



## **RBHS POLICY**

**Policy Name: RBHS Continuous Academic and Program Improvement Policy**

**Approval Authority: RBHS Chancellor, Executive Vice President for Academic Affairs**

**Originally Issued: 7/1/22**

**Revisions: 5/1/24**

### **1. Policy Statement:**

Rutgers University and Rutgers Biomedical and Health Sciences (RBHS) is committed to continuous improvement in academic affairs. To promote continuous improvement and link periodic assessments to the broader strategic goals of the academic unit, chancellor unit, and university and to evaluate the budgetary and other resources necessary to achieve such goals, RBHS engages in multiple assessment efforts.

This policy articulates a regularized assessment process with the goal of continuous improvement is instituted within RBHS. This policy provides a continuous improvement process template appropriate to RBHS's missions and documents evidence of assessment and continuous improvement for the Middle State Commission on Higher Education (MSCHE), center and institute renewals, and individual school, institute, and program procedures and accreditation bodies, as appropriate.

### **2. Reason for Policy**

As a best practice and to ensure academic excellence, rigor in educational and research programs, quality in health care delivery, and to fully engage faculty in governance, BHS conducts a formal review of each school, research center or institute, and academic department within a school. Reviews shall occur once every five to six years unless circumstances support an earlier or later review as described below. In conjunction with Rutgers University policy on centers and institutes and individual RBHS School and Institute bylaws and procedures, the following policy provides a method for consistent reviews across schools, institutes, departments, and programs and maintains standards of excellence in achieving RBHS core missions. To conduct a periodic review, each School or Institute shall tailor these guidelines to their unique characteristics and needs as appropriate.

### **3. Who Should Read This Policy**

Deans, unit, and institute directors, department chairs, members of faculty governing bodies.

### **4. The Policy**

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All policies are subject to amendment. Please refer to the RBHS Policy Library website ([academichealth.rutgers.edu/policies](http://academichealth.rutgers.edu/policies)) for the official, most recent version.

To foster a culture of continuous improvement, RBHS will conduct a formal review of each school, institute, and academic department/division within a school/institute approximately once every five to six years. A unit subject to this policy and periodic review shall be those whose leadership reports directly to the Chancellor and/or is defined as a responsibility center. A proposed timeline for review of the schools, institutes, and units subject to this policy will be provided to the Executive Vice President for Academic Affairs with periodic updates as reviews are completed.

The following RBHS schools and institutes are subject to this policy:

- Brain Health Institute
- Cancer Institute of New Jersey
- Center for Advanced Biotechnology and Medicine
- Institute for Nicotine and Tobacco Studies
- Environmental and Occupational Health Sciences Institute
- Ernest Mario School of Pharmacy
- Institute for Health, Health Care Policy, and Aging Research
- New Jersey Medical School
- Robert Wood Johnson Medical School
- Rutgers Institute for Translational Medicine and Science
- Rutgers School of Dental Medicine
- School of Graduate Studies (in collaboration with Rutgers University New Brunswick)
- School of Health Professions
- School of Nursing
- School of Public Health
- University Behavioral Health Care

**A. Objectives:**

- 1) To assure ongoing commitment to continuous improvement and excellence within the school, institute, or unit's discipline(s);
- 2) To assess the alignment of the program's goals with the strategic planning priorities and goals of the school or institute, RBHS, and Rutgers University and to illustrate how the school/institute is reflecting and implementing the overarching values of the University including the: pursuit of academic excellence, development of strategic institutional clarity; and contribution to the ideal of a beloved community across Rutgers.
- 3) To assess the alignment of the program's goals with the diversity, equity, and inclusion (DEI) principles of the school or institute, RBHS, and Rutgers University in the context of the school or institute's mission including measuring goals and the results of actions, programs, and initiatives, reviewing program demographics, policies, processes, curriculum, services, and resource allocation;
- 4) To provide schools, institutes, and their constituent departments/divisions with opportunities for review and assess directions, goals, strengths, areas for improvement in education, research, and patient care;
- 5) To assess the present and future programmatic and operational needs to achieve stated goals;
- 6) To provide a mechanism for faculty to express their views on the performance of the program and responsiveness of leadership; and
- 7) To fulfill the obligation of a center or institute for periodic self-assessment review and renewal to maintain operations for accrediting bodies and/or secure additional five-year terms pursuant to University Policy 10.1.5 Centers and Institutes and to assist in the preparation for school or institute accreditation reviews, as appropriate;
- 8) To facilitate data and evidence-based decision-making and evaluate the unit's progress towards meeting institutional goals by analyzing a range of pertinent data, including disaggregated data;

## B. Overview of Procedure

Following adoption of this policy, periodic reviews shall be applied uniformly throughout the designated constituent units of RBHS at least once every five to six years. The bylaws of several RBHS schools call for the periodic review of departments and chairs and outline general procedures. To the extent possible, internal review processes shall be consolidated to avoid duplication. The RBHS Chancellor may initiate an ad hoc review at any time at the discretion of the Chancellor, including:

- When there is a demonstrated cause for concern with respect to performance indicators, such as declines in enrollment, graduation rates, or reputational standing;
- A pending or recent change in decanal or institute leadership, which would subsequently inform the search process; or
- When academic leadership believes a particular thematic area represents a strategic strength, opportunity, weakness, or threat requiring an ad-hoc review.

Prior to the beginning of each academic year, the RBHS Chancellor will submit a list of scheduled reviews to the executive vice president for academic affairs (EVPAA). At the conclusion of each academic year, RBHS will submit a list of completed reviews and provide access to the resulting reports to the EVPAA.

The following guidelines outline the review process to be adapted by the units to fulfill the objectives listed above, to be tailored to the individual characteristics and needs of the diverse constituent components of RBHS.

To conduct the review of the school/institute the Chancellor shall appoint a review committee, in consultation with the dean/director. The Chancellor shall select the chair and will charge the committee to guide the process. The committee shall be composed of faculty members from within the unit, plus others as described below. The review process will include a site visit by external reviewers who have national reputations and particular expertise in the discipline or field of the school/institute.

The Review Committee serves as the steering committee for the review process. The review shall be forward-looking and evaluative with a focus on continuous improvement and focus on the unit's efforts to be in the vanguard of their respective disciplines and academic health centers nationally. The process shall provide:

- independent and objective feedback on performance and goals,
- incorporate data and metrics to inform the assessment including metrics to be provided through university dashboards and/or budgetary/financial information,
- be collaborative, collegial, and instill confidence.

The final committee report shall incorporate Review Committee recommendations. Following the review, the dean or director shall produce a status report and implementation plan to the Chancellor, at a pre-defined interval that documents progress on any recommendations resulting from the review.

The Review Committee, in consultation with the dean/director, may organize subcommittees to review each of the major departments, divisions, or centers of a school or the comparable divisions of an institute. Reports from each subcommittee and/or department/program review are important resources for the use of the Review Committee in conducting its assessments and preparation of their final comprehensive report.

The Review Committee will gather data and information concerning:

- 1) Alignment with strategic plans and priorities;

- 2) The quality of relationship with and care for the appropriate student and patient populations;
- 3) Relationships between the dean/director and faculty;
- 4) Performance in personnel issues involving faculty and staff;
- 5) Performance of financial and strategic management of resources;
- 6) A suite of key performance metrics,
- 7) Data or labor market surveys as appropriate, and
- 8) Overall performance.

An in-person site visit for external reviewers will be planned for one to two days. As part of the visit, the reviewers shall meet with faculty, staff, and administration from the institute or school. The site visit should begin with a charge from the dean/director and conclude with a meeting with the review committee, followed by a final meeting with the dean/director, the chair of the review committee, the campus provost, and other leadership as needed. The reviewers may also request a private meeting with the Chancellor. During these concluding meetings, the external reviewers will share their preliminary findings and recommendations prior to issuing a formal written report.

The final work product of the Review Committee is a formal written report summarizing observations, findings, data, and recommendations with the external visitors' report appended. The final report will be made available to the members of the unit; however, any personnel information included will be replaced with a non-confidential summary prepared by the Review Committee (see below).

Final reports shall be provided to the EVPAA, along with any status reports on implemented changes. These documents will be used to construct a repository of reviews for use during the reaffirmation of university accreditation with Middle States in 2026-27.

### **C. Appointment of Review Committees**

After consulting relevant school or institute bylaws, and in consultation with the dean/director, the Chancellor shall appoint the members of the review committee. The committee shall be representative of the school/institute faculty and composed of unit faculty members who shall constitute the majority of the committee. The committee may also include representatives from unit governance bodies, school administration, RBHS administration, faculty from outside the program, across Rutgers University, or clinical affiliates when appropriate.

The dean/director may ask the Chancellor to exclude potential members of the Review Committee based on conflicts of interest. These requests must include a justification for the exclusion.

### **D. Development of a Resource Document**

The unit dean/director or Chancellor will send a message to the unit faculty and staff announcing the start of the review process.

The dean/director will provide the committee with a resource document, which will serve as the principal reference for the committee and the external site visitors. The resource document shall include:

- An overview of the unit's history;
- Current unit organizational charts;
- The unit's current strategic plan - outlining the directions for education, research, and administration for the subsequent five years;
- Descriptions of relevant education, research, clinical, and community service programs of the unit;

- Lists of unit faculty, fellows, residents, resources, accomplishments, other pertinent data based on current standards (for example, for a basic science department the number of grants, publications, h-indexes, etc.);
- Reports from any individual constituent department, division, or program reviews when complete; and
- A statement from the dean/director detailing responsibilities, accomplishments, and vision for the unit.

#### **E. Review Committee Meetings**

The review committee will typically hold one or more meetings to develop a full understanding of the school/institute under review and plan the review process. The Chancellor and the dean/director will attend the first meeting of the Review Committee to provide the committee charge and answer questions.

These initial meeting(s) build the foundation for the review process and include:

- 1) Discussions of potential site visitors;
- 2) Selection of individuals for the committee to interview;
- 3) Creation of subcommittees as needed,
- 4) Organization of departmental reviews;
- 4) Schedule of subsequent meetings;
- 5) Other information needed for the resource document;
- 6) Preliminary identification of appropriate review metrics; and
- 7) Adoption of a timeline for the completion of the review process.

Subsequent meetings shall include discussions with department/division chairs and the school/institute faculty and staff, individually or in groups, and be open to faculty members and others outside the department. The dean/director shall assign one or more staff members to the committee who shall be responsible for logistics, interview scheduling, meeting room reservations, adequate documentation of each meeting, travel arrangements for site visitors, etc.

The committee's final meetings will focus on drafting and completion of the final report.

#### **F. Solicitation of Comments**

Part of the review process is a solicitation of constructive comments from unit faculty, staff, and members, and inviting interested parties to attend a meeting with the committee. The committee shall be open to meeting with individuals or groups of faculty with particular interests or concerns.

#### **G. Selection of External Site Visitors**

The involvement of external site visitors in the review process provides an opportunity for the Review Committee and the dean/director to obtain a wide perspective on trends in the discipline of the unit under review. The selection of site visitors shall be a participatory and consultative process, involving the Chancellor and committee members, in consultation with the dean/director. The dean/director may ask to exclude potential site visitors based on the existence of documentable conflicts of interest. After the review committee and the Chancellor agree on a final slate of external consultants, the committee chair will send a letter of invitation to the site visitors. If one or more are unable to accept the invitation extended, alternates may be selected via the same process above.

#### **H. Review Committee Report**

The review committee shall determine the overall structure and contents of its draft final report including an executive summary of recommendations. These reports are intended to be shared with and inform the broader university community. If necessary, the chair may also submit a confidential memorandum to the dean/director and/or the Chancellor containing any recommendations or information that would not be appropriate for inclusion in the final report. Reports will differ depending on the unit under review and the pertinent issues raised during the review.

For RBHS centers and institutes governed by University Policy 10.1.5, committee reports should include the information as outlined by the Office of Institutional Research's Guidelines for Center and Institute Proposals and Periodic Progress Reports and Procedures for their Submission (February, 2019).

The committee will send the draft report to the dean/director for a written response. In response to the dean/director's comments, the committee may choose to modify the original report, particularly in cases where there are errors of fact or interpretation. If needed, the committee will prepare a non-confidential summary of findings that will serve as feedback to unit constituents. The chancellor and dean/director will have an opportunity to review and suggest changes on the non-confidential summary before it is distributed.

The final committee report shall incorporate recommendations and include a preliminary implementation plan from the dean/director to enact such recommendations. Following the review, the dean/director shall produce a status report for the Chancellor, at a pre-defined interval that documents progress on any recommendations resulting from the review.

#### **I. Site Visits**

Once the site visit is scheduled, the committee shall send each visitor a copy of the resource document and a list of the committee members. The school/institute shall pay for the travel and reasonable expenses of the site visitors per Rutgers University policy. Ideally, site visitors shall come to campus in person; however, should circumstances prevent safe travel or in-person meetings at the time of the review, site visitors may participate in the process remotely, upon permission from the Chancellor.

The NIH format is the model for the site visit, generally taking place over two consecutive days. The Review Committee develops and approves the site visit agenda and will accommodate additional requests by the visitors. Review participants and the visitors are provided with an opportunity to propose individuals to meet with during the site visit. Site visitors may interview department chairs, key faculty and staff, students, residents, participating members from other units, clinical affiliates, and RBHS senior leadership.

#### **J. Post Review Activities**

The Review Committee chair will coordinate the completion of the final document. Once complete, the committee will meet with the Chancellor to discuss findings and recommendations. Following this, the Chancellor may meet individually with the dean/director to discuss the review and its implications on the future plans of the unit. The dean/director shall provide formal responses the recommendations adopted and at agreed upon periods provide updates on progress, implementation of the recommendations, and reportable metrics as appropriate. After these meetings, the report is considered final and a copy is sent to the Chancellor, the Senior Vice Chancellor for Academic Affairs, the EVPAA, and the Chair of the Rutgers University Senate. The school/institute shall retain a copy of the final report and send a copy to archives.

For Centers and Institutes subject to University Policy 10.1.5, the final report shall also be provided to the Office of Institutional Research and Planning and others as directed by that policy.

## **K. Sample Timeline**

Following the academic calendar, regularly scheduled reviews including the steps outlined in section 1) below are typically initiated in the summer preceding the start of the academic year. The steps outlined in sections 2) are typically completed in the Fall semester with the steps outlined in section 3) then completed by the Spring semester.

Sample timeline for the comprehensive review processes:

### 1) Logistics and preparation:

1. Confirmation of the RBHS units subject to the review process for the current academic year
2. The RBHS Chancellor selects review committee chairs in consultation with the dean/director
3. Dean/Director identifies appropriate staffing for the review committee
4. Collection of resource document materials begins
5. Review Committee members are invited by the Chancellor to serve.

### 2) Committee organization and departmental reviews:

1. Dean/director and committee chair send a message to unit faculty and staff announcing review process
2. Resource documents are compiled
3. Review committee meets for organizational meeting, Chancellor charges committee, review timeline is adopted, subcommittees proposed, additional information is requested, and potential site visitors discussed
4. Subcommittees are formed and unit component department/program reviews begin
5. Departmental reports are completed, metrics are selected, and delivered to review committee and incorporated into the resource document
6. Site visitors are selected and invited to campus

### 3) Committee meetings, site visits, completion of report, and follow up:

1. Review committee holds meetings with constituent groups
2. Site visits planned and completed
3. Final report is drafted, non-confidential summary is prepared if needed
4. Site visitors deliver their report
5. Committee reviews reports, provides opportunity for dean/director to respond
6. Report is presented to Chancellor
7. Publication and distribution of final report
8. Planning initiated for periodic report follow up and documentation
9. Chancellor provides final report to the Executive Vice President for Academic Affairs