REPORT OF THE WSCUC TEAM

For Reaffirmation of Accreditation of

UNIVERSITY OF ST. AUGUSTINE HEALTH SCIENCES

MARCH 27-29, 2019

In Partial Fulfillment of the Requirements for Reaffirmation of Accreditation

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A. Description of Institution and Reaccreditation Process

The University of St. Augustine for Health Sciences (USAHS) is a for-profit institution founded by Dr. Stanley Paris. Today, university enrollment is approximately 2900 students and has more than 100 core faculty and approximately 400 contributing faculty serving five campuses. The main campus is located in San Marcos, CA, with four branch campuses located in St. Augustine, FL (the inaugural campus), Miami, FL, Dallas, TX, and Austin, TX.

USAHS offers 13 academic health science degree programs—taught solely at the graduate level, and offered either in a fully online or in hybrid/blended modalities. The offerings are as follows:

First Professional Programs:

Doctor of Occupational Therapy (OTD)
Doctor of Physical Therapy (DPT)
Doctor of Physical Therapy Flex (DPT Flex)
Master of Occupational Therapy (MOT)
Master of Occupational Therapy Flex (MOT Flex)

Post Professional Programs:

Doctor in Education (EdD)
Doctor of Health Science (DHSc)
Doctor of Nursing Practice (DNP)
Master of Nursing (MSN)
Master in Health Administration (MHA)
Master in Health Science (MHS)
Post-Professional Doctor in Occupational Therapy (PPOTD)
Transitional Doctor in Physical Therapy (tDPT)

USAHS maintains its commitment to excellence both in new program development and to quality assurance in current programs. This commitment to quality is reflected in the programmatic accreditations earned and maintained by USAHS programs. The following table reflects current and in-process programmatic accreditations:

Program	Programmatic Accreditor
Doctor of Physical Therapy	Commission on Accreditation in Physical Therapy Education (CAPTE)
Master of Occupational Therapy Doctor of Occupational Therapy	Accreditation Council for Occupational Therapy Education (ACOTE)
Master of Science in Nursing Doctor of Nursing Practice	Commission on Collegiate Nursing Education (CCNE) [in process for DNP]
Master of Science in Speech Language Pathology	Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) [candidacy awarded July 2018]
Master of Science, Physician Assistant Studies	Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) [in process]
Residency & Fellowship (post- professional residency and fellowship education; noncredit)	American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE)
Continuing professional education (noncredit; CEUs awarded)	International Association for Continuing Education and Training (IACET)

In addition to professional/programmatic and regional accreditation, USAHS completed a rigorous assessment by B Lab®, an independent non-profit organization that serves as a global movement of people using business as a force for good, and became a Certified B Corporation®.

INSTITUTIONAL HISTORY

Dr. Stanley Paris, PT, PhD served as Founding President and Chancellor until his retirement in 2007. Today, University of St. Augustine for Health Sciences has grown to become the nation's largest graduate-level physical and occupational therapy school.

In 1966, Dr. Paris began teaching continuing professional education (CPE) courses and seminars to physical therapists. In 1979, he founded the Institute for Physical Therapy, offering the MScPT degree, in Georgia. The Institute was later renamed the Institute of Graduate Health Sciences, and moved to St. Augustine, FL, in 1985 and launched a Master of Physical Therapy (MPT) program. This MPT program was the first professional degree in physical therapy to be offered by an independent, proprietary school of physical therapy and received Commission on Accreditation in Physical Therapy Education (CAPTE) accreditation in 1996 (a date often referred to as the beginning of University of St. Augustine for Health Sciences).

In 1997, the organization was named the University of St. Augustine for Health Sciences (USAHS). Soon thereafter, the university purchased a small private hospital on an adjoining twenty-six acres of land at the Flagler Health Park Campus in St. Augustine, thus creating the university's current St. Augustine campus.

WSCUC received the USAHS application to apply for accreditation on June 22, 2012. Eligibility was granted on August 31, 2012 for 4 years until August 31, 2016. As an institution already accredited by a United States Department of Education-recognized accreditor, USAHS was approved to

pursue accreditation under the accelerated process known as Pathway B. During the process of WSCUC eligibility, USAHS became part of the Laureate International Universities network (November 2013).

In June 2014, the Commission acted to grant initial accreditation for 5 years and scheduled the next comprehensive review with an Offsite Review in fall 2018 and an Accreditation Visit (AV) in spring 2019. An interim report was scheduled for spring 2016 to be focused on the transition to Laureate ownership and a Mid-Cycle Review was scheduled in spring 2017.

In February 2019, USAHS returned to becoming a freestanding, private for-profit university as opposed to being part of a larger system, when ownership was transferred to Altas Partners. This transfer of ownership was the focus of a Substantive Change Visit and a primary Line of Inquiry for this on-site visit, and will be revisited this summer.

INSTITUTIONAL MISSION

The academic focus of the university has evolved and expanded from its original singular focus on rehabilitative science to include other health sciences degrees. However, its original commitment to being solely a graduate-level degree-granting entity has been and continues to be a major identifier of the university. Throughout USAHS history and regardless of ownership (sole ownership by Dr. Perris, followed by Laureate International Universities network, and now Altas), two things have not varied: (1) focus on excellence in health sciences education, and (2) operating at the highest levels of integrity (CFR 1.8).

The WSCUC visiting team found evidence from USAHS written material and by means of extensive interviews with students, faculty and staff on the main campus and two branch campuses that the following institutional mission, vision and values are being promoted and incorporated into the graduate culture of the campus.

Mission Statement
The development of professional health care practitioners through innovative, individualized and quality classroom, clinical and distance education.

Vision Statement
To be the leading international university in innovative health sciences education.

USAHS Core Values
- Students first
- Professionalism
- Promoting excellence and innovation in education
- Collaboration
- Integrity
- Health and wellness
- Responsiveness
- Creative and critical thinking

B. Description of Team's Review Process

The team review process followed the WSCUC standard operating procedures. The team was selected by WSCUC staff and given the opportunity to meet for training at the WSCUC offices in Alameda, California. Team members were assigned primary and secondary evaluation and writing assignments. Team conference calls took place prior to the OSR to discuss preliminary findings and potential lines of inquiries. The Team Chair called the CEO and President of USAHS to introduce the team and to review the schedule and process to follow. USAHS leadership indicated appreciation for the WSCUC process and provided assurances of transparency and cooperation. The team began the OSR on November 12, 2018 and continued on November 13, completing its Lines of Inquiry and generating a substantial list of additional data requested to complete its preparation for the AV to the main and branch campuses.

The completed Lines of Inquiry and requests for additional materials were communicated to USAHS leadership via the OSR conference call with the USAHS leadership. During the following months, the team interacted with numerous intra-team emails and a pre-visit team phone conference. The team chair visited the St. Augustine, FL branch campus on March 7, 2019, and Lori Williams and

Eric Kirkland visited the Austin, TX branch campus on March 14, 2019. Unfortunately, after the OCR, the team assistant chair, Dorothy Perry, was injured in an auto accident and was not able to continue her involvement with the team. At that time, JoAnn Carter-Wells agreed to assume the role of team assistant chair.

During the OSR the team identified nine Lines of Inquiry for the AV that are derived from the institution's report. In addition, this document included questions or issues the team discussed during the Offsite Review (OSR) that were pursued during the visit.

As the team reviewed documents provided by the institution, it became clear that in addition to developing Lines of Inquiry for the site visit, there were a number of aspects of the report that deserved special commendations (see the following):

Institutional Report Commendations

- The university responded positively and achieved significant changes suggested in previous WSCUC recommendations.
- The institution's strategic plan is comprehensive and indicates intention to train practitioners to underserved populations and to meet emerging needs. Planning continues to emphasize service learning, and provides options for post-professional education. Data has been thoroughly researched using many indicators including geographic healthcare industry parameters.
- The university has adopted health sciences professional accreditation standards as benchmarks for program quality.
- Faculty revision of Doctor of Physical Therapy program is a model of institutional commitment to shared governance and faculty role in curriculum revision, which should become an institutional standard.
- The creation of a Writing Center that serves as meeting the needs of graduate students.
- Commitment to student learning experiences including establishing state-of-the-art simulation laboratories, and training new faculty on the use of innovative technologies.

Lines of Inquiry in Preparation of the AV

In preparation for the AV, the team identified the following lines of inquiry that would guide the focus during the visits.

- Faculty role in governance and operations.
- Institutional commitment to the evolving culture of the institution as a graduate health sciences institution including consideration of faculty workload.

- Update on ownership and hiring campus leadership and how it is affecting the organization.
- Program assessment, evidence of feedback loop and implementation of recommendation with internal and external reviews
- Institutional oversight of clinical instruction and student outcomes.
- Student supervision in clinical settings.
- Location selection criteria.
    o Student, location and clinical education evaluation criteria.
    o Process for matching students with clinics.
    o Relationship and contractual details between the institution and clinics.
- Plans and assessment status of interprofessional education across programs and campuses.
- Student success data and student services for all campuses over all programs (parity of assessment.)
- Evaluation of contract faculty.
- Commitment to healthy earnings before interest tax, depreciation and amortization (EBITDA) cash flow, liquidity and debt balances.
- Institution's plans to service future debt obligations in light of the $185 million loan and the projected large increase in annual sale-leaseback payments. Debt affordability policies.
- Extension of loans to parent decision-making and related debt amortization/write-down over time. Policies around extending loans and their associated treatment (including write- downs).
- Dividend decision-making and related policies. Security provisions on all debt, including covenants and collateral.
- Shared services agreements in relation to market rates for similar services.

During the OSR, the team identified a significant number of additional documents and data to be provided by USAHS before or at the time of the visit to assist in the team's analysis.

C. **Institution's Reaccreditation Report and Update: Quality and Rigor of the Report and Supporting Evidence**

The team appreciated the quality of the USAHS reaffirmation report for being well written, informative, succinct, and supported by appropriate data and exhibits. The team requested numerous additional data and documents. The institution responded courteously and in a timely manner to all requests, and thus, demonstrated cooperation and transparency. (CFR 1.8)

Special words of appreciation are given here for the timely and fully compliant response to requests for additional data provided by the institution.

Component 1: Response to Previous Commission Actions

During its November 2018 meeting, the WASC Senior College and University Commission considered a proposal submitted by USAHS for a Change of Ownership to Altas Partners. After review by the Substantive Change Committee and submission of additional information requested, an on-site visit to the USAHS campus in San Marcos, CA on September 28, 2018 was conducted. The Structural Change Committee endorsed the findings of the Substantive Change Committee panel and referred to the full Commission its recommendation that the Change of Ownership be approved. After deliberation, the Commission acted to approve the proposed Change of Ownership to Altas Partners. Upon closing of the transaction, a required post-implementation visit within six months of implementation is scheduled in July 2019 to address the following recommendations: 1. Ensure that enrollment plans continue to be aligned with the mission and strategic plan. (CFR 3.4) 2. Review the mission statement within 12 months of the transition to ensure it meets the long-term vision and needs of the institution and its constituents. (CFR 1.1, 1.4) 3. Continue to maintain the independence of the board of Directors given the changes in ownership. (CFR 3.9, 4.7)

It is evident that USAHS used the self-study process to respond to previous Commission actions by addressing their primary recommendations:

1. **Development of Board of Directors Membership and Independence**

As reported previously by the Substantive Change visit report, the USAHS board of Trustees has undergone significant revisions in response to WSCUC Commission recommendations. The new USAHS board chair is not an employee of the financial owners and is an independent community leader. The board now consists of 11 members, only three of whom are employees of Altas. The team conducted an extensive interview with the board members and met separately with the three Altas

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representatives to the board. These interviews supported the team's belief that Altas is primarily focused on student success and the enhancement of USAHS's institutional reputation to support their long-range investment plans. Therefore, the team assessment is that the USAHS board is appropriately independent from its owner company.

2. Role and Relationship of CEO and President/CAO

While the administrative flow chart and its titles, at first reading, caused some uncertainty as to chain of command, the team found that the job descriptions are clear, task oriented and the respective responsibilities appear to work well within the USAHS multiple campus culture. The working relationship between the CEO and CAO was observed to be highly successful as measured by institutional growth and faculty and student satisfaction. The faculty expressed strong support for the new president for promoting academic excellence and the CEO is appreciated for her business acumen and transparent communication.

3. Faculty Governance

The new revision of shared faculty governance committee, the University Curriculum and Academic Policy Committee (UCAP), was carefully discussed with various faculty groups at-large and with UCAP leadership. In general, faculty are pleased with the voice they are afforded in campus life and academic decisions. Faculty follow the standards put forth from their professional accrediting bodies, and are free to lead the university's direction in Inter-professional Education (IPE) and faculty development activities.

The distributed campus model sometimes causes challenges, such as in the coordination of meetings (organizers must consider several time zones) and managing branch campus program offerings (which vary by site). There is also uncertainty in which campus and/or individuals are charged with leadership for specific faculty activities. Despite these challenges, the general belief is that faculty voice

is strong and well respected by administration. It was evident from numerous on-site faculty interviews that the faculty are pleased with the maturing governance structure.

4. **General statement about the forthrightness of the communication between WSCUC and USAHS**

   The team was impressed with the openness demonstrated by USAHS when faced with detail-specific questions regarding the financial model put forward by Altas and senior leadership of the institution. Penetrating questions about growth plans, checks and balances for decision-making and the academic frames of reference for being a graduate health science campus were openly discussed. It was the impression of the team that USAHS was forthright and reflective in its interactions with WSCUC.

Component 2: Compliance with the Standards and Federal Requirements; Inventory of Educational Effectiveness Indicators

Standard 1

Institutional Purposes

   USAHS's institutional purposes are unambiguously focused on student success. They state a single focus to be on the student. However, it is clear that "students first" is symbolic of a larger purpose of producing healthcare professionals that are successful and sought-after employees in the medical arts. They seek to produce graduates who are satisfied with their education and chosen disciplines, and who are competent and well known for their excellence in caregiving.

   To achieve their institutional purposes, USAHS - through its Innovation Center and dedicated collaborative faculty - focuses time, energy and fiscal resources to developing advances in pedagogy and andragogy while using technology to enhance learning.

   USAHS's long-range strategic plan outlines their dream: that their university continues to go from a single-purpose rehabilitation sciences program to becoming a comprehensive healthcare university, which may include a medical school and associated schools for the medical professions.

Standard 2

Teaching and Learning

The visiting team confirmed that University of St. Augustine Health Sciences (USAHS) programs are sufficient for the degrees offered. Most educational programs are guided by professional standards of practice. Many programs require licensure exams for employment in the related professions. Where that is not the case, program learning outcomes guide academic rigor and the content is guided by the faculty. The institution appears to have adequate faculty with the requisite experience necessary for the type of courses and degree programs offered. The hiring plans are included in strategic plan and reflect needs in growth areas and job descriptions reflect expertise in a variety of modalities. The comprehensive discipline-based reviews help ensure that CFR criteria are met, academic rigor is pervasive, and the graduate culture is clear. (CFRs 2.1, 2.2, 2.2a, 2.2b)

As of fall 2018, USAHS had 119 core faculty and 410 contributing faculty. Contributing faculty are the strength of the post-professional programs, bringing industry expertise and real-world issues to the classroom. The institution is committed to hiring the best-qualified and diverse faculty for all programs under the new ownership and incorporating team-based approaches and interprofessional education methodologies.

The team found sufficient evidence that suggests that USAHS has paid very close attention to the Standard 2 criteria since receiving WSCUC initial accreditation in 2014 particularly around assessment of student learning at the program level and also to the Commission Action Letter on July 7, 2014. The institution has an assessment infrastructure adequate to assess student learning at program and institution levels. Student learning outcomes are reflected in course syllabi. Institutional learning outcomes (ILOs) are aligned with program learning outcomes (PLOs) and are highly visible on webpages and course syllabi. All programs are subject to systematic program review as well as professional accreditation

review where applicable. At the programmatic outcome level, assessment infrastructure has undergone changes as the institution continues to develop faculty and student friendly ways to provide learning opportunities as well as tracking program and institutional learning outcomes. A challenge is the integration of the assessment methodologies and data tracking procedures on retention, graduation and licensing exam results for both the professional accreditors and the institution as a whole. The DPT pilot study provided a template for blending programmatic accreditors with USAHS assessment imperatives. There is now clear evidence of the inclusion of FLEX/weekend students with assessment, services and modality enhancement. (CFRs 2.3, 2.4)

Scholarship and Creative Activity

USAHS has developed an improved faculty workload model in the past couple years and includes in its policies for faculty promotion and tenure the recognition of scholarship related to teaching, learning, assessment and co-curricular learning and are delineated in the Faculty Handbook. There are faculty job description templates to ensure that job descriptions are consistent across the university and include all expectations for the position, align with the academic rank structure, and allow the flexibility to accommodate specific discipline and/or programmatic accreditor requirements for Core Faculty, Core Clinical Education Faculty and Contributing Faculty. Movement from ownership under Laureate has provided greater flexibility and freedom with developing supporting programs for faculty overall.

The university provides time, resources, and mentorship for faculty scholarship, teaching and service. Faculty development services are available for improvement of teaching and assessment. Research facilities and technology are available to faculty. Service opportunities are encouraged,

disseminated and supported through resources. The university provides grant funding to faculty to facilitate continued research and service participation.

The new Center for Innovative Clinical Practice provides innovative and immersive simulation-based learning experiences. USAHS has an Innovation Steering Committee and a Manager of Simulation Education to provide leadership to this center. There is a very highly successful and popular faculty development program under leadership of an innovative Faculty Development Manager that offers opportunities for training, support and assessment and student feedback loops in online modality through orientation programs, weekly activities, Monday Morning Mentor program, Introduction to Teaching at USAHS classes, live help with Zoom, IRB submissions and Blackboard Collaborate sessions.

USAHS has a strong governance structure with the UCAP, which helps to monitor workload and faculty opportunities for professional development. There is integration with the FLEX program in a variety of ways including faculty parity, etc. In addition, faculty members are encouraged and are provided the support necessary to attend and present at conferences, e.g., WSCUC's ARC. (CFRs 2.8, 2.9)

Student Learning and Success

USAHS has made progress on the disaggregation of data by racial, ethnic, gender, age, economic status, disability and other categories, as appropriate. The programmatic accreditors have established benchmarks on graduation, retention and exam pass rates. The next iteration of focus for USAHS will be to establish internal benchmarks for non-programmatic accredited programs.

The institution encourages co-curricular activities and tracks student participation through professional development requirements. The effectiveness of the co-curricular programs continues to be

investigated to ensure faculty and students appreciate the necessity of assessment while continuing to engage in co-curricular opportunities. (CFRs 2.10, 2.11)

Students are provided multiple opportunities to speak with staff and faculty prior to entering the program to receive information on admissions, degree requirements, course offerings, and costs. Student also attend an interview day where department heads provide information and answer questions about specific programs.

Student have multiple opportunities for additional support services. Tutoring services are provided free of charge to students for the first half of the term and then continue if the student requires them due to academic performance. Tutors are positioned in classrooms after hours to aid during "open lab time" without the need for an appointment. The disability services department is in regular communication with students and faculty about accommodation needs. All financial aid, career counseling, and other student services are available through the internet, in person, and by phone for student consultation. While USAHS delivers programs to meet the needs of diverse student populations, it maintains consistent standards and assessment measures across modalities. Finally, not many transfers occur within or among programs. (CFRs 2.12, 2.13, 2.14)

Standard 3

Faculty and Staff

USAHS maintains a 17 to 20-to-one full-time student-to-faculty ratio, based on standards required by various accrediting bodies under which their programs operate (CFR 3.1). Though faculty demonstrate limited diversity, the team observed the limited talent pool in which the institution recruits.

Fiscal, Physical and Information Resources

USAHS is financially stable, with healthy revenue, income and margins over the past four years (CFR 3.4). Enrollment has more than doubled over that time period, with the expansion of existing programs and introduction of others. Revenue grew 53% from 2016 to 2018, reflecting substantial demand for health sciences programs.

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The university invests in technology and online course development (CFR 3.5). In 2017 and 2018, USAHS deployed $11mm and $14mm of capex, respectfully, (double the depreciation figure)

reflecting real infrastructure investment. Citations of technology, including SafeGait, 34D, Neehr Perfect and Learnscapes indicate the infusion of real-world technology with education practices. New simulation labs have been implemented, which serve to enhance teaching and institutional research. With the continual onboarding of new technology, faculty must be periodically trained in its use to ensure optimal understanding and teaching.

As the university transitions from Laureate to standalone ownership, the addition of significant internal administrative, technical and operational resources is required. USAHS has added tax, insurance, human resources, compliance, legal and procurement resources to date. Certain student information system technology (PeopleSoft) is expected to transition on February 1, 2020 and financial services technology for accounting and reporting are expected to transition by September 2019.

The team commends management on its transition execution and thoughtful forward-looking planning (such as insurance coverage and contingency planning).

Organizational Structure and Decision-Making Processes

Institutional leadership brings substantial experience from outside institutions, in particular, from Florida International University, where Vivian Sanchez (CEO) and Divina Grossman (CAO) served as CFO and Dean of the College of Nursing and Health, respectively. The team found that Ms. Sanchez and Ms. Grossman provide experience, leadership, accountability and high performance in their roles (CFR 3.6 and CFR 3.8). The team has a high degree of confidence in the USAHS management team and their ability to execute on strategic plans.

Ms. Sanchez currently serves as both the CEO and CFO, as the institution finalizes hiring processes for a CFO. Previously, CFO responsibilities were provided by Laureate; under the new ownership structure, a standalone USAHS CFO has been identified and is expected to begin soon (CFR

3.8). A robust budgeting process exists at the institution, with an annual "bottom-up" budgeting process serving to facilitate resource needs, enrollment expectations and hiring expectations at the program level, campus level and institutional level. Given Ms. Sanchez's CFO experience and involvement in financial and budgetary matters, the team has a high degree of confidence in the institution's ability to onboard a new CFO.

The board of directors consists of eleven individuals, three of which are occupied by the ownership group, Altas Partners. Consequently, the majority of board seats are considered independent (eight of eleven). Four governing committees exist at the board of directors level: (1) Governance Committee; (2) Academic and Student Affairs Committee; (3) Finance and Business Operations Committee; and (4) Audit and Enterprise Risk Committee. There is a clear chain-of-command with defined roles and substantial support (CFR 3.7 and CFR 3.9). Specific and robust CEO evaluation process exists, which includes assessment on the following criteria: (1) meets student outcome expectations; (2) meets financial performance expectations; (3) strategic leadership and; (4) organizational leadership. However, no other management review processes were cited by the institution.

Under the new ownership structure, USAHS is owned by Altas Partners. The fund in which the purchase occurred contains 15 additional years, with two one-year extensions. Consequently, the team expects an ownership transition of USAHS to occur within the next 17 years. However, Altas partners communicated their commitment to allowing university managerial autonomy and financial support, should the institution so require. The composition of the board of directors (eight independent directors without ties to Altas) supports this notion (CFR 3.9).

USAHS employs a shared governance structure, evidenced by its UCAP. Though ultimate decision-making occurs at the Board of Directors level, UCAP provides a forum for faculty and other

key Institutional constituents to voice their opinion. UCAP has the right and duty to advise the
Administration and board of the Directors in areas of the university that affect curriculum and academic
policies. UCAP membership is comprised of: (1) representatives from the various geographies (West,
Midwest and East) and campuses; (2) core and contributing faculty in the first and post professional
programs; and (3) Deans and the Chief Academic Officer are ex-officio members. Members serve three-
year staggered terms, such that upon annual elections, no more than 50% of the membership is
replaced/re-elected (CFR 3.10).

Standard 4

Quality Assurance Processes

USAHS's commitment to quality assurance (QA) is expressed in its mission statement: The
mission is the development of professional health care practitioners through innovative, individualized,
and quality classroom, clinical, and distance education. To achieve this aim, the university employs a
variety of tools and techniques. These include feedback from students and faculty, students' results on
licensure exams, and specialized programmatic accreditation for its major graduate programs. (CFR 1.1,
2.7, 2.10)

Since the time of acquisition by Laureate in 2013, the institution has built a system for
developing new programs that engages a multifold, multi-phase project or program management
approach. Strategic planning processes establish the needs for programs and the demands for licensed
graduates across the nation, the benefits to students and the benefits to the institution. These are
compared to the extant portfolio to determine those that are best for near-term or longer-term
development. With board approval, the formal development process proceeds. (CFR 2.6, 2.7) Of
course, the board addresses a comprehensive array of institutional challenges and obtains input from
diverse constituencies. (CFR 1.1, 3.4)

Faculty, instructional designers, marketers, graphic artists, web-site developers, and others come together to brainstorm the value-added by each program and to flesh out the courses according to the initial curriculum plans by faculty. Faculty leadership also establishes any need for facilities, specialized equipment or labs, and capital expenditures to launch. These data are shared with the facility management team. A product manager takes over execution of the marketing plan and coordination with admissions to be prepared for the "go live" date. Faculty create courses and assessments that fit within the trimester delivery system, with appropriate input from instructional designers. Qualified faculty are hired and trained to work within the administrative and academic contexts of USAHS. The various components converge at about the time of delivery. The institution takes an aggressive approach to setting tuition to grow programs and guarantees the rates until completion by students. The overall project, program, and portfolio management strategies ensure quality standards are met at the institutional level as well as at the specialized programmatic accreditor level. (CFR 2.6, 2.7)

On a five-year assessment cycle, the university reviews feedback informed by environmental scanning to determine adjustments to programs. On the fifth year, a comprehensive self-evaluation is conducted. Findings guide changes and are disseminated timely. As an example, in the midst of the reaffirmation work, the Doctor of Physical Therapy (DPT) shuffled the course sequence and changed some courses to pilot a new approach to delivery and assessment. From a purely administrative perspective, such a change so close to the reaffirmation of accreditation could have been postponed. However, the faculty insisted the change was to benefit students immediately; so, the pilot went forward under the leadership of the President/CAO, which speaks well of the institution's priorities. (CFR 1.2, 2.10)

Institutional Learning and Improvement

USAHS is highly interconnected by technology that enables them to meet virtually on a weekly or daily basis. Faculty, administration, and staff express a strong commitment to the mission. Branding efforts to make USAHS "the best" are not mere puffery but actually are being pursued by those in positions to make this happen. Institutional voices across campuses and programs, and including the board, form a chorus that appears to be on the same page. (CFR 2.6, 2.7)

The institution is working to develop a better means of handling the wide range of data it collects and analyzes for diverse accrediting bodies and for self-assessment of institutional effectiveness. While this effort is still in the beginning stages, it is evidence of planning to ensure the institution continues to be able to support academic and co-curricular objectives.

While the policies and practices are clear, the level is implementation appears a bit variable. This variability was most evident in complaint processing which a group of interviewees described as "following the chain of command." That is not the formal written policy. This comment is not to be interpreted as a fault with complaint handling but rather an example of the need to continue to focus on bringing consistency, coherence, and alignment to key processes. (CFR 2.2, 2.3, 2.4, 2.5, 2.6)

With respect to student learning outcomes and teaching and learning, the faculty is thoroughly committed to student success, which is indicated by passing licensure exams. Success in the workplace is expected to flow from passing. Faculty manage this process and use appropriate feedback to improve teaching and learning. The onboarding process for faculty is accompanied by observation and student course-end evaluations. A new faculty member who is struggling is given support and an improvement plan that is based on USAHS commitment to continuous improvement. This commitment extends beyond hiring a qualified candidate to working with them over a potential substantial period of time to ensure they achieve the standards of excellence required by the institution. (CFR 2.2, 2.3, 2.4, 2.5, 2.6)

Finally, the institution manages itself to remain financially stable and able to pay its debts timely. Capital expenditure is programmed and facilities are built, leased, or refurbished following an established plan. The USAHS board, administration, faculty, and staff recognize the changing landscape of higher education, especially the impacts of federal decision-making on for-profit institutions and the ability of licensed health-care providers to earn a living after graduation. (CFR 1.1, 2.1, 3.4)

Federal Requirements

The team found the institution to be in compliance with federal requirements for the credit hour, program length, marketing, recruitment, student complaints, and transfer policy reviews; appendix A provides formal reports in each of these areas.

Inventory of Educational Effectiveness Indicators

The Inventory of Educational Effectiveness Indicators submitted with the self-study accurately reflected the evidence as well as statements made by individuals during the site visit. Each program at USAHS has defined learning outcomes made public in multiple locations (e.g., catalog, website, syllabi) which are measured by faculty using direct assessment strategies.
Review of learning outcomes occurs annually with comprehensive program review scheduled after all program learning outcomes have been assessed and at the time of program's professional accreditation.

Summary of Component 2

The team's findings, which are subject to Commission review, is that the University of St. Augustine, Health Sciences has provided sufficient evidence to demonstrate compliance with the Standards and

federal requirements. Final determination of compliance with the Standards rests with the Commission. The team identified areas where further attention and development are needed, as noted in the recommendations section of this report.

Component 3: Degree Programs: Meaning, Quality, and Integrity of the Degrees

Health science degree programs that lead to professional licensure are guided by state and federal requirements for standards of practice and are regulated by programmatic accreditation; therefore, they meet the criteria for degree purpose, quality and meaning. (CFR 2.2)

The integrity of the degrees offered at USAHS are assessed by multiple oversight entities, as mentioned – accrediting bodies, state licensure, comprehensive didactic and clinical exams, and by state and national professional board examinations. (CFR 2.6)

Degree program descriptions and learning outcomes identified in syllabi and published professional skills and competencies validate USAHS's commitment to standards for health care providers that prepare graduates to practice at the full capacity of their licensure. (CFR 2.3)

Component 4: Educational Quality: Student Learning, Core Competencies, and Standards of Performance at Graduation

USAHS prepares its graduates to enter or advance in health care professions. The programs align their expectations with programmatic accreditation standards and/or benchmark themselves against competitors and industry expectations to ensure appropriateness at the graduate level and alignment with USAHS' institutional mission.

It is clear that the institution has responded to the commission recommendation of July 7, 2014, to continue maturation in "…systematically assessing learning and institutional effectiveness through all

stages of the assessment cycle." Since the last WSCUC visit, USAHS has progressed in two areas: (1) the amount and types of accessible information, and 2) the focus on analysis of information.

The institution has an assessment infrastructure adequate to assess student learning at program and institution levels. Program assessment focuses on measuring PLOs at the performance level appropriate to the degree. Through the assessment process, PLOs are aligned with ILOs and expectations from program accreditors and PLOs are mapped to course learning outcomes (CLOs). While programs use a variety of assessment measures, the emphasis is on direct assessment or student learning. Student learning outcomes are reflected in course syllabi. Institutional learning outcomes (ILOs) are aligned with program learning outcomes (PLOs) and are highly visible on webpages and course syllabi. All programs are subject to systematic program review as well as professional accreditation review where applicable. (CFR 2.3, 2.4) At the programmatic outcome level, assessment infrastructure has undergone changes as the institution continues to develop faculty and student friendly ways to provide learning opportunities as well as tracking program and institutional learning outcomes. The program review format changed after ownership by Laureate and was considered "less than satisfactory" during that time period. USAHS now remains committed to standardization under the new owner. There is clearly a growing culture of faculty engagement in improving student outcomes based on data assessment. (CFR 2.7, 4.1)

Two PLOs are evaluated every year in every program and changes are incorporated based on analyses. All PLOs are considered in 5 year reviews at which time faculty synthesize what they have learned in four years in relationship to the external higher education environment and the professional arenas and compares the USAHS program to similar programs at other institutions.

To foster engagement in assessment, the university has increased the amount of data available to programs, systematized how programs receive information about student performance, supported

programs in their interpretation of data, and integrated information across data sets. (CFR 2.3, 2.4, 2.8, 4.3) The use of exam item analysis has been helpful in using course-level data to help faculty understand student progress. External evaluators are utilized with their analyses shared with the faculty. (CFR 2.2b, 2.6)   Faculty rate students on professionalism with a standardized rubric. It is not clear, however, if this is the same across all programs since some differences in students have emerged. Assessments include performance in classes, laboratories, internships, fieldwork and clinical experience where appropriate. The interprofessional programs includes ethical dilemmas.

USAHS monitors persistence, retention and graduation rates as measures of success and the data is separated by first and post professional programs because of the differences in their student populations. (CFR 2.10)   Even though there is a low default rate, student debt is also closely monitored and the USAHS financial team helps new and continuing students understand the processes and responsibility for student loans with a focus on repayment requires. Employment data is tracked through alumni surveys in California only at this point.

Alumni input is important in assessing whether programs are achieving their goals as an indirect measure with 97% of respondents in the past four years stating that they achieved their educational and professional goals.

The library was included in the assessment methodology with the faculty having modified the undergraduate student focused AACU Value Rubric around information literacy to better align with expected levels of performance at the graduate level. (CFR 2.4) In 2017, USAHS added a Writing Center to serve students in all programs, at all campuses and online. The Writing Center Director worked with the Office of Academic Institutional Research (OAIR) to find optimal ways to measure the impact of the Writing Center on student performance and has received some preliminary data with the intent to continue current satisfaction measures and add assessment of the impact on student

performance. (CFR 2.13, 4.5) There is now clear evidence of the inclusion of the FLEX/weekend program in the assessment process as well.

Finally, a challenge has been the integration of the assessment methodologies and data tracking procedures on retention, graduation and licensing exam results for both the professional accreditors and the institution as a whole. The DPT pilot study provided a template for blending programmatic accreditors with USAHS assessment imperatives process. Overall, there is evidence reflecting that the competencies and key learning outcomes are being met in the educational effectiveness systems at USAHS.

Component 5: Student Success; Student Learning, Retention, and Graduation

The team found evidence of multiple indicators of student success. USAHS has made sustained efforts to improve learning, retention, and graduation. (CFR 1.4, 2.2b, 2.3)

Student success is defined operationally by the institution as attainment of the seven Institutional Learning Outcomes (ILOs). These are broad statements that are applicable to the various programs of study offered, mainly physical therapy and occupational therapy at the time of the Institutional Report for Reaffirmation in September 2018. These align and support the institutional mission.

Faculty members incorporate assessment of student learning outcomes (SLOs) into curriculum design from the beginning of the process. (CFR 2.4) Student learning is assessed in multiple ways, both direct and indirect. The programs of study have adopted specialized and professional accreditation standards as their primary organizing schema. "This alignment ensures that courses meet all professional standards and provides performance thresholds for student learning at the appropriate level" (USAHS, Reaffirmation Report, page 23). Faculty use assessment data at the course, program, and institutional levels to develop action plans to improve student learning outcomes. (CFR 2.3) Recent examples of such plans include rubric norming across levels and campuses as well as effort to simplify navigation

within the learning management system (i.e., Blackboard). Inter-professional Education (IPE) is integrated with curricula with the aim of enabling graduates to work effectively in diverse organizations.

Course learning outcomes (CLOs) are cross-referenced to PLOs. Signature assignments are distributed throughout the courses such that the curriculum maps CLOs to PLOs. Faculty use multiple methods of assessment for didactic and clinical learning experiences. Clinical fieldwork and lab experiences are critical to success in the hands-on health sciences, which is a foundational element of the legacy of the institution.

Some evidence (e.g., student verbal statements) points to a potential area of concern regarding these clinical placements. The institution has grown by 89 percent over the past five years, which likely results in a situation where more placements are needed than are available. Sustained rapid growth as envisioned by the new ownership has the potential for exacerbating this challenge. While much of this growth is planned to be driven by new programs, the core triad is expected to flourish: Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP). Therefore, additional pressure on clinical placements is inevitable.

Per the 2018 Alumni Survey, graduates complained that labs and other hands-on learning opportunities were overcrowded, with some class sizes exceeding 50 students for physical therapy. The alumni also suggested more hands-on learning opportunities and more labs were needed. For occupational therapy, the alumni noted limited fieldwork opportunities and some dissatisfaction with blended learning courses. Both physical therapy and occupational therapy graduates gave high ratings for licensure test preparation courses. USAHS reported a nine percent (9%) response rate for the survey, but it was not clear how much follow-up was undertaken. The institution also admitted that the survey was sent primarily to institutional email addresses, not to graduates' personal email addresses.

Nevertheless, this survey's findings offer insights that may be useful with respect to SLOs and student success.

Licensure pass rates are the most salient assessments as these are essential to graduate employment. Physical therapy had pass rates higher than 95 percent in 2016. Occupational therapy was 99 percent or higher across campuses in California, Florida, and Texas. However, these passing rates are not associated with near-term employment for graduates. The 2018 Graduate Employment Rate for 2018 was only 25 percent for the doctorate in physical therapy traditional program, 50 percent for the physical therapy flex program, less than 10 percent for the occupational therapy, and less than 20 percent for the occupational therapy flex program. USAHS reports employment rates of 95 to 100 percent for 2016-2017 graduates, but do not specify if the employment was the field of study.

Year-over-year retention is high, exceeding 90 percent for professional programs in physical therapy and occupational therapy, and 70 percent for post-professional programs. The institution offers only graduate programs; so, high retention and completion rates reasonably are expected by USA. The post-professional programs are for licensed professionals, thus they likely are seeking career advancement as well as continuing professional development. The physical therapy and occupational therapy students are seeking licensure for career entry. These are quite different populations, which may explain the different retention rates. In both cases, however, the retention rates are respectable.

The 150% completion rates for first professional students are greater than 90 %. For post-professionals, they range from the mid-60s to about 70%. These are high as well.

Various support services are offered for students, but are not yet evenly offered across campuses: some have more services; others have fewer. It appears that this distribution maybe intentional and that growth plans may even out the distribution. Additionally, these distributional differences may reflect

the different patterns of degree programs offered at each campus as well as the length of time the campus has been operational.

USAHS has been in near-continual transition over the past five years. New post-professional programs have been added with WSCUC approval. The institution will need to continue to develop assessment reports for these new programs. On a number of occasions, the institution describes the various changes that are in progress as factors that adversely affected the reported findings.

Finally, while the licensure passing, retention, and completion rates are high, these are summative evaluations. It is difficult to determine whether formative evaluations with feedback are utilized within a continuous improvement model. The assessment model presents a multi-year cycle with every fifth year being comprehensive. Discerning an overall assessment system that is unique to USAHS's needs or patterned on some other QA model is hampered by diverse accreditation standards. Program evaluation is driven by accreditation standards that vary by discipline. This context creates multiple ways for institutional guidelines for process alignment to be less coherent. Although there may be no easy way to ensure alignment, the effort required to do so is very likely worthwhile.

Component 6: Quality Assurance and Improvement: Program Review; Assessment; Use of Data and Evidence

This institution continues to mature its regular program review cycle and process. Program assessment follows a five-year cycle for comprehensive review; in addition, annual progress reports are developed for each academic program and two of the program-level outcomes are assessed and reported each year. (CFRs 4.1, 4.3)

It is noteworthy that USAHS has elected to interrupt its cycle of program review to accommodate the development of and transition to new curricula in USAHS's two largest programs:

physical and therapy occupational therapy (Reaffirmation Report, 2018, page 43). This major transition

on the eve of the reaffirmation was undertaken in the best interests of students.

In 2018, the institution piloted of a new approach to program review for the doctorate in physical

therapy. The results of this pilot may inform program review processes for other USAHS programs or

could be adopted institution-wide. Interviews with faculty and administrators during the AV suggest

that the current change in ownership from Laureate to Altas presents an increased opportunity for

USAHS to have the freedom to develop new approaches to assessment and program review.

Quality assurance (QA) through regular assessment and improvement feedback loops play

increasing roles in student and institutional success. Institutions like USAHS that are focused on

enrollment and campus growth are encouraged to continue developing enhanced methods of assessment

to guide growth goals informed by strategic plans. While the bulk of the growth is anticipated to be

driven by new programs (e.g., MSN), there are high expectations for PT, OT, and SLP as reported in

interviews and the strategic plan.

USAHS is encouraged to follow its verbally stated goal of balancing "slow innovative growth

with measured risk taking." USAHS is dedicated to the goal of significant growth while maintaining

quality in all aspects of institutional success. (CFR 4.1)

The institution reports that it views program review as "an opportunity to reflect on changes in

programmatic accreditation requirements, employment trends and projections, the overall health care

and insurance environment" (USAHS Reaffirmation Report, 2018, page 41). Such environmental

scanning is an important consideration; however, within the politically-charged environment of

healthcare, government action could have a significant impact within a matter of a year or less (e.g.,

government approval of direct billing by physical therapists holding doctorates led to explosive growth

in the profession) and indicates that detailed planning for the future cannot anticipate all the internal and external forces that impact decisions for the future. (CFRs 4.5, 4.6)

A number of committees and offices engage in continuous aspects of QA. These include the Educational Effectiveness Committee (EEC) and the Office of Academic and Institutional Research (OAIR). Interviews with relevant faculty, students, and administration reveal a genuine commitment to delivering the best education at a fair price. They clearly are striving to do so, remaining consistent with the institutional mission. (CFR 4.5)

Focus on continuous improvement in learning outcomes, competencies, and skills is particularly important in the healthcare professions. USAHS's focus on student success is essential for overall institutional success yet equally important for matters of patient safety, in that graduates will manage and contribute to the public good in real and measurable ways as they deliver patient care.

Providing consistent assessment standards and measures of success system-wide is made particularly difficult when healthcare professions are by nature highly siloed (e.g., academic training, scope of practice determined licensure, and employment reimbursement models) even with new focus on interprofessional education activities. Such silos in practice are also often reflected in the lack of information flow between different healthcare disciplines, and with the IPE attempts there appear to be some silos of information and varying practices across programs and campuses. Institutional-level oversight and guidance are provided and USAHS is encouraged to continue developing consistency in assessment and review processes within and between professional disciplines and their degree programs while balancing essential programmatic differences and making the silos more porous in cooperation and standards setting. It is important to acknowledge that USAHS candidly reports its need to provide more consistency in definitions and procedure deployment equally across all programs and campuses and suggests that information is sometimes incomplete or unevenly implemented. USAHS states that

"deep analysis within and across assessment efforts has not always occurred" (Institutional Reaffirmation Report, 2018, page 41) and is deeply committed to improvements in that aspect of program review. (CFRs 3.7, 4.5, 4.6, 4.7)

In conclusion, the USAHS's institutional report provides discussions and data related to program reviews. It describes (anecdotally) numerous decisions that support the QA process. The discussion section is well written. Clear and compelling evidence is to be encouraged especially in the current public regarding the value of higher education and growing public distrust of both for-profit and not-for-profit institutions.

Component 7: Sustainability: Financial Viability, Preparing for the Changing Higher Education Environment

As mentioned previously, USAHS has demonstrated substantial growth in enrollment and revenue over the past several years, due to program growth and campus expansion. Management has demonstrated a knack for generating significant revenue and earnings before interest and taxes, depreciation and amortization (EBITDA) on a well-controlled cost basis, in the face of secular challenges, in particular, a declining enrollment environment. The demand for health sciences education remains one of the few bright spots in a challenging higher education market; consequently, the university is well positioned within the high demand healthcare-related graduate student market.

USAHS has done a commendable job in increasing enrollment with fiscal discipline. Total program delivery costs have increased in line with enrollment growth, demonstrating reinvestment in program and facilities, rather than crowded classrooms and underinvestment. The university plans to continue its rapid expansion in the near term, with enrollment projected to roughly double over the next five years (see previous chart under Standard 3 for a breakout of the largest growth areas).

Management believes the core program of physical and occupational therapy (Rehab Core), which currently comprises half of current enrollment, 70% of revenue and the vast majority of EBITDA, will remain the flagship program and provide a financial cornerstone to the institution. When pressed, management believes the nursing program projections to contain the highest risk. However, the university believes that its financial viability will remain robust with only the Rehab Core program; other program expansions and rollouts simply provide upside. The team has confidence in management's ability to execute on its strategic plan, as well as demand for the programs as projected (particularly nursing).

The team commends the university's robust strategic planning process, which allows rapid adaptation to changing environmental forces. In particular, management utilizes robust demand analyses, including projections of long-term jobs delineated by geography. Furthermore, the university is committed to investing in technology, simulation labs and technological tools (e.g. online nursing degrees, MS-SLP, MS-PAS programs).

The university has maintained unqualified independent financial audits, however, as noted in the 2016 and 2017 audits, a material weakness was identified at the Laureate level. This weakness was related to Laureate's failure to maintain effective controls over operating effectiveness of information technology general controls for information systems that are relevant to the preparation of financial statements. The team is hopeful that, as part of the university's transition to a stand-alone entity, information technology systems will be designed to remediate such weaknesses. The team has a high degree of confidence that this will occur, however, recommends future audits be thoroughly reviewed to ensure this practice materializes.

The university is in compliance with the U.S. Department of Education 90/10 rule and Gainful Employment rule (CFR 3.4). For the year ended December 31, 2017 (the latest audited financial report

available), the university derived 64.90% of its revenue from Title IV funds, well below the 90% federal ceiling. Occupational Therapy and Physical Therapy programs demonstrate passing grades under the Federal Gainful Employment rule.

Of note, the university remains under Heightened Cash Monitoring (HCM), a holdover from previous parent Laureate. Under HCM, the university maintains a $19 million letter of credit (from Cadence Bank), which is supported by an equal amount of cash on their balance sheet. Management hopes to be off HCM within four years. The team has no concerns about this arrangement with HCM and has confidence in the institution's financial future.

Component 8: Optional Essay on Institutional Specific Themes

Not applicable.

Component 9: Strategic Plans and Future

USAHS has developed an aggressive and visionary strategic plan for growth and professional excellence. Their stretch goal is to become "The Most Comprehensive Practice-based Health Sciences University." This goal will require that the institution expand beyond its founders' vision to be rehabilitation-oriented. Expansion into the non-rehabilitation sciences has already begun with programs such as the Physician Assistant and Doctorate of Education (EdD). The central theme tying USAHS's current and planned programs is its commitment to "student first" and excellence in educational delivery innovation.

USAHS's expansive view of their future is supported by investment strength from Altas and a board of trustees that is supportive of branch campus expansion as well as new program developments. Yet, they are cautious about expansion rate. There is campus-wide acknowledgement that growth must

not outpace quality. USAHS must remain dedicated to growth that fosters not only high student pass rates and licensure success, but also results in high employment success. Adequate clinical rotation slots for students will be a key factor in determining student and program growth rates.

Meeting with faculty, administration and board members validated a community that has extreme self-confidence, a belief in their future and a discipline that demands infrastructure readiness before taking next steps towards becoming a comprehensive and large health sciences institution.

Two comprehensive strategic plan documents were reviewed by the team: University of St. Augustine for Health Sciences, 2017-2021 Strategic Plan published September 2016 and the 2018-2022 Long Range Plan of July 2017. The institutional strategic framework, which provides priorities and goals, has three major foci: institutional strategic priorities, student experience goals and academic goals.

Planning includes metrics and outcomes for forecasted results. Student enrollment and program development goals for 2021 are described. A student body of more than 9,000 students is envisioned. The team is impressed with the aggressive, detailed plays for future program and expansion. It is also pleased that the board and Altas leadership is committed to cautiously developing next steps based on success indicators.

SECTION III – OTHER TOPICS, as appropriate

Not applicable.

SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

Findings

The team finds that USAHS completed a comprehensive review as it prepared for Reaffirmation of Accreditation. The institutional report, supplemental documents, and evidence gathered during the Accreditation Visit demonstrate the self-study process was an important institutional priority. The team thanks the campus leadership team and larger campus community for approaching the reaffirmation of accreditation process with openness and a desire to promote quality improvement in a young and growing institution.

The team wishes to express appreciation for the careful work done by USAHS in responding to previous recommendations of the Commission, for the thorough work done to prepare its institutional reaffirmation self-study, and for its diligent response to the team's Lines of Inquiry document. We also extend a special statement of appreciation for everyone at USAHS for their hard work in deftly handling multiple requests and schedule changes from the team and assuring that we had the information we needed, when we needed it. During our visit in meetings with administrators, faculty, staff and students, we learned a great deal about USAHS and the good work the institution is doing.

After reviewing all data received and observed on-site it is our finding that USAHS has met WSCUC standards for reaffirmation and thus provide thirteen commendations and six recommendations to be reviewed by the WSCUC Commission.

Commendations
USAHS is to be commended for:
- Their commitment to student success as exemplified in its mission statement and focus on whole person and programmatic outcomes;
- A dedicated and engaged faculty and staff who care for student success in a personal and comprehensive manner;
- The development of an expanding community of scholars dedicated to innovation and faithful transmission of healthcare best practices to its students;
- A robust faculty governance structure and faculty development programs;
- Excellent and well-used facilities, technology and learning resources, and strategies;

- Careful integration of support services, marketing communications, and public relations into the campus academic life;
- Innovations in new student interview and admissions processes, along with faculty recruitment and onboarding processes which establish rapport and reinforcement of the brand, thus contributing to high student persistence and completion and faculty professional satisfaction;
- An impressive management team that conveys confidence in their ability to execute operationally and inspire faculty and staff excellence;
- A new corporate structure providing increased institutional autonomy and financial flexibility;
- Healthy commitment to balanced financial operations;
- Affordable competitive market-pricing with student scholarships for new programs;
- A well-thought corporate transition plan and timely execution of developing independent operational capabilities previously provided by Laureate;
- Their well-prepared and credible strategic plan with supporting financial models that demonstrates a strong grasp of the business and market place for health sciences higher education.

Recommendations
- Continue development of strategies for effective use of enhanced Institutional Research assessment capabilities providing data to support actionable evidence-based decision making with particular focus on using comparative and longitudinal data that are curated, retrievable and increasingly used by faculty and administrators for strategic improvements (CFR 4.2);
- Continue concerted focus on Interprofessional Education (IPE) by fully maturing your comprehensive definition and philosophy of IPE in the healthcare workplace and its function in personal and professional growth and skills needed in society (CFR 1.2);
- Enhance communication between and among faculty and administration regarding strategic plans for program expansion, branch campus development, faculty growth models, clinical site development, student recruitment and the inherent tensions between desired faculty and staff numbers and facilities growth with balance to program quality (CFR 4.6);
- Provide periodic reports of financial information pertinent to management and retirement of debt (CFR 1.7 and 3.4);
- Continue innovations in online educational standards as you address basic issues of course design and template consistencies across and among disciplines, campuses and student engagement locations (CFR 4.1);
- Continue to develop creative and industry leading methods for expanding clinical training sites and effective communication and scheduling methodologies to prepare students for the complexities of matching for clinical rotation sites (CFR 3.4, 4.5 and 4.6).

APPENDICES

Appendix A. Federal Compliance Forms

OVERVIEW
There are four forms that WSCUC uses to address institutional compliance with some of the federal regulations affecting institutions and accrediting agencies:

1 – Credit Hour and Program Length Review Form
2 – Marketing and Recruitment Review Form
3 – Student Complaints Form
4 – Transfer Credit Policy Form

During the visit, teams complete these four forms and add them as an appendix to the Team Report. Teams are not required to include a narrative about any of these matters in the team report but may include recommendations, as appropriate, in the Findings, Commendations, and Recommendations section of the team report.

1 - CREDIT HOUR AND PROGRAM LENGTH REVIEW FORM

Under federal regulations, WSCUC is required to demonstrate that it monitors the institution's credit hour policy and processes as well as the lengths of its programs.

Credit Hour - §602.24(f)
The accrediting agency, as part of its review of an institution for renewal of accreditation, must conduct an effective review and evaluation of the reliability and accuracy of the institution's assignment of credit hours.

1. The accrediting agency meets this requirement if-
    i. It reviews the institution's –
    A. Policies and procedures for determining the credit hours, as defined in 34 CFR 600.2, that the institution awards for courses and programs; and
    B. The application of the institution's policies and procedures to its programs and coursework; and
    ii. Makes a reasonable determination of whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.

2. In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in the evaluation.

Credit hour is defined by the Department of Education as follows:
A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

(1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or

(2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

See also WASC Senior College and University Commission's Credit Hour Policy.

Program Length - §602.16(a)(1)(viii)
Program length may be seen as one of several measures of quality and as a proxy measure for scope of the objectives of degrees or credentials offered. Traditionally offered degree programs are generally approximately 120 semester credit hours for a bachelor's degree, and 30 semester credit hours for a master's degree; there is greater variation at the doctoral level depending on the type of program. For programs offered in non-traditional formats, for which program length is not a relevant and/or reliable quality measure, reviewers should ensure that available information clearly defines desired program outcomes and graduation requirements, that institutions are ensuring that program outcomes are achieved, and that there is a reasonable correlation between the scope of these outcomes and requirements and those typically found in traditionally offered degrees or programs tied to program length.

Rev 03/2015

1 -CREDIT HOUR AND PROGRAM LENGTH REVIEW FORM

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? x☐ YES ☐ NO
	If so, where is the policy located? This policy is located in the USAHS catalog.
	Comments: In addition, every course syllabus contains a credit hour chart outlining the requirements of the course.
Process(es)/ periodic review of credit hour	Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)? x☐ YES ☐ NO
	If so, does the institution adhere to this procedure? x☐ YES ☐ NO
	Comments: The credit hour table for each new course is reviewed during the formal curriculum approval process to ensure an accurate representation of the contact hours spent for teaching engagement and preparatory time. For currently existing courses the credit hour table is reviewed every term and any time there are revisions made to the course. Periodic reviews of the credit hour table will also occur during the Program Review process.
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? x☐ YES ☐ NO
	Comments: Contact hours are reported by on ground, online and lab categories.
Sample syllabi or	How many syllabi were reviewed? Two syllabi from each program for a total of 22

equivalent for online and hybrid courses *Please review at least 1 - 2 from each degree level.*	What kind of courses (online or hybrid or both)? Both
	What degree level(s)? ☐ AA/AS ☐ BA/BS x☐ MA x ☐ Doctoral
	What discipline(s)? Physical Therapy, Occupational Therapy, Nursing, Athletic Training, Health Administration, Education, Speech Therapy
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? x☐ YES ☐ NO
	Comments: Contact hours reported accurately reflect both online engagement/preparatory activity, face to face and lab practice.
Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated) *Please review at least 1 - 2 from each degree level.*	How many syllabi were reviewed? Four syllabi were reviewed.
	What kinds of courses? Capstone, Special Topics, Clinical Practicum and Dissertation
	What degree level(s)? ☐ AA/AS ☐ BA/BS x☐ MA x ☐ Doctoral
	What discipline(s)? Physical Therapy, Occupational Therapy, Nursing, Athletic Training, Health Administration, Education, Speech Therapy
	Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded? x☐ YES ☐ NO
	Comments: These syllabi reflect the unique nature of non-classroom based activities and are accurate in their contact hour representations.
Sample program information (catalog, website, or other program materials)	How many programs were reviewed? Eleven programs were reviewed.
	What kinds of programs were reviewed? Academic programs
	What degree level(s)? ☐ AA/AS ☐ BA/BS x☐ MA x☐ Doctoral
	What discipline(s)? Physical Therapy, Occupational Therapy, Speech Therapy, Nursing, Athletic Training, Health Administration, Education
	Does this material show that the programs offered at the institution are of a generally acceptable length? x☐ YES ☐ NO
	Comments: Program materials show program lengths that are comparable to typical masters and doctoral level of programs of similar disciplines.

Review Completed By: Dr. Cindy Mathena and JoAnn Carter-Wells

Date: 2/23/2018

2 – MARKETING AND RECRUITMENT REVIEW FORM

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices.

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.
**Federal regulations	Does the institution follow federal regulations on recruiting students? X YES ☐ NO
	Comments: The institution has a comprehensive interview process that ensures prospective students have full information before deciding to attend.
Degree completion and cost	Does the institution provide information about the typical length of time to degree? X YES ☐ NO

	Does the institution provide information about the overall cost of the degree? X YES ❏ NO
	Comments: Thorough gainful employment is provided by program on the USAHS web site: https://www.usa.edu/legal/gainful-employment-disclosures/
Careers and employment	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? X YES ❏ NO
	Does the institution provide information about the employment of its graduates, as applicable? X YES ❏ NO
	Comments: Thorough gainful employment is provided by program on the USAHS web site:https://www.usa.edu/legal/gainful-employment-disclosures/

*§602.16(a)(1)(vii)

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

Review Completed By: Cecil Eric Kirkland
Date: 4/13/2019

3 – STUDENT COMPLAINTS REVIEW FORM

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution's student complaints policies, procedures, and records.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints? **X** YES ❏ NO
	If so, is the policy or procedure easily accessible? Is so, where? https://www.usa.edu/legal/complaints/
	Comments: Interviews revealed that faculty and administrators strive to resolve issues before invoking the complaint procedures. While understandable, such an approach has the unfortunate side-effect of artificially minimizing the number of complaints as well as impeding logging of same monitoring resolutions objectively.
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? X YES ❏ NO If so, please describe briefly: https://www.usa.edu/legal/complaints/
	If so, does the institution adhere to this procedure? X YES ❏ NO
	Comments: Interviews revealed that some employees are not fully aware of the complaint policy and procedures and that, instead, they believe the chain-of-command is the path to resolution. Complaint logging and tracking were not evident.
Records	Does the institution maintain records of student complaints? ❏ YES **X** NO If so, where?
	Does the institution have an effective way of tracking and monitoring student complaints over time? ❏ YES **X** NO If so, please describe briefly:

	Comments: Interviews with multiple informants did not obtain a clear recitation of or direction to the official policy and procedures. No one was able to identify a logging process or the whereabouts of said log.

*§602-16(1)(1)(ix)
See also WASC Senior College and University Commission's Complaints and Third Party Comment Policy.

Review Completed By: Cecil Eric Kirkland
Date: April 13, 2019

4 – TRANSFER CREDIT POLICY REVIEW FORM

Under federal regulations*, WSCUC is required to demonstrate that it monitors the institution's recruiting and admissions practices accordingly.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Transfer Credit Policy(s)	Does the institution have a policy or formal procedure for receiving transfer credit? YES ☐ NO
	If so, is the policy publicly available?　　☐ YES ☐ NO If so, where? In the University Catalog and Student Handbook
	Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education? YES ☐ NO
	Comments: The transfer credit policy is located in the University catalog and student handbook which are located on the university's website. A consistent process for considering transfer students was observed on site through discussion with faculty, registrar, and recruiting staff. Rarely are credits transferred from other programs as this is a graduate institution. Exceptions are made only with special permission from deans.

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

(1)　Are publicly disclosed in accordance with 668.43(a)(11); and
(2)　Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

See also WASC Senior College and University Commission's Transfer of Credit Policy.

Review Completed By: Kim Reffner and Eric Kirkland
Date: 2/27/2018

Appendix B: Off-Campus Locations Reviews

St. Augustine, Florida

Institution: University of St. Augustine for Health Sciences
Type of Visit: Reaffirmation
Name of reviewer/s: Ron Carter
Date/s of review: March 7, 2019

1. Site Name and Address

   University of St. Augustine for Health Sciences, Florida Campus
   1 University Blvd.
   St. Augustine, FL 32086

2. Background Information (number of programs offered at this site; degree levels; FTE of faculty and enrollment; brief history at this site; designation as a branch campus standalone location, or satellite location by WSCUC)

   Number of programs offered at this site: 3 (MOT, OTD, DPT)
   Number of degree levels: 2 (masters and doctoral)
   FTE of faculty and enrollment: 65 faculty assigned to Florida campus
   Brief history at this site: This is the founding site for USAHS. See the introduction to the team report.
   WSCUC Designation: Branch campus

3. Nature of the Review (material examined and persons/committees interviewed)

   Accreditation Visit: Site visit for reaffirmation for USAHS
   Materials Examined: Extensive documents provided initially by the institution for the OSR, plus supplemental documents requested for lines of inquiry.
   Persons/Committees Interviewed: ALO (Karen Gersten), ALO support staff, Campus Leadership (campus director, program directors), Student Services (registrar, financial aid, admissions, library, etc.), University Curriculum and Academic Policy (UCAP) President/Officers, Faculty Development team, Clinical Education staff & clinical faculty, Students, Online Learning committee, Campus faculty, Campus staff

Lines of Inquiry	Observations and Findings	Follow-up Required
For a recently approved site. Has the institution followed up on the recommendations from the substantive change committee that approved this new site?	N/A	N/A
Fit with Mission. How does the institution conceive of this and other off-campus sites relative to its mission, operations, and administrative structure? How is the site planned and operationalized? (CFRs 1.2, 3.1, 3.5, 4.1)	Florida was the original main campus. The mission/vision was established there by its Founder. The mission/vision is identical for all campuses.	N/A
Connection to the Institution. How visible and deep is the presence of the institution at the off-campus site? In what ways does the institution integrate off-campus students into the life and culture of the institution? (CFRs 1.2, 2.10)	The hallmark of USAHS is its interconnectedness. Faculty for its programs reside in different locations; they have perfected online faculty and staff meetings. Administrators are frequently flying to all campuses.	N/A
Quality of the Learning Site. How does the physical environment foster learning and faculty-student contact? What kind of oversight ensures that the off-campus site is well managed? (CFRs 1.8, 2.1, 2.5, 3.1, 3.5)	All campuses are physically new. Equipment and software is standardized among all campuses.	N/A
Student Support Services. What is the site's capacity for providing advising, counseling, library, computing services and other appropriate student services? Or how are these otherwise provided? What do data show about the effectiveness of these services? (CFRs 2.11-2.13, 3.6, 3.7)	Student support services are provided both face-to-face on all campuses and online.	N/A
Faculty. Who teaches the courses, e.g., full-time, part-time, adjunct? In what ways does the institution ensure that off-campus faculty is involved in the academic oversight of the programs at this site? How do these faculty members participate in curriculum development and assessment of student learning? (CFRs 2.4, 3.1-3.4, 4.6)	All programs are either fully online or hybrid. Therefore, each academic program has face-to-face and online faculty contribution from full-time, part-time, and adjuncts. Faculty regularly (from all sites) interact for faculty development and program coordination.	N/A
Curriculum and Delivery. Who designs the programs and courses at this site? How are they approved and evaluated? Are the programs and courses comparable in content, outcomes and quality to those on the main campus? (CFR 2.1-2.3, 4.6)	All programs are developed with professional accreditation standards in mind. Faculty for each program (regardless of location) are involved in curriculum development.	N/A
Retention and Graduation. What data on retention and graduation are collected on students enrolled at this off-campus site? What do these data show? What disparities are evident? Are rates comparable to programs at the main campus? If any concerns exist, how are these being addressed? (CFRs 2.6, 2.10)	Robust student success measures are in place, reported to professional accreditation agencies, IPEDS, and WSCUC. All measures of Student Success are above national standards.	N/A
Student Learning. How does the institution assess student learning at off-campus sites? Is this process comparable to that used on the main campus? What are the results of student learning assessment? How do these compare with learning results from the main campus? (CFRs 2.6, 4.6, 4.7)	Assessment is done from an all-campus, integrated system of evaluations.	N/A
Quality Assurance Processes: How are the institution's quality assurance processes designed or modified to cover off-campus sites? What evidence is provided that off-campus programs and courses are educationally effective? (CFRs 4.4-4.8)	No campus is considered to be isolated; all are part of an integrated University model.	N/A

Institution: University of St. Augustine for Health Sciences
Type of Visit: Reaffirmation
Name of reviewer/s: C. Eric Kirkland; Lori Williams
Date/s of review: 3/14/20109

1. Site Name and Address

    University of St. Augustine for Health Sciences, Texas Campus
    5401 La Crosse Ave
    Austin, TX 78739

2. Background Information (number of programs offered at this site; degree levels; FTE of faculty and enrollment; brief history at this site; designation as a branch campus standalone location, or satellite location by WSCUC)

    Programs offered:
    Master of Science in Speech-Language Pathology (MS-SLP)
    Master of Occupational Therapy (MOT)
    Flex Master of Occupational Therapy (Flex MOT)
    Doctor of Occupational Therapy (OTD)
    Doctor of Physical Therapy (DPT)
    Flex Doctor of Physical Therapy (Flex DPT)

    See Executive Dashboard.

    This branch campus was the 3rd campus for USAHS, which previously was operating in St. Augustine, FL, and San Marcos, CA. It began operations in before the acquisition by Laureate.

3. Nature of the Review (material examined and persons/committees interviewed)

    See attached agenda.

Lines of Inquiry	Observations and Findings	Follow-up Required (identify the issues)
For a recently approved site. Has the institution followed up on the recommendations from the substantive change committee that approved this new site?	Yes	No
Fit with Mission. How does the institution conceive of this and other off-campus sites relative to its mission, operations, and administrative structure? How is the site planned and operationalized? (CFRs 1.2, 3.1, 3.5, 4.1)	The USAHS has an overall approach for each program of study that is based on programmatic or specialized education standards for health sciences licensure. For example, the Physical Therapy is closely aligned with CAPTE accreditation standards. Occupational Therapy are aligned with ACOTE accreditation standards.	While the university has additional programs, at the time of this review the vast majority of self-evaluation materials were for PT and OT programs. Follow-up with the addition of new programs intended to sustain aggressive growth targets is worthwhile.
Connection to the Institution. How visible and deep is the presence of the institution at the off-campus site? In what ways does the institution integrate off-campus students into the life and culture of the institution? (CFRs 1.2, 2.10)	The institutional vision and mission are obvious across the campus. There is a allegiance to the legacy of Dr. Stanley Paris that is a touchstone honored throughout the facility. Students express a deep appreciation for the legacy of the commitment to quality. Instruction cycles students through the campus and back into the community for fieldwork.	Institutional growth has outpaced the ability of the programs to place students into qualified clinical practice sites. Some students complained that their expected choice of fieldwork site was not fulfilled. The ACOTE reviews may reveal any systemic problems; however, additional attention to clinical learning is worthwhile.
Quality of the Learning Site. How does the physical environment foster learning and faculty-student contact? What kind of oversight ensures that the off-campus site is well managed? (CFRs 1.8, 2.1, 2.5, 3.1, 3.5)	The facility is top notch, clean, carefully maintained, and well suited to foster learning. Students spoke appreciatively of their interaction with faculty both in person and via long distance. Administrative personnel and academic leaders from across the several campuses visit the Austin campus in person. The campus recently acquired additional spaced in close proximity (across a parking lot) from the main facility. This new building has space for expansion that will serve the institution for years to come.	No
Student Support Services. What is the site's capacity for providing advising, counseling, library, computing services and other appropriate student services? Or how are these otherwise provided? What do data show about the effectiveness of these services? (CFRs 2.11-2.13, 3.6, 3.7)	The university prides itself on provision of the necessary and sufficient learning resources and student support services. Student advising starts with the admissions interview that each student must complete in person or via Skype. Computing services are coordinated centrally and are being transitioned from Laureate to self-service.	SLP is anticipated to be their 3rd major program at each campus to be the main focus for residential students. The anticipated growth of this program and the student complaints about OT fieldwork are worth monitoring.

Faculty. Who teaches the courses, e.g., full-time, part-time, adjunct? In what ways does the institution ensure that off-campus faculty is involved in the academic oversight of the programs at this site? How do these faculty members participate in curriculum development and assessment of student learning? (CFRs 2.4, 3.1-3.4, 4.6)	The courses are taught by a variety of FT, PT, and adjunct faculty. Faculty are carefully vetted and appropriately qualified. Faculty onboarding includes training to do things the way USA expects. Faculty are organized by discipline and work together via task forces or committees for curriculum development, for standardizing assessments by discipline, and oversight of programs.	No.
Curriculum and Delivery. Who designs the programs and courses at this site? How are they approved and evaluated? Are the programs and courses comparable in content, outcomes and quality to those on the main campus? (CFR 2.1-2.3, 4.6)	Faculty develop standard courses and curricula that are delivered at all sites. These are tightly integrated with relevant licensure and accreditation standards. Course reviews by students and faculty reflections are part of the review process.	No.
Retention and Graduation. What data on retention and graduation are collected on students enrolled at this off-campus site? What do these data show? What disparities are evident? Are rates comparable to programs at the main campus? If any concerns exist, how are these being addressed? (CFRs 2.6, 2.10)	The key metrics used by USAHS are completion and licensure passing rates. These rates are excellent across campuses and generally comparable.	No
Student Learning. How does the institution assess student learning at off-campus sites? Is this process comparable to that used on the main campus? What are the results of student learning assessment? How do these compare with learning results from the main campus? (CFRs 2.6, 4.6, 4.7)	The notion of "main" vs. "off-campus sites" is not particularly useful when considering USA. A better analogy is that of cellular manufacturing wherein each site provides a standardized "product" and handles input, process, and output. Each site replicates the others by discipline. USAHS works hard to assess student learning in the same ways across all campuses.	No
Quality Assurance Processes: How are the institution's quality assurance processes designed or modified to cover off-campus sites? What evidence is provided that off-campus programs and courses are educationally effective? (CFRs 4.4-4.8)	The faculty across all campuses observe and report outcomes, with academic and administrative personnel traveling frequently to each campus and using webinars, Skype, etc. to maintain weekly face-to-face contact. Standardized licensure tests are a key means of demonstrating effectiveness.	No

Appendix C: Distance Education Review

Institution: University of St. Augustine Health Sciences
Type of Visit: Reaffirmation of Accreditation
Name of reviewer/s: JoAnn Carter-Wells
Date/s of review: March 25, 2019 – April 20, 2019

A completed copy of this form should be appended to the team report for all comprehensive visits to institutions that offer distance education programs and for other visits as applicable. Teams can use the institutional report to begin their investigation, then, use the visit to confirm claims and further surface possible concerns. Teams are not required to include a narrative about this in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report. (If the institution offers only online courses, the team may use this form for reference but need not submit it as the team report is expected to cover distance education in depth in the body of the report.)

1. Programs and courses reviewed (please list)

    EDF7121900- Research Methods II (2019 20)
    HAS7200900-Foundations of Healthcare Administration (2019 20)
    IPE70000900- Introduction to Interprofessional Scholarly Studies (2019 20)
    IPE7025900- Psychosocial Strategies for Health care (2019 20)
    IPE7050900- Evidence-Based Practice for Health care Professionals (2019 20)0900
    IPE7120900 – Organizational Leadership & Policy in Healthcare (2019 20)
    IPE7133900- Strategic Planning in Healthcare Administration (2019 20)
    IPE7155900 – Evidence-Based Concussion Management (2019 20)
    USA1.201920 OCT.6720.200- Leadership and Advocacy (2019 20)
    OCT6745300 – Scholarship of Practice (2019 20)
    USA1.201920.PHT.5121C400 – Gross Anatomy (2019 20)
    USA1.201920.PHT.5250C200- Musculoskeletal 1: Introduction to Orthopedic Physical Therapy (2019 20)

2. Background Information (number of programs offered by distance education; degree levels; FTE enrollment in distance education courses/programs; history of offering distance education; percentage growth in distance education offerings and enrollment; platform, formats, and/or delivery method)

    (NOTE: All USAHS programs have online didactic components. Programs identified as Residential or Flex have regular on-campus classes for labs and other hands-on work. Post-professional programs are largely online with optional on-campus residencies.

Number of courses offered

Division Cde	Location	2018 Fall		2017 Fall		2016 Fall		2015 Fall		2014 Fall
		Count	% Change	Count	% Change	Count	% Change	Count	% Change	Count
First Prof.	CASM-Flex	31	0%	31	-3%	32	0%	32	0%	32
	CASM-Residential	72	4%	69	11%	62	-3%	64	-2%	65
	FLMI-Flex	7	133%	3	-	-	-	-	-	-
	FLMI-Residential	59	103%	29	314%	7	-	-	-	-
	FLSA-Flex	54	13%	48	4%	46	7%	43	8%	40
	FLSA-Residential	71	13%	63	-2%	64	-2%	65	-2%	66
	TXAU-Flex	35	13%	31	72%	18	80%	10	43%	7
	TXAU-Residential	84	24%	68	11%	61	9%	56	65%	34
Post Prof.	Post-Professional	126	29%	98	26%	78	30%	60	50%	40
USAHS Total		539	23%	440	20%					

Enrollment in distance courses/programs
(NOTE: All USAHS programs have online didactic components. Programs identified as Residential or Flex have regular on-campus classes for labs and other hands-on work. Post-professional programs are largely online with optional on-campus residencies.

Program	2018 Fall		2017 Fall		2016 Fall		2015 Fall		2014 Fall
	Count	% Change	Count	% Change	Count	% Change	Count	% Change	Count
Doctor in Physical Therapy (Residential)	1,614	12%	1,436	17%	1,224	8%	1,136	8%	1,053
Doctor in Physical Therapy (Flex)	558	18%	474	19%	398	18%	337	23%	275
Master in Occupational Therapy (Residential)	613	18%	519	29%	402	22%	329	13%	291
Master in Occupational Therapy (Flex)	156	30%	120	28%	94	18%	80	67%	48
Doctor in Occupational Therapy (Residential)	210	218%	66	-	-	-	-	-	-
Master of Science in Speech Language Pathology (Residential)	20	-	-	-	-	-	-	-	-
Doctor in Health Sciences (Post Professional)	6	-14%	7	-59%	17	42%	12	-29%	17
Doctor in Nurse Practice (Post Professional)	107	873%	11	-	-	-	-	-	-
Doctor in Education (Post Professional)	112	51%	74	51%	49	7%	46	119%	21
Master in Healthcare Admin (Post Professional)	46	188%	16	-	-	-	-	-	-
Master in Health Science (Post Professional)	53	51%	35	-	-	-	-	-	-
Master of Science in Nursing (Post Professional)	71	78%	40	-	-	-	-	-	-
Post Professional Doctor in Occupational Therapy (Post Professional)	139	53%	91	78%	51	13%	45	2%	44
Transitional Doctor in Physical Therapy (Post Professional)	66	5%	63	-17%	76	10%	69	-3%	71
USAHS Total	3,771	28%	2,952	28%	2,311	13%	2,054	13%	1,820

History of offering distance education

- 1999: The first online course was developed and offered to Occupational Therapy students. All students were provided the materials for their Prosthetics course on a CD-ROM.

- 1999: USAHS partnered with a company in the UK to build an LMS called Easehost

- 2000: Launched the first courses for the transitional DPT program

- 2000-2007: Developed courses in post-professional online programs and didactic courses for the first professional Flex programs

- 2007: USAHS applied for and received Title IV funding. Part of that process included a DEAC review that noted that all of its programs were required to be at least 51% online.

- To qualify for Title IV offered through DEAC accreditation, USAHS began an ongoing effort to convert the OT and PT programs to a blended model where didactic content would be largely online and all labs would be face-to-face.

- 2012: USAHS converted its LMS to e-racer

- 2014: USAHS converted to its current LMS, Blackboard and began sharing online resources with other Laureate schools.

- 2017-18: USAHS deepened its internal online resources and decreased its dependence on Laureate. This included hiring an experienced Executive Director who has hired a team of instructional designers, technicians, and media experts, developed policies and processes, and collaborated with academic programs on online development and management

Growth in distance education

Because all USAHS programs have significant portions of their didactic coursework delivered online, growth in online can be measured in two ways: 1) overall growth or 2) growth in primarily online (post professional) programs. Growth in both is presented from Fall 2014 through Fall 2018 and represent enrollments in programs and locations.

- Total growth: 107%
- Growth in post professional enrollments: 292%

Delivery methods

All USAHS programs incorporate flexible delivery methods including web-based, classroom, laboratory, simulations, and community-based activities appropriate to program content, learning outcomes, and student populations.

3. Nature of the review (material examined and persons/committees interviewed)- website analyses, course reviews (listed above), LMS demo with interprofessional program courses, student (19) and faculty interviews (14)-online and Flex Program, IT and facilities leadership, meeting with Online and Faculty development team, tour of San Marcos campus with labs, student study areas, clinical education facilities, etc., and Clinical education staff and faculty.

Lines of Inquiry (refer to relevant CFRs to assure comprehensive consideration)	Observations and Findings	Follow-up Required (identify the issues)
Fit with Mission. How does the institution conceive of distance learning relative to its mission, operations, and administrative structure? How are distance education offerings planned, funded, and operationalized?	Distance learning is part of the history and focus of the institution reflecting professional preparation programs and adult learning needs. Online learning is incorporated into the institution's systems of governance and academic oversight. The new ownership and board of trustees affirm this continuing commitment as well. Institution is poised financially to continue high level DE services as growth and specific campus site expansion requires.	NA
Connection to the Institution. How are distance education students integrated into the life and culture of the institution?	Students are fully integrated into the life and culture of the institution from admissions through graduation- orientation programs, support services, technology currency, library, advising, clinical settings, faculty expertise, etc.	NA
Quality of the DE Infrastructure. Are the learning platform and academic infrastructure of the site conducive to learning and interaction between faculty and students and among students? Is the technology adequately supported? Are there back-ups?	The change and upgrade in LMS as of fall, 2019-BB Learn- will better facilitate the hybrid and online nature of the programs particularly through Zoom and specialized and emerging software needs (simulation, AR, VR) reflecting the professional preparation and accreditation requirements. Technology is heavily supported with recent infusion of $10 million and each campus has similar technology currency, etc.. New Center for Innovative Clinical Practice provides innovative and immersive simulation-based learning experiences. Institution has an Innovation Steering Committee and a Manager of Simulation Education..	NA

Student Support Services: What is the institution's capacity for providing advising, counseling, library, computing services, academic support and other services appropriate to distance modality? What do data show about the effectiveness of the services?	Students have adequate access to learning resources including library, labs, equipment, software, technology support and tracking systems as well as student services- financial aid, registration and career and placement counseling. The data riven infrastructure reflects this capacity and effectiveness of the services.	NA
Faculty. Who teaches the courses, e.g., full-time, part-time, adjunct? Do they teach only online courses? In what ways does the institution ensure that distance learning faculty are oriented, supported, and integrated appropriately into the academic life of the institution? How are faculty involved in curriculum development and assessment of student learning? How are faculty trained and supported to teach in this modality?	Faculty with all designations teach online courses; hiring criteria emphasize experience with online education. Very highly successful and popular faculty development program under leadership of creative Faculty Development Manager offers innovative opportunities for training, support and assessment and student feedback loops in online modality through orientation programs, weekly activities, Monday Morning Mentor program , Introduction to Teaching at USAHS classes, live help with Zoom, IRB submissions and Blackboard Collaborate sessions. Faculty workload is closely monitored. No changes in faculty hiring requirements expected under new ownership.	NA
Curriculum and Delivery. Who designs the distance education programs and courses? How are they approved and evaluated? Are the programs and courses comparable in content, outcomes and quality to on-ground offerings? (Submit credit hour report.)	Recent ownership change from Laureate has provided more independence and success with various aspects of the infrastructure including course design and approvals, governance (UCAP) and review opportunities, etc. Where applicable programs and courses are fully comparable to on-ground offerings. Curriculum is coherent in content and sequencing/scheduling through reviews of faculty handbook procedures and policies, course syllabi and program descriptions.	NA
Retention and Graduation. What data on retention and graduation are collected on students taking online courses and programs? What do these data show? What disparities are evident? Are rates comparable to on-ground programs and to other institutions' online offerings? If any concerns exist, how are these being addressed?	Institution disaggregates data as appropriate and benchmarks its retention and graduation rates against its own aspiration as well as the rates of other institutions. Programmatic accreditors have established benchmarks on graduation rate and licensure exam pass rates. The institution will be devoting more focus on establishing internal benchmarks for the non- programmatic accredited programs.	NA

	USAHS tracks graduation and retention rates through cohorts and have posted multiple indicators on their website as of March, 2019..	
Student Learning. How does the institution assess student learning for online programs and courses? Is this process comparable to that used in on-ground courses? What are the results of student learning assessment? How do these compare with learning results of on-ground students, if applicable, or with other online offerings?	USAHS continuously measures program effectiveness through the assessment of learning outcomes in alignment with Program Learning Outcomes (PLOs) with Institutional Learning Outcomes (ILOs). Multiple indicators are utilized with the same process for online and on-ground courses, distinctions between on-ground and online are hard to ascertain due to the integrated nature of the modality delivery systems.	NA
Contracts with Vendors. Are there any arrangements with outside vendors concerning the infrastructure, delivery, development, or instruction of courses? If so, do these comport with the policy on *Contracts with Unaccredited Organizations?*	Institution is still in phased out agreement with Laureate for shared services- almost completely independent. Any other outside vendor contracts comport with WSCUC policies along with internship or clinical setting agreements..	NA
Quality Assurance Processes: How are the institution's quality assurance processes designed or modified to cover distance education? What evidence is provided that distance education programs and courses are educationally effective?	Faculty are involved in evidence-based decision making and use research in the field to assure quality in DE programs and integration with strategic planning. Recent pilot program study with student outcomes is being modeled throughout the institution.	NA