The team evaluated the institution under the 2013 Standards of Accreditation and prepared this report containing its collective evaluation for consideration and action by the institution and by the WASC Senior College and University Commission (WSCUC). The formal action concerning the institution’s status is taken by the Commission and is described in a letter from the Commission to the institution. This report and the Commission letter are made available to the public by publication on the WSCUC website.
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SECTION I – OVERVIEW AND CONTEXT

A. Description of Institution, Accreditation History, as relevant, and Visit

California Health Sciences University (CHSU) was founded in 2012 as a means of addressing the shortage of health care professionals in the San Joaquin Valley. The stated institutional mission aims to “improve healthcare outcomes of people living in Central California by providing highly trained, collaborative and compassionate healthcare professionals and by conducting high-impact basic and clinical research”. The university seeks to accomplish this mission through seven core values (integrity, excellence, collaboration, innovation, transparency, scholarship, and continuous improvement) with the vision of one day being Central California’s most prominent health sciences university.

CHSU's Eligibility Review was conducted in 2013, and Seeking Accreditation Visits were held in 2015 and 2017. The university currently offers one on-ground professional doctorate degree program, Doctor of Pharmacy, and was granted Initial Accreditation on June 29, 2018. The WSCUC Executive Committee allowed CHSU to apply the date of accreditation retroactively up to May 18, 2018 to enable its first class to graduate under accredited status. Enrollment in fall 2018 was 245, with domestic students represented as 56% Asian, 9% Hispanic, 7% African American, and 28% White. International students are currently at 7% of the total population, and 63% of all students are first-generation students. The College of Pharmacy has not yet achieved full accreditation from the Accreditation Council for Pharmacy Education (ACPE), and remains in candidacy status.

Ground was broken for a second college in May 2018. The College of Osteopathic Medicine is situated within a few miles from the College of Pharmacy, and is in very close proximity to a major hospital. The osteopathic medicine program has been granted candidacy status by the Commission on Osteopathic College Medicine. Faculty and staff hiring has already begun and a WSCUC Substantive Change Review was conducted two months prior to the Special Visit. The outcome of that review was WSCUC approval of the new program. At the time of the Special Visit a new 5-year strategic plan outlining a sustainable path for the growth of the two colleges was approved by the board.

The 2017 Seeking Accreditation Visit team made six recommendations that were formalized by the WSCUC Commission in the university’s Action Letter. Briefly summarized, these included:

- cultivating faculty responsibility for student-learning assessment (CFR 2.4),
- making student-achievement evidence accessible to the public (CFR 1.2),
- completing a program review of the pharmacy program (CFR 2.7),
- streamlining the university’s numerous quality assurance systems (CFR 4.1),
- implementing enrollment management tools (CFR 3.4, 3.5), and
- enhancing faculty development, engagement, and productivity (CFR 3.3).

The Special Visit team focused almost exclusively on these recommendations in both preparation and during the visit. Eighteen interviews were conducted in direct alignment with each recommendation, including meetings with students, faculty, university leadership, and members of the board. A confidential email was distributed to the university community and the team received 1 message. In addition to the institutional report, the team reviewed 90 appendices (including institutional guidelines, organizational charts, financial budgets and plans, goals and objectives, survey results, and other qualitative and quantitative reports). Numerous websites and online reports were also closely studied,
and the team had access to review the minutes of core committees within the team room. By the end of the visit the team was satisfied that it had collected and reviewed sufficient information to support the findings below.

B. Description of Team’s Review Process

Three out of four of the review team members for the Special Visit were the same as the previous Seeking Accreditation Visit (including the same chair and same assistant chair). The approach to the Special Visit was focused specifically on the recommendations, yet, based on the recent departure of a newly-hired dean of the College of Pharmacy and several faculty, some attention was also paid to this issue. The rapid growth of the university was also considered with respect to financial sustainability, organization, and governance. For this reason, the new strategic plan was also an area of focus. Team members were scheduled interviews relevant for their writing assignments, with the entire team meeting together for large groups and with leadership. Early executive sessions were used to formulate lines of inquiry that were approved by the chair, and the final sessions were used to refine the team’s findings and reflections into commendations and recommendations for the Commission.

C. Institution’s Special Report: Quality and Rigor of the Report and Supporting Evidence

The report was well organized, concise, and candid in its approach. The team noted that the institution took the Commission recommendations seriously. In the opinion of several team members, however, several sections of the report would have benefited from further reflection and elaboration. Essay 4 on program review, for example, consisted almost entirely of the action plan that was also provided in the report in the appendix. This particular recommendation was achieved and the team determined that this accounted for the minimal discussion within the report.

Overall, the report accurately portrayed the status of each recommendation with suitable evidence. The evidence was analyzed when appropriate, and synthesized as needed. It was clear to the team that CHSU made a sincere effort to address the Commission’s recommendations in order to achieve WSCUC Standards. There was also no doubt among the team members that faculty were highly engaged in all aspects of the process and in numerous associated activities. With the conclusion, again more critical reflection would have been welcomed, but because the team received candid insight during the visit, any slight shortcomings of the report did not inhibit the team’s ability to properly evaluate the institution.

SECTION II – EVALUATION OF ISSUES UNDER THE STANDARDS

A. Faculty-Driven Assessment

*Further cultivate the collective awareness of and responsibility for student learning assessment by faculty, for example through their design of rubrics, analysis of assessment data, and use of those data to inform action planning.* (CFR 2.4)

The team reviewed CHSU’s report and its appendices including information on faculty participation in assessment, committee descriptions, learning outcomes, and student achievement data and met with groups of faculty and administrators. It was found that faculty are highly engaged and focused on student success and they assume collective responsibility for student learning assessment. This occurs through the collaboration among the faculty, course directors, department chairs, and dedicated
committees; the Curriculum Committee and the Assessment Committee in the College of Pharmacy (COP) and the Assessment and Outcomes Committee (AOC) at the institutional level. The COP Curriculum Committee is advisory to the faculty. It reviews proposals for syllabi changes, assessment outcomes, the curriculum as a whole, and brings course changes to faculty. It also collaborates with other committees on admission and graduation requirements. The Assessment and Outcomes Committee manages and ensures the implementation of outcomes assessment and program improvements in accordance with the institutional assessment plan and the Accreditation Council for Pharmacy Education (ACPE) standards. The AOC’s role is to ensure that all graduates achieve Global Learning Outcomes (GLOs), make policy recommendations focused on quality improvement, and promote a university-wide culture of assessment and continuous improvement.

Quality improvement is informed by the SII-PDCA (strength, insight, improvement; plan-do-check-assess) process. The teaching faculty and the course directors assemble and submit the SII-PDCA for each course to the Curriculum Committee, which provides feedback and recommends curricular changes as needed. The completed SII-PDCA forms are assembled into a database for archiving and analysis of themes. The Assessment Committee undertakes annual reviews of the assessment activities and proposes improvements.

Recently, faculty from both colleges collaborated in revising the institution’s GLOs. There was broad faculty involvement and collaboration in this project. Each program aligned its Program Learning Outcomes (PLOs) to the GLOs, thereby facilitating future outcomes data collection and analysis. The COP Competency Assignments (CAs) were also recently backward-designed and integrated into courses to demonstrate student competency and facilitate direct assessment of PLO achievement. Faculty collaborated to assign the knowledge, skills, and mindsets (KSM) required for each PLO at the three increasing levels of capability (introduce, practice, and competency). The competencies are aligned with the Center for the Advancement of Pharmacy Education (CAPE) educational outcomes, as mandated by ACPE. The framework incorporates Pharmacy Curriculum Outcomes Assessment (PCOA) and North American Pharmacist Licensure Examination (NAPLEX) preparation tests.

The utilization of the new mapping and assignments has just begun. While course level data are consistently reviewed, program level data from direct assessment are not yet systematically tracked, summarized, or fully integrated. It is thus recommended that the new assessment framework becomes fully operationalized and that data are used for decision making and resource allocation. (CFRs 2.3, 2.4, 2.6, 2.10) This will support CHSU’s aspiration to increase achievement of outcomes, and, in particular, its NAPLEX pass rate which is currently below the national rate. The addition of a tagging system for examinations aligned with NAPLEX and the data warehouse under development (discussed below) will also aid in these efforts, providing the faculty and administration with a more comprehensive view of student progression and potential areas of intervention.

COP no longer requires a bachelor’s degree for admission and community college transfers have increased. A grade point average (GPA) of 2.7 is desired but not required. There is a high percentage of students whose first language is not English (37%). CHSU monitors student progression, has implemented proactive tutoring and remediation programs, and is currently recruiting a learning specialist. The recent changes in learning assessment were also implemented with the goal of improving outcomes. However, given these diverse student needs and the school’s low NAPLEX pass rates, CHSU should further examine and strengthen its student support approach. This is an area that will require continuous focus. CHSU can further leverage its community partnerships to increase the preparation of applicants given that a large proportion of its students are recruited from the Central Valley. The team
strongly recommends improving success measures such as the licensure exam pass rate through an increasingly robust academic and nonacademic student support system. (CFRs 2.6, 2.13) It will be necessary to evaluate the effectiveness of its support strategies in improving student achievement.

CHSU has further cultivated the collective awareness of and responsibility for student learning by faculty. There is a new assessment framework and several student support initiatives have been implemented or are underway in order to improve outcomes. The team’s recommendations were made to operationalize quality assurance efforts and improve student success measures.

B. Student Achievement Reporting

Make evidence of student achievement accessible to the public, including results from the assessment of student learning outcomes. (CFR 1.2)

CHSU has recently developed a website for the Office of Institutional Assessment, Effectiveness and Research (OIAER); see: http://chsu.edu/oiaer/. This web page presents the Mission, Goals and Values of CHSU. Six options offer selections for further information regarding student achievement: Global Learning Outcomes, Statistics, Assessment Program, Individual Program Assessment, Program Quality Indicators, and Assessment Resources. Information is provided on the 2014 and 2015 entering classes (listed as 2018 and 2019 graduation years) for the College of Pharmacy. As the College of Osteopathic Medicine (COM) will enroll their first class in 2020, the links are not active for this school. CHSU noted in Essay 1 of its report (p. 4), that the responses by the WSCUC recommendations focus only on the COP as the COM was not in operation at the time of the Seeking Accreditation Visit 2.

Global Learning Outcomes for CHSU are delineated as are the Program Learning Outcomes for each of the schools. Quality improvement is checked widely throughout CHSU, from offices, committees, and institutional initiatives. The institutional report indicated that the COP Assessment and Outcomes Committee (AOC) annually reviews the assessment activities from the previous year and proposes improvement (p. 11). A review of the description of activities for the AOC appears to center on the GLOs and not on the PLOs or related Course Learning Outcomes (CLOs). A great deal of focus has been centered on the revision of the GLOs with the corresponding PLOs for each GLO. A tool is yet to be developed to track each student’s accomplishment on the GLOs, PLOs, and CLOs.

Under the Statistics section of the OIAER website, information is provided on faculty and staff for COP and COM. This option also includes data on the 2019 employee engagement, COP enrollment data, COM enrollment data, and COP financial aid data.

CHSU’s Assessment Program section of the website is intended to include both the institutional and programmatic assessment plans; however, at present includes only the assessment and continuous quality-improvement SII-PDCA form. Completion of this form would be the final step in the annual review of the activities of courses, COP committee, offices and initiatives. In discussion with the Assessment Committee it was not clear whether every course in the curriculum was assessed although reference was made to minor changes made to the curriculum from course assessments.

The Program Assessment section of the website includes the most recent versions of the GLOs and PLOs for each of the schools, yet as these learning outcomes are recently approved no assessment results are available. It is recommended that CHSU make public disaggregated student achievement data (CFR 1.2). CHSU Program Quality Indicators included the COP Student Progression and Retention reports for cohorts entering in 2014 through 2018. The COP faculty assessment of the previous (and not current)
GLOs for the classes who entered in 2014 and 2015 and graduated in 2018 and 2019 are included. While none of these options are robust, and several are placeholders, CHSU is creating opportunities for future reports.

Finally, the Assessment Resources section of the website provides links for eight of the fifteen AAC&U Value Rubrics as well as information on how to access these rubrics. No resources were provided on rubrics specific to pharmacy and osteopathy institutions.

C. Pharmacy Program Review

*Complete a program review of the Doctor of Pharmacy program and use review results to inform planning, budgeting, and resource allocation. (CFR 2.7)*

A review of the Doctor of Pharmacy program was conducted in spring 2019. Four core faculty volunteered to lead the review, and they included on their team representatives from university administration and the College of Osteopathic Medicine. The team selected an external reviewer who is a registered pharmacist that holds a doctorate in health education, and bachelor’s and master’s degrees in Pharmacy. The self study for the review was aligned with the program’s accreditation review for Accreditation Council on Pharmacy Education. Several areas overlap between ACPE standards and WSCUC best practices for program review, such as outcomes assessment, curriculum relevance, and planning and goal setting. CHSU’s study was well organized and included a history of the program, a demographic and academic profile of the student population, and a demographic and scholarship profile of the faculty. The study also provided an overview of the curriculum, a description of team-based learning pedagogy, core assignments and standardized tests, evidence of program excellence, and goals for the future.

A number of strengths were identified through the review process; most notably, service to the Central Valley in alignment with the CHSU mission through both enrollment and job placement. For example, the report states that 52% of 2018 licensed graduates are currently working in the Central Valley. Several improvements were also noted and goals were set in the areas of student academic performance, admissions, faculty, and financial resources. Improvements needed were a focus of the Special Visit team’s many interviews, and given that the COP is the primary program on campus at this point, there are also institutional goals that must be addressed for the health of the university. Some of the findings of this program review, therefore, are reflected in the team recommendations.

These include the team’s recommendation that the university improves student success measures particularly, licensure examination results, and career outcomes through increasingly robust academic and student support efforts (CFRs 2.6, 2.13), which was informed by “Area of Improvement 1: COP Student Academic Performance”, as well as the team’s recommendation that the university executes the university’s faculty-hiring plan and ensures continuity in order to achieve institutional objectives and support the student experience (CFR 3.1), informed by “Area of Improvement 3: COP Faculty”.

It must also be noted that the ACPE review resulted in a postponement of their decision to approve full accreditation by extending candidacy status. This is technically not an adverse action. The primary issue was explained as the recent departure of the dean of the college, and the university is in the final stages of a search for this position. Also of importance for ACPE is the need for the program to exceed 100% capacity of slots for students in clinical rotations. This issue was addressed in the goals and the action plan following the review. The Office of Experiential Education is currently conducting an inventory of the availability of slots with the aim of achieving “reliable access” to clinical sites by June 2020.
D. **Streamline Quality Assurance**

_Prioritize and/or consolidate the vast number of quality assurance systems in order to streamline faculty and staff efforts and provide deans and administrators with more focused information, for example, using dashboards relevant for multiple constituents. (CFR 4.1)_

While it does not appear that CHSU has reduced the number of software programs used to collect information it does appear that they have focused their software efforts in institutional and administrative assessment, COP academic program assessment, and COP recruitment and admissions process.

Institutional assessment is shared between the Office of the President and the Office of the Provost. The software, Enterprise Risk Management (ERM), is the main tool for assessment of institutional units. The ERM Council has streamlined risk identification in many areas of the institution by the use of a comprehensive compliance matrix from the Higher Education Compliance Alliance (HECA). Not only has use of the ERM and the compliance matrix reduced redundancy and promoted better communication across the institution, but it has also provided an internal dashboard illustrating the extent to which CHSU has mapped its risks.

The institution is to be commended for developing the CHSU Strategic Plan 2019-2024 that includes their strategic and tactical goals mapped to theWSCUC Standards, time frame for implementation, and metrics to be used to measure progress. The updated strategic plan calls for realignment of the CHSU Assessment Plan which will assess policies, procedures, outcomes, and performance across the plan. CHSU has also focused its overarching assessment mission in the OIAER and the Assessment and Outcomes Committee. CHSU has provided assessment offices in both the COP and the COM, with each of the schools responsible for its own assessment plan.

Other forms of ongoing evaluation include assessment of faculty and staff performance and engagement. For the faculty this includes an annual performance review, a comprehensive assessment of faculty effort productivity through the use of a faculty growth rubric and functional mentoring. Additionally, assessment of employee engagement is accomplished through a survey which measures engagement in the workplace. The results are benchmarked against results published by the Gallup organization. Another method of assessing the administrative units is through the 360-degree evaluation which measures the effectiveness of the College Administrative Committee (COP leadership team). A desired outcome is increased communication between administration and COP faculty.

As indicated in the institutional report, CHSU uses multiple software systems to collect data for academic program assessment. The ability to coordinate, integrate and achieve meaningful reports on GLOs and PLOs has required the institution to begin developing a data warehouse. The data warehouse will be coupled with a program called PowerBI in order to facilitate comprehensive reports, dashboards and inquiries. The team anticipates consolidation and integration of the numerous data points being collected.

CHSU utilizes BrightSpace, a learning management system that recently replaced another system. BrightSpace houses curriculum for the first three years in the COP, as well as student performance from its Team-Based Learning (TBL) methodology. This system also gives the opportunity to store co-curricular activities for future use on the co-curricular transcript. CHSU also uses ExamSoft to administer
exams to students. This system, beginning in 2019-2010, provides the opportunity to enter and edit assessment items mapping them to PLOs and CLOs.

An additional system, COReLMS, is an experiential learning management software that facilitates the scheduling and review of the COP introductory and advanced pharmacy practice experiences. COReLMS collects assessment data of student performance in the practice experiences as well as the evaluations of the preceptors, and the site and self-evaluations by the students. Further, an internal dashboard is in process of development to ensure how best to support real-time monitoring of the clinical sites and available slots.

IDEA Student Ratings of Instruction has been acquired to manage student ratings of teaching and learning for courses not managed by COReLMS. The data collected from IDEA is benchmarked against that of other colleges of pharmacy. Information gathered from IDEA is used to evaluate student assessment progress and is also used as a component in evaluation of faculty performance.

E. Implement Enrollment Management Tools

Secure and implement enrollment management tools such as a Customer Relationship Management (CRM) system to provide necessary data for student recruitment. (CFR 3.4, 3.5)

In the academic year 2018-19 CHSU purchased and began the implementation of EMP Liaison to manage the recruitment and admission process. The reason behind the prior recommendation was the increasing competitiveness of attracting qualified students to the College of Pharmacy, and their ability to meet admission goals. The state of California has sixteen colleges of pharmacy, which reflects the recent surge in the past decade as illustrated on the web site for the American Association of Colleges of Pharmacy. Consequently, the employment outlook for graduates has had a downturn based on the number of graduates, as well as the corporate practice of pharmaceutical delivery to patients and healthcare facilities.

In support of achieving CHSU’s admissions goals, the team was very encouraged by the vision of COP’s leadership and the Board of Trustees in refocusing on the founding vision of serving the Central Valley of California. Consequently, they are employing EMP Liaison to track and engage Central Valley prospective students. Using the EMP Liaison tracking capability the admission’s staff is focusing on their pipeline programs which begin in high school, pre-health seminars, and particularly pre-pharmacy clubs at local universities. Although very early in the process, CHSU has increased the percentage of the first year entering class from the Central Valley. They also learned that their effort spent going to some locations has not been productive. These are just a few examples of the potential opportunity CHSU has to study multiple dimensions for recruitment.

The early data from the software investment and concern about the competitive market for qualified applicants created an incentive to work closely with local community colleges and universities to provide a healthcare educational opportunities within the Central Valley, thereby reducing the total cost of attendance for a professional degree.

F. Faculty Development

Enhance faculty development efforts to ensure engagement and productivity and to strengthen a sense of community among faculty, for example, by creating a mentorship program for faculty new to the profession. (CFR 3.3)
Documents reviewed for this recommendation included the information on the functional mentoring program, research development, faculty areas of responsibility, and faculty and staff engagement in the report and on the Office of Institutional Assessment, Effectiveness and Research website. The team was pleased to find a vibrant faculty community, focused on student learning and engaged in a variety of faculty development activities. During the first half of 2018 COP lost its dean and seven clinical pharmacy faculty. Nonetheless, CHSU was able to quickly replace the faculty members who departed. The provost is currently covering the COP dean position while the search for a new dean is underway.

The CHSU faculty appointments cover the traditional ranks, with 69% at the assistant level. More than half of the faculty have been in their position for less than two years. CHSU uses a formal onboarding curriculum with an emphasis on the attitudes and interpersonal habits that support a collaborative, positive, and productive culture. Faculty development includes strengths and personality assessments and other team building components. There are currently multiple opportunities for faculty to socialize with other faculty and staff.

CHSU has been strengthening the faculty’s ability to deliver the curriculum using the TBL methodology. There are internal workshops led by the four faculty members who are Team-Based Learning Collaborative (TBLC)-certified consultant-trainers, as well as external training opportunities. Additional faculty members (approximately 43%) are currently seeking the Fundamental Knowledge certification, and all new faculty are expected to seek and obtain certification within a year of hire.

The broad faculty participation in the developing GLOs, PLOs, and the PLO-KSM mapping is an important example of faculty engagement. The sense of community and participation was evident for the review team during the visit. Faculty committees such as the Curriculum and Assessment committees were responsible in large part for the success of these initiatives. Other committees have advisory and decision-making power for additional components of the student lifecycle. Consequently, the team commends CHSU for its commitment to faculty governance fostering a strong faculty voice and community.

A Functional Mentoring Program was introduced in May 2019. The program includes cognitive, affective and skill-based mentoring aligned with the faculty’s tripartite mission of teaching, service, and scholarship. Faculty self assess using CHSU’s growth rubric, and then one or more mentors are assigned by department chairs to each full-time faculty member for areas of needed improvement. The mentoring is guided by specific targets and goals for each faculty member. In addition to the mentoring program, there are specific resources and trainings focused on scholarship.

The team’s meetings with mentors and mentees revealed that faculty welcome the program and are satisfied with the process. They are excited to create new connections and strengthen existing ones while also focusing on achieving specific goals. CHSU is commended for this mentoring program, which contributes to faculty development, collaboration, engagement, and to instructional quality. It is expected that as a new initiative, the mentoring program will need further nurturing and will benefit from a formal evaluation as it matures.

CHSU assesses engagement through a variety of tools. Every two years, all CHSU employees, including faculty, receive a survey modeled on Gallup Q12, a validated instrument measuring engagement. The 2019 edition revealed that 79% of the faculty felt someone at CHSU encouraged their development (compared to 78% in 2017) and that 100% of faculty felt their supervisor cared for their well-being (compared to 56% in 2017). Less faculty perceived that they are being heard, as only 69% agreed or
strongly agreed their opinion counted at CHSU. Nonetheless, this represents an improvement from 2017 when only 44% agreed or strongly agreed with the statement. Other areas of opportunity include faculty and staff recognition, helping them find a fit, and helping them form relationships at work. The mentorship program is likely to have a positive effect on these perceptions among faculty in the future.

CHSU also conducts the annual AACP Faculty Survey. One of the items in the 2019 survey revealed that 62% of faculty agreed or strongly agreed that their allocation of effort has been clearly stated, compared to 75% in 2018, and 79% in the 2019 national average. This was likely due to the timing of the survey after the departure of the seven faculty members when the remaining COP faculty assumed additional teaching duties. Currently department chairs are making a concerted effort to ensure a transparent and equitable workload, and it is expected that this perception will improve. While surveys generally show good levels of engagement, it is suggested that CHSU continue to nurture faculty input, monitor faculty duties and responsibilities, and prevent attrition and disruption.

Overall, faculty development has been enhanced, a functional mentoring program is in place, and the sense of community has been strengthened. The team recommends that CHSU execute the university hiring plan and ensure continuity of faculty and administration to achieve institutional objectives and support the student experience. (CFR 3.1)

SECTION III – NA

SECTION IV – FINDINGS, COMMENDATIONS, AND RECOMMENDATIONS

The team was impressed with the level of engagement from the campus, and was very appreciative of the candor provided in response to their lines of inquiry. What follows are the team’s commendations and recommendations to be reviewed by the Commission.

The institution is commended for:

- the 2019-2024 Strategic Plan that includes their strategic and tactical goals mapped to the WSCUC Standards, time frame for implementation, and metrics to be used to measure progress
- The functional mentoring program with guided targets and goals contributing to faculty development, collaboration, engagement, and instructional quality
- Broad faculty participation in the development and implementation of Global Learning Outcomes, Program Learning Outcomes, and competency assignments
- Institutional commitment to faculty governance that fosters a strong faculty voice and community

The team recommends that the institution:

- Make public disaggregated student achievement data. (CFR 1.2)
- Operationalize quality assurance efforts, including the new assessment framework and supporting technological infrastructure, and use the data generated to inform decision making and resource allocation. (CFRs 2.3, 2.4, 2.6, 2.10)
- Improve student success measures, such as licensure examination results and career outcomes through increasingly robust academic and student support efforts. (CFRs 2.6, 2.13)
• Execute the university’s faculty-hiring plan and ensure continuity in order to achieve institutional objectives and support the student experience. (CFR 3.1)