

REPORT OF THE WSCUC VISITING TEAM
SEEKING ACCREDITATION VISIT 2

For Institutions Seeking Candidacy or Initial Accreditation

To American University of Health Sciences
April 25-27, 2017

Team Roster

Michael Whyte, Team Chair
Board Chair, Life Pacific College

Susan M. Clapper, Team Assistant Chair
Executive Associate to the Vice President for Academic Affairs
Dominican University of California

J. Aaron Christopher, Team Member
Vice Chancellor for Administration, Palmer College

Sheri E. Jones, Team Member
Senior Vice President of University Services & Strategic Planning
Ashford University

Susan K. Prion, Team Member
Professor, School of Nursing and Health Professions
University of San Francisco

Maureen Maloney, Vice President
WASC Senior College and University Commission

The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WASC Senior College and University Commission. The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution. Once an institution achieves either Candidacy or Initial Accreditation, the team report and Commission Action Letter associated with the review that resulted in the granting of either candidacy or initial accreditation and the team reports and Commission Action Letters of any subsequent reviews will be made available to the public by publication on the WSCUC website.

Table of Contents

SECTION I. OVERVIEW AND CONTEXT..... 3

 A. Description of the Institution and Visit..... 3

 B. The Institution’s Seeking Accreditation Report 4

 C. Response to Issues Raised in Past Commission Letters 5

 Standard 2: Achieving Educational Objectives through Core Functions 5

 Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability 7

 Fiscal, Physical, and Information Resources 8

 Standard 4: Creating and Organization Committed to Quality Assurance, Institutional Learning, and Improvement 8

SECTION II. EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC’S STANDARDS AND IDENTIFIED CFRs FROM PRIOR SEEKING ACCREDITATION VISITS 10

 Standard 2: Achieving Educational Objectives through Core Functions..... 10

 Teaching and Learning 10

 Scholarship and Creative Activity 14

 Student Learning and Success 15

 Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability 17

 Faculty and Staff..... 18

 Fiscal, Physical, and Information Resources 19

 Organizational Structures and Decision-Making Processes 20

 Standard 4: Creating and Organization Committed to Quality Assurance, Institutional Learning, and Improvement 21

 Quality Assurance Processes 22

 Institutional Learning and Improvement 23

SECTION III. FINDINGS, COMMENDATIONS AND RECOMMENDATIONS 24

 Findings 24

 Commendations 25

 Recommendations 26

SECTION I. OVERVIEW AND CONTEXT

A. Description of the Institution and Visit

The American University of Health Sciences (AUHS), located on six acres in Signal Hill, CA, was founded in 1994 as a Christian-based, private, for-profit postsecondary institution with a mission to educate underrepresented students in the healthcare profession. AUHS is a minority-owned and minority-serving institution that offers three degree programs: the Bachelor of Science in Nursing (BSN), the Bachelor of Science in Pharmaceutical Science (BSPS), and the Master of Science in Clinical Research (MSCR). As of academic year 2015-16, AUHS enrolled 361 students, with 339 (94%) of those students enrolled in the BSN program, 15 (4%) in the BSPS program, and 7 (2%) in the MSCR program. The American Council for Independent Colleges and Schools (ACICS) has accredited AUHS since 2004, and the institution had its most recent site visit in October 2016, followed by ACICS reaccreditation through December 31, 2019. The Commission on Collegiate Nursing Education (CCNE) has accredited the BSN program since 2011, and the program had its most recent site visit in September 2016, followed by the California Board of Registered Nursing (BRN) site visit in November 2016. AUHS has applied for accreditation with the Transnational Association of Christian Schools and Colleges (TRACS), with a site visit scheduled for June 2017.

AUHS received eligibility from the WASC Senior College and University Commission (WSCUC) in June 2013. In November 2013, a Seeking Accreditation Visit (SAV) 1 was scheduled and occurred from March 31 to April 2, 2015. In June 2015, the Commission received the team report and scheduled a subsequent SAV for spring 2017. The SAV2 team had more opportunity to discuss and plan its inquiry during a preliminary meeting held on April 26, 2017, before the site visit began. Beyond the initial findings based on the institution's report and

supporting documents, the site visit provided the team the opportunity to further understand the personnel changes and organizational improvements made at AUHS since the previous SAV1 in 2015. As with the previous SAV1, there were no off-campus or distance education programs reviewed. At the end of the visit, the team chair presented eight commendations and four recommendations to the president prior to presenting those statements to an assembled group of AUHS faculty and staff.

B. The Institution's Seeking Accreditation Report

Quality and Rigor of the Review and Report

In its action letter dated July 15, 2015, the WSCUC Commission indicated it had determined that AUHS was in compliance with Standard 1. As such, the SAV2 visit and report focused on specific Criteria for Review (CFR) under Standards 2, 3, and 4. The team found that the report was well organized around the three Standards and specific CFRs. The report included synthesis and reflection components that captured AUHS-identified important issues for each of the three Standards addressed. Areas of strength and improvement demonstrated the institution's greater understanding of the quality and effectiveness of its data gathering systems. Although the initial institutional attachments were relevant at the time of the report's submission, during the visit the team requested additional materials in order to have the most current and decisive information possible. Additional material requests included the most recent accreditation letters from ACICS, CCNE, and the BRN; a listing of senior personnel changes with service dates; board members and affiliations; number of international students; number of students receiving Title IV financial aid; and several examples of rubric-evaluated student work evidencing direct assessment methods.

Nine AUHS writing teams, including a team for each of the three Standard subsections, drafted the seven institutional report sections. From faculty and staff to students and the Board of Trustees, the team found that there was widespread knowledge and participation in the report's development. After a year of submitting multiple accreditation reports followed by site visits and a recent change in the senior leadership team, all the while maintaining a culture of quality teaching and learning for its students, the team affirmed and applauded AUHS for addressing the issues and concerns raised by the Commission. Through its SAV2, AUHS demonstrated a campus-wide effort in successfully grasping and responding to the direction of the Commission's recommendations.

C. Response to Issues Raised in Past Commission Letters

Standard 2: Achieving Educational Objectives through Core Functions

1. *The establishment of an institutional identity that will lend a common coherence and meaning to all AUHS degrees. (CFR 2.2)*

During the SAV1 visit, the team found that while student learning outcomes (SLOs) were clearly stated, standards of performance for institutional learning outcomes (ILOs) and their relationship to program and course outcomes were unclear. During the SAV2 visit, the team found that the between course and program learning outcomes were better clarified and aligned with the ILOs—ILOs that reflect the institution's mission and purpose. AUHS's identity, one that is grounded in Christian values, exists in a less formalized manner in its academic programs than it does in its co-curricular counterpart units. Unifying these two practices (informal and formal) will allow for better cohesion and meaning of the AUHS degrees.

2. *The development and implementation of systems to assess student learning and review programs. (CFR 2.3, 2.4, 2.5, 2.6, 2.7)*

During the SAV1, the team found little evidence of faculty's responsibility for the assessment of student learning. During the SAV2, the team found that with the support of institutional research, a series of program-specific rubrics have been developed and are being used by faculty to assess student learning and the alignment of the ILOs to academic program learning outcomes as well as the advising and information technology offices and the library. The nursing program has started using institutional rubrics to directly assess student learning apart from grades and examination pass rates. And while faculty are more engaged in the assessment cycle, opportunities remain to increase active faculty participation in developing and implementing assessment tools and processes. Lastly, AUHS has a clear academic program review process that includes a self-study report and external reviewers and all degree programs have since completed a program review.

3. *Expectations for creative activity, curricular and instructional innovation, and service. (CFR 2.8, 2.9)*

During the SAV1, the team found that it was not clear how AUHS promoted linkages among teaching, the assessment of student learning, and service. During the SAV2, the team found that the annual faculty evaluation process includes the areas of scholarship, teaching, and service. While the Systematic Evaluation and Assessment Program plan evidences an institutional commitment to support the linkages, there remains room for improving the assessment strategies and results that are identified by standalone categories versus the more comprehensive linkages among them.

4. *Evidence that student data are disaggregated by demographic categories and used to improve student achievement.* (CFR 2.10, 2.11, 2.12, 2.13)

During the SAV1, the team found that while students described AUHS as a "caring learning environment," satisfaction surveys focused more on classroom needs than on the broader campus climate, and informal practices existed for evaluating student services. During the SAV2, the team found that AUHS distinguished itself again through the diversity of its faculty, staff, and students. The Center for Academic Success has been expanded to support students in areas of greatest need. The Student Satisfaction Survey, previously focused on classroom activities, has been significantly revised and includes items that collect information useful for each area of student services. While AUHS has made significant improvements to the type and quality of support services available to students, given the unique needs of its students, the institution will want to further disaggregate and analyze its data by demographic categories in order to improve student success and achievement.

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

1. *Funding for professional development.* (CFR 3.3)

During the SAV1, the team found that faculty and staff development opportunities were unreliable and that workload may be limiting pursuit of those opportunities. During the SAV2, the team found consistent and generous professional development opportunities for faculty and staff, both external and internal to the institution. Additionally, AUHS reimburses its employees for required professional licensing expenses.

Fiscal, Physical, and Information Resources

2. Faculty and student access to information resources. (CFR 3.5)

During the SAV1, the team found that access to information resources for faculty and students was not comparable across all programs, including general education. During the SAV2, the team found that faculty and students have comparable access to a modern library with extensive online medical research databases and JSTOR (short for Journal Storage) and EBSCO (short for Elton B. Stephens Co.) databases for general education research. Students and faculty also have comparable access to a learning management system to support their courses and high-speed wireless internet is available throughout the campus.

3. AUHS leadership. (CFR 3.6, 3.7, 3.8, 3.10)

During the SAV1, the team found potential conflicts of interests within the senior leadership team and that key position vacancies needed to be filled as soon as possible. Additionally, the faculty's role in academic leadership could be strengthened. During the SAV2, the team found that the institution's efforts in these areas have proved encouraging. The previous interim president worked closely with the faculty senate to write a strategic plan and to build a university-wide assessment plan. The newly appointed president has assembled a dynamic executive council that includes a qualified chief financial officer and a skilled chief operating officer.

Standard 4: Creating and Organization Committed to Quality Assurance,

Institutional Learning, and Improvement

1. Quality assurance processes. (CFR 4.1, 4.2)

During the SAV 1, the team found that only the BSN program employed quality assurance processes to inform improvement efforts. During the SAV2, the team found that quality assurance processes have been expanded and applied across the entire institution. AUHS has staffed its office of institutional research and assessment with a director who has been instrumental in building a framework to generate and analyze data that informs planning and decision-making. As AUHS expands its programs, capacity and workload of the institutional research office will need to be addressed for long-term sustainability and effectiveness.

2. *Data-driven decision-making.* (CFR 4.3-4.7)

During the SAV1, the team found little evidence of broad stakeholder involvement in assessment and strategic plan implementation processes. During the SAV2, the team found that findings from the assessment of student learning were being used to evaluate program effectiveness, and that in meeting the needs of AUHS students stakeholders indicated involvement in the strategic planning process and/or knowledge of the strategic plan. AUHS also provided the team with updated surveys and collected survey data, as well as examples of review and use of survey data. There are clear examples of ongoing inquiry into teaching and learning in order to improve curricula, pedagogy, and assessment, and an exemplary plan was put in place to reward and engage part-time faculty in ownership of the general education curriculum and student success. While emerging, more formalized linkages among creative and scholarly activities, teaching, assessment, student learning, and service will be needed going forward.

SECTION II. EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC'S STANDARDS AND IDENTIFIED CFRs FROM PRIOR SEEKING ACCREDITATION VISITS

Standard 2: Achieving Educational Objectives through Core Functions

The institution achieves its purposes and attains its educational objectives at the institutional and program level through the core functions of teaching and learning, scholarship and creative activity, and support for student learning and success. The institution demonstrates that these core functions are performed effectively by evaluating valid and reliable evidence of learning and by supporting the success of every student.

The team found that AUHS demonstrated evidence of compliance with Standard 2 at a level sufficient for Initial Accreditation. Only the Commission is authorized to make the final determination as to whether or not an institution is in compliance with the Standards. The team found that the core principal of Standard 2 was understood and articulated as it applies to relevant operations. Additionally, AUHS evidenced thorough and widespread implementation of structures and processes with a sustainable commitment to Standard 2.

Teaching and Learning

Each AUHS program has clearly-defined admission and pre-requisite knowledge requirements. The BSN program materials describe the level of student achievement necessary for graduation and eligibility to sit for the National Council Licensure Examination (NCLEX). The BSPS program has clearly-defined admission and pre-requisite knowledge requirements also. The MSCR program requires a successful thesis as a level of achievement necessary for graduation. The process for thesis preparation, academic committee member roles, and public

presentation of the research is clearly described. The institution has a clear mission statement that defines five key pillars: scholarship/research performance, cultural competence/diversity, critical thinking, social responsibility/service, and Christian values (defined as love, justice, caring, respect, and advocating for client-patient needs and rights).

Although many AUHS materials describe the institution's identity through Christian values, this emphasis does not appear as formalized within the curriculum and the meaning, quality, and integrity of the degrees. However, evidence exists that informal methodologies are utilized to ensure the infusion of the stated Christian values. Many faculty characterize their teaching as having an underpinning of Christian values, and the team found that the students were able to articulate how that underpinning is infused into how they learn to care for patients and their families, colleagues, and the communities they serve. Additionally, the team found strong and commendable expectations of Christian values demonstrated in the co-curricular activities. (CFR 2.2)

Five ILOs and the associated standards of performance are described in university documents, including the catalog, student, and faculty and staff handbooks. The ILOs have been aligned with each academic program's learning outcomes (PLOs) and the process is underway to align ILOs and PLOs with the advising, library, and information and technology support units. Standards of performance, as defined by academic course grades, are described in the BSN, BSNS and MSCR course syllabi and in university publications. The MSCR thesis project coursework (MSCR 699A, 699B, and 699C) is referenced in the university catalog, and the guidelines for the thesis process are described in a separate document. (CFR 2.3)

With the support of institutional research, a series of program-specific rubrics have been developed and are being used by faculty to assess the alignment of the ILOs to the PLOs and CLOs. Based on faculty interviews and a review of the School of Nursing (SON) meeting minutes, the team found evidence, of the faculty role in establishing the learning outcomes at the program level. For the BSN program, rubrics are available to assess knowledge application and integration; knowledge synthesis and utilization; leadership, interdisciplinary collaboration, and communication skills integration; healthcare policy analysis; values-based nursing practice (ethical, legal, and moral integration); and Christian values. Since the last visit, SON faculty are more engaged in the process to develop and revise assessment strategies for ILOs and PLOs beyond pass rates on the NCLEX and are being encouraged and supported by the institution to continue that trajectory. (CFR 2.4)

The ILOs and PLOs are also present for the MSCR program. However, due to the size of the program and a hold on admissions until a program enrollment plan can be aligned with the institution's accreditation status, there was limited information on the BSPS faculty role in assessing PLOs or ILOs. When ready to expand, the program is positioned to use program-specific rubrics to assess critical thinking; retrieving, assessing and using information; oral communication; written communication; logic; cultural competency; Christian values; drug development and drug delivery systems. Additionally, given its unique mission, AUHS is encouraged to effectively share its ILOs and PLOs with external stakeholders to create a rich opportunity to invite feedback and advocate the hiring of AUHS healthcare profession graduates. (CFR 2.4)

In addition to the materials reviewed prior to the visit, the team collected feedback on the nursing and general education programs during the student meeting. Feedback was consistently positive, with students emphasizing the quality of the faculty, the caring behaviors exhibited by AUHS faculty and staff, and appreciation for receiving the chance to succeed. For students with prior healthcare experience, challenge exams are available for appropriate placement in the BSN program. Students reported that they are offered multiple opportunities to practice and apply their learning in order to meet appropriately high standards of performance. Faculty individualize instructional efforts, and the use of various nursing clinical evaluation forms, provide students with timely, focused, and constructive feedback directed towards improved learning and performance. (CFR 2.5)

The BSN, BSPS, and MSCR programs all use multiple strategies to collect student feedback via mid-term and end-of-term course and instructor evaluations, a student satisfaction inventory, an alumni survey, and a graduating student exit survey. In addition, the nursing program uses clinical site, preceptor, instructor, and student clinical evaluation forms. (CFR 2.6)

Since the last visit, the institution has improved its processes to evaluate the accomplishment of the stated ILOs through the developed rubrics. The nursing program uses student performance on the NCLEX as the summative measure of student achievement and has also started using PLO rubrics to assess students' knowledge application and integration; knowledge synthesis and utilization; leadership, interdisciplinary collaboration, and communication skills integration; healthcare policy analysis; values-based nursing practice (ethical, legal, and moral integration); and Christian values. The BSPS program uses the summative rubrics to measure student achievement of ILOs, program-specific rubrics to assess

critical thinking; retrieving, assessing and using information; oral communication; written communication; logic; cultural competency; Christian values; drug development and drug delivery systems. (CFR 2.6)

The MSCR program requires a thesis as the summative measure of student achievement and uses rubrics to assess student accomplishment of PLOs of applied knowledge in biostatistics, epidemiology and health sciences into clinical and translational research; demonstrate knowledge and skills in evidence-based clinical and translational research; apply ethical, legal, regulatory codes and professional standards in a culturally-sensitive manner into the conduct of clinical and translational research; and develop and implement innovative therapeutic interventions contributing to the promotion of community health and health care. (CFR 2.6)

AUHS has a clear academic program review process that includes a self-study report and external reviewers. The BSPS and MSCR program were reviewed in 2015, and the BSN program hosted a successful CCNE visit in 2016. There is a schedule for subsequent program reviews extending from 2017 into 2020. (CFR 2.7)

Scholarship and Creative Activity

AUHS is a small institution with 43 faculty members. There are clearly defined expectations for faculty research and scholarship in the promotion guidelines and defined benchmarks for faculty teaching as measured by the mean scores on the mid-term and end-of-term course and instructor evaluation forms. The annual faculty evaluation process includes the areas of scholarship, teaching, and service, along with the value of a terminal degree and years of experience. Each faculty member signs a doctrinal statement pledging support of the institution's Christian mission. The Faculty Handbook states that full-time faculty are expected to participate

in 100 hours of community service each academic year that are “in concert with the mission, goals, and outcomes of the university.” Each faculty member is afforded up to \$1,000 towards professional conferences and presentations annually, which may be used to further creative activity or curricular and instructional innovation. Additionally, the institution contributes \$5,000 a year for faculty pursuing a terminal degree. (CFR 2.8)

Expectations for student research, scholarship and creative activity are defined in the progression policies for the three programs, described as graduation requirements in the catalog. BSN students are required to pass the Assessment Technologies Institute (ATI) exit examination with a 76% or higher, and are reviewed by a faculty committee to determine whether they are adequately prepared to sit for the NCLEX. BSPS students must complete all their coursework with a passing grade, present at a professional conference, complete their required service hours, and develop a professional work portfolio. (CFR 2.8)

Although the Systematic Evaluation and Assessment Program (SEAP) plan is described as demonstrating the importance of linkages among creative and scholarly activities, teaching, assessment student learning and service, the plan lists assessment strategies and results for each individual category versus the linkages among them. AUHS has an opportunity to find added value in the plan with more formalized linkages. (CFR 2.9)

Student Learning and Success

AUHS rightly prides itself on the diversity of its faculty, staff, and students. Going forward, AUHS will want to disaggregate and analyze its institutional data by demographic categories and use the findings to improve student success and achievement. AUHS is beginning to utilize institutional benchmarking and analysis against peer institutions, in addition to the

long-standing overall analysis of NCLEX pass rates. Given the unique needs identified for the institution's students, as part of planned program expansion and growth, the routine analysis of student performance data by race, ethnicity, gender, age, disability status, and religious affiliation, will assist AUHS to further support its students with the services and programs needed for success. (CFR 2.10)

Since the last WSUSC visit, AUHS has made significant improvements to the type and quality of support services available to students. The Center for Academic Success has been improved and services have been expanded to support students in areas of greatest need. The Student Satisfaction Survey, previously focused on classroom activities, has been significantly revised and includes items that collect information useful for each area of student services. Results are communicated to all stakeholders including students, and improvements are made in response to this feedback. Students, staff and faculty described a systematic approach to evaluating student readiness during the admission process and providing them with academic plans to begin bolstering their skills prior to and after starting their programs. In addition they provide student mentors and tutors to aid applicants and students in improving skills such as time-management and study-habits as well as gaps in academic skills and knowledge base. (CFR 2.11)

The University Catalog provides information about the requirements of each academic program, costs, time to completion, and other relevant academic requirements. Students in the nursing program report that they understand very well which courses they will be taking each term during their program. Nursing students reported that the next term's schedule of classes is not always available until days before the start of the term, and their clinical locations are often

changed at the last moment. A system for timely notification of student course and clinical schedules should be developed to avoid hindering the non-traditional student's ability to balance other critical responsibilities that may interfere with successful program completion. It is also essential to ensure that as the university adds new programs, there is a plan in place to offer all courses with a frequency that facilitates timely program completion for each full-time student. (CFR 2.12)

Many key decisions about academic and student support services are based on the results of the revised Student Satisfaction Survey. While space limitations result in smaller spaces for the nursing skills laboratory, test taking in the library, and services that span across various offices, students report satisfaction with the classroom and skills laboratory improvements. The new and improved Center for Academic Success (previously the Office of Academic Support) includes a tutoring center that is meeting the needs of AUHS's diverse students. The mission of AUHS to develop and educate traditionally underrepresented students, usually less academically prepared, facilitates the need for strong academic support systems. Routine evaluation, with a role for faculty contributions, is crucial to ensure that academic support units are meeting students' needs. (CFR 2.13)

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

The institution sustains its operations and supports the achievement of its educational objectives through investments in human, physical, fiscal, technological, and information resources and through an appropriate and effective set of organizational and decision-making structures. These

key resources and organizational structures promote the achievement of institutional purposes and educational objectives and create a high-quality environment for learning.

The team found that AUHS demonstrated evidence of compliance with Standard 3 at a level sufficient for Initial Accreditation. Only the Commission is authorized to make the final determination as to whether or not an institution is in compliance with the Standards. The team found that the core principal of Standard 3 was understood and articulated as it applies to relevant operations. Additionally, AUHS evidenced thorough and widespread implementation of structures and processes with a sustainable commitment to Standard 3.

Faculty and Staff

AUHS documented a faculty development program that is financially supporting faculty to attend and participate in offsite conferences and professional development activities. Additionally, the institution hosts a significant number of onsite development opportunities, particularly for nursing faculty, to obtain required continuing education units; staff annual evaluation forms provide an area to identify continuing education needed in the upcoming year also. AUHS reimburses its faculty and staff for required professional licensing costs, and the financial aid director detailed appropriate involvement in professional development to remain updated on the complex and changing regulatory environment. The chief operating officer has approved all staff professional development requests over the past year, and detailed financial data reviewed indicated funding for faculty and professional development activities at an appropriate level. (CFR 3.3)

Fiscal, Physical, and Information Resources

Audited financial statements were reviewed for fiscal years ending December 31, 2013, 2014, and 2015. The reports show consistent revenue and positive net income. Unaudited results for the year ending December 31, 2016 were also reviewed and showed consistent positive performance to prior years. The institution has made significant investment in recent years in new program development as well as increasing resources to the library and the Center for Academic Success, which provides academic tutoring support to underperforming students. (CFR 3.4)

The nonresidential university is housed in a contemporary stand-alone office building with excess capacity for program expansion including ample parking. New independently owned multi-family apartments are under construction across the street from campus. Additional significant vacant land also exists around the campus that could be acquired to support long-term growth of the institution. Students attend classes and laboratories in clean and well-maintained interior spaces with modern furniture and technology. The institution is nearing completion of a new administrative office space and has additional plans for expansion into available adjacent space as needed for programmatic growth. The relocation of academic office space will make way for expanding classrooms and laboratories for the nursing program. Faculty and students have access to a modern library with appropriate physical resources given the enrollment size and access to extensive online medical research databases and JSTOR and EBSCO databases for general education research. Faculty provide input to the library quarterly for new physical volumes needed to support their courses. The institution issues computers to all faculty and maintains an appropriately sized computer laboratory for student use. Students and faculty have

access to a learning management system to support their courses and high-speed wireless internet is available throughout the campus. (CFR 3.5)

Organizational Structures and Decision-Making Processes

Over the last four years, AUSH has experienced a period of tumultuous leadership. Since the last SAV1 visit, the university has had a total of three presidents, three provosts, two chief financial officers, two chief operating officers, and three nursing school deans. While this may have proved difficult for an institution to develop a sustained academic vision, grow new programs, or achieve its strategic objectives, AUHS faculty and staff persisted and continued to steady the institution. Additionally, over the past 12 months, and with the direction and support of the then interim president, AUHS hosted five rigorous accreditation visits, all resulting in positive outcomes. (CFR 3.7)

In early 2017, three highly experienced and appropriately qualified academic leaders were sought and hired by the institution. The newly appointed president has assembled a purposeful executive council to support her vision and expertise. An actively licensed certified public accountant with over 20 years of professional experience was hired as the chief financial officer. And while not new to the institution, the current chief operating officer has brought knowledge and skill to the position. In a very short period of time, the new leadership team has unified the campus, stabilized the university's culture, and focused its efforts on a highly aggressive and attainable strategic plan. (CFRs 3.6, 3.8)

Feedback from the faculty, staff, and students was overwhelmingly positive due to the dynamic atmospheric changes provided by the new administration and a vote of confidence by the board to support and sustain this new leadership team—a team poised to meet both the academic and financial rigors of the next decade. With the addition of several key members, the

board has augmented its academic focus and its ability to solicit and garner external funding. The new and highly proficient leadership group shows great promise and student feedback related to university leadership was overwhelmingly positive. Comments during the visit included "amazing and accessible" professors and administrators, and personalized quality service. (CFR 3.6, 3.9)

Equally impressive is the revitalized faculty senate. The recent interim president, who is also a founder of the university, worked closely with the faculty senate and board to recruit and select the new academic team, to write a strategic plan and to build a university-wide assessment program which has already brought about significant positive changes on campus (CFR 3.10).

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

The institution engages in sustained, evidence-based, and participatory self-reflection about how effectively it is accomplishing its purposes and achieving its educational objectives. The institution considers the changing environment of higher education in envisioning its future. These activities inform both institutional planning and systematic evaluations of educational effectiveness. The results of institutional inquiry, research, and data collection are used to establish priorities, to plan, and to improve quality and effectiveness.

The team found that AUHS demonstrated evidence of compliance with Standard 4 at a level sufficient for Initial Accreditation. Only the Commission is authorized to make the final determination as to whether or not an institution is in compliance with the Standards. The team found that the core principal of Standard 4 was understood and articulated as it applies to relevant operations. Additionally, AUHS evidenced thorough and widespread implementation of structures and processes with a sustainable commitment to Standard 4.

Quality Assurance Processes

Quality assurance processes, including direct and indirect assessment measures, have been expanded and applied across the entire institution. AUHS employs a director of institutional research and assessment who has been instrumental in building a framework for generating and analyzing assessment data at the course, program, and institutional levels. The institution has the capacity to generate and analyze data to inform planning and decision-making in its current state. However, based upon interviews with stakeholders at all levels of the institution, including the director of institutional research and assessment, the AUHS institutional research and assessment functions appear to be at capacity, with the director being solely responsible for all data analyses. The team recommends that as AUHS expands its programs, the institutional research and assessment functions undergo a formal review to ensure its capacity for providing suitable data for institutional effectiveness and as noted in Standard 2, to incorporate more fully the role of faculty in the assessment process. (CFR 4.1, 4.2)

Defined objectives within the strategic plan indicate appropriate review and insight into areas of opportunity for improvement and defined key performance indicators as measures of success. Institutional strategic objectives 1.1, 1.4 and 1.5 describe the need to “revise key performance indicators,” “enhance institutional effectiveness and assessment processes to gather a higher level of data to support decisions and improvements,” and “implement enhanced systems for data-driven decision-making” (*AUHS Strategic Plan 2017-2019*, p. 23). In addition, objective UW4 indicates the need to “expand business intelligence and analytics for University reporting” (p. 26) Usage of the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis (pp. 33-39) and subsequent articulation of these objectives provide evidence of institutional insight into the need for further development in this area. (CFR 4.1, 4.2)

Institutional Learning and Improvement

AUHS provided the team with updated surveys and collected survey data, as well as examples of review and use of survey data. For example, a recently improved Student Satisfaction Survey coupled with results of learning outcomes were utilized to design the comprehensive Student Success Center based academic support and tutoring program that systematically identifies individual applicants and learners at the point of need, and facilitates access to appropriate plans for improvement. Findings from the assessment of student learning is then used to evaluate program effectiveness in meeting the needs of AUHS students. In addition, university stakeholders interviewed at all levels were able to speak to these services, how to access them, their use, and their value. (CFR 4.3)

There are clear examples of ongoing inquiry into teaching and learning in order to improve curricula, pedagogy, and assessment (e.g., expanded programs and improved practices in the Student Success Center) and noted improvements in sequencing, alignment with programs, and faculty investment in general education. An exemplary plan was put in place to reward and engage part-time faculty for ownership of the general education curriculum and student success. Part-time faculty developed sub-committees and re-sequenced courses in order to facilitate progressive learning, and re-created a general education common core for all programs. Part-time faculty attend weekly meetings and regular in-service opportunities, serve on the four standing university level committees, participate in the ongoing assessment of the general education coursework, and now hold office hours to assist the students through their general education studies in uniquely assigned offices on-campus. AUHS has inspired and developed a level of engagement generally seen only in full-time faculty. How the institution promotes linkages among creative and scholarly activities, teaching, assessment, student learning, and

service is less developed. More formalized linkages would be of value to the institution in its ability to expand programs while ensuring quality in these areas. (CFR 4.4)

The team conducted interviews with stakeholders at all levels of the institution who indicated involvement in the strategic planning process and/or knowledge of the strategic plan. The strategic plan outlines the strategic planning process, approach, and key performance indicators; and indicates the institutional learning outcomes as core to the strategic plan. (CFR 4.5, 4.6)

AUHS's mission and purpose are centered on responding to needs within the higher education environment. The institution answers a unique calling by educating underrepresented students to fill a Christian-based niche—one that brings needed care to underserved populations. The strategic plan outlines how the institution intends to expand in response to the ongoing and emerging needs of these communities. In order to ensure ongoing responsiveness to the communities it serves, it will be important for AUHS to systematize its policies and practices such that scaling with quality is ensured. The strategic plan points to the institution's intention to do so. (CFR 4.7)

SECTION III. FINDINGS, COMMENDATIONS AND RECOMMENDATIONS

Findings

Following the last SAV1 review, the Commission found that AUHS was in compliance with Standard 1 sufficient for Initial Accreditation. For the focus of the SAV2 visit, the team found AUHS maintained compliance with Standard 1 and was in compliance sufficient for Initial Accreditation with Standards 2, 3, and 4. Only the Commission is authorized to make the final determination as to whether or not an institution is compliance with the Standards. The

team found that AUHS understands and clearly articulates the core principles and intentions of each Standard as it applies to relevant operations, and that there is thorough and widespread implementation of structures, processes, and forms that operationalize the CFRs with evidence of sustainable commitment. Below are the salient commendations and recommendations with areas for continued improvement noted by CFR in the recommendations.

Commendations

1. Integral to AUHS's mission, the team commends the institution for its steady and ceaseless community service contributions through events such as the Acts of Love and the Easter washing of the feet.
2. The team commends the institution for its thoughtful and dedicated work in meaningfully integrating the general education core into the BSN and BSPS curricula and in recognizing and supporting the adjunct faculty role in the process.
3. The team commends the institution in improving its assessment planning and implementation processes to include three program reviews, detailed curriculum maps, and the concerted support from the institutional research office.
4. The team commends the institution for making significant improvements to the scope, effectiveness, and reach of the student support services offered through the Center for Academic Success.
5. The team commends the institution for providing its students with quality learning resources to include the classrooms, learning laboratories, library, and information technology.

6. The team commends the president for her transformational leadership in creating a campus climate and culture that is recognized and celebrated by all segments of the campus.
7. The team commends the president's core leadership team—to include the provost, chief operating officer, and the chief financial officer—and their high qualifications, experience, and dedication to the institution.
8. The team commends the institution's proactive support and encouragement of the Board of Trustees' growth and ongoing development.

Recommendations

1. The team recommends that the institution devote time and energy in defining, operationalizing, and seamlessly embedding its stated Christian values into the academic curriculum. (CFR 2.2)
2. The team recommends that the institution better support its faculty in the ownership of summative student learning assessment beyond the use of test scores and examination pass rates; and that faculty focus on individual student learning outcomes through a systematic and regular review of disaggregated student data that best serves the needs of AUHS students. (CFRs 2.3, 2.4)
3. The team recommends that AUHS sustain consistent long-term executive leadership to ensure institutional effectiveness. (CFRs 3.1, 3.6, 3.8)
4. The team recommends that as AUHS expands its programs, the institutional research and assessment functions undergo a formal review to ensure the capacity to provide suitable data for institutional effectiveness.

(CFR 4.2)