the faculty member’s scholarship and academic achievements as well as a report generated by a committee of other faculty members. The Dean makes final recommendations to the provost based on the portfolio and the committee report. Since the NTEP process began in 2020, ten faculty members have been promoted through the Primary Assessment process. Secondary Assessments are tracked, and records demonstrate that they have been completed consistently; final reports of Primary and Secondary Assessments are kept on file with the HR department. In the past, faculty assessment depended heavily on student evaluations that were deemed cumbersome, challenging, and inconsistent by the students which resulted in poor

completion of the evaluations. The institution responded to this in 2019 by adopting new course evaluation software – Smart Evals – and updating the evaluations themselves. Student response rates increased to 70% and student evaluations have developed into a more legitimate metric of faculty performance using the new system.

#### **D. Faculty Professional Development**

The Faculty Development Committee (a subcommittee of the Faculty Senate), the Helfgott Research Institute (HRI) and HR administer budgets to support faculty development. NUNM also offers specialized development activities each year to meet needs that are identified by various stakeholders. NUNM created a department of instructional design in 2017 to improve curriculum design and delivery; this department creates or procures training materials to support faculty improvement in course delivery and provides one-on-one assistance. HRI offers various types of training in evidence-informed practice and building case reports. Diversity, Equity, and Inclusion (DEI) was selected as a focus for faculty development in 2018; this involved a faculty retreat and over 30 opportunities in the form of workshops or seminars have been offered since.

#### **E. Faculty Participation in Program Development and Academic Administration**

ND faculty at NUNM play a prominent role in program development and academic administration through the Faculty Senate (FS); all faculty members are considered members of the FS. The FS meets frequently (9-10 times/year) and 2 compensated hours/week is set aside to accommodate committee work. Faculty contribute to admission interviews, the Curriculum Advisory Committee, the Program Evaluation and Curriculum Review Committee (PEC), the Academic Operations Team (AOT) and a wide range of other bodies that include accreditation work, faculty development, clinical standards, program-level evaluation, faculty promotion, assessment, and teaching approaches. The FS elects a representative as a non-voting member of the Board of Governors. Recent adoptions of faculty suggestions regarding clinic assessment and the development of the new block curriculum (to be discussed in Standard VI) exemplify the importance of faculty involvement in the program.

#### **F. Conditions of Faculty Employment**

The faculty handbook, NTEP procedural documents, and workload templates specify faculty hiring, termination, ranking, promotion, compensation, teaching loads, and non-instructional responsibilities. The faculty handbook also specifies clear procedures for faculty grievances. The faculty workbook documents track instructional and curriculum development workload, and remuneration is based on this data. The team *suggests* that the program consider faculty diversity as part of the university's diversity, equity and inclusion initiatives.

The ND faculty at NUNM deliver a high-quality, integrated, and clinically focused academic curriculum that is predominantly delivered in blocks, most of which correspond to body systems (see Section B, Faculty Sufficiency, above for a description of the block model). During interviews, faculty identified areas where they feel more development is needed in the current block curriculum – namely laboratory diagnosis, homeopathy, and more frequent training in evidence-informed practice. Faculty and academic leadership also acknowledge that additional

tracking of assessments for threads in each block needs to occur to ensure that students are competent in each thread, not just in the block overall. Although these goals are achievable using the current block model, it entails a large amount of work, especially for course directors and thread leaders. In 2016 there were 23 full-time and 55 adjunct faculty in the ND program. These numbers have slowly but steadily declined to 16 full-time faculty and 37 adjunct faculty; most of the full-time faculty have retired or left the program for personal or family reasons.

The pandemic situation and recent leadership turnover at NUNM have been challenging for faculty: one member stated during an interview that it was “the most stressful period of time they’ve ever experienced”. It is also evident that, in the context of these challenges, faculty morale is surprisingly good, and instructors feel driven to collaborate with their peers and continually improve the program and optimize the student experience. As noted previously, course directors find it challenging to handle the many administrative and logistical tasks that they are responsible for, and some faculty have difficulty arranging for adequate TA support during lab and tutorial courses.

**Commendation IV-1:** The council appreciates and commends the faculty for all their hard work and their willingness to be part of program development, improvement and development of academic policies, as evidenced by—among other things—the successful rapid pivot to a largely online delivery format to address Covid-related limitations regarding on-campus instruction. (Std. IV, E3)

**Commendation IV-2:** The faculty’s participation in making the block curriculum system and the new online first-year option successful, and their ongoing commitment to making refinements and improvements in the program. (Std. IV, E3)

**Area of Interest IV-1:** The team is concerned about the level of support for faculty. Faculty, especially course directors, need increased administrative support for handling routine tasks. The sufficiency of TAs and residents to support didactic and lab courses seems to be a challenge and should be addressed. (Std. IV, F3)

**Determination:** *Standard IV on Program Faculty is being met.*

## **STANDARD V: STUDENT SERVICES**

### **A. General Provisions**

As part of the Northwest Commission on Colleges and Universities (NWCCU) Seven Year Accreditation Processes, schools must identify core themes in support of the institutional mission. NUMN selected “Student Success – Support Successful Student Learning” as Core Theme One for the NWCCU Seven Year accreditation planning cycle from 2017 to 2024. Twelve areas important in supporting student success were selected as indicators for this objective: the Center for Academic Success, peer tutoring, intercultural engagement, counseling services, Student Life Office, disability services, library, IT services, Center for Career Development, Registrar’s Office, Financial Aid Office, and testing center. The *Mean Student*

*Satisfaction Data for Targeted Support Services* delivered a mean score for ND program student overall satisfaction of 3.14 on a 4-point scale (1 = very dissatisfied, 4 = very satisfied) and a mean score of 3.24 across the twelve areas of review.

Section 6 in the 2020-21 student handbook outlines Technical Standards, Academic and Clinic Progress and includes the appeal process for student disciplinary matters, up to and including expulsion from the program. For non-academic issues, section 10 discusses the Student Disciplinary Records, Code of Conduct and Honor Code. Section 10.16 outlines the Re-application and Re-admission Policy, which covers both academic and non-academic separations. Disciplinary policies are clearly defined and processes for discipline and appeal are sufficiently described. The Center for Academic Success administers academic advising for all students in NUNM programs. Academic standards and review processes, as well as avenues for student academic support services are described in the NUNM Course Catalog and in the NUNM Student Handbook. The ND program also describes a process for clinical learning support and remediation in the NUNM Course Catalog 2021-22

The director of student access and success advises the Student Government Association (SGA), with student representation from each academic program. The SGA acts as a liaison for the student body and the board, administration, faculty, and staff. Each cohort in all academic programs elects class representatives to facilitate communication and plan activities. The SGA advisor (the director of student success and access) also acts as a liaison between NUNM's administration (deans, VPs, and president) and attends SGA meetings to facilitate communication and seek student opinion. The SGA president and vice president meet monthly with the administration, including the president, provost, dean of students, and program deans. Each year, two non-voting student representatives are elected to the NUNM board. Student representatives serve on the University Cabinet, the Information Technology Team, Academic Operations Team, and Clinic Operations Team, among other committees. Student representatives are voting members on the Curriculum Approval Committee. In the 2020 Student Satisfaction Survey (N=188), students rated their overall level of satisfaction at NUNM with a mean score of 3.4 (scale of 1 to 4, 1 = very dissatisfied and 4 = very satisfied).

All colleges and schools within NUNM follow institutional student policies. Policies are located in the student handbook while admission policies are described in the NUNM catalogue. Policies within the student handbook are also located within Policy Stat, the institution's policy maintenance software, including an easy-to-use keyword search function. The dean of students oversees issues regarding the student code of conduct, mediating disputes regarding accommodations between students, faculty, staff, and deans, and providing avenues for students to register concerns, complaints, or grievances. All student policies are reviewed annually. NUNM maintains a record of all student grievances per their record retention policy. Presentations and discussions during orientation include policies regarding academic honesty, appeals, grievances, and academic accommodations. All entering students agree to and sign a copy of the NUNM Honor Code, found in Section 14 of the student handbook. Between fall 2010 and summer 2020, a total of five grievances were initiated by ND students with two going forward as a formal grievance. The informal grievance process provided a resolution to the other three.

The responsibilities and contact information of NUNM's Title IX coordinator are listed in the 2020-21 Student Handbook, the 2020-21 catalog, the NUNM website, posters on campus, and provided on the NUNM Intranet. NUNM has a selected and specially trained staff to serve as impartial investigators when a report requires a more comprehensive investigation. The NUNM Title IX team, led by the dean of students, has an ongoing monthly table-top exercise meeting, and attends a minimum of one annual investigator training. Human Resources has contracted with NewEd, an online webinar provider, to offer training for all employees. In-house training videos are developed annually by the Title IX coordinator for presentation to all employees. Training also occurs for campus safety, interpersonal violence, consent, and bystander intervention for incoming students during each new student orientation and employees during the annual campus safety in-service employee training.

## **B. Admissions**

All requirements for admission and matriculation are clearly outlined in the NUNM catalog and on the NUNM Admissions webpage. The application process, criteria, technical standards, educational offerings, curriculum, and transfer policies are provided on NUNM's website and in the NUNM catalog. The NUNM admissions policy is reflective of the program mission and vision to train naturopathic doctors. Key components of the application for admission include student essays, transcripts, course pre-requisites, ability to meet with or without accommodation the necessary technical standards, and letters of recommendation. All students applying for admission to the ND program must complete a bachelor's degree and prerequisite coursework from a U.S. regionally accredited institution. Admission interviews are provided to prospective students who meet the admission application standards. The applicant interview includes an evaluation tool that assesses the applicant for six targeted non-cognitive admissions criteria identified as necessary to a practitioner. The utility of this tool has not been reported on.

The NUNM Technical Standards policy complies with all federal and state laws and sets standards for the skills and abilities deemed necessary to complete the curriculum successfully. NUNM has two sets for technical standards, one for all programs and additional clinical standards. To be qualified for the ND program at NUNM, those individuals must meet both NUNM's academic and technical standards, with or without reasonable accommodations as established by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Members of the admissions staff and program faculty review all application materials holistically with strong consideration of academic performance, exposure to the profession, and understanding of the field, as critical components of the application review process. The ND program requires qualified candidates to interview with a member of the admissions staff and an ND faculty member. The program dean makes final admission decisions

All requirements for admission and matriculation are clearly outlined in the NUNM catalog and on the Admissions webpage.

The ND program seems to adhere to published admission policies; there was no documented evidence of exceptions to the admission policy provided.

Recruitment and admissions activities are conducted with honesty and integrity. The Office of Marketing and Communications collaborates with the program dean on content for brochures, the catalog, the website program pages, and admissions information used in presentations for prospective students.

The Office of Admissions works with the ND program dean to evaluate and award transfer credit and advance standing status. The transfer policy is published in the 2020-21 course catalog. NUNM considers transfer credit from regionally accredited colleges and universities and U.S. Department of Education recognized institutions. Transfer credits are allowed for first-year and some second-year ND courses. Credit for clinical experiences or clinical education from other schools is not transferable. There is a process for non-degree seeking students to audit course in the ND program.

Applicants who have earned degrees in countries outside the U.S. must complete an official evaluation for degrees and course equivalency through a recognized, educational credentials evaluation service agency. Information for international student applicants can be found on the NUNM website. Students seeking admission to NUNM must demonstrate English language competency. The Office of the Registrar initiates the issuance process for the I-20 for an international student. The Office of Equity and Inclusion director works with the registrar in the transition of incoming international students.

NUNM reports conducting ongoing assessments of the application review and interview processes to determine if they effectively evaluate candidates. Annually, the incoming class is surveyed to gain insight into how to improve the admission process. NUNM annually evaluates the admissions metrics to assess the quality of the applicant pool, comparing it with institutional goals and looking at overall trends.

The Team *suggests* that the admissions recruitment process be reviewed to reflect a broader recruitment strategy, for instance, recognizing current prospective students' interest in social media as a source of information.

### **C. Student Records:**

The recordkeeping systems utilized by NUNM were selected to maintain secure, accurate, and complete records accessible to those who require access while maintaining confidentiality at all times. NUNM follows the published record retention policies concerning student records, medical records, and personnel, including faculty records. NUNM uses SONIS as a student information system and OCHIN Epic – Electronic Medical Record System (Epic) as the patient information system. Moodle is the learning management system and Simplicity's Advocate Reporting System for incident reports. Students may view their academic file by presenting a written request to the Registrar's Office per policy as stated in the Student Handbook.

NUNM maintains information on students in a secure, confidential manner in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA). The Office of the Registrar oversees FERPA policies. The registrar works collaboratively with the Information Technology (IT) Department to ensure that student records are protected and appropriately maintained. When

a student graduates, the file is scanned onto an external hard drive and then purged. Reporting on electronic data security, integrity and back up describe adequate processes. Access to SONIS is defined by user ID and password, thereby protecting students' privacy while allowing access for staff and faculty as needed to perform their jobs. NUNM follows FERPA regulations regarding access to student information.

NUNM maintains on the website student enrollment, graduation, retention, and exam scores. Default rates are reported by NUNM. The annual statistics and security reports are also available on the NUNM website. Additionally, Student demographic profile statistics can be found on the Facts and Figures webpage on the NUNM website, which includes age, gender, race/ethnicity, graduation rates, retention rates, and NPLEX (Naturopathic Physicians Licensing Examination) pass rates.

#### **D. Tuition and Financial Aid:**

NUNM participates in the administration of federal Title IV student aid. The director of financial aid and the financial aid counselor usually attend two annual trainings to ensure compliance with federal financial aid requirements and practices. Student information regarding federal financial aid application and requirements are found on page 44 in the Financial Aid section of the Catalog. Financial aid records are kept in accordance with federal and state laws.

The NUNM Financial Aid Office (FAO) declares its purpose to educate students on the optimal financial aid resources available, to increase understanding of the actual costs of attending the university and its affordability, and to build awareness among students about saving for university costs and personal budgeting procedures. The FAO participates in a skip-trace program whereby lenders and servicers report delinquent students; students are contacted and offered assistance in avoiding loan default. The FAO demonstrates a strong commitment to providing faculty and student education and support on financial planning and loan default prevention. The FAO scores highly in student satisfaction surveys over the previous three years (on a scale of 1-4, 3.08, 3.34, and 3.24 for the years 2019, 2020, and 2021, respectively). The FAO offers student programming on borrowing wisely, repayment, budgeting, and debt management strategies. These efforts comply with the 2017 Oregon statute requiring Oregon colleges and universities to provide federal student loan information annually to their students.

The most recent figures from the U.S. Department of Education outlining the NUNM 3-year Cohort Default Rate shows a lower default rate as compared to composite scores. The most recent data from 2019 shows a default rate of 1.1 for NUNM students, as compared to a composite national rate of 2.5.

The NUNM tuition refund policy is clearly illustrated in the course catalogue. Federal Title IV funds are always returned in the order mandated by the U.S. Department of Education.

#### **E. Counseling:**

The NUNM support system includes free mental health counseling, disability and academic accommodation services, tutoring, a testing center, career services, and academic advising. A

dedicated career services officer has been recently restored at NUNM after cutback reduced this service 2 – 3 years previously. The NUNM career services manager oversees the Center for Career Development (CCD) and reports to the dean of students and director of development. The CCD collaborates cross-departmentally throughout the university to provide information and resources to optimize the student experience leading to successful outcomes. The CCD assists students and graduates with preparation for success in experiential education, private practices, industry, and other areas of interest, such as preparing CVs/resumes, networking, public speaking, self-advocacy, and other professional development activities. CCD hosts workshops and small facilitated group meetings. The manager offers one-on-one professional guidance and support to meet students' unique career development needs. Since 2014, NUNM has maintained a database that provides a snapshot of employment one-year post-graduation for each graduating class working in their industry/field of study. The program utilizes My Career software, which assists students in identifying learning goals and meet learning requirements through self-evaluation. The Center for Academic Success provides funded peer tutoring services.

The NUNM Counseling Center, created in 2010, provides free individual, couple, and group counseling to NUNM students. Students can be referred to the Counseling Center for consultation on stress management and other mental health challenges by faculty or staff and as part of the adjudication process of the Honor Council and/or Academic Review and Appeals Committee. Students can also contact the Center directly. The Counseling Center has been running telehealth visits exclusively through the pandemic. In fall 2020, the former director of counseling services resigned and an interim director role has been held by an adjunct faculty member. Currently the counseling department on campus is not accepting any new student-patients. Given the level of self-reported stress by many university students during the pandemic, the team suggests the program continue to consider alternatives. For the 2022-23 academic year, NUNM is considering a third-party service, Well Connect, to offer counseling services.

NUNM describes in its Course Catalog a thorough process for identifying students in academic risk and providing specific counselling measures to support improved performance and accountability. Students who continue to perform below NUNM published standards are progressively moved from warning to probation and suspension by the Academic Committee when necessary. There is a detailed appeals process in place for suspended students that delineates the process of appeal and review. Suspended students may appeal for readmission if they meet the criteria described in the Course Catalog. Expulsion from the program results after two suspensions and is not open for appeal.

## **F. Use of Information and Communication Technology**

The information and communication technologies employed by NUNM for its education program requires a secure log in and password sign-in option to protect student privacy. As most classes are held in person, student verification processes have not yet been necessary. However, NUNM is adding proctoring software to be implemented in 2021 for the First Year ND Online cohort. Lastly, in 2020, NUNM implemented a \$75 per term technology fee for students. The technology fee helps cover the cost associated with technical support of applications used by students and faculty. The program makes it clear in writing that the institution uses processes that protect student privacy.

## **G. Official Publications and Online Resources**

All information required by CNME Standard V, Section G.1. a – u may be found in the Course Catalog, Student Handbook, and online resources. There is a well-organized and extensive student services web-based interface available to students and the public.

The Office of Marketing and Communications collaborates with program deans on content for the ND programs brochure, the NUNM catalog, and the program pages on the website. The Office of Admissions collaborates with the dean on admission criteria, with the dean giving final approval for all program content. Publications and advertising accurately represent employment, career and licensure opportunities.

NUNM publishes its status and relationship with the CNME on our website and student handbook (page 9) along with contact information in accordance with CNME Policy 5, Representation of a Program's Relationship with the Council. Other agencies' information is also listed on the NUNM website and student handbook (page 9).

**Commendation V-1.** The team commends the financial aid department for their outstanding outreach to students to help them develop good financial planning and to alumni that may be struggling with paying their student loans. (Std. V, D2)

**Commendation V-2:** The students feel very well supported by the Student Service Dept. (Std. V, A1)

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

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

### **A. Program Development, Delivery and Integration**

Both the academic and clinical portion of the program of study are competency based. The competencies are captured as program outcomes and they reflect those adopted by the AANMC. The AANMC recently updated the core competencies for naturopathic medical graduates in 2020 and the NUNM Board of Governors approved faculty revisions to the program outcomes to maintain consistency with the AANMC revisions. All competencies have been consistent with the mission and vision of the NUNM ND program as well as those developed by the AANMC and the CNME.

The majority of the program is residential, delivered in twelve-week quarters and has total of 4399.5 clock hours. The program has recently added a first-year entirely online option. These

students spend the first three terms online and then come to campus in the summer before year two to do in person intensives. Even with this option, the majority of the program continues to be residential, as required by CNME.

Courses are designed to support a community of learning, whether the delivery is in person or online. Faculty are expected to hold designated office hours – since the pandemic virtual office hours were conducted through Microsoft Teams and both faculty and students noted improved, more accessible interaction. The block curriculum has frequently scheduled tutorials which also improve faculty-student and student-student interactions using case-based discussions.

Currently there are no courses that are taught by another institution, so no articulation agreements are necessary. All courses are taught and managed by either a full-time or part-time NUNM instructor, supplemented by guest lecturers.

Every instructor is required to use a syllabus template. All syllabi are built using a template and are distributed to students 2 weeks prior to the beginning of class. The program outcomes, methods of instruction, type and weight of assessments, weekly learning outcomes, and course materials are all specified in the syllabi. Many courses involve practical labs and case-based learning. Media and readings posted in advance allow for pre-reading and active learning in blended courses. Since the mission statement and program outcomes were recently updated, mapping of program-level competencies across courses is in progress. The syllabus template underwent a review and revision in 2020 and course syllabi are audited and reviewed

The program has worked hard to provide the best instructional methods possible to support optimal learning by the students. Knowledge skills and attributes are going through a mix of lectures, in-person and online learning, hands-on skills courses and tutorials.

In 2014 NUNM began the task of a major curriculum revision when it adopted a block curriculum. The key goals of this revision were to incorporate naturopathic philosophy more broadly across the curriculum, to integrate topics across disciplines to stimulate critical thinking, to increase clinical encounters and the number of clinical assessments, to establish a curriculum that better matches current professional needs, and to link course competencies more tightly with broader program outcomes such as increasing inter-professional and cultural competency skills. The academic and clinical portions of the program are coordinated and support each other in several ways. A substantial proportion of the academic instructors are practicing NDs, teaching as clinic supervisors as well as lecturers or tutorial leaders. The curriculum integrates foundational sciences as well as clinical sciences – clinical features, diagnosis, and treatment of disease – within the same body system as a “block”. Structuring the curriculum in system blocks and ensuring that clinically-relevant practitioner skills and naturopathic treatment modalities are applied to each system via threads optimizes the delivery of academic curriculum such that clinical application is made explicit. A course director manages each block and is responsible for coordinating lecturers, tutorials, and labs within the block as well as collaborating with thread leaders to ensure that major competencies and therapeutic modalities are adequately and appropriately addressed within each block.

There are eight separate threads that are interwoven throughout blocks. Four are ND student competencies that are closely related to the programmatic outcomes: cultural competency, evidence-informed practice, practitioner cultivation, and ethics. Four threads address therapeutic modalities covered throughout the program: botanical medicine, homeopathy, nutrition, and pharmacology. Learning activities associated with each thread are tracked in a spreadsheet. Course directors oversee curriculum materials, assessments, and student progress through the course. The Dean meets with course directors once per month, and at the end of the block a course director is expected to submit a report on the overall strengths and areas of improvement for the block. The course director reports have not been universally completed over the past three years; this may reflect the large workload on course directors, which was expressed during CNME meetings with faculty.

It has been difficult for thread leads to get the information they need for various faculty and faculty are challenged by requests from multiple thread leads. The program is considering creating a thread lead leader so that faculty and thread leads will have one point of contact. The progression of clinical knowledge, skills, attitudes, and behaviors in the student seems to be well-supported by the current design. As well, a four-tutorial series – Case Integration Mentorship – explores more complex student competencies such as reflective practice, critical thinking, and inter-professional communication skills using complex case scenarios in the 4<sup>th</sup> year of the academic curriculum

Naturopathic principles, philosophy and clinical theory are incorporated throughout the curriculum, but this is not always evident to students and faculty, particularly in the clinic. Focus groups were held to collect feedback on the incorporation of naturopathic principles in the program, and many students felt that a greater emphasis on the principles was warranted. Students interviewed during the site visit also suggested that they felt that the naturopathic principles in general and homeopathy in particular could receive greater coverage in the curriculum. Faculty interviewed during the site visit suggested that the adoption of the block curriculum has made it more difficult for students to grasp some of the basic foundational knowledge of homeopathy. Exit interviews from 2017 – 2020 also display a trend towards less graduate satisfaction with their educational experience regarding homeopathy. A student who attended the meeting with the CNME expressed some concern that there seemed to be more of a conventional medical approach and less of a naturopathic approach in the classroom and the clinic and they wished that there could be more use of naturopathic modalities such as hydrotherapy on regular clinic shifts. An alumnus expressed concern that mainstream medicine is doing a better job of presenting natural health to patients than current naturopathic graduates and that we need to be more visible and claim the space as the better trained natural health providers. The team noted that currently naturopathic philosophy and clinical theory is not identified as a thread and *suggests* that this might be a consideration for the future.

The program establishes, publishes and follows prerequisite requirements.

Procedures for submitting curriculum modification proposals are well-described. The university level curriculum approval committee (CAC) meets monthly throughout the year and includes three ND-program faculty members. Final curriculum and program decisions rest with the Academic Operations Team and responsibility for delivery of the program rests with the program

dean. There is also a newly developed Program Evaluation Committee (PEC) that includes faculty and two students and is supported by the Office of Institutional Effectiveness. The PEC was involved in rewriting and amending course competencies to decrease redundancy, add diversity equity and inclusion language and add additional medical knowledge. Faculty gave feedback and approved changes. The program could do a better job of ensuring that the required competencies and expected learning outcomes are being met by students, especially within the block courses. Also, the PEC and the review process should take into account findings identified by the program assessment plan and process and ongoing developments in the naturopathic medical field.

## **B. Academic Component**

The block model for the academic curriculum in conjunction with the threaded naturopathic medical topics explicitly incorporates the competencies defined by the AANMC and in the ND programmatic outcomes. Naturopathic principles and therapeutic modalities are incorporated and tracked in each block. Counselling, health education, and student communication skills are incorporated throughout the blocks, and a dedicated counselling course at the end of third year explores general counselling principles as well as motivational interviewing and mind-body medicine in a didactic and applied format. Public health is taught as a discrete course and there is a clinical community education tutorial in third year.

History taking, physical examination skills, clinical reasoning, differential diagnosis, and proper charting are incorporated throughout blocks and during dedicated courses early in the curriculum. Most blocks have tutorials where students engage in case-based learning, and many have labs where appropriate for students to demonstrate hands-on skills such as IV therapy, phlebotomy, or physical assessment. Naturopathic management of conditions across systems is integrated in the blocks (as per therapeutic threads), a design that facilitates integration of different therapeutic approaches to match the needs of the individual patient.

Each block incorporates evidence-informed practice as a thread. Faculty and the university librarian cooperate in supplying learning resources and instruction that foster research literacy in the first year of the program. Faculty have identified a need to expand upon and reinforce student research literacy skills later in the program, and this need is also identified in the self-study. Students develop six case reports based on their clinical encounters as primaries prior to graduation. These case reports exemplify real-world application of evidence-based practice and some are of high enough caliber that they have been accepted for publication in the past. According to exit interviews, student satisfaction with the practice management component of the program has been challenging. The Dean and the business series instructor have responded to student feedback by consolidating the course into asynchronous online modules, re-organizing the order that topics were delivered, and assigning the capstone project earlier in the fourth year. Preliminary student feedback to these changes seems to be positive.

Biomedical sciences are introduced early in the program and are revisited in each system block, which optimizes integration of foundational science with clinical knowledge. Introduction of therapeutic modalities, including pharmacology, are also introduced in the first year of the program and then integrated as threads within each block. Physical diagnosis, imaging, and

diagnostic procedures (such as ECG and spirometry) are covered in discrete courses or tutorials and during system blocks. Faculty did raise the point that students needed more training in ordering and interpreting laboratory diagnostics. Although lab diagnostics are addressed in each block, faculty did not seem entirely satisfied with student performance and it was suggested that there may be value in offering lab diagnosis as a separate thread throughout blocks.

### **C. Clinical Education Component**

The clinical education component of the program is integrated with the academic component and is competency based. Clinical experiences allow for the application of the naturopathic principles and clinical theory and knowledge, skills and attributes gained in the academic portion of the program.

The clinical education component helps students to become an integral part of the health care team. The clinical responsibilities gradually increase throughout the program. Students complete 30 hours of observation in the first year of the program, and 48 hours on a hydrotherapy rotation the second year. The third year of the program students complete 180 clinical hours as a secondary clinician and are expected to contribute to discussions regarding patient care. The fourth year of the program students complete 13 clinical rotations as a primary intern and are responsible for conducting all aspects of the patient encounter under the direct supervision of the attending physician and/or resident. Students are assigned two, two-term rotations in their final year of the program allowing students to see follow-up on multiple cases. NUNM Health Center is now recognized by the Oregon Health Authority as a Tier 4 patient-centered primary home, which has broadened the patient population and variety of conditions seen by student interns. Student interns have the opportunity to work with a variety of primary care physicians.

Students are assessed in the clinical environment in multiple ways throughout the program. Since the last site visit, the program successfully converted their Graduate Proficiency Examinations to three objective structured clinical exams (OSCE) throughout their program. The OSCEs have an increasing level of difficulty and emphasis on integrated clinical thinking and action. The first OSCE is held in spring of year two, the second is late winter of year 3, and the third is winter of year 4. In addition to the OSCEs, clinical skills are tracked through clinical proficiency objectives (CPOs), clinical evaluations by the clinical supervisors, and case papers. The Clinical Promotions Committee made substantial changes to the evaluations used by clinical supervisors in 2019. The new evaluation is competency-based and provides more description to both aid in consistency and provide students with examples for how to improve. Clinic supervisors give regular direct feedback to the student, and remediation procedures are initiated when identified through this process. Student hours and patient contacts are tracked by the faculty and submitted to the registrar. Lastly, students are required to complete case papers that have been researched and referenced. Papers are assessed by clinical faculty quarterly.

There was concern expressed by some faculty that the naturopathic principles, philosophy and clinical practice could be strengthened in the clinical education component of the program. The quarterly clinical assessments include a section on utilization and application of Naturopathic Medicine for every intern on every rotation.

A wide variety of clinical experience is provided as evidenced by patient records, student records and specialty clinical shifts and classes. Students have the opportunity to develop the clinical knowledge, skills and critical judgement necessary for the safe and effective practice as a primary care naturopathic physician. This includes patient assessment, diagnosis, treatment, prognosis, case management, counseling on health promotion and referral to other health care providers.

Students have the opportunity to practice the full range of naturopathic therapies. However, the team heard from multiple constituents that the practice of homeopathy was lacking overall in the clinical experience with the implementation of the new block curriculum. One supervisor was identified in a review of charts to utilize homeopathy as a primary modality; however, the use of homeopathic remedies was not seen in chart reviews of other practitioners. The small sample of charts reviewed is not an adequate assessment of the actual use of homeopathic remedies; however, when taken in combination with reports from clinicians and students, the site team *suggests* that the program carefully examine the adequacy of interns' ability to utilize homeopathic remedies.

The team commends the administration for the creation of their Care Teams model, which has improved the continuity of care and shifted the culture of the clinic from one with many individual practitioners to medical teams. This has increased opportunities to establish effective professional relationships with patients, faculty, colleagues and other health care practitioners and the public.

NUNM Health Center is now recognized by the Oregon Health Authority as a Tier 4 patient-centered primary home, which has broadened the ability of student interns to see treat patients of all ages and demographic populations and manage a wide variety of conditions.

Student interns have the opportunity to work with a variety of primary care physicians that have specific areas of focus such as cardiology, gastroenterology, LGBTQ+ medicine, oncology, pediatrics, and homeopathy as well as specialty rotations that focus on IV therapy, physical medicine, and minor surgery.

Student interns are given the opportunity to develop an understanding of medical ethics and the medical consequences of common societal and environmental pressures.

The program changed their clinic shift hours from 4 to 5 hour shifts to allow for deeper case discussions. Community clinics continue to be a strong suit of the NUNM clinic education; however, concerns over the changing healthcare landscape and its effect on these clinics was noted—especially given the impact of the COVID situation.

The NUNM Health Center is now recognized by the Oregon Health Authority as a Tier 4 patient-centered primary home, which necessitates an increased level of precision when charting and coding. The COVID pandemic provided an excellent opportunity for student interns to become comfortable and familiar with telemedicine.

The implementation of the Care Team model has improved the practice management for the clinic; however, this improvement has yet to filter down to the student interns. Practice management is assessed in the quarterly clinical assessments.

The clinical program requires 1254 clock hours of clinical training with 780 primary clinical hours, 180 secondary clinical hours, 48 hydrotherapy rotation hours, 30 observational hours, and 216 preceptorship hours. The majority of hours (in excess of 850 hours) are performed in the university clinic, all under direct supervision of licensed naturopathic doctors. Students complete 30 hours of observation in the first year of the program. Some adjustments were made to satisfy the observation requirement for the students starting the first year in a remote capacity where a student onsite would bring a laptop into exam rooms allowing for remote viewing. Remote students reported the clinical experience for the observation shifts were often dependent on the student assigned onsite. There were reports of some students feeling disconnected from the individuals on site, while others reported the onsite student actively engaged with the remote observation student yielding a more positive experience. Establishing clearer expectations for onsite students in engaging remote students is encouraged to ensure the observation clinical experience is equivalent to the students who start their first year in person.

The clinical responsibility increases in the second year of the program. Students complete 48 hours on a hydrotherapy rotation. Students do not diagnose on the hydrotherapy rotation; however, they begin refining skills such as developing a therapeutic alliance, interviewing, charting, referring patients, and learning their EHR system. The third year of the program students complete 180 clinical hours as a secondary clinician. The role of the secondary interns are mainly observational, however additional duties include scrubbing charts, reviewing medications, allergies, and problem lists with the patient, and enrolling patients in MyChart. Secondary interns are expected to contribute to discussions regarding patient care. The fourth year of the program students complete 13 clinical rotations totaling 780 hours as a primary intern. Primary intern is responsible for conducting all aspects of the patient encounter under the direct supervision of the attending physician and/or resident. Students are assigned two, two-term rotations in their final year of the program allowing students to see follow-up on multiple cases.

Of the 216 required preceptorship hours, 145 of those hours must be with a naturopathic doctor. Students are supported by the newly re-established Career Services Manager for assistance in securing preceptorship opportunities. NUNM has just under 500 doctors who actively participate in the preceptorship program.

The Career Services Manager is actively seeking new preceptor opportunities for students and ensures that preceptorships provide a worthwhile educational experience. In order to participate in preceptorships, students must have completed their first term of coursework and completed a preceptor orientation during the winter term of the first year in their clinical education II course. Preceptors are sign a formal agreement with the program and follow written policies regarding precepting.

Student interns are required to complete a minimum of 510 total patient visits, of which 225 must be primary patient visits. The total patient visits exceed the CNME minimum of 450 and

the primary patient contacts meets the minimum standard. Both the clinical hours and patient contact requirements were adjusted for students graduating in 2020, 2021, and 2022 due to limitations imposed to address the COVID-19 pandemic. All adjustments were approved by the CNME and the requirements above are reinstated for students graduating in 2023. These requirements are sufficient for student interns to be able to demonstrate all required competencies.

Of the required 1254 clinical hours, at least 1183 are supervised by licensed naturopathic physicians. Clinical rotations consist of one attending and one resident per four to five primary interns, one to three secondary interns, and a first-year observation student, thus exceeding the 1:6 faculty-to-student ratio. Faculty and administration have observed an increase in complex cases, signaling a need for a further reduction in the faculty-to-student ratio. The program changed their clinic shift hours from 4 to 5 hour shifts to allow for deeper case discussions.

Students participate in grand rounds and skills classes; however, these hours do not count towards the fulfillment of the required 1254 hours.

The team was impressed by faculty collaboration across the board and participation in various committees to improve clinical education. The site team commends the work done by the CPC in the creation of the Cultivation of the Student Clinician Resource page. The committee has identified areas students struggle with, provided learning opportunities, and immediate feedback to help students improve deficiencies before needing to remediate rotations. The site team is looking forward to reviewing data in the future to see how it impacts student performance.

#### **D. Clinical Administration, Resources and Facilities**

Clinical education at NUNM is currently overseen by a sufficient number of administrative positions: Dean of Naturopathic Medicine, and Dean of Graduate Medical Education and Clinical Affairs. The chief medical officer, CMO, position was established in 2013, right before the last site visit. At that time, the program discovered discrepancies in clinic policies after conducting a systemic review. A system was then implemented to review and assess all policies related to clinical education and patient safety. Policies on TB testing, drug testing, and Bloodborne Pathogen Exposure & Needle sticks have all been updated and secured on a platform called Policy Stat. Policy Stat has become a repository and review platform to keep policies up-to-date and assessable to all those on campus. Due to shifting priorities to deal with the COVID-19 pandemic and the turnover in the CMO position, the program recognized an opportunity to improve in the area of chart reviews and analysis of patient care. The site team also believes the chart review process is lacking and would like to see a formal process in place for reviewing and collecting data to identify areas of growth within the program. The Clinical Guidelines Committee/Clinical Standards Committee—composed of 3-4 ND faculty, 1-2 CCM faculty, one Nutrition faculty member, and the CMO—is currently revising the clinical guidelines and is working towards wide-spread use of the guidelines by practitioners. The committee has plans to begin finalizing the chart review process and Morbidity & Mortality discussions at clinical faculty meetings over the next year. There is sufficient administrative staffing to effectively operate the clinics.

Clinical education mainly occurs in the NUNM Health Center, which—as noted above—is recognized by the Oregon Health Authority as a Tier 4 patient-centered primary home. This ensures that all state and federal requirements for health and safety are met. Quality assurance is overseen by the CMO. Clinical outcomes required by being a patient-centered medical home are tracked through EPIC, the electronic health records system.

The student clinical handbook and the clinic website contain the published policies on ethical behavior and conflict of interest for all of those working at the clinic.

The NUNM Health Center’s Tier 4 status has broadened the patient population and variety of conditions seen, and the clinic provides sufficient patient volume for the student clinicians to fulfill their patient contact requirements. Specific policies are written and in place regarding students acting as patients only when there is a medical need.

The clinic received sufficient resources to function effectively, both for patient care and educational needs. The clinic has a dispensary/medicinary which supports the needs of the program.

Student hours and patient contacts are tracked by the faculty and submitted to the registrar.

Clinical record-keeping meets all requirements of a Tier 4 patient-centered primary home, including accuracy, security and back-up via the electronic health records system. Clinical charts are completed by the primary student clinician and signed by the overseeing licensed physician.

Affiliated clinical training sites include the community clinics. Community clinics continue to be a strong suit of the NUNM clinic education; however, there are concerns over the changing healthcare landscape and its effect on these clinics, especially after COVID. Affiliated clinical training sites are run by NUNM Naturopathic physicians. Standards, policies and procedures are consistently applied to student interns, regardless of the training site. Student evaluation procedures at affiliated sites are the same as applied to student interns at the NUNM clinic.

**Commendation VI-1:** The team commends the program for the innovative design and implementation—and continued commitment to improving—the block curriculum. (Std. VI, A & B)

**Commendation VI-2:** The team commends the program for the development of their care team model which promotes continuity of care and collaboration across practitioners. (Std. VI, C & D)

**Commendation VI-3:** The team commends the clinical education program for the new and innovative Cultivation of the Student Clinician resource page. We look forward to reviewing data in the future to see how this is impacting student performance in the clinic. (Std. VI, C)

**Determination: Standard VI on Program of Study is being met.**

## **STANDARD VII: ASSESSMENT OF STUDENT LEARNING AND PROGRAM EVALUATION**

### **A. Assessment of Student Learning**

The program has a system for evaluating each student's academic and clinical performance. Academically, student must pass each block in order to graduate. Students who do poorly or fail a block are given the opportunity to remediate. The program is undertaking extensive mapping of the curriculum in relation to newly approved program competencies and sub-competencies. However, currently there is no clear system for ensuring that a student has passed each of the sub-competencies in a block. The team *suggests* that the program develop a system for ensuring that a student is competent in all areas of a block. Data can then be aggregated and used to assess program success. During our meetings with students, there was a request for more formative academic assessment, such as quizzes, so that students will be better able to direct their own learning.

The program has a robust system of three objective structured clinical exams (OSCE) for assessing clinical learning, in addition to quarterly evaluations by the student's clinical supervisors. The program has just instituted a new system of identifying struggling students early in a rotation and offering them additional resources to help them avoid having to remediate or repeat a rotation. It will be interesting to see this data aggregated and analyzed to determine whether it is improving overall student and program clinical performance.

### **B. Program Level Assessment and Evaluation**

The program has struggled to develop a clear written program assessment plan with specific measures and benchmarks tied to overarching program outcomes. Currently the same aggregate data, such as NPLEX and OSCE passing rates, is being used to assess each of the outcomes. While there is data within the OSCEs, student exit surveys, and clinical evaluations that relate to each program outcome, to date this information has not been extracted and aggregated to assess the success of the program more accurately in each outcome. A clear program assessment plan will allow the program to make logical changes and improvements in the program of study, update academic policies and procedures, and better allocate resources.

The university and the program are working towards creating a culture of assessment. The office of institutional effectiveness has provided training for the faculty on strategic planning and outcome building. The OIE manages all surveys and course evaluations and has the ability to disaggregate and collate the data based on program needs. In 2017 an Institutional Assessment Committee (IAC) was formed to assess university achievement of institutional level core themes. The dean of the program sits on this committee. The self-study reports that programmatic assessment is incorporated into the discussion and subcommittee work of the IAC. In addition, the formation of the institutional assessment team for the College of Naturopathic Medicine, known as the Program Evaluation Committee (PEC), was developed to help the ND program assess its own program and inform the IAC of institutional issues. Hopefully it will be the work

of this committee to also develop a clear, sustainable, and useful program assessment plan. The team met with one of the faculty members that sits on the PEC and is confident that the program can develop a clear plan. The plan should be written in a way that any faculty member that reads it can understand how the program is being evaluated, so that they can understand their role in program assessment. Currently there is a large confusing spread sheet and a 2019 document called “Assessment of Program Outcomes” that do not provide a clear picture of how each of the program outcomes are being adequately assessed. The document lists most of the areas of the plan as “emerging”. Since not every program outcome needs to be assessed every year, a schedule of assessment should be developed to allow for a sustainable way to adequately evaluate each program outcome over time in sufficient depth and to provide for the development of improvement plans and budgets to support them.

The program maintains a sufficient variety and amount of data. The program should seek help from Institutional Effectiveness to use data already available and to have survey data disaggregated and collated to serve the program’s needs.

The program maintains data for the latest five-year period on the overall pass rate of its students and graduates on NPLEX examinations. CNME requires that if the data indicate that less than seventy percent of the first-time test-takers pass, the program conducts a formal analysis, compiles a report and institutes measures to improve overall pass rates. The NUNM pass rates for NPLEX I in August 2017 fell below the 70 percent pass rate. There was concern that the test takers who failed were mostly from the new block curriculum. Analysis showed that there was not a significant difference in passing between the block curriculum students and the traditional curriculum students. It was noted that the total number of first-time takers in August 2017 was uncharacteristically low, roughly one-third of eligible test-takers and two-thirds of eligible students chose to postpone taking NPLEX I to a later year. This low number created a possible confounding variable, meaning that the pass rate statistic may not be statistically significant. Nonetheless, the program instituted an NPLEX study support plan and the August 2018 NPLEX I first time pass rate improved to eighty percent.

**Recommendation 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. Note that information from the program assessment plan should be used to inform financial planning. (Std. VII, B)

***Determination:*** *Standard VII on Assessment of Student Learning and Program Evaluation is being partially met, with deficiencies as noted*

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

### **A. Research Policies and Practices**

Established in June of 2003, NUNM's Helfgott Research Institute (HRI or Helfgott) is an independent, non-profit research institute that serves as the research department for NUNM and is instrumental in supporting faculty and student research and advancing research for the naturopathic profession.

Helfgott provides scientific leadership, research capacity building, and scientific education and research training for the fields of naturopathic medicine, Chinese medicine, acupuncture, immunology, and nutrition apply their expertise to the study of natural medicine. Helfgott provides the infrastructure at NUNM for nearly all research activities, including expertise and mentorship, collaborations, laboratories, forums for dissemination of scientific advances in the areas it covers, and management and coordination of studies and is involved with a growing network of collaborators to harness additional skills or capacities to foster research projects. The Helfgott research leadership at NUNM aims to train clinicians in evidence-based medicine (EBM) and support faculty and students conducting original scholarly research.

All research projects undergo scientific review for congruency with the university mission, and scientific validity before approval. Helfgott is responsible for scientific oversight for research activities, including intellectual property rights, policies and procedures, external legal requirements and accepted research practices.

All funding, both NIH and industry, are managed according to appropriate policies and source requirements. The majority of the Helfgott budget is funded externally through grants, company-funded research, and donations to the Helfgott Research Institute.

The institutional review board (IRB) is composed of internal and external research investigators who review and ensure compliance with ethical and safety policies and procedures as published by the Department of Health and Human Services. IRB members, researchers, and affiliates must complete various Collaborative Institutional Training Initiative Program (CITI Training) modules depending on their roles and responsibilities every five years. NIH-funded researchers are required to complete Good Clinical Practices (GCP) training.

Dissemination of findings from the research is primarily directed at peer-reviewed scientific publications, typically with the involvement of more than one Helfgott investigator. Researchers have the academic freedom to publish their work.

## **B. Support for Research and Scholarship**

NUNM demonstrates institutional commitment to naturopathic research by providing institutional funding for the Helfgott Research Institute. This includes partial salary for the research institute director, support of the MSiMR program chair, and administrative coordinator/grants manager. However, the majority of the Helfgott budget is funded externally through grants, company-funded research, or donations to the Helfgott Research Institute. Helfgott has sufficient funding and technical resources to support the scholarship activities of the university and the program.

Initially awarded in 2015 and renewed in 2020, NUNM received a National Center for Complementary and Integrative Health (NCCIH) grant devoted to training the next generation of integrative medicine focused physician-researchers. The five-year grant, Interdisciplinary Complementary and Integrative Health Clinical Research Training Award: Building Research in Disciplinary Gaps (BRIDG) T90/R90 Grant, is a research training partnership between NUNM and the University of Washington.

NUNM and Helfgott support faculty research in several ways, including grant and project administration, IRB, grant applications, biostatistical support, faculty training, and mentorship. However, participation by faculty in research projects has remained low. The ND department has established a criterion for success in faculty scholarship and research as 20% of faculty participate in scholarly activity such as publications, presentations, research, and poster presentations as delineated in the NUNM ND Program Assessment Tracking document.

NUNM offers three tiers of research training for students. The first tier involves training all ND students to interpret and apply research and gain the ability to navigate research literature and databases with ease, and through submission of six case reports according to established CARE guidelines benchmarks. The second tier of research training allows interested students to work as research assistants. Students support the operations of research projects in conjunction with research investigators, faculty members, and/or post-doctoral fellows. The third tier involves training a cadre of natural medicine researchers through NUNM's Master of Science in Integrative Medicine Research (MSiMR) degree program

**Commendation VIII-1:** The team commends the great work that the Helfgott Institute is doing to promote research in natural health, engage students and faculty in research, improve collaboration with other large universities and publish in mainstream journals. (Std. VIII, A & B)

**Determination:** *Standard VIII on Research and Scholarship* is being met

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

### **Introduction**

NUNM's library provides a comprehensive variety of resources to support the naturopathic program, as well as the university mission. The library collections are diverse in terms of format and in offering support to various learning styles. The physical collection, especially the book collection, is strong and unique in many ways—including the Rare Book Room, which has enabled the creation of a series of books taken from Benedict Lust's journals of the early 20th century. In addition, the library has dedicated a large part of its budget to web accessible databases. The library staff is formally part of the curriculum and offer course sessions on information literacy as part of their evidence-informed practice initiative.

### **Organization and Administration**

Oversight of the NUNM library falls under Academic Affairs and the librarian reports to the associate provost and vice president of institutional effectiveness. The librarian has a Master's degree in Library and Information Services. In addition to the librarian, NUNM has an associate librarian who holds a doctorate in Oriental Medicine from NUNM, a Master's degree in Library and Information Services, and completed the first year of the ND program. Professional development of library staff is encouraged and supported including membership in regional and national associations as well as training opportunities. The library has experienced significant reduction in staffing due to limitations on being on campus during the COVID-19 pandemic and reduced enrollment. Despite the reduction in staffing, modifications were made to meet the needs of the students. The library is operating at reduced hours, however virtual services have expanded. There are two advisory committees in place to assist the library in decisions such as collections, services, spaces, and student access. Students and faculty from all programs have representation.

### **Planning and Evaluation**

Strategic planning takes into account institutional and programmatic missions. The Office of Institutional Research provides a strategic planning software platform (SPOL), where departmental goals and assessments can be linked with university goals that are derived from the university mission.

The library continuously evaluates the quality of its services and resources through formal and informal means. The library collects data about the size of its collections, circulation statistics, interlibrary loan statistics, reference question statistics, and other objective metrics—all of which are used to monitor library usage and serve as a guide for selecting new resources. Formal feedback is collected through the Student Library Advisory Committee (SLAC) on topics such as collections, services, spaces, and student success. In addition to SLAC, student feedback is channeled through the SGA Information Liaison.

### **Budget**

The library has its own budget, and it was funded at approximately \$291,000 for FY 2021-2022. Approximately half of that budget is spent on salaries and benefits, 40% of it on acquisition of materials, including databases, and the remainder on operations and expenses. The budget is substantially lower compared to the previous site visit. The rising cost of electronic databases is a concern with a decreasing budget. The library staff takes advantage of low or no cost options when available, such as continuing education opportunities.

### **Collections**

The library collections are diverse in terms of format, offering support to various learning styles. Procedures to protect the collection include an antitheft system and a disaster plan. There is a rare book collection of historical naturopathic texts including materials from Dr. Benedict Lust's estate. The e-book collection has expanded dramatically and now includes approximately 8,000 titles. In the spring of 2020, when the physical library closed in response to the COVID pandemic, a package of 66 basic sciences e-books was added to support the ND program's

switch to online learning. Budget allocations for FY 2020-21 were shifted away from print to support e-book acquisitions, and library staff increased faculty outreach efforts to acquire needed course materials for virtual learning.

Specific support of the ND program includes the UpToDate database, Natural Medicines database, and NPLEX study materials. The NCNM library is part of a Portland academic health science consortium that includes Oregon Health and Science University, Pacific University, University of Western States, and Oregon College of Oriental Medicine. This consortium shares a library automation system and members enjoy full reciprocity for circulation of materials. Additionally, the library participates in two national interlibrary loan systems (OCLC and NLM) and generates approximately 1,000 loan interactions annually with libraries around the country.

For the last several years, the library survey data indicates both students and faculty desire to have immediate access to full-text articles. Expanding immediate full-text articles is, however cost-prohibitive at this time. Another area of need is audio-visual media. There is a demand for web-based streamed media such as physical exam videos. In some cases, videos are available for purchase, but are cost-prohibitive. In other cases, videos fail to capture the naturopathic components or are only of historical significance. Determining which of the existing DVD and VHS media needs to be converted and which topics faculty will re-create is a high priority.

### **Access**

Before the COVID-19 pandemic, the library was open 67 hours per week (Monday-Thursday, 7 am to 7 pm; Friday, 7 am to 6 pm; and Saturday, 9 am to 5 pm) during the academic year, with a library staff person on-duty during all open hours. The library is operating at reduced in-person hours, however an increase in remote support has offset the effect on student support.

The IT infrastructure for the library, including technical support, is sufficient to meet the demands of the naturopathic program. Students can access electronic (web-based) resources while off- and on-campus through the NUNM wireless network, including 26 public computers in and around the library. The library's online catalog is available to patrons at all times. Items can be placed on hold from the catalog and picked up at the circulation desk; items can also be requested from consortium member libraries and delivered to the NUNM circulation desk.

### **Facilities**

NUNM's library occupies approximately 4,500 square feet on the first floor of the Academic Building. Despite its small footprint, it is largely meeting the needs of students and library staff. Significant changes were made to the library between 2017-2019 when every part of the library was remodeled to some extent, including the library's two small group study rooms. Reference books and print journals were consolidated and relocated in the front room to create a more collaborative study space. In the back room, the library's quiet area, roughly 40% of collections were relocated to compact shelving in a room outside the library, and the space was upgraded with new paint, lighting, carpet and furniture. Student feedback on the 2020 library survey reflects an increased satisfaction with the library facilities over prior years.

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

## **STANDARD X: PHYSICAL RESOURCES**

The NUNM campus includes a 60,000 square-foot Academic Building which houses classrooms, lecture halls, laboratories, the library, and the Store; the Administration Building; the Betty Radelet Hall – a large lecture hall; the Stone Bleything Wing, which houses the facilities department, the community health center operations and medicinary, security, and the clinic billing department; the NUNM Lair Hill Health Center, our on-campus teaching clinic, with 18,000 square feet of consultation, examination, and treatment rooms; the Spaulding House that accommodates our NUNM Institutes; and the Min Zidell Healing Garden, a botanical teaching garden for the NUNM community. Outside NUNM's immediate footprint, but part of the campus is the Helfgott Research Institute and Community Education Center (Helfgott). The Helfgott building houses NUNM's research activities, a classroom, laboratories, and a teaching kitchen. The Lair Hill Health Center is a Tier IV Primary Care Home in compliance with Oregon Health Authority criteria. Additionally, it is a member of the Coalition of Community Health Clinics,

NUNM operates several community clinics in the Portland area. The NUNM Health Centers' Tier IV Patient-Centered Primary Care Homes status is a top-level quality assurance certification granted by the Oregon Health Authority in 2019. NUNM Health Centers re-attested in 2021 and was awarded the same Tier IV status in recognition of their continued excellence in providing patient services. This status will remain through June of 2023.

NUNM's library occupies approximately 4,500 square feet on the first floor of the academic building. The university has created open study rooms throughout the academic building so that students are provided places to study and the library. Computer stations are in the hallway adjacent to the library.

NUNM uses Microsoft products campus-wide. Hewlett Packard (HP) and Lenovo server hardware are the standard hardware platforms used to deliver information services. Information Technology (IT) staff also assist students and faculty who have personal Apple products. Standardization of Microsoft products allows the IT department to maintain NUNM software and hardware at a manageable level. When deemed necessary, IT upgrades, replaces, or installs new server systems and configures and secures them according to Microsoft best practice standards. NUNM creates backups of all data and stores them both off-site and in waterproof/fireproof storage on-site to ensure data survival. The network is connected to the Internet by load balancing between two internet providers.

NUNM reviews and updates its Technology Plan annually. A Computer Purchasing and Replacement Policy guides the replacement of computer systems. The Information Technology Team (ITT), composed of stakeholders from multiple departments and faculty and student representatives, facilitates communication between IT and the community and provides input for technology needs.

Instructional technology support for students and employees is provided by the Instructional Design and Technology Department (IDT). In addition to managing NUNM's learning management system (Moodle) and other software integrated with Moodle, IDT also manages audio-video technology and support for all the physical classrooms on campus. There are 22 classrooms on campus, including three large lecture halls, seven standard lecture rooms, nine hands-on lab rooms, one small discussion room, one movement room, and one teaching kitchen.

Twenty-one out of 22 classrooms include electronic displays such as overhead projectors or monitors. Sixteen of these displays are permanent ceiling-mounted installations, and 5 are projectors on mobile carts. Twenty out of 21 displays are paired with permanently installed computers or devices in the room. All ten lecture halls or lecture rooms utilize a desktop computer, nine lab or discussion rooms utilize a laptop computer, and one room (the teaching kitchen) utilizes an iPad. In addition to these permanent devices, all 21 rooms with displays can also support using a personal laptop to display content. In the two rooms without permanent devices (one lab room and the movement room), or in the movement room which has neither a permanent device nor a display, faculty members may request a laptop and/or portable projector and projector screen as needed which the IDT team will deliver and set-up before class.

Eleven out of 22 classrooms include wireless microphones and sound amplification systems, including the three large lecture halls, the seven standard lecture rooms, and the teaching kitchen. In addition, portable sound amplification equipment can be requested as needed for any other room, which will also be delivered and set up by IDT staff. Following a series of equipment upgrades beginning in 2018 and continuing through 2021, ten out of 22 classrooms now feature fully automated lecture capture recording features, including three large lecture halls and seven standard lecture classrooms. These ten rooms also feature document cameras that can be used to display paper notes or other physical objects on the projector.

Currently there are sufficient resources available to the program to provide for the needs of faculty students and staff. However, the decision has been made, and is supported by the board of directors, to sell the current campus location and move to a leased space to be identified in a nearby location. The current main academic building has had significant deferred maintenance because any repairs costing one hundred thousand dollars or more would trigger the requirement for an unaffordable seismic upgrade. The sale of the campus would also allow for the elimination of a significant debt burden. A new campus location would be better suited to changes brought about by the pandemic, such as smaller incoming class sizes and an increased use of online delivery. Newer facilities would allow for better use of technologies, as the current academic building is very challenging to provide online access throughout. The university is seeking a new location within a few miles of the current location, in order to keep with the downtown character of the university and to provide clinic facilities to serve the current patient population demographics.

Current faculty, staff and conference areas are sufficient for carrying out teaching and learning. ND faculty share office spaces on the ground floor and 1st floor in the Administrative Building. The ND faculty suite also includes two conference rooms, a shared cubical space for ND residents, and a kitchen. Faculty and administrative support are housed within the faculty office areas. The Office of Instructional Design and Technology is housed adjacent to the ND faculty

offices on the 1st floor of the Administrative Building, giving free access to faculty for instructional design assistance. Faculty and staff offices are sufficient for carrying out all faculty and staff responsibilities. The library was just remodeled to provide additional study space.

The current campus is owned but being sold. The terms of the sale include a lease-back of at least six months which could be extended an additional year. This should allow sufficient time to locate and move the university to the new space. The new location will ideally have a ten-year lease agreement.

The university adopted its long-range master plan in 2012 to provide a blueprint for future campus development and growth. The Campus Master Plan outlined strategic planning and visioning for the physical appearance of the campus through 2030. In 2021, the board approved the sale of the current campus. A wide range of stakeholders were given the opportunity to provide input on the needs for the new space. The new space will be part of the comprehensive plan being developed by the board of directors with community input.

The director of facilities oversees the maintenance and replacement of fixtures, furnishings and equipment. HVAC upgrades to the system occurred during the 2019 academic year for the administration and academic buildings. Since the 2019-20 academic year, the following improvements have been made to the academic building:

- Renovation and expansion of the library.
- Painting of the first-floor hallways in the academic building.
- Fixture upgrades in the gender-neutral bathroom.
- LED lighting was installed in the library group study rooms.
- Regular interval deep cleanings of the academic buildings have been implemented and scheduled.
- Resurfacing of the upper parking lot near the Lair Hill Health Center
- Replacement of classroom tables, chairs, and windows

The Safety Committee conducts an annual inspection with the campus facilities staff that documents the existence and location of all equipment and furnishings and updates its records.

Major maintenance projects have been delayed. Normally the amount of deferred maintained of the physical plant would be an issue. However, since the campus is being sold, the team will not cite this as a recommendation.

The current location remains relatively safe, even with the challenges facing downtown Portland locations. Responsibility for campus security, cleaning, repair, and maintenance of buildings and grounds falls under the chief financial officer/executive vice president of finance and administration. In addition to an external emergency response security service, campus security includes a director of security, a lead campus security officer, and three campus security officers. The NUNM Safety Committee, composed of faculty, staff, and students and co-chaired by the chief medical officer and the director of security, meets monthly to ensure compliance with safety regulations and policy, address problems brought forward by the community, and discuss issues such as employee and student training, ergonomics, and security. In addition, NUNM complies with regulations established by local, state, and federal agencies, including Occupational Health and Safety Administration (OSHA), Multnomah County Health

Department, U.S. Food and Drug Administration, Portland Fire Bureau, Oregon Bureau of Labor and Industry, Americans with Disabilities Act, Oregon Administrative Rules, and insurance risk management.

NUNM has an emergency preparedness plan, acute care emergency guides, and an evacuation plan. The campus emergency preparedness plan includes a Crisis Response Team (CRT) that convenes and runs ad hoc drills to address topics of concern. There is an emergency evacuation plan for the clinic to address the specific needs of the clinical population. The CMO, together with the Safety Committee, periodically reviews and revises policies. A current emergency objective includes the development of a “Continuity of Operations Plan.”

Additional exterior lighting and security cameras have been installed across the campus. Currently, there are 20 cameras in operation. Safety measures and improvements in 2020 to the campus included installing a keycard system to all entries to campus buildings and the Epic computer lab.

The CMO ensures safe practices and policies in both clinical and academic settings. This position investigates patient-related incidents on campus and serves as the exposure control officer when dealing with needle sticks or other bloodborne pathogens. The Bloodborne Pathogens Policy, available on the NUNM website, addresses needle-sticks and exposure protocol policy and procedures. The Hazardous Chemicals Policy, available on-site, addresses policy and procedures regarding identifying and disposing of substances and hazardous waste. The recordkeeping systems utilized by NUNM maintain secure, accurate, and complete records accessible to those who require access while maintaining confidentiality at all times. NUNM uses SONIS as a student information system, OCHIN Epic Electronic Medical Record System (Epic) as the patient information system, Moodle as the learning management system, and Symplicity’s Advocate Reporting System for incident reports. Each of these systems is used to measure statistics and improve communication and meaningful outcomes to NUNM and our constituents

NUNM follows the published record retention policies concerning student records, medical records, and personnel, including faculty records. The registrar works collaboratively with the IT department to ensure that student records are protected and appropriately maintained. Documents are stored in fireproof file cabinets in the Registrar’s Office. When a student graduates, the file is purged and then scanned onto an external hard drive. The external hard drive and daily backup tapes are kept in a water/fireproof safe on campus. Transcript records that predate the current database system have been imaged and stored on a hard drive in a safe-deposit box off campus and on the main server. Data and records maintained in computing systems have adequate security and provision for recovery in a disaster. All files saved on our servers are backed up nightly. Full backups are run weekly. To ensure data survival, backup of all NUNM data onto backup media is done and stored both off-site and in waterproof/fireproof storage on site. Backup logs of all servers are reviewed daily for any possible errors, and test recoveries from backups are performed monthly. Errors in backup due to bad media due to wear and tear are securely destroyed, either by incineration or shredding by NUNM’s document and data destruction service vendor.

NUNM follows FERPA regulations regarding access to student information. Students are notified annually via email of their FERPA rights. Employees are trained annually on FERPA rights and responsibilities through the Human Resources Office. Logs of employee training are available on site.

The Clinical Operations Department maintains patient medical records in cooperation with IT. NUNM uses the OCHIN Epic for patient charting, scheduling, and billing. All institutional health records are stored in a secure electronic file format in OCHIN Epic. OCHIN maintains HIPAA secure off-site storage of all patient records. NUNM staff, faculty, and students are issued secure login identification appropriate to each individual's status. Patient information can only be viewed through these secure portals. Electronic records of older paper charts have been scanned into computer-readable storage and are available through secure access by medical records staff only. Individual compliance with the HIPAA security and privacy rules is monitored regularly. A security audit of medical records is undertaken annually in compliance with the Oregon Health Authority and Centers for Medicare and Medicaid Services (CMS) requirements for continued quality improvement.

NUNM uses a Watchguard firewall to prevent unauthorized access to its internal network and utilizes the Watchguard firewall to separate the student network from staff, faculty, and administrator networks. The institution maintains three dedicated server rooms where redundant power supply hardware is utilized on all servers to protect against power issues and utilizes HP and Cisco devices on its network. Fiber optics are used to provide connectivity between buildings as well as between floors in the academic building. Network devices are also connected to battery backup supplies that afford a minimum of 15 minutes of power in case of a power failure.

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

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

NUNM has a long history of offering high quality, naturopathic medicine-focused continuing education. Their Food as Medicine and Traditional Roots conferences have been offered for many years, alongside conferences and presentations on specific areas of interest, such as gastroenterology, endocrine and autoimmune disorders and women's health. The courses are well designed and of good quality.

The instructors have appropriate qualifications and sign a non-commercial CE compliance statement, which ensures that presentations free of conflicts of interest. Current naturopathic students are not allowed to take continuing education courses for credit towards their degree.

Records of attendance, grades and other relevant information are currently being maintained, partly electronically and partly in a manual system. This allows the potential for some records to be missed or misplaced. The current computer system and platform are not supporting efficiency in the department. The team *suggests* that the program seriously consider the adoption of a new

electronic platform for housing the continuing education offerings which would facilitate better record keeping.

Conference feedback surveys utilize standardized Likert scale responses to statements. There were 57 CE events hosted between January 2015 and September 2019. Of those 57 events, survey data is present for 44 events. Of the 13 events which did not have survey data, records suggest that feedback surveys were not given. These 13 events appear to have been coordinated by other departments or programs without direct oversight of the CE department. Going forward, the department states it will ensure that all CE events are consistently evaluated through survey feedback. The average response rates for the surveys varies between thirty-three and thirty-seven percent. The team *suggests* that measures be taken to improve response rates.

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

## **COMPLIANCE WITH CNME POLICIES**

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

**CNME Evaluation Team Review of the  
Naturopathic Residency Program  
offered by  
National University of Naturopathic Medicine  
Portland, Oregon  
CNME Evaluation Visit  
April 20-22, 2022**

## **INTRODUCTION**

National University of Natural Medicine began training residents in 1979 and has been continuously operating a post-graduate residency program ever since. The residency program first received CNME recognition in 1991. NUNM has a strong commitment to post-graduate education, and currently supports 53 residency positions across 26 external sites. Ten of the residency positions are NUNM residents, seven are first-year, two are second-year, and one third-year residency. The number of residency positions increased from 39 positions at the time of the last site visit in 2014 and had been increasing until the COVID-19 pandemic in 2020. The program intends to reach out to the 30 currently inactive affiliate sites for the next residency cycle.

The mission of the NUNM graduate medical education department is to promote, improve and increase naturopathic residency programs and to ensure that they provide a rigorous, high-quality, comprehensive, and culturally relevant graduate medical education experience.

## **SELF STUDY REPORT**

The residency self-study report was prepared by Dr. Dee Saunders, who serves as the Dean of Graduate Medical Education and Clinical Affairs, and Noelle Rivera, the graduate medical education coordinator. Dr. Saunders was appointed the Associate Dean of Graduate Medical Education in 2017 and was promoted to the position of Dean of Graduate Medical Education and Clinical Affairs in 2021.

## **ANALYSIS OF THE CURRENT RESIDENCY PROGRAM**

### **ORGANIZATIONAL STRUCTURE**

NUNM is dedicated to providing adequate resources to sponsor and support the residency program to meet the CNME standards for recognition.

The Dean of Graduate Medical Education administers the residency program as a full-time position along with the graduate medical education coordinator who works 25 hours per week supporting the program operations. The Dean of Graduate Medical Education reports to the President. The Residency Coordinator reports to the Dean of Graduate Medical Education.

The residency program encompasses the residency program at the NUNM teaching clinic and distant site residencies at 25 affiliate sites.

In 2017, the Graduate Medical Education Committee (GMEC) was established to assist in decision-making and policy revision. The committee uses a shared governance model with the Dean of Graduate Medical Education serving as the facilitator. The committee consists of four faculty of Naturopathic Medicine, a current resident, and the Dean of Naturopathic Medicine. The GMEC is involved in all aspects of Graduate Medical Education including vetting new affiliate sites, interviewing/selecting on-site residents, and reviewing on-site & off-site resident contracts to ensure that they meet the CNME requirements and provide fairness to the resident. The committee also reviews complaints or issues from site directors or residents when they cannot be resolved by applying policies already in place.

## **CNME STANDARDS**

The Dean of Graduate Medical Education with the support of the Residency Coordinator has assisted each affiliate site with the creation and maintenance of an educational program that complies with CNME's standards. Communication with each site is maintained through conference calls, email, and regular monitoring visits. Due to the COVID-19 pandemic, all travel was halted and thus affiliate visits have not had regular visits in the past two years. It is a priority to resume visits as soon as possible.

### **3.1 PROGRAM DURATION**

The duration of the residency appointment varies from 12 to 36 months, depending on the needs of the individual site. A minimum of 12 months is required by all of the sites. The NUNM first-year residency program is for 12 months. All NUNM on-site residents are selected for one year and are required to reapply if they would like to do a second or third year of residency. No appointment is for less than 12 months unless terminated prematurely after due process for disciplinary reasons, illness or professional incompetence. Affiliate site residencies are offered for one year, with many electing to extend the contract for a second year. The site team believes that it is, in part, the Dean of Graduate Education's proactive approach in engaging affiliate sites that has yielded the increase in second-year residency positions.

### **3.2 PROGRAM SIZE**

The Dean of Graduate Medical Education ensures that each residency site provides adequate supervision and mentoring of the residents. The number of residents at the NUNM-based residency site has fluctuated based on enrollment. The number of residents at NUNM went from sixteen in 2018-2019 & 2019-2020 down to thirteen in 2020-2021 and then to ten in 2021-2022. As mentioned earlier in the report, the number of affiliate positions was increasing until the COVID-19 pandemic. In addition to the NUNM residents, the NUNM residency program has an agreement with Dr. Tori Hudson's clinic, A Women's Time, where the resident spends  $\frac{3}{4}$  time at A Women's Time and  $\frac{1}{4}$  time at NUNM.

Affiliate positions reached fifty-two at their height in 2018-2019 before falling to thirty-nine and thirty-seven in 2019-2020 and 2020-2021 respectively. The number of affiliate sites increased to forty-three in 2021-2022.

Each site maintains a physician to resident ratio of 1:1 to 3:1. The Dean of Graduate Medical Education connects regularly with all residents and reviews resident evaluations to ensure that residents are receiving sufficient support.

### **3.3 SCOPE OF TRAINING**

NUNM directly monitors ten general and one selective residency positions that are shared with a Portland-based naturopathic physician/clinic. The selective residency provides for specialty training in the area of women's health. The first year of residency at NUNM is focused on general naturopathic practice. Other residencies, conducted at distant sites, include integrative medicine residencies, mentoring residencies, and hospital-based residencies. Teaching and supervision of students may be part of the resident's training depending on program needs and level of resident interest.

### **3.4 IDENTIFICATION OF LEARNING GOALS**

NUNM local and affiliate sites have an overall educational goal to provide a broad-based clinical experience in a wide range of naturopathic primary care modalities, as well as site-specific goals for each individual program. The Dean of Graduate Medical Education works with each site to ensure the program structure is consistent with NUNM standards by providing job descriptions specific to the position. The residency program has identified specific educational objectives for NUNM residents.

#### **Educational Objectives and Learning Goals of the First Year Residency**

1. Strengthen the primary care skills of the Naturopathic Medical Resident.
  - The GME program at NUNM emphasizes primary care, teaching, and research. The first-year residency program is designed to reinforce and expand upon the skills naturopathic physicians were introduced to during their medical education. Residents received additional training such as IUD implant/removal and monthly discussions on health disparities.
2. Strengthen the Resident's ability to develop collaborative relationships with other healthcare professionals.
  - The GME program at NUNM emphasizes a team approach to patient care. NUNM's development of their Care Teams model encourages an atmosphere of care coordination and collaboration.
3. Mentor and Goal Setting
  - Each resident is expected to define and implement an appropriate course of self-study and professional growth during their residency year. First-year residents have the option to choose a faculty mentor to help with meet their goals in addition to a second-year resident for mentorship throughout the year.

Great care is taken in the development of achievable personal goals for the residency year along with appropriate documentation and self-evaluation. The self-study noted conflicting concerns from residents regarding the lack of independence vs more mentorship in the program. The program has taken steps to remedy these conflicting concerns by addressing expectations in the interview process. The site team sees an opportunity to develop more structured graduated benchmarks that are supportive of the resident and the program needs.

## **Educational Objectives of the Second Year & Third Year Residency**

1. Enhanced leadership and mentoring responsibilities
  - Residents in the second-year and third-year residency positions carry more responsibility in supervising student shifts, some administrative duties, and leadership of special clinics. Advanced standing residents also create achievable goals for the year in addition to acting as a mentor to the first-year residents.
2. Enhanced clinical skills
  - Advanced standing residents participate in medical preceptorships, attend seminars, and prepare and present cases and special topics. Additional responsibilities include supervising and teaching the Clinical Skills Enhancement course and a weekly private clinic shift.

The team *suggests* that the residency program develop a more graduated, structured opportunity for independent supervision of rotations for the first-year residents.

### **3.5 ADEQUACY OF RESOURCE BASE**

In general, the NUNM residency program has adequate resources to meet CNME's requirements pertaining to the physical, clinical, and educational dimensions of residency training. Program funding has been supported through tuition and the general operating budget. Affiliate sites are responsible for their own funding of salary and benefits, but NUNM absorbs the administrative costs for tracking CNME requirements. The patient volume varies per site, but the average range is 20-70 visits per week. The mix of patients also varies based on the individual site, but is clearly described in the job description to ensure the best match of resident to residency site. Distant site residents may access human resources and support staff available at their employment site. All residents have access to the NUNM department of Graduate Medical Education regarding issues that may impact the successful completion of their residencies. NUNM human resources and legal counsel are available to help with any matters that arise at the affiliate site that cannot be resolved between the resident, the site director, and the dean of Graduate Medical Education through mediation or resource support.

### **3.6 APPOINTMENT AND QUALIFICATIONS OF RESIDENCY SUPERVISOR:**

The Dean of Graduate Medical Education, and the part-time Residency Coordinator have the appropriate credentials and expertise for the administration and oversight of the residency program. The Dean of Graduate Medical Education is responsible for administrative oversight of the NUNM residents. The residency supervisors at NUNM-affiliated sites are appropriately credentialed to monitor resident education at their site. Clinical faculty members at the NUNM onsite clinic also have appropriate experience and credentials, and contribute significantly to the training, mentorship, and development of the assigned residents.

### **3.7 MAINTENANCE OF NATUROPATHIC PERSPECTIVE**

The NUNM Residency Program does not currently have positions that would be considered as "Complementary" in their scope of training. All positions are defined as "General" or "Selective." The residents at each residency site receive direct supervision and mentoring from

naturopathic physicians. All residents are required to maintain and submit patient logs to the Residency Coordinator to ensure that CNME standards are met.

### **3.8 EXPERIENTIAL CURRICULUM**

All NUNM-sponsored residencies utilize mentorship-based training and evaluation. Clinical hours are tracked by experience type, and position descriptions and assignments aim to fulfill the goals of the program. Semi-annual review forms and feedback from the residents and site directors are reviewed regularly along with resident goals and scholarly activity. Both the NUNM Dean of Graduate Medical Education and the Affiliate Residency Supervisors play direct roles in monitoring each resident's experience.

### **3.9 DIDACTIC/CONTINUING MEDICAL EDUCATION (CME) PROGRAM**

The residency program curriculum at NUNM is composed of clinical practice/training, research, teaching, scholarly/didactic activity, and community outreach. Clinical practice/training comprises the majority of the resident's time. Residents participate in weekly resident education courses, case review before and after visits, and participate in physical exams and case management for all patients on shift. Should a resident choose to expand skills in a particular area such as physical exams or EKG, there is an opportunity to participate in academic labs. Residents are encouraged to attend academic classes of their interest at NUNM and are also encouraged to attend continuing education opportunities throughout the year to further their education in areas of particular interest. NUNM pays for five additional days off for residents to attend conferences. NUNM residents participate in community outreach such as Head Start, talking at health fairs, or blood pressure checks at community fairs. Lastly, research is a regular part of a resident's day-to-day activity including research for patient care, patient brochures, and student teaching activities. Residents have the option to participate in more formal research projects through the Helfgott Research Institute.

The self-study identified a few areas that residents expressed needing support such as business management. The program listened to this feedback and built-in education on billing and coding into Resident Education. Residents are also assigned shifts in the lab to learn back-end processing and account management.

### **3.10 EVALUATION**

Clinical hours, patient contacts and procedures, research, scholarly seminars/conferences, and external rotations are tracked quarterly, documented, and self-reported by the residents; records are kept in the resident's files on the NUNM server. Formative and summative evaluations are conducted quarterly. Core competencies, as established by the CNME, are also reviewed quarterly. NUNM uses the RECAP log to evaluate whether the resident is meeting the core competencies. Residents document pathologies observed or managed and procedures performed to ensure that residents are experiencing a well-rounded general medicine experience. The department of Graduate Medical Education reviews the resident evaluations and logs quarterly, ensuring adjustments are made if needed. Each supervisory clinical faculty member completes and communicates a written evaluation of the on-site resident's knowledge, skills, and

professional development every quarter. These written evaluations are reviewed and placed on a permanent record. Ideally residents review feedback quarterly from their attending physician and the Dean of Graduate Medical Education; however, at a minimum, feedback is delivered at the six-month and end-of-year reviews. Students also evaluate residents quarterly, however the institution switched evaluation software in 2020 resulting in a disruption of this process. The program aims to resolve this in spring 2022 with the implementation of a new software program.

Affiliate sites are encouraged to create their own evaluation form that meets the specific needs of the site; however, NUNM provides a template for assessing and reviewing feedback. Review forms are due to the department of Graduate Medical Education on a quarterly basis.

### **3.11 RESEARCH AND SCHOLARLY ACTIVITY**

All the residency positions require residents to allocate time for research and/or scholarly activity, which represents approximately 10% of the resident's training. Research may be preparation for independent patient care and skills development or journal review. Residents are required to make regular case presentations and may choose to work with faculty and researchers at the Helfgott Research Institute.

Distant site residents often do not participate in formal research but conduct weekly research for patient care and case review with supervising physicians.

### **3:12 QUALITY ASSURANCE:**

NUNM has established effective quality assurance processes for its onsite resident positions that include resident orientation, reporting procedures, and resident participation in policy and procedure committees.

Quality assurance continues to be an area of weakness at distant site locations. Affiliate sites do not always have clear quality assurance guidelines, and effectiveness in this area varies from site to site. The Dean of Graduate Medical Education continues to work with distant sites to develop clear quality assurance guidelines outside of the required OSHA and HIPAA training. However, it is unknown what incident reporting structures are in place to ensure resident and patient safety at each unique clinic. Therefore, the team strongly *suggests* that the GMEC discuss and clearly define and implement a meaningful and clear policy for distant site quality assurance expectations.

### **3.13 RESIDENT WORKLOAD AND SUPPORT**

Each residency site provides the resident with an employment agreement that describes the resident's workload and responsibilities, and each site describes the specific hours designated for patient care and other duties. In general, residents work between 40-60 hours per week; however, it is noted that workloads can vary during the year depending on the needs of the site. There are no specific concerns in this area.

## **COMPENSATION AND BENEFITS**

The onsite residents at NUNM are considered employees of the college, while the residents at the affiliate residencies are hired directly by the site. Benefits at affiliate sites are provided, but they vary depending on the site. Residency training sites must commit to a minimum annual salary of \$38,000, and providing health benefits is strongly encouraged. Malpractice and liability/worker's compensation insurance must be provided for all residents and a minimum of 10 days paid time off, not including holidays. Affiliate sites are not required to pay for CME; however, they must allow residents time to complete CME.

## **SUMMARY AND ANALYSIS**

NUNM is a major sponsor of residency programs in Portland, OR, and across the country, and is dedicated to broadening medical experience, deepening clinical skills, and expanding therapeutic expertise among graduates. The University shows a strong commitment to its residency program and provides a significant number of residency opportunities available to the profession. The University's residency program is in a position to further the profession in a substantial way through the ongoing and future development of affiliate and onsite residency positions.

Great care is taken in the development of achievable personal goals for the residency year along with appropriate documentation and self-evaluation. The self-study noted conflicting concerns from residents regarding the lack of independence vs more mentorship in the program. The program has taken steps to remedy these conflicting concerns by addressing expectations in the interview process. The site team sees an opportunity to develop more structured graduated benchmarks that are supportive of the resident and the program needs.

***Determination: Standard on the Residency Program is being met.***

## LIST OF COMMENDATIONS

**Commendation II-1:** The program and university should be commended for the commitment to shared governance and their inclusive and transparent approach. (Std. II, B6)

**Commendation II-2:** The university has faced enormous challenges over the last few years, including leadership instability, financial challenges due to declining enrollments related in part to governmental measures to address the COVID pandemic and to the level of debt service on the university's borrowing. Despite these challenges, a strong and focused administrative leadership team appears to be establishing itself with renewed energy. (Std. II, B2)

**Commendation IV-1:** The council appreciates and commends the faculty for all their hard work and their willingness to be part of program development, improvement and development of academic policies, as evidenced by—among other things—the successful rapid pivot to a largely online delivery format to address Covid-related limitations regarding on-campus instruction. (Std. IV, E3)

**Commendation IV-2:** The faculty's participation in making the block curriculum system and the new online first-year option successful, and their ongoing commitment to making refinements and improvements in the program. (Std. IV, E3)

**Commendation V-1.** The team commends the financial aid department for their outstanding outreach to students to help them develop good financial planning and to alumni that may be struggling with paying their student loans. (Std. V, D2)

**Commendation V-2:** The students feel very well supported by the Student Service Dept. (Std. V, A1)

**Commendation VI-1:** The team commends the program for the innovative design and implementation—and continued commitment to improving—the block curriculum. (Std. VI, A & B)

**Commendation VI-2:** The team commends the program for the development of their care team model which promotes continuity of care and collaboration across practitioners. (Std. VI, C & D)

**Commendation VI-3:** The team commends the clinical education program for the new and innovative Cultivation of the Student Clinician resource page. We look forward to reviewing data in the future to see how this is impacting student performance in the clinic. (Std. VI, C)

**Commendation VIII-1:** The team commends the great work that the Helfgott Institute is doing to promote research in natural health, engage students and faculty in research, improve collaboration with other large universities and publish in mainstream journals. (Std. VIII, A & B)

## LIST OF RECOMMENDATIONS

**Recommendation III-1:** The team is concerned regarding the adequacy and stability of the institution's financial resources due to challenges growing out of the recent Covid situation and other factors. The university needs to move forward with careful financial and institutional planning—taking into account the results of the program and institutional assessment plans—in order to develop and implement a coordinated set of steps to improve the institution's financial adequacy and stability. (Std. III, B1)

**Recommendation 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. Note that information from the program assessment plan should be used to inform financial planning. (Std. VII, B)

## LIST OF AREAS OF INTEREST

**Area of Interest III-1:** As the institution's financial situation improves, funding needs to be increased for administrative and academic support for faculty (e.g., administrative support for course directors; TAs and residents for didactic and lab courses). (Std. II, C1)

**Area of Interest IV-1:** The team is concerned about the level of support for faculty. Faculty, especially course directors, need increased administrative support for handling routine tasks. The sufficiency of TAs and residents to support didactic and lab courses seems to be a challenge and should be addressed. (Std. IV, F3)