

Mid-Cycle Evaluation

Roseman University of Health Sciences

Henderson, NV

Oct 19-20, 2023

A confidential report of findings prepared for the Northwest Commission on Colleges and Universities

Table of Contents

Introduction.....	3
Institutional Overview	3
Part I: Mission Fulfillment (Stds 1.A and 1.B).....	5
Part II: Student Achievement (Stds 1.C and 1.D).....	10
Recommendation 3 and Institutional Response	10
Indicators of Effectiveness	10
External-Establishment of Peer Comparison Group	10
Data Context and Definitions	11
First-Year Retention Rate (Peer comparison and internal data):	12
On-Time Graduation Rate (Peer comparison and internal data):	12
First-Time Licensure Exam Pass Rate (Comparison to national averages)	13
Peer Comparison Data—First-Year Retention Rates and On-Time Graduation Rates	13
A. First-Year Retention Rate—All Graduate Programs	13
B. First-Year Retention Rate—Clinical Professional Doctorate Program	14
C. On-Time Graduation Rates	15
Internal Data—First-Year Retention Rates, Graduation Rates, First-Time Licensure Exam Pass Rates	16
A. First-Year Retention Rates—All Programs	16
B. On-Time Graduation	17
C. First Time Licensure Exam Pass Rate	18
Analysis of Results (Stds. 1.C.7, 1.D.4)	18
Part III: Programmatic Assessment	19
BS in Nursing (BSN) Student Learning Outcomes Assessment	19
Doctor of Dental Medicine (DMD) Student Learning Outcomes Assessment	21
Part IV: Moving Forward.....	29
Part V: Addendum	31
Recommendation 2 and Institutional Response	31
Evaluation of Student Learning	32

Introduction

Roseman University of Health Sciences is hereby submitting this Mid-Cycle Report as requested by the Commission in its letter to the University dated July 25, 2022. This letter included the official record of action taken by the Commission at its meeting on June 21-24, 2022, concerning Roseman's Spring 2022 Ad Hoc Report. Specifically, it was requested that the University address Recommendations 2 and 3 from the Peer Evaluation Report submitted to the Commission subsequent to the October 2020 virtual site visit. The Evaluation of Institutional Effectiveness (EIE) was conducted under the 2020 Standards. The report below is submitted in compliance with that request.

Institutional Overview

Roseman University of Health Sciences was founded in 1999 as the Nevada College of Pharmacy and incorporated in the State of Nevada as a private, non-profit, independent, 501(c)(3) educational institution. Since its inception, Roseman has operated under the authority of its Board of Trustees. It was granted the authority to offer the Doctor of Pharmacy (PharmD) degree by the Nevada Commission on Post-Secondary Education in 2001 and following the graduation of its first class in November 2003, the College of Pharmacy received accreditation from the Accreditation Council for Pharmacy Education in January 2004.

The University's founder and current President Emeritus, Dr. Harry Rosenberg, held the conviction that healthcare education should and could be better, more effective, and capable of producing highly competent graduates, who would be sought after by employers regardless of the job market. The PharmD curriculum designed at the outset (which is still in use today) emphasizes a student-centered, active learning environment where students participate in experiential education from the very beginning of the program. Rather than semesters or quarters, the curriculum is organized into blocks. The single course schedule helps students focus on each individual topic and emphasizes active participation in the learning process by incorporating a variety of hands-on activities in addition to the traditional lecture format. These early hands-on practical experiences enhance and support the didactic curriculum by allowing students to see, feel, and understand what is presented in the classroom in a real-life setting. These principles and this system laid the foundation for all subsequent programs and summarize the University's innovative educational philosophy that has now been trademarked as the [Roseman Six-Point Mastery Learning Model®](#)

Since the enrollment of 38 students in the PharmD. Program in 2001, the University has grown considerably in a relatively short period of time. As of August 2023, total University enrollment is over 1, 300 students and over 7700 alumni. These students are supported by 135 full-time and more than 100 part-time faculty and over 120 full-time staff from all academic and service units. Roseman offers three doctoral degrees (Doctor of Pharmacy (PharmD), Doctor of Dental Medicine (DMD), and Doctor of Nursing Practice (DNP)), three master's (Master of Science in Nursing (MSN), Master of Biomedical Sciences (MBS), and Master of Science in Pharmaceutical Sciences (MSPS)), one baccalaureate degree (Bachelor of Science in Nursing (BSN)), and one post-doctoral certificate program (Advanced Education in Orthodontics and Dentofacial Orthopedics (AEODO)). The University is located at two main campus sites, one in Henderson, Nevada and

the second, established in 2006, in South Jordan, Utah. The Pharm.D., MBS, MSPS and BSN degrees are offered at both campuses. The AEODO program is offered in Nevada and the DMD program in Utah. DNP is a hybrid program and MSN program is online.

Since its founding, the University has undergone two name changes. In 2004, the Board of Trustees approved changing the name of the institution from the Nevada College of Pharmacy to the University of Southern Nevada. The name change reflected the need and opportunity for the institution to expand its educational offerings primarily in the health sciences. The name was changed to Roseman University of Health Sciences, effective July 2011. The Roseman name reflected the University's desire to change to a non-geographic name as it continues to grow and emphasizes its mission in health care education.

As of the Summer of 2023, the University continues to grow and adapt to a rapidly changing environment while enjoying the stable leadership of its founders. Dr. Renee Coffman, who along with Dr. Rosenberg is one of the University's founders, has served as President since December 2012. In 2020, Roseman adopted a new Mission Statement and approved a new Strategic Plan for 2020-2025. This plan includes an implementation component that allows for regular reporting and the opportunity to be tactically flexible while maintaining sight of the high-level goals that underpin assessment of institutional effectiveness. This report details recent outcomes for the university as well as how that analysis has led to this current framework for the University's evaluation of institutional effectiveness.

Since the Spring 2022 Ad Hoc Report was submitted, the university has received an approval to add a new hybrid track to the already-approved Doctor of Nursing Practice degree to train baccalaureate registered nurses in the area of Advanced Practice Registered Nursing-Certified Registered Nurse Anesthesia. It is a 3-year program with an anticipated implementation date of July 2024.

The College of Nursing has implemented a new concept-based curriculum for BS Nursing program. Students entering June 2023 cohort and beyond are under the new concept-based curriculum.

The College of Dental Medicine has implemented a 3-year Doctor of Dental Medicine program. This program admitted its first cohort this year.

Part I: Mission Fulfillment (Stds 1.A and 1.B)

The University's current mission statement was approved in May of 2020 by the Board of Trustees.

Current Mission Statement

Roseman University of Health Sciences advances the health and wellness of the communities we serve by educating current and future generations of health professionals, conducting research, and providing patient care. We actively pursue partnerships and affiliations that are aligned with our mission, work to create an environment that fosters both internal and external collaboration to achieve optimal outcomes and are committed to responsible fiscal management in all endeavors.

In conjunction with the development of the Mission Statement, the [Strategic Plan](#) was drafted in May 2020. This plan was approved by the University's Administrative Council on July 20, 2020, and the Board of Trustees on August 7, 2020.

The Strategic Plan was constructed by first identifying Operational Areas (or "Core Themes"). The Operational Areas were derived by disaggregating the Mission Statement's six key phrases (underlined text in Mission Statement). [Strategic Plan Operational Areas and Target Goals](#) were developed, followed by indicators that would be used to assess progress toward and achievement of the Goals and ultimately, as an assessment of Mission Fulfillment.

Execution and assessment of efforts toward mission fulfillment tied to the Strategic Plan is an ongoing and continuous process at Roseman University. To that end, the institution's process follows an [annual cycle](#) that begins with an annual Strategic Planning Summit. The annual Strategic Planning Summit was held in March and February for the first two cycles of the Strategic Plan but was moved to January for the third cycle to allow for better alignment with the annual budget cycle. This shift has facilitated alignment of resource needs identified in the Strategic Planning Process with resource allocation in the upcoming fiscal year's budget.

The Strategic Planning Summits are designed to be inclusive, with faculty, staff, Board of Trustees, and administrator representation from across the University. The Summits are also designed to provide an opportunity for the institution to review institutional and individual academic program data and trends and to survey the external health professions' educational environment. These internal and external environmental scans are used as inputs to assist in identifying priorities to drive Strategic Initiatives for the upcoming fiscal year. Highlights of Strategic Planning Summit activities for the past three cycles are as follows:

Year 1, March 2021:

- Financial Overview: Overall financial picture, 5-year admissions trends, and forecasting;
- Update on Strategic Plan Progress;
- Securing our Competitive Position, Deepening Our Roots, Three-year Student Pipeline Plan Presentation;
- Becoming the Gold Standard in Patient Care and Increasing Patient Revenue Through Working Smarter and Harder, Creating Efficiencies, EHR's of the Future, Social Determinants of Health, Patient Volume, Interprofessional Care, Culturally Sensitive Care, the Roseman Genesis Home-Based Care model;
- Program Expansion—Looking Ahead to the Future New Programs on the Horizon;
- Establishment of the University Data Group—Updates on Institutional Data Unit;
- COVID-19: Lessons Learned, Positive Outcomes;
- Review of the Day's Themes, Mission-based Resource Allocation; Looking Ahead.

Year 2, February 2022:

- Update on FY 21-22 Strategic Initiatives and Next Steps;
- Review of SWOT Analyses (participants were each asked to provide a SWOT analysis of the institutional unit they represented prior to the Strategic Planning Summit, and then all SWOT analyses were collected for the participants review and discussion);
- Financial Overview: Overall Financial Picture, 5-year Admissions Trends, Planning 5 years forward;
- 5,000 in 5—A bold goal to reach an enrollment of 5,000 students in 5 years through existing program enhancement and expansion and the development of new mission-based academic degree offerings;

Year 3, January 2023:

- Group Activity I: Smaller groups compare and contrast outcomes identified in the [Strategic Planning Initiatives Progress Report](#) and asked to: 1) identify up to 3 “bragging points” for the University; 2) identify up to 3 items that were a surprise; 3) identify any in-progress strategic initiatives that should be discontinued along with a rationale; 4) list three in-progress strategic initiatives that should be prioritized.
- Group Activity I Report Out and Discussion.
- Group Activity II: Participants were asked to review the institution's compilation of the provided data and to: 1) identify up to 3 “bragging points” for the University; 2) identify up to 3 items from the data that point to areas in which the institution can improve; 3) identify up to 3 items from the data that were a surprise; 4) identify information from the data that indicate up to 3 new Strategic Initiatives that the institution should pursue; and 5) list any additional data that should be included that is currently not.
- Group Activity II Report Out and Discussion.

Information and areas of consensus from the Strategic Planning Summit presentations and discussion are then used to develop Strategic Initiatives for the upcoming academic year. Collectively, the annual Strategic Initiatives comprise the Annual Strategic Implementation Plan (ASIP). In addition, to ensure that the ASIP remains mission-driven and provides a pathway to mission fulfillment, each Strategic Initiative is mapped to one or more operational areas and outlines specific actions and deliverables for the upcoming year. The ASIP establishes “Strategic Plan Working Groups” (SPWG) that have primary responsibility for achieving the outcomes set forth in the ASIP. In addition, each SPWG is responsible for submitting quarterly reports detailing the group’s progress to the University’s Administrative Council and the Board of Trustees. Thus, the ASIP is the structure that helps to keep the University on track in advancing toward its goals while retaining the flexibility to adapt to a rapidly changing environment. The ASIP for AY 23-24 may be accessed here [Strategic Planning Initiatives 2023-2024](#).

At the time of this writing, the University is entering Year 4 of its 5-Year Strategic Plan. With respect to assessing institutional mission fulfillment, the institution considers two broad categories of indicators: 1) successful completion of Strategic Plan Initiatives and 2) outcomes data and achievement of benchmarks as identified in the operational area indicators.

Assessment of Mission Fulfillment: Completion of Strategic Plan Initiatives

Since the August 2020 launch of the Strategic Plan, the institution has undertaken 19 unique Strategic Initiatives—12 of which were started in AY 20-21, 3 in AY 21-22, and 4 in AY 22-23. Seven of the 19 Strategic Initiatives have been completed including:

- College of Graduate Studies launch of Masters in Biomedical Sciences and Masters in Pharmaceutical Sciences programs (started Fall 2020, completed Fall 2021);
- Research Growth Strategic Plan completed and approved (started Fall 2020, completed 2022);
- College of Pharmacy “Deep Dive” (Started Fall 2020, completed Spring 2023);
- Dental Clinic at C4K (Started Fall 2020, completed Fall 2022);
- Roadrunner Café (Started Fall 2020, completed Spring 2022);
- Center for Innovations in Health Professions Education (Started Fall 2020, completed Spring 2022);
- Roseman University “Brand Push” (Started Fall 2021, completed Fall 2022);

Reflecting the flexibility that Roseman’s dynamic approach to strategic planning affords, one Strategic Initiative (Partnership with Renown Health System) was discontinued due to leadership changes at the partner organization. Additionally, the “Six-Point Mastery Learning Model®” (SPMLM) Strategic Initiative, which was launched with the intent to ensure that faculty understand and can implement Roseman’s SPMLM in teaching, was subsumed into the Center for Innovations in Health Professions Education (CIHPE) as the highest priority deliverable for the Center. The first project undertaken by the CIHPE was to design and implement a SPMLM training and badging system for all faculty and staff. Outcomes from the CIHPE’s SPMLM badging program are presented as a component of the [Assessment of Mission Fulfillment Outcomes](#) document.

For AY 23-24, no new Strategic Initiatives were proposed; however, each initiative was reviewed and new deliverables for the upcoming year were developed. Moreover, although these Strategic Initiatives are continuing, each has progressed demonstrably with key deliverables having been accomplished. A summary of the status of strategic initiatives undertaken since inception of the current Strategic Plan is presented in the [Strategic Planning Initiatives 2023-2024](#) and AY 23-24 Strategic Initiatives with deliverables is presented in the [Strategic Initiative Progress Report](#).

Thus, having completed three years of its five-year Strategic Plan, Roseman has developed, planned, executed, and completed several key Strategic Initiatives successfully. Those that have not yet been completed have shown significant progress. The Strategic Initiatives drive the institution forward and with each milestone reached or completed initiative, the institution demonstrates advancement toward mission fulfillment.

Assessment of Mission Fulfillment: Operational Area Outcomes Data

As noted previously, goals and indicators for each of the six operational areas that form the foundation of Roseman's Strategic Plan have been developed. Operational areas, goals, indicators, and outcomes data with benchmarks for AY 20-21, AY 21-22, and AY 22-23 are presented in the [Assessment of Mission Fulfillment Outcomes](#) document. Each operational area also includes a set of action steps which are designed to bring about continuous improvement based on analysis of outcomes data, data trends, and whether established benchmarks are met.

There are some operational areas (most notably operational areas 4 and 5) that are deficient in data collection methodologies. For those areas, action steps include devising institution-wide reporting mechanisms with the objective of beginning data collection in AY 23-24, so that meaningful analysis along with actionable steps toward improvement would be in place for the institution's year 7 report.

Overall, the data collected indicates that the institution is making progress toward mission fulfillment. Most benchmarked indicators either meet or exceed the identified benchmark or are trending positively. The most apparent deficiency lies in those areas for which data collection methodologies have not yet been implemented.

Next Steps

As the institution enters year four of its five-year strategic plan, the next Strategic Planning Summit (scheduled for January 2024) will include not only the typical internal and external environmental scans and updates on Strategic Initiative progress, but also a review of the institution's mission statement, operational areas, and goals. The purpose of the latter exercise will be to re-evaluate the foundational elements of the current Strategic Plan to determine their current relevance, and to explore any changes necessary to ensure that Roseman continues to advance its mission and is well-positioned to ensure sustainability and growth into the future.

Additionally, the institution will continue to evolve its data collection and reporting, to ensure that outcome data tracks with operational area goals and indicators to better enable data-driven decision-making and resource allocation as it pertains to strategic planning and mission fulfillment.

The institution has acknowledged this in its Data Integration Strategic Initiative, which for AY 23-24, has been charged with:

- Improving data acquisition, organization, analysis, reporting, and use;
- Conducting an audit of current data storage and utilization across the institution;
- Creating automation where possible; and,
- Creating processes to community outreach data more cohesively and consistently.

Successful execution of the above and continued data collection and analysis related to the institutional operational areas, will set the stage for the institution's response for elements within Standards 1.A. and 1.B for its Year 7 Evaluation of Institutional Effectiveness report.

Part II: Student Achievement (Stds 1.C and 1.D)

As noted in the Introduction, NWCCU has requested that the university respond to recommendations 2 and 3 from its 2020 comprehensive evaluation. Typically, per guidelines from the Commission, responses to recommendations would be included in part V of this report. However, since recommendation 3 pertains to student achievement we have included the institutional response to recommendation 3 in this section of the report. Our response to recommendation 2 is provided in part V.

Recommendation 3 and Institutional Response

Collect, publish, and use disaggregated data on program and institution-level student learning and student achievement to identify and address equity gaps.

Indicators of Effectiveness

At Roseman University, multiple indicators of achievement are being tracked in a disaggregated form to support identifying and closing equity gaps. These indicators are established by academic leadership and are comparable to those of peer institutions. The indicators of achievement at Roseman University include the On-time Graduation Rate, First Year Retention Rate, and First Time Pass Rate in Licensure Examinations. This data is disaggregated by gender, ethnicity, and age group. In order to assess outcomes, both external and internal benchmarks have been set. With respect to external benchmarks, the target has been set at $\pm 5\%$ of peer institution averages. Additionally, Roseman looks at disaggregated data internally to ensure that there are no significant differences in outcomes observed within demographic categories at the institutional level. To that end, Roseman's target for each demographic category is set at within $\pm 5\%$ of the institutional average for each indicator. (Std. 1.D.2)

External-Establishment of Peer Comparison Group

Roseman University is a small, private, health sciences and graduate-program focused institution. As a commitment to institutional effectiveness, Roseman University identified five other similar institutions in the region in May 2020 and established a data sharing and peer comparison consortium to collectively identify student achievement indicators and methods of disaggregation that are suitable for this group and most meaningfully measure student achievement with a common goal of improving student achievement.

A series of Roseman's defining characteristics were chosen to identify the Peer institutions.

Degrees Offered: Health sciences focused graduate programs leading to licensure.

Type: Private, non-profit, 4-year college

Location: Within the western region

Total Enrollment: 1000-4999

The peer comparison group include:

Institution Name	Location
National University of Natural Medicine	OR
Bastyr University	WA
University of Western States	OR
Rocky Mountain University of Health Sciences	UT
Pacific Northwest University of Health Sciences	WA

A sixth health-sciences institution joined the consortium in March 2022. This group has been meeting twice a year and sharing benchmark data for doctorate and master’s programs. They agreed upon 4 indicators 100% Completion Rate, 150% Graduation Rate and 1-year Retention Rate for each program and the overall 1-year Retention Rate for the institution. They agreed to disaggregate the data by gender, ethnicity, and age group to support institutions in identifying and closing equity gaps. In the May 2023 meeting, the group decided to drop 100% Graduation Rate and retain the rest of the 3 indicators moving forward.

Institutions do not report bachelor’s degree program data. For comparison purpose the programs offered by the consortium institutions are grouped into 4 categories:

- Clinical Professional Doctorate - doctoral degree programs that lead to licensure.
- Clinical Professional Master's - master’s degree programs that lead to licensure.
- Academic Doctorate - doctoral degree programs that do not lead to licensure.
- Academic Master's - master’s degree programs that do not lead to licensure.

Roseman’s [Indicator of Effectiveness Report](#) is posted on the University [website](#). It includes retention and graduation rates disaggregated and benchmarked against indicators for peer institutions. (Std. 1.D.3)

Data Context and Definitions

- Peer data is de-identified to protect institutional confidentiality.
- Roseman offers Clinical Professional Doctorate programs (PharmD, DMD, and the AEODO residency program are included in this category), a Clinical Professional Masters program (MSN-FNP), and Academic Masters programs (MBS, and MSPS). It does not offer an Academic Doctorate program.
- Roseman has grouped IPEDs ethnicity categories of African American, Asian, Hispanic, Native American or Alaskan Native, Native Hawaiian, or Pacific Islander, and 2 or more races into one category identified as “Non-White” due to the relatively low total number of students in each of these categories.
- Roseman has grouped age categories into two categories identified as “18-29” and “30+” due to the relatively low number of students enrolled who are over 30.

- Roseman data for “all graduate programs” includes all degree programs offered, with the exception of the BSN program. The consortium has excluded bachelors-level programs from data-sharing.
- Roseman data for “clinical professional doctorate programs” includes data from its PharmD, DMD, and AEODO residency programs as per the consortium definitions outlined above. All masters- and bachelors-level program data is excluded.
- Roseman has set a benchmark for comparison with peers at $\pm 5\%$ of the peer institution average. In the tables that follow, a ▲ appears next to each metric in which Roseman’s outcome is higher than or within $\pm 5\%$ of peer institution average. A ▼ indicates Roseman outcome is below -5% of peer institution average.
- Disaggregated internal institutional data can be found in the file, [RUHS Indicators of Effectiveness 2023.pdf](#).

First-Year Retention Rate (Peer comparison and internal data):

- Definition: Number of students continuing from year one to year two of their academic program as a percentage of the total number of students within the subset of students (i.e., “all graduate programs” or “clinical professional doctorate programs”) considered.
- Data reported accounts for all reasons for a lack of retention (i.e., both academic and non-academic reasons).
- Tables provided show peer-comparison data for all graduate programs (labeled “First-Year Retention Rate—All Graduate Programs”), as well as for Clinical Professional Doctorate Programs (labeled “First-Year Retention Rate—Clinical Professional Doctorate Programs”).
- External Peer Comparison data presented are for students completing Year 1 of their respective programs in AY 20-21.
- Internal data presented include six years of data from AY 17-18 to AY 22-23.

On-Time Graduation Rate (Peer comparison and internal data):

- Definition: The percentage of students who successfully complete program requirements within 150% of the normal time allotted for that program.
- For peer-comparison tables, data are only reported for the clinical professional doctorate programs because as of AY 22-23, Roseman’s professional masters and academic masters programs (which have only been recently offered), have not yet reached the time equivalent to 150% of the normal time allotted for those programs.
- Internal data are reported for 6 academic years (AY 17-18 through AY 22-23), so MSN-FNP and MBS data are included. MSPS will reach 150% of normal time allotted in AY 23-24 and so data from this program are not included.
- It should be noted that while 150% of the normal time allotted for completion is a federal reporting standard, the majority of Roseman students are able to complete their programs within the normal program length.

First-Time Licensure Exam Pass Rate (Comparison to national averages)

- First-time pass rates are benchmarked against national averages rather than peer institutions.
- Data cannot be disaggregated since licensure organizations do not provide disaggregated pass rates.
- Institutional first-time licensure exam pass rates are presented with the external data in the following tables, while individual program first-time licensure exam pass rates are presented in the file, [RUHS Indicators of Effectiveness 2023.pdf](#).

Peer Comparison Data—First-Year Retention Rates and On-Time Graduation Rates

A. First-Year Retention Rate—All Graduate Programs

First-Year Retention Rate							
<i>All Graduate cohorts/programs completing first year between July 1, 2021, and June 30, 2022</i>							
Institution	Overall Rate	Age 18-29	Age 30+	Male	Female	White	Non-White
Benchmark	± 5% of 87.59%	± 5% of 88.97%	± 5% of 85.57%	± 5% of 86.73%	± 5% of 87.41%	± 5% of 88.04%	± 5% of 86.68%
Roseman	▲ 85.28%	▲ 89.96%	▼ 70.00%	▲ 85.00%	▲ 85.47%	▲ 88.98%	▲ 82.76%
Peer 1	82.21%	87.00%	73.77%	84.39%	81.00%	82.49%	82.84%
Peer 2	87.95%	88.79%	87.02%	86.40%	88.46%	89.97%	84.00%
Peer 3	84.72%	83.91%	85.96%	90.00%	82.00%	82.09%	83.87%
Peer 4	97.22%	98.33%	91.67%	97.01%	97.40%	97.65%	96.49%
Peer 5	85.86%	86.84%	84.42%	75.86%	88.20%	88.00%	86.21%

Outcomes

- Roseman’s overall all graduate program first-year retention rate and the disaggregated rates for all demographic categories are higher or within ± 5% of the peer institution average except the age group 30+.
- Roseman’s rate for the age group 30+ is lower than the benchmark.

B. First-Year Retention Rate—Clinical Professional Doctorate Program

First-Year Retention Rate <i>Clinical Professional Doctorate Students completing first year between July 1, 2021, and June 30, 2022.</i>							
Institution	Overall Rate	Age 18-29	Age 30+	Male	Female	White	Non-White
Benchmark	± 5% of 89.15%	± 5% of 88.74%	± 5% of 82.53%	± 5% of 91.27%	± 5% of 89.06%	± 5% of 91.23%	± 5% of 75.23
Roseman	▲ 86.83%	▲ 89.67%	▲ 77.94%	▼ 85.71%	▲ 87.65%	▲ 92.66%	▲ 83.03%
Peer 1	87.83%	88.01%	80.43%	90.08%	86.61%	88.01%	87.04%
Peer 2	85.46%	84.25%	66.67%	84.62%	85.71%	87.84%	67.00%
Peer 3	84.21%	80.00%	88.89%	100.00%	81.82%	88.89%	33.33%
Peer 4	97.22%	98.33%	91.67%	97.01%	97.40%	97.65%	96.49%
Peer 5	91.03%	93.10%	85.00%	84.62%	93.75%	93.75%	92.31%

Outcomes

- Roseman’s overall clinical professional doctorate program first-year retention rate and the disaggregated rates for all demographic categories except the Male category are higher than the peer institution average.
- Roseman’s disaggregated retention rate for Male category is 0.56% lower than the benchmark range of ± 5% of the peer institution average.

C. On-Time Graduation Rates

On-Time Graduation Rate							
<i>Students completing their program during the 2021-2022 academic year. Roseman AEODO, PharmD and DMD cohorts that reached 150% of their program length in 2021-2022 are included</i>							
Institution	Overall Rate	Age 18-29	Age 30+	Male	Female	White	Non-White
Benchmark	± 5% of 84.17%	± 5% of 86.41%	± 5% of 77.77%	± 5% of 86.18%	± 5% of 83.24%	± 5% of 85.11%	± 5% of 81.73%
Roseman	▲ 92.12%	▲ 95.18%	▲ 81.48%	▲ 89.74%	▲ 93.68%	▲ 93.48%	▲ 91.26%
Peer 1	92.22%	97.78%	85.71%	90.43%	94.52%	92.79%	87.50%
Peer 2	90.82%	89.82%	96.55%	95.56%	86.79%	90.63%	80.00%
Peer 3	63.04%	70.31%	46.43%	76.00%	58.46%	69.57%	62.50%
Peer 4	96.58%	98.46%	81.25%	95.83%	97.30%	95.79%	97.87%
Peer 5	78.18%	75.68%	78.91%	73.08%	79.14%	76.77%	80.77%

Outcomes

- Roseman’s overall on-time graduation rate and the disaggregated rates for all demographic categories are above or within the benchmark peer institution range.

Internal Data—First-Year Retention Rates, Graduation Rates, First-Time Licensure Exam Pass Rates.

Overall program data are presented in the following tables. Disaggregated data by age, gender, and ethnicity can be found in file, [RUHS Indicators of Effectiveness 2023.pdf](#).

A. First-Year Retention Rates—All Programs

First Year Retention Rate						
Matriculating Year	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Doctor of Dental Medicine (DMD)	100%	100%	100%	98%	98%	99%
Advanced Education in Orthodontics and Dentofacial Orthopedics Residency (AEODO)	100%	100%	100%	100%	100%	100%
Doctor of Pharmacy (PharmD)	85%	91%	92%	87%	79%	89%
Bachelor of Science in Nursing (BSN)	98%	96%	94%	95%	95%	90%
Master of Science in Nursing (MSN-FNP)	N/A	N/A	64%	74%	65%	100%
Master of Science in Pharmaceutical Sciences (MSPS)	N/A	N/A	N/A	N/A	100%	100%
University	94%	95%	94%	92%	90%	92%

Outcomes

- The overall rates are higher than the peer institution average of 88% and higher than the designated target range of $\pm 5\%$ of the peer institution average.
- Across all programs, more than **90%** of first-year students have consistently returned for their second year.
- The disaggregated data can be found in the file, [RUHS Indicators of Effectiveness 2023.pdf](#). Upon reviewing the disaggregated data, retention rates as examined by gender and ethnicity are higher or within $\pm 5\%$ of the peer institution average. Age group 30+ rate is slightly lower than the peer average.

B. On-Time Graduation

On-Time Graduation Rate <i>Includes cohorts that reached 150% of the program length in the given academic year</i>							
Degree	Program Length	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Doctor of Dental Medicine (DMD)	4 years	98%	99%	96%	98%	100%	96%
Advanced Education in Orthodontics and Dentofacial Orthopedics Residency (AEODO)	3 years	100%	100%	100%	100%	100%	100%
Doctor of Pharmacy (PharmD)	3 years	92%	92%	90%	90%	89%	89%
Bachelor of Science in Nursing (BSN)	18 months - 2 years	96%	95%	91%	95%	93%	94%
Master of Science in Nursing (MSN-FNP)	2 years	N/A	N/A	N/A	N/A	N/A	59%
Master of Biomedical Sciences (MBS)	1 year	N/A	N/A	N/A	N/A	N/A	91%
University		94%	94%	95%	94%	92%	91%

Table 1. On-Time Graduation Rate

Outcomes

- Data over the six years indicates that Roseman’s On-Time Graduation Rate has never dropped below 91%.
- The overall rates are higher than the peer institution average of 84% and higher than the designated target range of $\pm 5\%$ of the peer institution average.
- The disaggregated data ([RUHS Indicators of Effectiveness 2023.pdf](#).) as examined by gender, age group, and ethnicity are higher or within $\pm 5\%$ of the peer institution average.
- The internal disaggregated data show no significant differences in outcomes based on gender or ethnicity. However, the 30+ age group outcomes were lower than the institutional average and below the target benchmark of $\pm 5\%$ of the institutional average.

C. First Time Licensure Exam Pass Rate

First-Time Pass Rate		
Year	National Average	Roseman University
2017	90%	94%
2018	90%	93%
2019	92%	92%
2020	89%	94%
2021	86%	94%
2022	86%	90%
2023	99%	99%

Outcomes

- At the institutional level, Roseman has consistently performed above national averages.
- A review of individual program data ([RUHS Indicators of Effectiveness 2023.pdf](#).) indicate that Roseman’s DMD graduates have been consistently above national averages, Roseman’s BSN graduates fell slightly below national averages in 2019, but otherwise have been above national averages, and Roseman’s PharmD graduates have been slightly below, but within 5% of national averages.

Analysis of Results (Stds. 1.C.7, 1.D.4)

An analysis of 6 years of graduation and retention data showed lower rates for students aged 30+ compared to students less than 30 years of age. Around 20% of our students are in the 30+ age group at the time of enrollment. The Director of Institutional Assessment and an Associate Dean for Assessment and Evaluation from the College of Medicine are working on a project to identify the factors that contribute to lower rates among that age group. The project involves conducting focus groups and surveys with students, as well as analyzing disaggregated assessment, graduation, and retention data to determine the factors contributing to higher attrition in that age group and identify a set of metrics for this population and disaggregate that data on a regular basis to support identification and resolution of the achievement gap. The findings will be shared with SLOCom, Academic Leadership, and the Executive Team. More details about the project are available on the [Data Equity Fellowship webpage](#).

Part III: Programmatic Assessment

In this section, we describe the assessment framework for two programs. While each of the programs is accredited by a CHEA-recognized programmatic accreditor, they are illustrative of assessment efforts at Roseman. We have selected two of the largest programs at Roseman. The first is our only bachelor-level program (albeit a bachelors completion program), the Bachelor of Science in Nursing. The second is the Doctor of Dental Medicine (DMD) program.

BS in Nursing (BSN) Student Learning Outcomes Assessment

The mission of the College of Nursing is to educate current and future generations of nurses to serve local, national, and globally diverse communities.

The comprehensive plan for the BSN programs were developed by the faculty based on the CCNE Standards for Accreditation of Baccalaureate Nursing Programs; the American Association of Colleges of Nursing Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008); and to prepare graduate BSN students to take the National Council of State Boards of Nursing (NCSBN) NCLEX-RN® detailed test plan for registered nurses. The College of Nursing (CON) regularly collects data on students, graduates, alumni satisfaction, and communities of interest input to evaluate program effectiveness. The following key indicators for assessing overall performance and achievement of program outcomes includes a) completion rates, b) NCLEX-RN® first-time pass rates by BSN graduates, c) employment rates, d) course and program satisfaction data collected from students, graduates, and alumni, and e) ATI test scores throughout the program. Aggregate data is compared to the last three years, trend data, established benchmarks, and when available, state, and national standards or norms. The plan demonstrates ongoing efforts to attain and maintain all applicable standards and criteria. The faculty members consider the systematic evaluation of student progress to be a key aspect of academic accountability. The use of the systematic program evaluation has been in progress since the program admitted its first class in April 2006, with modifications as needed based on data and findings.

The longitudinal summary of data that are compiled are presented to the Dean's Administrative Team, enabling the team to track key trends and take necessary steps to keep program content, structure, and activities aligned with the program outcomes and goals. This process ensures that appropriate committees are provided with the data from the longitudinal summaries to ensure that the needed changes are implemented in a systematic and cohesive manner.

Data is tracked and trended as detailed in the Plan of Evaluation. To foster ongoing program improvement, data collection includes Faculty end of block summaries, Student block evaluation reports, Clinical site/faculty evaluations, Student end of program surveys, Graduate follow-up surveys, Employment rates, Program completion rates, and NCLEX-RN® pass rates. Formal complaints to the Board of Nursing, the Accrediting Body, the University Student Professionalism Board or formal grievances are tracked and reported to the faculty council. Program outcomes are evaluated by the Administrative team and reported to the Faculty Council. Program Outcomes for NCLEX pass rates, employment rates and completion rates are posted on the Roseman website. Data sources are reviewed and analyzed on a scheduled, regular basis. Actual outcome data are compared to expected outcome data and analyzed for discrepancies. Areas where actual did not

meet expected benchmarks are reviewed to identify issues and resolutions are sought to address problematic areas.

Program Completion

The program completion rate remains high and meets benchmark ([Table 1. On-Time Graduation Rate](#)). Students are engaged with faculty to succeed in their course of study. Students have the opportunity to transfer across campuses and across tracks to graduate in the shortest period of time for either academic or personal reasons.

NCLEX licensure

The faculty at Roseman recommended that a more comprehensive program called ATI Pulse be put into place. A more stringent policy was adopted to engage students with outcomes of participation, and students who had the program assigned with points being accrued to sit for the Comprehensive Predictor. Beginning 2020, the final block in the curriculum was converted to a longitudinal structure in Canvas. In addition, a faculty advisor is assigned to each cohort to facilitate improved guidance & mentoring mechanisms for students to achieve the necessary points for the Comprehensive Predictor. Since making this change, Comprehensive Predictor scores have increased by 6% on average. Concurrently, NCLEX pass rates have increased by nearly 3% on average as shown in the file, [RUHS Indicators of Effectiveness 2023.pdf](#).

Employment Rates

Employment rates have remained consistently high on both campuses and across cohorts. Career fairs started in 2017 and have been very successful for students. All students are invited, and faculty encourage students to attend. After a cessation of events due to the COVID pandemic, career fairs have fully resumed and are now offered twice a year at each campus. All clinical partners as well as other healthcare organizations are extended invitations to participate.

Student learning Outcomes

Faculty has been very engaged in identifying assessment items that measure Programmatic Student Learning Outcomes (PSLO). Each item must be tagged in ExamSoft in order to obtain results for analysis. A complex crosswalk was created to move from PSLOs to Block Outcomes down to Daily Outcomes and link them with the test items to measure student success on PSLOs. The process has been successful with students scoring well above the benchmark [achievement on PSLO scoring](#) as identified by tagged assessment items. No significant trends are noted in PSLO achievement.

Input from Communities of Interest

A Community Advisory Board is selected for both campuses to reflect the differences that may exist between the community needs for healthcare education. Each committee endeavors to have representation from alumni, other colleges within the University, each of the healthcare facilities and other colleges of nursing from the private sector. The Advisory Board for each campus meets annually. Program outcomes, changes in programmatic structure, accreditation standards and findings are discussed in addition to employment opportunities, educational preparedness of Roseman CON graduates and needs of the facilities for nursing education. Advisory Board members are also invited to any special events that the CON might hold. Input is sought from the membership and integrated into any contemplated program changes.

The CON participates annually with American Association of Critical Care Nurses (AACN) annual surveys. Data from the surveys is used to benchmark elements that can be measured such as salary comparisons and number of faculty. The AACN community is an opportunity to seek clarification from the membership to address how to manage similar problems with curriculum and program implementation. Utah Organization of Nurse Leaders, Academic Leadership Committee meets monthly to identify common themes among colleges of nursing and works collaboratively to address systemic issues.

Doctor of Dental Medicine (DMD) Student Learning Outcomes Assessment

The educational mission of College of Dental Medicine is to educate general dentists who can serve the oral health care needs of the public, advance the dental profession through service, scholarship, and leadership, and enhance the oral health knowledge and capabilities of the communities in which our graduates practice.

Competency-Based Education

The CODM curriculum is competency-based. The predoctoral dental education standards of the Commission on Dental Accreditation and the "Competencies for the New General Dentist" adopted by the ADEA House of Delegates in April 2008 both endorse competency-based education as the model for the predoctoral curriculum, and both identify a "general dental practitioner" as the expected educational outcome of dental school. In the competency-based curriculum at the CODM, what students learn is based on competencies that the faculty deems to be essential for successful, independent, and unsupervised performance as an entry-level general dental practitioner.

The CODM definition of competency is:

The knowledge, values, and skills needed to make the transition from providing patient care under supervision of faculty to the independent practice of general dentistry.

To demonstrate readiness for entry into professional practice, students at CODM must demonstrate that they can accomplish competencies which indicate the knowledge, values, and skills that new graduates need in order to begin their professional roles in society. It is recognized that these competencies represent only a starting point for the dentist's life-long professional journey - a journey which must include ongoing developmental activity to enhance, refine and maintain patient care skills, and to develop new capabilities needed to serve the evolving oral health needs of the public.

Format for Education Outcomes

CODM educational outcomes are presented in the D-E-O format which includes a broadly stated domain (D) followed by specific educational outcomes (EO). Each educational outcome is a general description of an essential patient care skill or professional role that the entry-level general dentist must be able to perform unassisted and unsupervised.

All domains and educational outcomes apply to the management of the oral health care of the infant, child adolescent, and adult, as well as the unique needs of women geriatric and special needs patients.

Domain (D)	Education Outcomes (EO)
1. Critical Thinking	1. Graduates must be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry, and research methodology.
2. Self-Assessment	2. Graduates must be able to self-assess quality of patient care, identify learning needs, and identify strategies for enhancement of professional performance.
3. Biomedical Sciences	<p>3. Graduates must demonstrate an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions, and interrelationships of the body systems.</p> <p>4. Graduates must demonstrate an understanding of the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.</p> <p>5. Graduates must demonstrate an understanding of abnormal biological conditions in relation to etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment, and prognosis for oral and oral-related diseases.</p> <p>6. Graduates must be competent in the application of biomedical science knowledge in the delivery of patient care.</p>
4. Behavioral Sciences	<p>7. Graduates must be able to apply psychosocial and behavioral principles of person-centered care for promoting, improving, and maintaining patients' oral health.</p> <p>8. Graduates must be able to manage diverse patient populations and function successfully in a multicultural work environment.</p>
5: Practice Management	<p>9. Graduates must be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.</p> <p>10. Graduates must be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.</p> <p>11. Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.</p>
6. Ethics and Professionalism	12. Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

7. Clinical Sciences	<p>13. Graduates must be competent to access, critically appraise, apply, & communicate scientific & lay literature as it relates to providing evidence-based patient care.</p> <p>14. Graduates must be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.</p> <p>15. Graduates must be competent in providing oral health care within the scope of general dentistry.</p> <p>16. Graduates must be competent in assessing and managing the treatment of patients with special needs</p> <p>17. Graduates must provide community-based health promotion and services to diverse populations beyond the CODM.</p>
----------------------	---

Curriculum Management Plan

At the Roseman University of Health Sciences (RUHS) College of Dental Medicine (CODM), the primary administrative bodies responsible for curricular management are the Curriculum Team (CT) and the Curriculum Working Team (CWT). These two teams work in conjunction to assess, monitor, and evaluate the effectiveness of the D.M.D. curriculum at the institution. The CWT works to address curricular affairs or issues as they arise, and reports on the state of the curriculum and the curriculum management processes to the CT, who holds the duty of ultimate oversight over the curriculum and meets quarterly each academic year.

These teams are each chaired by the Associate Dean of Student Progress and Curriculum who is responsible for the student learning experience and administrative management of the curriculum at the CODM. The Associate Dean of Student Progress and Curriculum works in conjunction with the Associate Dean for Academic Affairs, as well as the Assistant Dean for Academic Affairs, to administer curricular processes as relevant.

The RUHS CODM curriculum is unique. The Roseman University Six-Point Mastery Learning Model® consists of Block Curriculum, Active and Collaborative Learning, Competency-based Education, Assessment Learning, Early Experiential Learning, and a Classroom Design that facilitates learning. All these components, in addition to the efficient, team-based, person-centered care clinical model, serve to ensure high levels of achievement from students and produce competent graduates while fostering cooperation and collaboration in the learning process.

Curriculum Team

The Curriculum Team (CT) is comprised of members of the university administration, faculty members across academic and clinical disciplines, staff, and students, and is chaired by the Associate Dean of Student Progress and Curriculum. The Team meets quarterly to review the curricular processes and procedures overseen by the CWT.

The CT oversees:

- CODM Curriculum Satisfaction Survey,
- Curricular issues and successes reported by the CWT,
- The Annual Curriculum Report sent to the CODM Dean, as well as the relevant Assistant, and Associate Deans.

In each quarterly meeting, the CT ensures that all curricular accreditation requirements are met by the D.M.D. program. Furthermore, if further personnel or resources are required to implement the D.M.D. program, that recommendation is made by the CT to the Dean of the College of Dental Medicine (CODM). Each academic year, students from each DMD class are invited to join the CT as identified by the Curriculum Working Team. The CT meets quarterly. At the first meeting of the year, the CT reviews the Annual Curriculum Evaluation report produced by the CWT. This report reviews all curricular processes of the previous academic year including: the annual curriculum satisfaction survey, the student block and instructor evaluation process, the curriculum modification process, and student discussion group data. After review, the CT either move to approve, amend, or reject the report; if approved, the report is sent to the Dean and relevant Assistant and Associate Deans of the CODM.

Curriculum Working Team

The Curriculum Working Team (CWT) is led by the Associate Dean of Student Progress and Curriculum. This group meets weekly, or more regularly if needed, to organize, review, and maintain regular curricular processes. The team is comprised of faculty members across Clinical and Biomedical disciplines, CODM-SJ Staff, Deans, and Directors.

The primary tasks of this team are to:

- Address the ongoing change and development in the curriculum as it occurs,
- Manage the curriculum schedule,
- Manage the Student Block and Instructor Evaluation process,
- Collect updated syllabi from block directors,
- Review and manage curriculum modification requests,
- Integrate Case Development utilizing the patient box format across the curriculum,
- Review Block Evaluations and Block Director End-of-Block Reflection data,
- Distribute and monitor the annual CODM Curriculum Satisfaction Survey,
- Create and distribute an annual curriculum evaluation report to send to the CT,
- Create action plans for block/instructor improvement as needed,
- Organize Faculty Development and Curriculum Action Plans.

The CWT manages curricular modifications through the Curriculum Modification (CM) Dashboard which is addressed during each meeting. This dashboard is presented at the quarterly CT Meetings for review.

Block Management and Faculty Development

Faculty Development is a cornerstone of curriculum improvement at the CODM. To assist in the Faculty Development process, members of the CWT and CT may advise the Director of Faculty Development and Interprofessional Education in organizing and managing faculty calibration and

development that can work to promote curricular effectiveness, performance, and standardization as relevant.

Annually, mentoring meetings are scheduled with each individual CODM Block Director and CWT Members to discuss instructional design, assessment development, Canvas LMS, and any other topics of needed development three months before the relevant block's start date. In addition, quarterly calibration and development meetings for all CODM Block Directors and CODM instructors are scheduled. These meetings aim to calibrate and develop faculty, provide resources for training, and build community between faculty within the college. Attendance is required at these meetings for all block directors and instructors either in-person or asynchronously.

Resources provided to CODM faculty to assist with building, structuring, and organizing blocks include a Canvas course titled "Block Director Resources" which houses the "Block Director Calibration Checklist and Resources." Moreover, the RUHS Administration has created a 6-Point Mastery Learning Model Master Badging System that all RUHS faculty and staff are to complete. Furthermore, annual faculty development occurs through the mandatory Annual Faculty Calibration Modules, On-Boarding Modules, and Additional Learning Opportunities Modules within Canvas in addition to monthly faculty calibration meetings and Biannual Faculty Development Meetings held in the autumn and spring of each academic year. Each aspect of the CODM's Faculty Development protocol aims to achieve optimal faculty calibration and development to support the overall curriculum management process.

As part of faculty development, The CWT and CT work to involve all Block Directors in the annual curriculum calendaring process. The purpose is to provide faculty insight into the curriculum, build accountability, and calibrate faculty on the curriculum process. Each year a draft of academic calendar for the next academic year is created, and stakeholders such as the CODM Assistant and Associate Deans, the CODM Directors, and other committees and stakeholders as relevant, review the calendar and provide feedback. Then, all CODM Block Directors are given the opportunity to review that calendar and the proposed dates for all blocks, university dates, ceremonies, etc., before the calendar is finalized. The CWT then disperses a survey where the Block Director is given the opportunity to approve their block(s) dates or decline them. If declined, the CWT works with the Block Director on a case-by-case basis to find an appropriate solution.

Curriculum Evaluation Methods

To evaluate the efficacy of the curriculum, the CWT utilizes business intelligence dashboards, developed and maintained by the Assistant Dean of Institutional and Practice Outcomes, that have been automated to collect and aggregate information into a series of reports including the Student Block and Instructor Evaluations, the Block Feedback Dashboard, the Curriculum Gap Analysis, the instructor End-of-Block Reflection (EOBR), and the annual CODM Curriculum Satisfaction Survey. This information is used to identify curricular issues, set curricular goals, and make recommendations for improvement. Information collected by the CWT is distributed to the CT and block directors as relevant.

ExamSoft and PowerBI collect data which are used in managing the curriculum. ExamSoft is specifically used for all didactic assessments for students. The reports created by ExamSoft illustrate which assessment questions students did not perform well on and which questions they

excelled at. Furthermore, block topics can be tied to assessment questions on ExamSoft, providing further clarity as to which aspects of the block students may need further instruction on.

PowerBI is used to generate a gap analysis that assists to identify, by topic, if there are any areas that are missed in the curriculum. It is also used to create an overlap analysis which displays all sessions in the curriculum where a topic is covered.

Student input regarding curriculum effectiveness is gathered through four processes: Student Block Evaluations, Annual CODM Curriculum Satisfaction Survey, and student discussion groups. Each of these measures is used by the CWT and CT in making evaluations regarding curricular effectiveness.

Student Block and Instructor Evaluation

Student evaluations of instructors and blocks contribute feedback to inform the curriculum evaluation and modification process. Consistency in the student evaluation process at Roseman University is achieved through standardized block and instructor surveys that provide feedback on student perceptions of block and instructor effectiveness. These surveys are administered on the last day of each block. Results of these evaluations are delivered to Block Directors and, as necessary and/or relevant, to individual instructors, , Assistant Dean for Academic Affairs, Associate Dean for Academic Affairs, and the CODM Dean.

At the CODM, the Associate Dean of Student Progress and Curriculum or other members of the Curriculum Working Team (CWT), will counsel individual faculty members to rectify below-average student evaluations of instructor performance or block quality. When a block or instructor score falls below the threshold of three (3) on student evaluations, the CWT discusses and determines an appropriate intervention for a faculty member or block and an action plan is documented. Action plans are developed as needed and appropriate, and faculty development resources to assist faculty members to improve their teaching skills are made available to the CODM faculty.

Roseman CODM Policy on Block and Instructor Evaluation Process

Student perspective and feedback is a vital component of evaluating, modifying, and improving the curriculum at the CODM. Below is the policy and procedure regarding the Block and Instructor Evaluation process.

Policy:

- All data collected from the evaluation of blocks and instructors must be anonymous. All CODM faculty must be evaluated at the conclusion of their block(s) Block Directors have the option to survey students on their block(s) performance on their own accord if they so choose. Students may not receive credit of any kind for completing the survey, the evaluations and data must be anonymous, and students must be aware that the survey is not the official CODM block/instructor evaluation. Students will also still be asked to take the official CODM block/instructor survey.

Procedures:

- The CODM block and instructor evaluation process is conducted under the direction of the Associate Dean of Student Progress and Curriculum and the CWT,
- The CODM evaluation process is conducted through Qualtrics and is overseen by the Associate Dean of Student Progress and Curriculum,
- Student Block Evaluation email will be sent to students from Qualtrics,
- Reminder email(s) will be sent only to those students that have not completed the survey. These reminder emails will be sent periodically for up to two weeks. Students will be given at least up to two weeks to complete the survey,
- Assessment proctor(s) will ask students if they completed the evaluation when verifying green screen following the student assessment,
- Student grades will not be distributed until we reach 80% response rate,
- Assessment proctor(s) will ensure that 80% response rate is met prior to sending grades,
- Block Directors will have access to student evaluations two weeks after block completion,
- After reviewing student feedback, Block Directors will need to complete an “End-of-Block Reflection” (EOBR) to develop a plan for future improvement,
- The EOBR link will be emailed to the Block Director two weeks after the completion of the block,
- When an adjunct faculty is involved in a CODM block, evaluations for this faculty member will be sent to the appropriate theme director for dissemination and review.

When multiple faculty members are involved in the teaching of a single block, the evaluations will be sent only to the Block Director. It is the duty of the Block Director to share the evaluations with any other faculty members that they have invited to teach within their block(s).

Faculty and Block Evaluation Methods

End of Block Reflection (EOBR) - Block Director

The Block Director End of Block Reflection (EOBR) is submitted by the Block Director to the CWT via Qualtrics at the completion of each block. After receiving and reviewing their student block feedback, Block Directors are asked to reflect on their experience teaching in their completed block. They are asked what went well and what were the challenges. In addition, they are asked what specific plans they have for improving the block and student learning. Lastly, Block Directors are asked what help or assistance they need from the CWT to be successful as a Block Director.

The EOBR provides a space for Block Directors to critically think about their teaching, sequencing, and assessment used within their block. The data collected from the survey allows the CWT to understand what the Block Director plans for curriculum improvement and can be used to guide meetings with the Block Director in the future. Specifically, the EOBR is a crucial component of reflection, dialogue, and documentation of action plans. The EOBR is one data point in making data-driven curriculum improvement decisions.

Curriculum Modification and Review

The D.M.D. curriculum is consistently measured and evaluated to improve effectiveness, efficacy, and sequencing. The collection of data from ExamSoft, PowerBI, student and faculty evaluations, EOBR, and iNBDE scores inform the decisions made by the CWT and CT.

Modification

Any changes to the curriculum relating to block structure, time, schedule, room reservations, or content require a request for modification which must be submitted through the Curriculum Modification Form. This form is submitted digitally and the CWT has access to Curriculum Modification Form submissions for review. The submitter may be contacted to answer additional questions regarding the proposal. After the CWT reviews each modification request, if the modification proposal is accepted, the submitter or Block Director may be asked to submit an updated syllabus to the CWT reflecting all changes made. Block Directors and all stakeholders involved in curriculum modifications are informed of changes to the curriculum via email.

All curriculum modifications made are reflected in the Curriculum Modification Dashboard. This dashboard is reviewed weekly by the CWT, and in CT meetings.

At the conclusion of each block, the CWT reviews the Block Feedback Dashboard. This dashboard includes the Block Evaluation Score, Instructor Evaluation Score, and End of Block Reflection (EOBR). Each quarter, the CT meets to review and discuss the dashboard data on the evaluation of blocks provided by the CWT. In these quarterly meetings, the CWT presents a summary of the block and instructor evaluations in PowerBI.

Curriculum Key Performance Indicators

Key Performance Indicators (KPIs) are used to measure, evaluate, and improve the curriculum. KPI thresholds are determined annually by the Institutional Outcomes Team through feedback from the CT and CWT. The KPIs are located in the Institutional Outcomes Team PowerBI Dashboard.

Process for Curriculum/Instructor Intervention

Curriculum Key Performance Indicators (KPIs) for the Block Evaluation Score and the Block Instructor Evaluation Score are set at three (3) on a scale of 1-5.

If the End-of-Block Instructor Evaluation Score, Block Evaluation Score, and/or Block Instructor Evaluation Score are below the three (3) KPI threshold based on a minimum of 80 student evaluations, as determined by the CWT, the following actions take place:

- A meeting with the Block Director must be scheduled within 1 week,
- Meeting with members of the CWT charged with assisting the Block Director,
- Block Director/Instructor and Associate Dean of Student Progress and Curriculum will document an action plan for improvement and any immediate concerns,
- Follow-up meeting is scheduled with Block Director/Instructor and designated members of the CWT,
- Future teaching may occur with observation from a member of the CWT as directed by the action plan,
- The process of improving the block will be reported in the quarterly CT Meeting.

Part IV: Moving Forward

As mentioned in the Spring 2022 Ad Hoc Report, Roseman University has made significant advancements in developing infrastructure for the assessment of Institutional Student Learning Outcomes (ISLOs) and supporting student achievement through the review of disaggregated data. As a result, frameworks, and tools for assessing ISLOs, such as rubrics, assessment plans, and data collection methods, have been developed. The technology infrastructure enables the collection, analysis, and reporting of student learning data, providing a centralized platform for the Student Learning Outcomes Committee (SLOCom) to monitor student progress. The use of PowerBI for data analytics allows SLOCom to examine disaggregated data, identify gaps in achievement, and implement targeted interventions to support specific student populations.

There has been significant progress assessing institutional effectiveness with outcomes data and achievement of benchmarks. The university has established an institution-wide reporting mechanism with the objective of data collection and analysis to track and measure various indicators in these operational areas.

Roseman is scheduled for Year 7 - Evaluation of Institutional Effectiveness review in Fall 2027. Moving forward, the university has several goals to meet between this mid-cycle evaluation and the EIE review. Some projects in preparation for the EIE review are described below.

Applying analysis to relatively new programs: The Institutional Research (IR) team will expand the assessment process for the Master of Science in Nursing (MSN-FNP), Master of Biomedical Sciences (MBS), and Master of Science in Pharmaceutical Sciences (MSPS) programs. Data will be collected and analyzed to assess how effective these programs are in achieving their intended learning outcomes and supporting student learning. This includes developing assessment plans and rubrics for these programs, collecting outcomes data regularly, and analyzing the data in a disaggregated manner.

Development of a new 5-year strategic plan: This involves reviewing the institution's mission statement, operational areas, and goals to re-evaluate the foundational elements of the current Strategic Plan. The aim is to determine their current relevance and explore any necessary changes to ensure that Roseman continues to advance its mission and is well-positioned for sustainability and growth in the future.

Improved data capture and analysis: Roseman University's data group is working on enhancing the technology infrastructure to improve the acquisition, organization, analysis, reporting, and utilization of data. This may include incorporating new data management tools and implementing data integration solutions. The objective is to ensure accurate and efficient capture of data from various sources, as well as effective analysis to inform decision-making and evaluate institutional effectiveness.

Launching MD Program: Roseman University has been in communication with the commission regarding its plan for an allopathic medical school. The college of medicine has applied to the Liaison Committee on Medical Education (LCME) for its MD program to be accredited. Per the LCME process the college will submit its Data Collection Instrument (DCI) in December to the LCME for review at the February LCME meeting. Pending review of the DCI, an action by the

LCME, the college may be granted candidate status and subsequently host a site visit in 2024. Based on consultation with NWCCU staff, Roseman plans to submit a substantive change proposal to NWCCU for its College of Medicine prior to the LCME's February meeting.

Part V: Addendum

As requested by the Commission in its response to the Ad Hoc report submitted by Roseman in April 2002, the University here outlines its response to Recommendation 2 from the 2020 Comprehensive Evaluation Report.

Recommendation 2 and Institutional Response

Use and assess meaningful Institutional Student Learning Outcomes consistent with Roseman's mission. (2020 Standard(s) 1.C.6)

Roseman University has made structural changes over the past three years to improve and strengthen the assessment of Institutional Student Learning Outcomes (ISLOs). According to the Spring 2022 Ad Hoc Report, a new Director of Institutional Assessment was hired in March 2022. After the site visit in April 2022, the Director, in collaboration with the Vice President for Institutional Research and Effectiveness (IRE), initiated the process of establishing a more comprehensive system for ISLO assessment. The Student Learning Outcomes Committee (SLOCom), responsible for creating and overseeing ISLO assessment, began reviewing and revising Roseman University's institutional-level student learning outcomes and assessment plan to align with the new mission and operational areas outlined in the strategic plan. The newly developed institutional student learning outcomes now reflect the broader mission of the university and encompass what a successful graduate from Roseman University should have learned during their time there. The table below shows the 4 revised ISLOs and the operational with which they align.

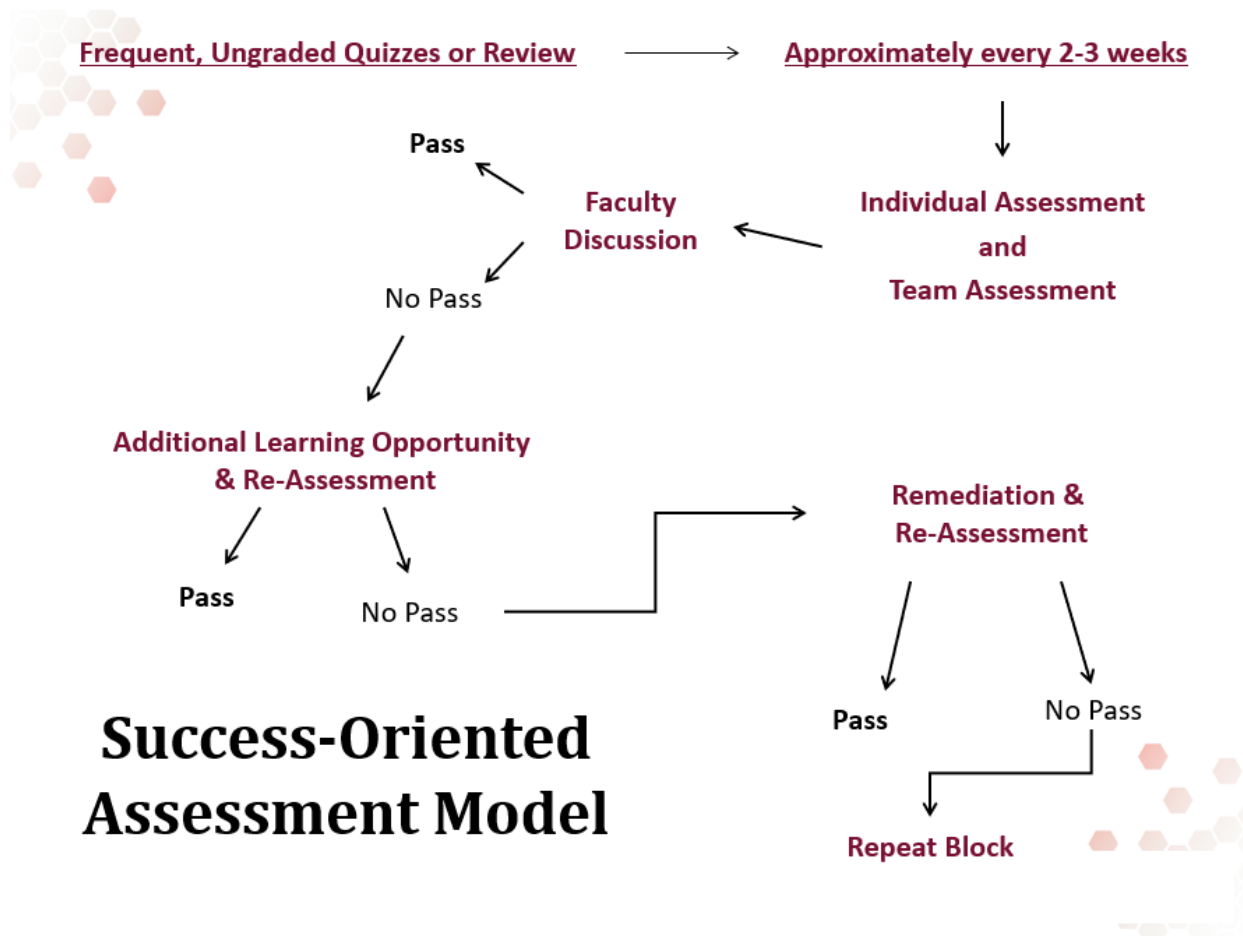
#	Operational Areas	ISLO Category	ISLO Description
1	Educating current and future generations of health professionals	Knowledgeable Professional	Roseman graduates will apply their knowledge, skills, and experiences to advance the health and wellness of their communities.
2	Providing Patient care	Patient Centered Professional	Roseman graduates will make evidence-based decisions to serve and educate their communities.
3	Conducting research	Problem Solver	Roseman graduates will demonstrate research literacy and critical thinking skills.
4	Fosters both internal and external collaboration	Moral Representative	Roseman graduates will demonstrate ethical decision making, cultural competence and effective communication within the healthcare team.

After revising the Institutional Student Learning Outcomes (ISLOs), the colleges at Roseman University made changes to how they align their Programmatic Student Learning Outcomes (PSLOs) with the revised ISLOs. They developed a comprehensive assessment plan that includes

a schedule for assessment, objectives, evidence, assessment methodologies, individuals responsible for conducting assessments, reviewing data, and planning how to utilize the results of the review. The current mapping of PSLOs to ISLOs, as well as a detailed assessment plan for the BS Nursing, MS Nursing, Doctor of Dental Medicine, and Doctor of Pharmacy programs, can be found in [ISLO Assessment Plan](#) document. These plans and their components are considered dynamic documents that will evolve as the assessment process progresses.

Evaluation of Student Learning

[Roseman Six-Point Mastery Learning Model®](#) (SPMLM) emphasizes continuous learning, assessment, feedback, and re-assessment, enabling students to assess their own learning and identify areas of misunderstanding early on. This approach allows students to correct any misunderstandings and achieve competency before progressing to new material. Importantly, this model promotes collective advancement of the entire student cohort. The figure below summarizes the Roseman University’s **Success Oriented Assessment Model** used by all the programs.



End-of-Block Summative Assessment: The summative assessment happens every 2-3 weeks throughout the academic year. Student competency is evaluated using criterion-referenced

assessment tools. Students are required to achieve a minimum score of 90% to pass the assessment. Summative Assessment is a combination of Individual Assessment where a student is required to score at least 85 percent and a Team Assessment, where the teams are required to score at least 95 percent. The final pass criterion of 90% is determined by the combination of individual and team scores.

Re-Assessment: If a student achieves <90% in the end-of-block summative assessment, they are allowed to retake the assessment.

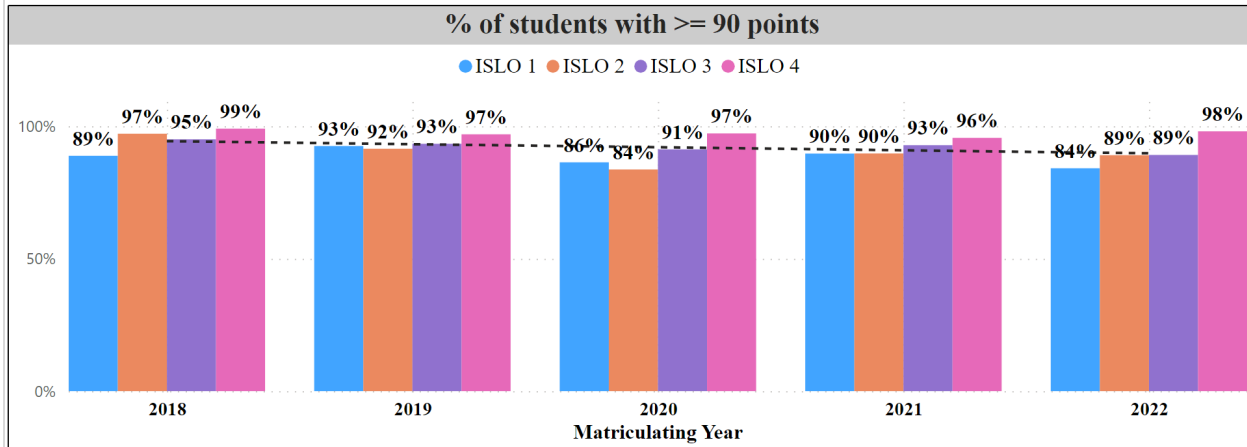
Remediation: If a student achieves <90% in the reassessment, they are required to attend remediation classes and retake the assessment.

If a student scores <90% after the 3 attempts, they are required to repeat the block.

SPMLM®, as explained above, results in a substantial collection of assessment data. Each college within the university adheres to standards set by its respective programmatic accrediting agency. As a result, PSLO data is gathered and stored in various systems and formats. To ensure that ISLO assessment is comprehensive and meaningful, PSLO data from all sources must be considered and collected over an extended period of time. As described in the [ISLO Assessment Plan](#) document, the PSLOs are mapped to one or more block/course assessments or tagged to a set of questions within those assessments in ExamSoft or mapped to the data from online clinical learning management software. SLOCom has agreed upon a plan to gather PSLO assessment data from multiple sources throughout the year and share it with the IR team annually at the end of the academic year.

The IR team integrated the programmatic data into an institutional-level indicator for assessing ISLOs in aggregate as described in the [ISLO Assessment Plan](#) document. They developed an interactive report that incorporates the aggregated ISLO data. This report provides users with the ability to explore and analyze the data as desired. It allows for disaggregation of data based on factors such as gender, age, and ethnicity. This report enables the SLOCom to access current assessment data from all colleges within the university. The chart below displays the ISLO data for the matriculating years 2017-2018 through 2021-2022 for BSN, DMD and PharmD programs, indicating the outcomes for initial assessment, reassessment, and remediation assessment as explained above. It presents the percentage of students who have achieved the minimum passing threshold of 90%. There is partial data for PharmD ISLOs for the matriculating year 2021-2022 cohort as some PSLO data is only available at the end of year 2 and year 3 of their program.

Institutional Student Learning Outcomes



The chart above shows % of students who scored ≥ 90 points.

Included: Doctor of Pharmacy (PharmD), Doctor of Dental Medicine (DMD), BS Nursing (BSN)

ISLO 1: Knowledgeable Professional. Roseman graduates will apply their knowledge, skills, and experiences to advance the health and wellness of their communities.

ISLO 2: Patient Centered Professional. Roseman graduates will make evidence-based decisions to serve and educate their communities.

ISLO 3: Problem Solver. Roseman graduates will demonstrate research literacy and critical thinking skills.

ISLO 4: Moral Representative. Roseman graduates will demonstrate ethical decision making, cultural competence and effective communication within the healthcare team.

This data has been further broken down by gender, ethnicity, age, and degree. It is available in [ISLO Assessment Data](#) document. The disaggregated data reveals that students in all categories have consistently achieved or surpassed the milestone performance level throughout the years.

Closing the loop: Despite the positive assessment data, the colleges at Roseman University are committed to continuously improving their programs and services to enhance student learning. The review teams mentioned in the [ISLO Assessment Plan](#) document utilize the assessment results to inform their decision-making processes. Follow-up actions are then tailored to address the specific needs identified through the assessment outcomes. The section “Analysis of Results and Actions Taken to Support Student Achievement” describes the improvements made by the colleges.

APPENDIX I:
INSTITUTIONAL REPORT CERTIFICATION FORM

Please use this certification form for all institutional reports (Self-Evaluation, Annual, Mid-Cycle, PRFR, Evaluation of Institutional Effectiveness, Candidacy, Ad-Hoc, or Special)



Institutional Report Certification Form

On behalf of the Institution, I certify that:

- There was broad participation/review by the campus community in the preparation of this report.
- The Institution remains in compliance with NWCCU Eligibility Requirements.
- The Institution will continue to remain in compliance throughout the duration of the institution's cycle of accreditation.

I understand that information provided in this report may affect the continued Candidacy or Accreditation of my institution. I certify that the information and data provided in the report are true and correct to the best of my knowledge.

Roseman University of Health Sciences

(Name of Institution)

Renee E Coffman

(Name of Chief Executive Officer)

[Signature]

(Signature of Chief Executive Officer)

9/1/23

(Date)