Report of URI Committee on
Reshaping Health Education, Research & Outreach at URI

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Executive Summary

With the passage of the 2010 Affordable Care Act, the nation is undergoing the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. The industries, policies, and economics related to human health, in all forms and business structures, are under pressure to deliver improved outcomes and value and to focus on disease prevention as well as treatment. The goal is a greater emphasis on “health” and higher levels of safety and quality within a cost efficient, accessible, "patient focused," and "accountable" health care system.

Our public learning-centered research university is committed to engaged learning, scholarly discovery, and civic involvement that enriches the lives of students and citizens of the State, nation and world. As the economy recovers from its downturn, careers in the health-related professions and allied fields are projected to be in high demand. Healthcare jobs are expected to grow faster than any other industry — roughly 22%, or 3.2 million new jobs, by 2018.

It is in this context that we began to examine whether our academic teaching, research, and outreach efforts are optimally coordinated for the future. What structure will best accomplish our goals of synchronizing and expanding our current expertise in health at URI for excellence in interdisciplinary teaching, expanding research, and creating outreach and revenue? What structure will best generate opportunities for students and faculty?

The Committee on Reshaping Health Education Research & Outreach at URI, including representatives from a full range of health disciplines, worked diligently to examine all options, including maintaining our current structure. This proposed model was unanimously approved by the committee and includes both a restructuring of current health colleges and departments into a College of Health (name to be determined) and the addition of a Center for Health Innovation (name to be determined). The Center will serve as a catalyst to innovation in interdisciplinary teaching, research, outreach, and business.

A College of Health would represent the University’s most innovative reorganization in decades. Such change will raise anxieties and cause stakeholders to ask “What might my department, my disciplines, and I lose, if we choose to participate?” Given how central the new college would be to our university and society, we also need to ask “What will we lose if we don’t make this change? What will our college or department lose if we don’t participate?”

The College of Health and its unique Center is designed to help drive the future of health in our society and the future of higher education in our university. This is a rare opportunity to create a better future for our departments and colleges, disciplines, ourselves, and undergraduate and graduate students. In the Inclusive spirit of this proposal, we welcome all stakeholders to explore how they can help advance this vision and mission.
• The Committee’s final recommendation is to organize all health-related disciplines, resources and activities under one umbrella – a new College/Division of Health. This will enable the University to demonstrate to all stakeholders – students, faculty, alumni, funding authorities, community, etc. - the critical mass that exists currently at URI. This should help URI communicate that URI is/can be a leader in the new environment of patient-centered and value-driven health care.

• The proposed College/Division of Health is built on a more comprehensive and inclusive definition of health which should attract many students, faculty and other stakeholders. It should help the University grow and prosper in the new Health education environment.

• The new College/Division will have 3 subunits – Pharmacy, Nursing and Health Sciences – each to be headed by an Associate Dean for internal stakeholders but titled Dean for external stakeholders. This will enable the new College/Division of Health to satisfy accreditation requirements in the short term while preparing for further integration in the future as conditions evolve.

• The new College/Division will incorporate a Center for Integrative Health Sciences, Services and Studies (IHSSS) that will be key to horizontal integration necessary for innovation and collaboration in research, teaching and outreach activities. The Center will identify opportunities and support activities that will engage the new College/Division’s faculty, undergraduate and graduate students in inter-disciplinary teams organized around major gaps in knowledge needed to make integrative health more of a reality. The Center will also develop and deliver innovative programs that are revenue generating and promote private/public partnerships.

• Adoption of this proposal will not go unchallenged as it is a significant departure from the existing structure which has URI’s considerable health-related assets distributed across many different colleges. It is important to communicate the mission and activities of the proposed new College/Division so that significant benefits of the proposed structure are recognized and embraced by relevant stakeholders.

• If adopted as recommended, the new College/Division of Health is poised to become the second largest College in terms of faculty and undergraduate majors and the largest in terms of graduate majors.
Committee Deliberations

Once the Committee was formed, members met nine times during Spring Semester 2013 and Summer 2013. The Committee was ably supported by John Olerio who helped with many administrative tasks such as scheduling meetings, taking and posting minutes, doing research on comparable institutions and making all the documents available on Sakai for Committee members.

1. The Committee’s Charge

One of the first tasks was to consider the charge given to the Committee by Provost DeHayes and Vice Provost Beauvais (see Appendix I). The committee was asked to consider the following:

1) Potential new academic structures that could be created to unite some or all of the health-related fields at URI and more efficiently and effectively address current overlap, gaps, duplication, and new options for coordinated curriculum, collaborative research, and inter-professional care delivery;

2) Explore optimal proximity arrangements of health programs on campus and whether close physical proximity would have advantages;

3) Consider how innovative and interdisciplinary teaching and research opportunities and potential positive synergistic interactions among faculty could be advanced with an organizational alignment that consolidates health-related faculty expertise;

4) Determine how this realignment would affect other program, departments, and/or colleges and propose possible resolutions that might be explored to their benefit.

The Committee decided that:

• charge numbers 1 and 3 would be the central concerns;
• the first part of charge number 4 (determine how this realignment would affect other program, departments, and/or colleges) would also be a concern but that the second part (propose possible resolutions that might be explored to their benefit) should be given more intensive scrutiny by a different committee;
• charge number 2 would not be a direct concern.
2. The Health Education Environment

Since the impetus for the Committee was the changes in the Health Education Environment created not only by the passage of the 2010 Affordable Care Act but also by major changes in technologies, processes and health care related organizations, the Committee shared their concerns regarding the health education environment. The major consensus was that:

- Healthcare is different than health and wellness. Both should be part of the URI health education environment.
- URI does not need to be dominated by a biomedical model; not having a medical school can actually be an advantage.
- Health as defined by the World Health Organization (WHO) – “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” – can be a model. Many URI professors already use this definition in their teaching.
- The WHO definition is consistent with the initial charge put forth by the Provost. The charge speaks of disease prevention and promoting healthy life styles.
- Social determinants of health are important and becoming a prominent issue on many international stages.
- Healthcare management is a critical component and we may want to incorporate the management of healthcare resources into our health definition.
- Public health is another critical component to consider as part of URI’s commitment to health education.

Based on these considerations, the Committee concluded that WHO definition of health would serve as the overall goal. The WHO definition of inter-professional education (IPE) is particularly relevant “occurring when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes” and our deliberations regarding the health education organization structure should explore all strategies which can be utilized to advance health education, research and outreach at URI.

3. The Evaluation Process

The central task was to consider how the existing URI Health Education Structure was organized to achieve the overall goal and to generate and evaluate alternative structures that may be better suited. This central task was performed in several steps:

a. It was agreed that the over-arching rationale for our recommendation should be to make URI stand out in the field of health through growth and innovation. Specifically that means URI should be:

- Educating health professionals of the future;
- Creating efficiencies in curriculum and outreach through collaborative and ‘holistic’ programs; and
Engaging in collaborative teaching and research.

It was also agreed that these overall goals can be best met if there are:

- Sharing of resources;
- Maintenance of accreditation mandates;
- Rationalization of faculty workloads; and
- Support for grant development.

b. The following criteria were ordered in importance for the evaluation of current and alternative structures:

1. Sustainable, economical, productive;
2. Innovative, differentiate, flexible;
3. Integrate, inter-disciplinary, synergy;
4. Co-ordinate, share, equitable, flexible;
5. Thriving, supportive;
6. Compatible, congruent;
7. Network effects (both positive and negative)

Since these criteria were not mutually exclusive, the Committee chose not to spend more time elaborating on the criteria. Instead, it was decided that the criteria would serve as guidelines for the evaluation of alternatives.

c. An inventory of health related assets was created to provide a better description of how current URI health education was organized. This is shown in Appendix II. While not exhaustive, the inventory attempts to describe the resources – programs, people, facilities – that currently focus on health related activities at URI.

4. Alternative Health Education Structures

In order to consider alternative structures, the Committee took several different approaches.

- Subcommittees generated alternatives.
- A list of schools with alternative health education models was generated. Appendix III lists the schools examined by the Committee.
- A short list was created for in-depth examination. Focus was on schools with different models of organizing their health disciplines:
  - Northeastern University and Idaho State had one integrated College/Division.
  - University of Connecticut used its Center for Health, Intervention and Prevention (CHIP) to focus on research issues through collaborative teams drawn from health-related disciplines in their existing organizational units.
University of Delaware used a ‘consortium/alliance model’ to co-ordinate and promote health-related activities between University of Delaware, Thomas Jefferson University and area hospitals. The College of Health Sciences within UD included School of Nursing and departments such as Behavioral Health and Nutrition, Kinesiology and Applied Physiology, etc. UD did not have a school of Pharmacy which existed in TJU. Several health-related centers are also located within the College of Arts and Sciences.

- Specific members spoke with representatives of these programs and secured details on their organizational structure as well as their strengths, weaknesses and achievements. Appendix IV provides descriptions of the organizational structures at the four schools examined in-depth. All these alternative models were then discussed.

Based on these alternative models, four different structures were further considered as possible organizational structures for URI. These were:

1) URI as it is currently organized.

In this alternative, no change was anticipated in the structure of the organization. Health-related disciplines/departments/colleges would stay in their own existing organizational units.
2) URI with a Health Related Center (comparable to University of Connecticut).

The Health-related Center would draw upon the health related disciplines/departments but there would be no change in the existing organizational structure. The Center would become the central unit through which health-related activities are promoted to various constituencies and would report directly to the Provost.

![](image)

3) URI with a Health Related Co-ordinating Committee (modeled after University of Delaware, except with internal constituencies).

This alternative envisions a Committee composed of Deans from the three Colleges that primarily focus on health – Pharmacy, Nursing and HSS – or of health related faculty. The primary task of the Committee would be to advocate for and co-ordinate health-related activities. This alternative also did not envision any change in the existing organizational structure.
4) Re-organized URI with all Health Related departments/disciplines under one roof. This would be similar to Northeastern or Idaho State University.

Options 1 - 3 did not suggest any changes in the current organizational structure. While there are considerable strengths of the current structure, there are several weaknesses as well that serve as
barriers for collaborative teaching and research. It was noted there is a lack of centralized resources (Statistical, databases, etc.) for faculty with interests in health-related research, scholarship and outreach. To take advantage of opportunities, it was evident that a centralized place to share innovative ideas would:

- foster collaboration, share research interests and resources;
- develop new programs, be responsive to healthcare environment, apply for more grants; and
- be a place for students to explore opportunities in health education.

After serious discussions and deliberations, options 1, 2 and 3 were eliminated for further consideration because they failed to meet the multiple criteria established for evaluation.

- Alternative 1, while compatible and congruent with existing culture and practices, would not be able to offer URI the differential advantage required in the new environment and provided fewer opportunities for integration and inter-disciplinary focus.
- Alternative 2 appeared to work well at UCONN. Part of UCONN’s success was its funding; the operating budget came from the University. Furthermore, URI needed to go beyond research and integrate teaching and outreach. Without changes in the organizational structure, this integration was unlikely.
- Alternative 3 offered little change, not significant enough to reshape URI’s health education in a positive manner. Deans currently are able to advocate for more integrated health programs but there is no evidence it takes place within the existing structure. Faculty may be more capable of advocating and supporting such integration. Delaware has a model that is across institutions but not within the institution.
- Alternative 4 was considered superior on most criteria including being innovative and offering the maximum opportunity to differentiate URI. If successfully implemented, it had the potential to create a thriving, supporting environment that would be able to build and deliver innovative, integrated, inter-disciplinary programs, generate revenue as well as educate health professionals of the future. However, re-organization of the departments/disciplines was not considered to be sufficient; a Center was also recommended.
Final Recommendation

1. Proposed New Health Unit

The Committee considered various alternative ways to organize URI’s health-related disciplines under one roof. Four alternatives were generated (Options 4A, 4B, 4C & 4D - described in Appendix V) and the final recommendation was to create a new College/Division of Health (Option 4A) with three organizational units to house the academic departments and one Center to organize and offer integrated health sciences, services and studies.

The key features are:

1. All health related disciplines are brought together under one organizational roof.
2. There will be three sub-units within this one organizational structure – Pharmacy, Nursing and Health Sciences.
3. The new School of Health Sciences (name to be determined later) will include the various health related disciplines from HSS – CMD, HDF, Health Studies, Kinesiology, PT – as well as Psychology (from A&S) and Nutrition & Food Science (from CELS).
4. A Center that facilitates and promotes the activities of the new College/Division of Health is a requirement for the adoption and implementation of the new
organizational structure. The mission and possible activities and organization of the center are described further below.

5. Because the Center is more than a research center, we recommend that the Center report directly to the Dean of the new College/Division of Health.

6. This may be considered a shorter-term solution to further integration of Health related activities as opportunities and URI strengths further develop in the future.

**Structure, Hierarchy, Reporting Lines**

The final recommendation has one integrated College or Division, headed by a ‘Dean’, ‘Super Dean’ and/or ‘Vice President’ who will report to the Provost. To meet accreditation and other requirements, the administrative head of all three sub-units within the new Health Unit would carry the title of Dean (for external stakeholders) and the title of Associate Dean (for internal stakeholders). Such an example can be found at Northeastern University.

Despite strong support for title of ‘Dean’ as head of the three sub-units, particularly by committee members from Pharmacy, resource and other considerations did not justify such a recommendation. Alignment with URI’s organizational structure and hierarchy (such as Council of Deans, etc.) was taken into account to recommend the title of Associate Dean for internal purposes and the title of Dean for external purposes. It was not recommended to title the heads of these sub-units as ‘Dean’.

This has implications for the naming of the unit as well; College of Health Sciences is more traditionally headed by a Dean where as a Division of Health Sciences may be headed by a Vice President. We did not support a ‘Super Dean’ to be appropriate.

A College of Health Science can have a School (of Pharmacy, Nursing, etc.) as a sub-unit but not a College (of Pharmacy, etc.). A Division of Health Science, however, can have a College (of Nursing or Pharmacy) as a sub-unit. The final decision for naming the unit or sub-unit was not made by the Committee but is a consideration for the future.

The Center is also designed to be a center for health resources that will facilitate the College’s mission to educate health professionals of the future through collaborative and ‘holistic’ programs. It is important, therefore, the Center reports to the ‘Dean/Vice President’ of the new College/Division of Health.
3. Justifications

The two key features of the recommended structure are 1) organization of health-related activities under one College/Division and 2) the Center to facilitate and promote collaboration and integration of teaching, research and outreach activities. The justifications include:

- Organizing URI’s health-related assets under one roof to demonstrate to all stakeholders – students, faculty, alumni, funding authorities, community, etc. - the critical mass that exists currently at URI. This should help URI communicate that URI is/can be a leader in the new environment of patient-centered and value-driven health care.
- One organizational unit with one leader who will advocate for health related activities and resources with all stakeholders as well as co-ordinate and allocate resources equitably within the unit.
- Setting conditions that encourage and facilitate collaboration among the faculty and staff. While some collaboration and multi-disciplinary activities occur already, the new organizational structure is believed will strengthen the conditions and increase the opportunities for new research, teaching and service activities.
- Encouraging innovation in teaching, research and outreach activities. Ideas for new curriculum, experiential learning, and revenue generating activities are currently limited in the existing silos; the new organizational structure is expected to actively seek out such ideas and invest in pilot experiments that will lead to new offerings.
- Attracting talented students – undergraduate and graduate – as well as faculty to URI.
- Innovative and inter-disciplinary programs can be created and more effectively delivered in the new proposed structure. The Gerontology program and Health Studies undergraduate major are good examples of successful interdisciplinary programs at URI. The new organizational structure will make it easier to communicate to potential students the availability of such innovative programs at URI.
- Despite the new organization, it was felt very strongly that it alone would not encourage enough innovation to make a functional difference. The existing curriculum, faculty specializations and workloads inhibit greater collaboration. The Center will serve as the main impetus for integrative and innovative programs across the new College and serve as a resource (and affiliation) for individuals working in the focus areas that are currently outside the radar of existing faculty/disciplines.

4. Resource Implications

There are resource implications for the new organizational structure.

- The new ‘Health College’ will be led by one Dean instead of two Deans for College of Pharmacy and College of Nursing under the current system. Since only some departments
are being ‘taken out’ of HSS, the current Dean of HSS will remain in place until separate decisions are made about the remaining organizational structures at URI.

- There will be three Associate Deans of the new ‘Health College’.
- The Center requires investment in administrative and other resources in order to initiate and support new and innovative proposals. While some resources are available at the various Colleges/departments (see Appendix II), additional resources have to be made available to ensure the success of the proposed organizational structure.

5. Proposed Center for Integrative Health Sciences, Services and Studies (IHSSS) (name of center to be determined).

Because both the Health industry and the University system are organized around specializations, integration of health care and education are both left to the populations who are least prepared, namely patients and students. The Health environment, however, is putting pressures on such silos and demanding synergy across functions that promote productivity and creativity. The current academic silos, even within the proposed College/Division of Health, may not in the short-term, facilitate such inter-disciplinary collaboration.

The Center is being proposed (mandated) to facilitate collaboration among multidisciplinary faculty and students. Vertical and horizontal collaboration teams of multidisciplinary faculty, graduate students and undergraduate students could be organized around filling major gaps in knowledge needed to make integrative health more of a reality. The mission of the Center includes:

1. To create interdisciplinary vertical/horizontal teams that collaborate on developing and educating alternative models and systems that best support an integrative process for health care.
2. To identify opportunities which promote URI’s local/national/international participation and recognition in health science research, teaching, outreach/practice and business.
3. To identify, plan and manage health related activities that are revenue generating.
4. To promote private/public partnerships.
a. **Advisory Board**

To achieve the mission of the Center, it is recommended that an Advisory Board be formed of external and internal stakeholders. This would allow key external stakeholders such as hospitals, insurance and medical companies, community members, health care organizations (i.e. clinics, home care, hospitals, HARI, RI Department of Health, etc.) as well as other government agencies to provide input regarding key issues. This would help develop innovative Center activities – teaching, research and outreach - and allow internal stakeholders to stay attuned to the needs and trends in the external environment. It would also foster private-public partnerships.

b. **Focus Areas**

Center activities can be organized around several thematic or focus areas. These emphases would allow inter-disciplinary teams to collaborate around specific topics and/or for specific target groups. Some of the potential focus areas include (but not limited to):

- Aging and Health;
- Allocation of Healthcare Resources;
- Data and Policy;
- Disabilities and Health;
- Food and Hunger;
- Health Disparities;
- Health Information Systems and Technology;
- Innovative Health Research Methods;
- Integrative care;
- Pediatric Health;
• Population well-being;
• Social Determinants of Health and Disease;

Topics can emerge from input received from the Advisory Board, potential sources of funds as well as interests and expertise of faculty as they evolve in the future.

c. Health Sciences Research & Grant Support (name to be determined)

The primary goal of this office would be to facilitate health related research activities that are evidence-based and designed to enhance the health and well-being of whole persons and populations. The focus of this unit will be to identify opportunities, funding and data sources that promote inter-disciplinary research. Activities will include expert consulting on data collection, data management, and advanced statistical analyses as well as assisting student, staff, and faculty researchers with project planning, research implementation, data analysis, summary preparation and dissemination activities.

As an example, the RI Department of Health and Human Services has an interest in this model. It has large databases across domains of health and wellbeing as well as major resources for research and evidence-based policy planning from Medicare and Medicaid. This can serve as a magnet for drawing experts not only from the health related departments at URI but also individual faculty from other departments who have an emphasis on health economics, health policy, big data statistical analysis and model developers.

The CPRC is already an example of such multi-disciplinary research. The CPRC has not only generated millions of research dollars and engaged many students and faculty across several disciplines, the research has led to commercial products that have produced more royalties than all of the intellectual properties in the history of the university and the students have helped spawn an award-winning research and dissemination company. A larger, more expanded Health Sciences Research and Grant office will be able to support processes essential for whole health with similar benefits.

The office would be staffed with grant support people as well as individuals with knowledge of health related databases.

d. Integrative Health Clinic, Experiential Learning & Business Development (name to be determined)

We believe there is a strong potential to create a Clinical & Experiential office which would be a physical site/structure to allow for integration of research, teaching and outreach activities. The site would allow teams of professionals from a variety of disciplines to offer services to at-risk populations to improve their health and wellbeing. It can involve students in the delivery of interventions and offer an unique opportunity to witness how inter-disciplinary teams function in
clinical settings and also allow students to work with ‘real’ individuals. It is envisioned that the facility could offer:

- randomized clinical trials;
- opportunities for participatory action research and comparative effectiveness research;
- co-ordinated placement system;
- standardized background checks, immunizations, HIPAA, Care Learning, Statewide registry for student hospital placement;
- revenue generating activities.

As an example, the proposed Bio-Behavioral Healthy Lifestyle Center (included on CIP list for 2017) offers Kinesiology and its research partners (Nutrition, Gerontology, Psychology, Nursing, Health Studies) the ability to conduct on-site, supervised clinical trials as well as participate in large-scale, multi-center trials funded by NIH and other agencies. Current lack of suitable facilities limits Kinesiology from participating in large, behavioral-based intervention studies. This facility could be expanded to include a health clinic where faculty and students from all units (PT, CMD, Nursing…) could provide service to underserved individuals in the community. This type of innovative program allows faculty to combine teaching, research, and outreach.

Similarly, Nursing could engage faculty and students in actual care by creating a site, such as University of Missouri’s Tiger Place – as a state of the science model for aging. Such activities have made the School of Nursing at University of Missouri to become the most well-funded nursing program in the U.S.

e. Integrative/Interdisciplinary Teaching (name to be determined)

The emphasis of this office will be to promote integrative/interdisciplinary teaching. Currently, accreditation requirements and faculty specializations prevent integrative/interdisciplinary teaching that is more suited to the emerging health care environment. For instance, the innovation of Patient Centered Medical Home, makes the patient the center and future students have to be prepared to treat the needs of the whole patient, not just particular parts treated by specialists. This office can facilitate offering of new/experimental courses to prepare students as well as allow current students to engage in individual/independent research that spans the boundaries of traditional disciplines.

In addition, short term and certificate courses such as “Affordable Care for Small Businesses” can be offered on a fee basis to special populations outside the traditional university student groups.
6. Limitations

The Committee’s deliberations were constrained by existing structural conditions as well as areas of potential resistance.

• The recommended alternative – Option 4A - is not the most innovative but is more congruent and compatible with existing culture and practices than Option 4C. In the short term, it was decided that URI’s current structure and conditions were not suited for Option 4C. Instead, the traditional and existing organizations – Pharmacy and Nursing – were kept intact while the other departments/disciplines were organized into the ‘School of Health Sciences’.

• In the future, strategic and more mission-driven analysis might facilitate further re-structuring and integration of the health disciplines. Despite the attractiveness of option 4C, there was no consensus regarding the ‘division’ of departments and disciplines. For instance, the current department of Nutrition and Food Sciences has Dietetics, which is clinical and applies the diet research to treatment; Nutrition focuses on research. At this time, it was not considered acceptable to split up Dietetics and Nutrition in order to place them in School of Health Professions and School of Health Science, as proposed in option 4C. It was also clear that HDF has two faculty interests and one of them is more aligned to Education while the second is more aligned to Health but the HDF faculty wishes to remain intact. Similar issues faced other departments/disciplines.

• Another limitation of the proposed structure is exclusion of other health related faculty that currently resides in various other departments. For instance, biomedical engineering in the College of Engineering, or Clinical Laboratory Science at CCE have not been explicitly incorporated in the new organizational structure. Similarly, health-related programs such as MBA (Health) have not been explicitly considered in the new structure. However, as the proposal goes forward, there are no reasons why these programs/faculty cannot be included in the new organizational structure. In the short term, it is envisioned that the proposed Center will attract and involve faculty in specific projects as part of multi-disciplinary, collaborative teams that will eventually lead to more permanent involvement in the new ‘Health College’.

• While the Committee had decided to not consider physical proximity among health programs, there are many instances where physical proximity would promote interdisciplinary, collaborative research and teaching. Labs could be shared more easily if programs were located together.

• Curriculum issues were not considered but need attention to promote innovation and integration. Accreditation issues have to be taken into account. In the short term, uneven workloads, accreditation requirements and curriculum demands appear to inhibit innovations and integration.

• Finally, the Committee did not explicitly consider all the budgetary issues involved in the re-organization of the health-related activities at URI although
everybody recognized that there are real constraints. It was felt that making substantial changes in the current organizational structure should primarily be determined by the overall goal of making URI stand out in the field of health through growth and innovation. Our focus was on recommending an organizational structure that would be able to create conditions for educating health professionals of the future, efficiencies in curriculum and outreach through collaborative and ‘holistic’ programs and promoting collaborative teaching and research.


The Committee’s recommendation for a new organizational structure to serve as a common umbrella for all health related departments/disciplines is a significant departure from the existing structure at URI. We understand that our recommendation will be ‘appropriately subjected to university shared governance review and approval process’ and that ‘some type of consensus process of decision making… to have sufficient buy-in to allow the creation of a new structure’ will be used. The Committee expressed the following sentiments to facilitate such ‘buy-ins’:

a. If this organizational design is to be adopted, the communication of the mission and activities of the new ‘College, the three ‘Schools’, and the ‘Center’ have to be designed so as to increase the attractiveness of this new structure to current and potential participants from various departments and Colleges so that they see and accept the benefits and advantages of this new proposed structure over the current existing structure.

b. For the proposed organizational design to work, it is particularly important that the proposed ‘School of Health Sciences’ is not viewed as the leftovers of HSS. This ‘School’ would need to be marketed as a ‘School’ full of opportunity, that departments will be enthusiastic about joining.

c. Two of the critical issues are sharing of resources and rationalization of workloads.
   • Shared resources pull people together. For a new college with experiential learning and interdisciplinary teaching and research, securing shared resources will be crucial. Without shared resources, faculty can all be in the same college and still go their separate ways. A commitment from administration about shared resources would go a long way toward ensuring success.
   • It is one thing to promote more collaboration, but it is also important to reduce the barriers involved in collaboration. Currently, uneven workloads do not maximize incentives to collaborate. Rationalization of workloads is important. Unless these issues are addressed, the University is unlikely to attract new talent or retain existing ones.
d. The proposed ‘Center’ is an integral component of the proposed new structure. It is strongly felt that it would be key to horizontal integration and it would be difficult to achieve the goals of the re-organization without incorporating the Center.

e. It is important to recognize that the Center, as envisioned, is likely to be attractive to faculty members who are not members of the proposed College. The Committee recommends that while Center resources should be reserved for the new College faculty, other interested faculty members can have access to Center resources through a joint appointment. We feel that this could lead to the emergence of innovative multidisciplinary departments, such as a department focused on health behavior change. Such a department could collaborate on innovative models of behavior change designed to integrate multi-level approaches to behavior change, including communications (like social networks), economics (like incentives), policy (like healthy food alternatives), psychology (like individualized interventions) and technology (like e- and m-health delivery systems).

f. To encourage ownership of the new College/Division many details have been left for the proposed College’s faculty to deliberate on such as name for the College and Center as well as organizing the multiple disciplines within the new “School of Health Sciences” in innovative ways.

g. Finally, a key ingredient to the success of our proposed new structure will be the selection of the ‘Dean’ or ‘Vice President’ who can be an effective leader of the new College/Division.
Effect on Existing Academic Structures

The final charge considered by the committee was the effect of its recommendation on existing academic structures. In addition to Colleges of Nursing and Pharmacy, the proposed new ‘College of Health’ will include several departments drawn from HSS, A&S and CELS. HSS will be impacted the most because only two departments would be remaining – Education and Textiles. The Committee decided that re-organizing these Colleges are outside the scope and recommended that a separate committee be created to address that specific issue.
Appendix I
The Committee’s Charge

Reshaping Health Education, Research, and Outreach at URI

Context

With the passage of the 2010 Affordable Care Act, the nation is undergoing the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. The industries, policies, and economics related to human health, in all forms and business structures, are under pressure to deliver improved outcomes and value and to focus on disease prevention as well as treatment. The goal is a greater emphasis on “health” and higher levels of safety and quality within a cost efficient, accessible, "patient focused," and "accountable" health care system.

Our public learning-centered research university is committed to engaged learning, scholarly discovery, and civic involvement that enriches the lives of students and citizens of the State, nation and world. As the economy recovers from its downturn, careers in the health-related professions and allied fields are projected to be in high demand. Healthcare jobs are expected to grow faster than any other industry — roughly 22%, or 3.2 million new jobs, by 2018. It is time for us to examine whether our academic teaching, research, and outreach efforts are optimally coordinated for the future. Is health related activity at URI prepared for a 2020 vision of the world?

Higher education is changing to deliver value in a rapidly changing world. Technology has given rise to new competitors and pedagogies by enabling immediate and engaging information transfer and social connectivity. Connections between and among disciplines and professions have become essential areas for exploration, research, and learning. The value and cost of higher education is foremost in the minds of students and families. Currently, we offer valuable accredited and non accredited programs and conduct applied and basic research in a wide variety of important health professions and health-related areas of study that are spread across a number of colleges and departments. While “health” is a field of enormous societal recognition and opportunity and a true strength of URI, we have no academic entity (e.g., department, school, or college) that includes “health” in its name and thus have limited our visibility in this important area. More interdisciplinary health-related education, multidisciplinary approaches to securing external funding, synergistic outreach service delivery, and coordinated experiential learning programs are possible and likely beneficial. Health, defined broadly, is one of our largest faculty, staff, research, space and teaching demand areas within the Academic Division. Health is a key strength noted in the current Academic Plan and recent cluster hire initiative. This area also emerged at a recent Provost Deans retreat considering how academic affairs should prepare and reframe the university toward a 2020 vision of the world. The question we must address is how to best prepare our students for a changing world and reposition our assets to capitalize on interdisciplinary synergies that lead to world class quality in health related education, research, and outreach, and maximize the potential for innovation and the formation of partnerships that can create new opportunities for students and faculty.
As government and citizens demand value in health care delivery and greater sensitivity to human health overall, every business, institution, individual manager, or provider of care will need to oblige. These entities, in the evolving accountable care scenario, must align themselves to take responsibility for delivering improved economic, clinical, and humanistic (e.g. patient reported) health outcomes. Value will drive health decisions and care delivery in both private and public health arenas, just as it will in higher education for the foreseeable future. URI should consider adapting our processes and academic structures to do the same (i.e. let value drive health education, research and service efforts) in all programs. Although such change may prompt reactions about disturbing the status quo, a new equilibrium state could position URI as a leader in student-centered education, innovative research and scholarship, and patient centered, value driven health care.

Graduates must be accountable and well versed in optimal health behaviors and current health care changes. This is critical as they take their place in the health industry and advance into leadership positions. The provision and assurance of excellence in health-related education, research, and outreach along with comprehensive understanding of evidence-based care, health behavior modification, and administration of policy, business, and economics associated with disease prevention and health care should be a unified goal of our Health programs.

**Draft Charge to a Committee on Reshaping Health Education, Research, and Outreach at URI**

Given the confluence of national economic and policy changes and the current diffused distribution of health-related programs at URI, the committee will examine potential opportunities to align our human, physical and financial resources associated with "health" into a single sub-division, school, college or other entity. In so doing, the committee will carefully and objectively consider the potential advantages and disadvantages of creating a new comprehensive overarching academic structure for some or all health programs at URI and examine models in place at other peer institutions.

The Committee will consider the following issues:

1) Potential new academic structures that could be created to unite some or all of the health-related fields at URI and more efficiently and effectively address current overlap, gaps, duplication, and new options for coordinated curriculum, collaborative research, and inter-professional care delivery;

2) Explore optimal proximity arrangements of health programs on campus and whether close physical proximity would have advantages;

3) Consider how innovative and interdisciplinary teaching and research opportunities and potential positive synergistic interactions among faculty could be advanced with an organizational alignment that consolidates health-related faculty expertise;

4) Determine how this realignment would affect other program, departments, and/or colleges and propose possible resolutions that might be explored to their benefit.
In conducting this work, the committee will seek constructive input and ideas from key interested stakeholders, including Deans, Department Chairs, faculty and students in health-related fields at URI. In addition, external stakeholders may also offer a useful perspective on the health related needs in education, research, and outreach of the future. It is estimated that the work of the group will take no longer than three months to complete.

The product of this effort will be a report that describes the opportunity to reorganize some or all of the health related programs at URI under a single structure and the implications, potentially positive and negative, of moving in that direction. Also, to the extent that specific preferred models emerge during the discussions and deliberations, these will be shared as well. The report will be shared with the Provost Office, Administrative and Management Review Committee, Faculty Senate Executive Committee, and the Council of Deans as well as with other interested parties on campus. Any proposed changes will be appropriately subjected to university shared governance review and approval processes.
Appendix II

Inventory of URI’s health related assets
# A. Degree Programs

<table>
<thead>
<tr>
<th>Name of Department / Program / Major</th>
<th>Undergraduate Programs</th>
<th>Graduate Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicative Disorders (Department)</td>
<td>B.S. Communicative Disorders</td>
<td>M.S. Speech and Language Pathology</td>
</tr>
</tbody>
</table>
| Health Studies (Interdisciplinary Program) | B.S. Health Studies with 3 Specializations  
• Global and Environmental Health  
• Health Promotion  
• Health Services | |
| Human Development and Family Studies (Department) | B.S. HDF with 3 Specializations  
• Family and Community Setting  
  • Certified Family Life Educator  
• Family Finance  
• Early Childhood Education (certificate)  
Minors  
• Gerontology  
• Leadership  
• Hunger Studies | M.S. HDF with 3 Specializations  
• Couples and Family therapy (LMFT licensure)  
• College Student Personnel  
• Human Dev. and Family Studies |
| Kinesiology (Department) | B.S. Kinesiology with 2 Tracks*  
• Exercise Science  
• Physical and Health Education Teacher Education | M.S. Kinesiology with 3 Specializations  
• Exercise Science  
• Psychosocial/Behavioral Aspects of Physical Activity  
• Cultural Studies of Sport and Physical Culture |
| Nursing | B.S. Nursing  
R.N. to B.S. | M.S. Nursing with 4 Specializations  
• Nursing Education  
• Family Nurse Practitioner  
• Acute Care Nurse Practitioner  
• Adult-Gerontology Nurse Practitioner/CNS  
Post-Master’s Certificate  
Ph.D.  
Doctor of Nursing Practice |
| Nutrition | B.S. Nutrition with 2 specializations  
• Nutrition  
• Dietetics | M.S. Nutrition with 2 Specializations  
• Nutrition  
• Dietetics |
| Medical Lab Science (Program within the Department of Cell and Molecular Biology) | B.S. Medical Laboratory Science | |
| Pharmacy | B.S. Pharmaceutical Sciences | M.S. Pharmaceutical Sciences  
Doctor of Pharmacy |
<table>
<thead>
<tr>
<th>Physical Therapy</th>
<th>DPT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychology</strong></td>
<td></td>
</tr>
<tr>
<td>B.S. with 4 focus (specialization) areas</td>
<td>M.S. and Ph.D</td>
</tr>
<tr>
<td>- Child/school</td>
<td>- Clinical Psychology</td>
</tr>
<tr>
<td>- Cognitive/Neuroscience</td>
<td>- Ph.D. only</td>
</tr>
<tr>
<td>- Social/Multicultural</td>
<td>- School Psychology</td>
</tr>
<tr>
<td>- Health/Clinical</td>
<td>- Behavioral Science</td>
</tr>
</tbody>
</table>
### B. College of Health: Faculty and Student Statistics
(Data as of 10/15/2012 including double majors)

#### Current Structure

<table>
<thead>
<tr>
<th>Department</th>
<th>Faculty FTE</th>
<th># of Undergraduate Majors</th>
<th># of Graduate Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Sciences</td>
<td>341.0</td>
<td>5254</td>
<td>629</td>
</tr>
<tr>
<td>Business</td>
<td>59.9</td>
<td>1733</td>
<td>287</td>
</tr>
<tr>
<td>Engineering</td>
<td>62.2</td>
<td>1397</td>
<td>242</td>
</tr>
<tr>
<td>CCE</td>
<td>N/A</td>
<td>88</td>
<td>0</td>
</tr>
<tr>
<td>CELS</td>
<td>95.4</td>
<td>2263</td>
<td>268</td>
</tr>
<tr>
<td>GSO</td>
<td>28.3</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>HSS</td>
<td>79.2</td>
<td>2487</td>
<td>405</td>
</tr>
<tr>
<td>Nursing</td>
<td>44.5</td>
<td>903</td>
<td>134</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>48.1</td>
<td>113*</td>
<td>777**</td>
</tr>
<tr>
<td>UC Undeclared</td>
<td>N/A</td>
<td>607</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Proposed Structure

<table>
<thead>
<tr>
<th>Department</th>
<th>Faculty FTE</th>
<th># of Undergraduate Majors</th>
<th># of Graduate Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts and Sciences</td>
<td>313.6</td>
<td>4413</td>
<td>479</td>
</tr>
<tr>
<td>Business</td>
<td>59.9</td>
<td>1733</td>
<td>287</td>
</tr>
<tr>
<td>CCE</td>
<td>N/A</td>
<td>88</td>
<td>0</td>
</tr>
<tr>
<td>Engineering</td>
<td>62.2</td>
<td>1397</td>
<td>242</td>
</tr>
<tr>
<td>CELS</td>
<td>86.7</td>
<td>2110</td>
<td>245</td>
</tr>
<tr>
<td>GSO</td>
<td>28.3</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>HSS</td>
<td>30.5</td>
<td>977</td>
<td>181</td>
</tr>
<tr>
<td>UC Undeclared</td>
<td>N/A</td>
<td>607</td>
<td>0</td>
</tr>
<tr>
<td>New College of Health</td>
<td>177.4</td>
<td>3520</td>
<td>1308</td>
</tr>
<tr>
<td>• Nursing</td>
<td>44.5</td>
<td>903</td>
<td>134</td>
</tr>
<tr>
<td>• Pharmacy</td>
<td>48.1</td>
<td>113*</td>
<td>777**</td>
</tr>
<tr>
<td>• Health Sciences</td>
<td>84.8</td>
<td>2504</td>
<td>397</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Sub-Specialties</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CMD</td>
<td>8.6</td>
<td>220</td>
<td>56</td>
</tr>
<tr>
<td>HLT</td>
<td>1</td>
<td>141</td>
<td>0</td>
</tr>
<tr>
<td>HDF</td>
<td>15.7</td>
<td>487</td>
<td>57</td>
</tr>
<tr>
<td>KIN</td>
<td>15.8</td>
<td>662</td>
<td>23</td>
</tr>
<tr>
<td>NFS</td>
<td>8.7</td>
<td>153</td>
<td>23</td>
</tr>
<tr>
<td>PT</td>
<td>7.6</td>
<td>0</td>
<td>88</td>
</tr>
<tr>
<td>PSY</td>
<td>27.4</td>
<td>841</td>
<td>150</td>
</tr>
</tbody>
</table>

*does not include 718 PMD students

**does include 718 PMD students regardless of class year
### C. Clinical and Other Resources – Current and Potential

<table>
<thead>
<tr>
<th>Kinesiology</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Bone Density Lab</td>
<td>o Patient Care Lab</td>
</tr>
<tr>
<td>o Human Performance Lab</td>
<td>o Patient Simulation Lab</td>
</tr>
<tr>
<td>o Plethysmography Lab</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Therapy</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Physical Therapy Clinic</td>
<td>o Patient Stimulation Center</td>
</tr>
<tr>
<td>o Free Clinic for the uninsured</td>
<td>o INBRE Centralized Research Core Facilities</td>
</tr>
<tr>
<td>o Cadaver Lab</td>
<td>o #D Animation Facility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition and Food Science</th>
<th>Cancer Prevention Research Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>o SNAP-Ed Lab</td>
<td>o Grant support staff that are highly</td>
</tr>
<tr>
<td>o NFS Foods Lab</td>
<td>experienced in navigating</td>
</tr>
<tr>
<td>o Nutrition Assessment Lab</td>
<td>University, State and federal policies</td>
</tr>
<tr>
<td>o Lipid and Lipoprotein Lab</td>
<td>and procedures and who</td>
</tr>
<tr>
<td>o Community Nutrition Lab</td>
<td>could train new staff needed for a</td>
</tr>
<tr>
<td>o Energy Balance Lab</td>
<td>growing enterprise;</td>
</tr>
<tr>
<td>o Food Microbiology Lab</td>
<td>o Outstanding quantitative faculty</td>
</tr>
<tr>
<td>o Food Science Lab</td>
<td>and graduate students who would</td>
</tr>
<tr>
<td></td>
<td>provide shared statistical resources,</td>
</tr>
<tr>
<td></td>
<td>as part of and in</td>
</tr>
<tr>
<td></td>
<td>addition to, vertical teams.</td>
</tr>
<tr>
<td></td>
<td>o World-class datasets from over 25</td>
</tr>
<tr>
<td></td>
<td>population based RCTs with over 70,000</td>
</tr>
<tr>
<td></td>
<td>participants and more than 20 health</td>
</tr>
<tr>
<td></td>
<td>risk behaviors could support undergraduate</td>
</tr>
<tr>
<td></td>
<td>and graduate student research that</td>
</tr>
<tr>
<td></td>
<td>could meet curriculum requirements while</td>
</tr>
<tr>
<td></td>
<td>producing high impact publications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Potential Resources</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o 17,000 square foot facility and 11,000 square foot in the BCRC that could</td>
<td></td>
</tr>
<tr>
<td>house an important portion of new Center for Integrative Health</td>
<td></td>
</tr>
<tr>
<td>o The land next to CPRC can accommodate a third wing that could be paid</td>
<td></td>
</tr>
<tr>
<td>for by indirect dollars, as are the first two wings. This wing could</td>
<td></td>
</tr>
<tr>
<td>house an integrative clinical and training facility that could serve</td>
<td></td>
</tr>
<tr>
<td>the University and surrounding community and could be an additional</td>
<td></td>
</tr>
<tr>
<td>research site.</td>
<td></td>
</tr>
<tr>
<td>o The nursing building could represent greater growth if nursing school</td>
<td></td>
</tr>
<tr>
<td>relocates in Providence.</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX III

**List of Alternative Schools**

<table>
<thead>
<tr>
<th>Arizona State University</th>
<th>University of Connecticut</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston University</td>
<td>University of Delaware</td>
</tr>
<tr>
<td>Baylor University</td>
<td>University of Maine</td>
</tr>
<tr>
<td>Brown University</td>
<td>University of Massachusetts - Amherst</td>
</tr>
<tr>
<td>Dartmouth</td>
<td>University of Michigan</td>
</tr>
<tr>
<td>Franklin Pierce</td>
<td>University of Montana</td>
</tr>
<tr>
<td>Northeastern University</td>
<td>University of New England</td>
</tr>
<tr>
<td>Providence College</td>
<td>University of New Hampshire</td>
</tr>
<tr>
<td>Purdue University</td>
<td>University of North Carolina – Chapel Hill</td>
</tr>
<tr>
<td>Regis University - Colorado</td>
<td>University of North Carolina – Charlotte</td>
</tr>
<tr>
<td>Rhode Island College</td>
<td>University of New Hampshire</td>
</tr>
<tr>
<td>Idaho State ?</td>
<td>University of Wyoming</td>
</tr>
</tbody>
</table>

### APPENDIX IV

**ORGANIZATIONAL STRUCTURES OF ALTERNATIVE SCHOOLS**
U. Connecticut

University of Delaware: An Organizational Structure of Health Education
APPENDIX V: RE-STRUCTURING ALTERNATIVES

Option 4A

DEAN

CENTER

School of Pharmacy
School of Nursing
School of Health Sciences
  Psychology
  Nutrition & Food Science
  HDF, Kinesiology, CMD, PT

Option 4B

DEAN

CENTER

School of Pharmacy
School of Health Sciences
  Nursing
  Psychology
  Nutrition & Food Science
  HDF, Kinesiology, CMD, PT
1. PHARMACY

The following is a direct response from Dr. Jeffrey Wadlin, PhD to questions and concerns regarding accreditation standards for the College of Pharmacy. Dr Wadlin is the Associate Executive Director for the Accreditation Council for Pharmacy Education

Standard 5

The college or school must be an autonomous unit within the university structure and must be led by a dean. To maintain and advance the professional degree program, the university president (or other university officials charged with final responsibility for the college or school) and the dean must collaborate to secure adequate financial, physical (teaching and research), faculty, staff, student, practice site, preceptor, library, technology, and administrative resources to meet all of the ACPE accreditation standards.

The following points were confirmed by Dr. Wadelin in a discussion with Dr. Marilyn Barbour (chair of the Dept of Pharmacy Practice):

1. There must be an autonomous unit for pharmacy, be it school or college (as per historical custom of the University), with specifically a pharmacy dean.
2. It is essential that the Dean of Pharmacy be at the same level for reporting and have the same budgetary access as all other College deans at the University; in addition, this standing is equal to other Deans of Pharmacy across the country.
3. It is best to have Pharmacy as a stand alone unit to assure 1 and 2.
4. While there are a small number of schools of pharmacy housed under broader colleges of health sciences, these relationships can be fraught with difficulty in maintaining success of meeting the Standard, because increasing layers between the pharmacy school and the upper administration of the University create diminished ability to achieve 1 and 2. Success of these types of arrangements frequently relies on personalities, which can be problematic.
5. Although in some institutions, there is a College of Pharmacy and Health Sciences, with the one Pharmacy Dean, it can be difficult for the Dean to maintain the appropriate level of attention and budgetary priority to Pharmacy.

In addition, he mentioned that the College of Pharmacy and University need to consider the external political ramifications of demoting a standing college of pharmacy to a school of pharmacy under a health sciences college in the eyes of the alumni and its impact on endowments, scholarships and other external fundraising.

The accreditations standards also include the following:

1. The college or school must participate in the governance of the university, in accordance
2. The college or school must have autonomy, within university policies and procedures and state and federal regulations, in the following areas:
   • programmatic evaluation
   • definition and delivery of the curriculum
   • development of bylaws, policies, and procedures
   • student admission and progression policies
   • faculty and staff recruitment, development, evaluation, and retention

3. The college or school’s reporting relationship(s) must be depicted in the university’s organizational chart.

Finally, Dr Wadelin emphasized the following:
*If a change in structure is made, ACPE needs to be notified under the auspices of substantive change to allow for determination by the ACPE Board if additional monitoring is warranted.*

2. **NURSING**

The Commission on Collegiate Nursing Education (CCNE) is the accrediting body for the College of Nursing, University of Rhode Island. CCNE accredits baccalaureate degree nursing programs, master’s degree nursing programs, clinical nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs).

**CCNE Standard II**
**PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES**

II-C. The chief nurse administrator

“The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected programs outcomes”

Nationally, there are 246 nursing programs with doctoral degrees, either DNPs or PhDs. Of these the vast majority, 173, have deans as administrators. Of those who do not, only 9 have PhD programs, none of these are well known schools with endowments or solid research funding. Clearly, the title and political power of the chief administrator makes a difference in the national arena. This is reiterated by our interim dean, Mary Sullivan, who has emphasized the political importance of holding a dean’s position and the necessity of this title to attract high quality applicants to this position in the future. Similar to issues raised by Pharmacy, any restructuring must consider the impact of demoting a standing college to a school from an alumni and health industry perspective and its effect on future endowments, fund raising and potential scholarships. Other considerations:
At the state level, having a Dean of the College of Nursing is essential. The 3 state schools - CCRI, RIC and URI - all compete for students, clinical placements, and scarce state resources. At present, all three schools have deans as administrators. Making our chief administrator an associate dean weakens our negotiating power with the other two deans and with the Board of Education who controls the growth and direction of our programs.

3. PHYSICAL THERAPY

Physical Therapy Accreditation Mandates (Commission on Accreditation in Physical Therapy Education (CAPTE))

1. Must be in an institution accredited by a regional accrediting agency
2. The Program administrator has the responsibility and authority of planning and managing the program's financial resources (Budgetary control)
3. Program administrator must be a Physical Therapist with an earned doctoral degree and senior level (tenured) faculty status.
4. 50% of core faculty must have advanced academic doctorate degrees
5. Specific space requirements for specialized teaching labs
6. Student:faculty ratio during hands-on laboratory sessions 15:1 or less