



NCNM...since 1956

A Framework for Action 2011 – 2016

*Our mission is to educate and train physicians,
practitioners and pre-professionals in the art,
science and research of natural medicine.*



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Background: A Framework for Action

The Landscape in Which We Work

NCM has had a special history in the formation of natural medicine in North America, and is preparing for an equally unique future. The landscape across the next half decade is complex. Those five years can unfold very successfully if we wrap our hard work, intentions and plans within an ambitious, well researched **framework for action**. That framework must be grounded in **commonly held values**, well understood **goals**, and a **collective vision**. This document sets out those goals and specific "key progress indicators," or KPIs, which articulate where we're headed and chart measurable progress made toward them.

Change is Constant

It is not enough that we continue to do well what we have done for a long time. We must see and embrace the challenges which social, economic and political changes are bringing to the very front doors of the NCM campus. Our assumptions about sustained cash flow must be grounded in reliable data. It is not enough to rely on our traditional enrollment pool with traditional offerings and longstanding ways of delivering them. We have to work harder all the time to keep our reputation and our networks vibrant enough to attract and retain the best staff and students.

We can respond to the world unfolding before us in the next five years by choosing to fine tune our change-sensing radar through a transformative rather than a reactive lens. Such a focus on our future will be characterized by confident flexibility, marketplace agility, and above all, respect for the principles underlying our educational values and medical philosophies emanating from the core programs in which we believe so strongly. In short, we should not settle for merely getting through; rather we must understand better what we

have to accomplish and keep pursuing the most sustainable, effective ways of getting it done (e.g. how we deliver curriculum in an age of exponential information and competition; how we roll out research in advancing the professions we serve; how we can build a proper academic career path for our faculty; or how we make our campus more beautiful, modern and functional).

We do not want to miss the larger opportunities which a transformative and strategic approach can generate in a short period of time. Historically, natural medicine colleges in North America endure diseconomies of scale which manifest in locked up budgets; limited career opportunities for faculty, administration and support staff; constrained growth and development; and the historically disproportionate dependence on constantly rising student tuition leading to debt burden for our graduates at the very point when they need money to build their practices and their lives.

Despite this apparently cranky landscape, we are making measurable progress in understanding that our challenges are also opportunities that propel us to action with more clarity and resolve. Right here at home, our priorities cannot be driven by the pressure cooker challenge of the week. We are learning to work better together. We are choosing to thrive through the next five years and prepare NCM for what is coming at us in our political, educational, social and economic terrain. Thus, our **Framework for Action** document is about strengthening our educational offerings and the systems which support them. It is about building a talented, professional faculty cohort and skilled managerial team. It is about redefining and seeing again, as if for the first time, how to support each other in our various stakeholder roles (students, patients, alumni, college staff, our external partners). This resolve energizes the multi-year blueprint you have in your hands.

The second decade of our brand new century is here. In the past three years we have been meticulously setting the stage for an improved NCNM. The **KPIs** and Governance guidelines in this document describe by department and institutional priority what we must do. The **Framework for Action** is a board document, charting and monitoring the path ahead. This document is fundamental to NCNM's Master Plan, which will be completed by 2012. Our **Framework for Action** is coupled with other seminal college documents and builds into a larger core publication called **The Source**. **The Source** anchors our story with a remarkable platform and container called the "**NCNM Alignment Model**." **The Source** also includes a parallel plan for "fundraising" and "advancement" in a booklet called **The Case Statement**. This latter document spells out the specific priorities for which we are raising money. It details where we are going to put our energy in terms of campus design, names, facilities, programs and dreams. It tells the story of outreach and growth.

Emerging from these blueprints are immediate activities in NCNM's commitment to making things better. We have already added the new NCNM Annex to our lecture and classroom inventory and will add more to keep ahead of our enrollment growth. We have already expanded the library; gave the Great Hall and lecture room 107 long overdue facelifts; built bathrooms; opened a bigger and better book store; created more space for student activities; improved the student lounge; enhanced the SGA office; greatly enhanced our food service facilities; created office and administrative space for the Oregon Association of Naturopathic Physicians and for the national body representing our students, the NMSA (Naturopathic Medical Students Association); and built our new, integrated clinic right on campus, on time and on budget; and most recently, opened the new Min Zidell Healing Garden. We have invited the association staff for the Oregon Association of Acupuncture and Oriental Medicine to join us on the campus, too.

But these are beginnings. We need more. We need a student life center, an inside cafeteria and kitchen, more classrooms, green space, and improved, safe ways in and out of our campus. There are new signs on our buildings everywhere and plans for more, pointing at us, telling Portland residents and the world we are here.

Property improvements and physical campus expansion are one thing; changes in the human landscape bring those buildings, spaces and equipment to life. All our people have to work together to turn opportunity into action, and action into results. Despite the worst liquidity crisis in the American economy in eight decades, we kept going. If we slip into complacency as we go forward, we will miss building a very different future. It is the gracious, precious gift of confidence, hard work and trust on the part of our people who have endured rattling times in the first years of the last decade which this **Framework for Action** is meant to protect. Let us draw on the traditional NCNM spirit and the specialness of being the founding college of natural medicine on this continent and join that energy up with determined optimism about what we can accomplish together. **A Framework for Action** affirms the belief embracing faculty, students, staff and managers that NCNM can achieve the goals and dreams outlined in the KPIs. It is the belief *we exist to help our students succeed*.

We have crossed into a new decade, despite the waves and clouds of a tough economy, despite competitors and detractors all around, and despite an institutional memory which grimaces about near misses and bumpy times over the years. We are reshaping the possibilities for NCNM. The responsibilities we all carry do not feel heavy as much as they feel precious, sacred and so very worthwhile.



David J. Schleich, PhD
President

June 25, 2011



...headed to 2016 with confidence and a plan

A Snapshot of NCNM: What We Will Look Like in 2016

- a. By 2016 NCNM will be an institution of higher education providing graduate medical education in a variety of delivery formats (classroom and clinical, time and place bound, cohort-based, online and distance delivery designs) in the natural health sciences field with naturopathic medicine and classical Chinese Medicine as its core professional career disciplines. NCNM will be a center of excellence and the educator of choice for medical professionals, both primary and allied, who seek to develop, refine, and substantiate their skills and credentials in what is variously described as complementary alternative medicine (CAM), integrated medicine (IM), natural medicine, and holistic medicine. NCNM will serve not only degree and graduate certificate credential needs for such professionals and pre-professionals, but also produce profession-forming programming serving the continuing medical education (CME) of naturopathic, classical and traditional Chinese medicine alumni.
- b. By 2016 NCNM will be recognized as the trainer of choice for allied healthcare professionals interested in natural medicine. NCNM will be known as the educator of choice for post-ND, post-DAOM, post-MAc, and post-MSOM programs in botanical medicine, homeopathy, nutrition, pediatrics, cardiology and obstetrics.
- c. The groups served by NCNM have professional recognition in the U.S. and Canada. NCNM is an active partner in sustaining proactive reciprocity with naturopathic, acupuncture and Oriental medicine bodies internationally.
- d. NCNM's Helfgott Research Institute will routinely produce valuable, highly regarded research of interest to business and industry, to the natural medicine professions and its suppliers, and to natural medicine educators, scholars, researchers and students.
- e. Helfgott Research Institute will be a known leader in natural medicine and integrated medicine research, establishing benchmarks in research skills development among students and clinicians, providing leadership in research training and research projects in the natural health science fields in North America.
- f. NCNM will demonstrate an ongoing role in the continuing development of the body of naturopathic and classical Chinese medical knowledge.
- g. Naturopathic doctors (ND) and classical Chinese medicine (CCM) practitioners and doctors (MSOM, DAOM, MAc, LAc) will be known as the natural primary healthcare practitioners of choice by the general public, and by state and federal health authorities.
- h. NCNM will be nationally known for its commitment to natural health science education; for the preparation of naturopathic doctors and CCM practitioners to practice; and the provision of quality care and service for patients in the NCNM teaching clinic, in external community clinics, and in affiliated clinical settings, including ancillary clinical sites in residence programs, hospitals and treatment centers. NCNM faculty and staff are motivated and highly skilled. They utilize their high-level qualifications, state-of-the-art equipment and facilities, and sustain substantial, strategic partnerships with other organizations, institutions, suppliers, agencies and individuals.
- i. NCNM will be recognized as the premier educational employer of choice in the CAM/IM fields, having pioneered natural medicine's first academic medical career path model for North American higher education.

j. NCNM will be recognized as a leader in the effective use of online learning technologies in the natural medicine disciplines; using E-Access and appropriate Information Technology (IT) and audio/visual (A/V) in-house resources for education and training; and in the design and deployment of adult learner-centered curriculum known for high quality, access and currency.

k. NCNM will be the pace-setting national resource supporting the accreditation of natural health sciences programs and related CAM, IM, holistic and natural medicine therapies and modalities.

Teaching Values at NCNM

From the vantage point of the students they will serve, our teachers will be supported in developing and refining their teaching skills. In the complex and shifting world of naturopathic medicine and classical Chinese medicine, NCNM honors its faculty, both established and new, and will support their classroom and clinical success and growth. Our teachers are professional medical academics:

- who possess appropriate and strong preparation—academic and experiential—in their teaching field, which

reflects continuous updating throughout the faculty member's career;

- who, in every course they teach, make clear to their students the learning outcomes expected of them as part of a thorough, professionally prepared and comprehensive syllabus that provides assurance and guidance to students as well as clarity about process, resources and evaluation methodologies;
- who can document a commitment to student retention and success—faculty who assist more students through academic hurdles and work in active, sustained partnership with student development professionals and support programs;
- who demonstrate the use of alternate and creative methods of organizing instruction in order to recognize different learning needs among students;
- who have developed practices that encourage student, peer and supervisor evaluation of instruction, and use the results for their own continuous improvement;
- who have a consistent record of curriculum development, including course renewal, new course development, and revised instructional delivery methodologies and content throughout their careers;

- who are literate in information technology and recognize the fundamental changes that are emerging with expanded use of computers and the Internet, and who have increased focused on skills and outcomes;
- who are willing to challenge always established patterns of instruction and curricula that reflect convenience of the organization rather than needs of the students;
- who have a track record of employing supplemental learning materials, support staff, and other learning resources found in laboratory and learning center environments, as well as online;
- who can demonstrate collaboration with other teaching faculty at the post-graduate level as appropriate;
- whose commitment to relevant research is ongoing, strategic and effective;
- who are active, contributing members of the professional communities in which they live and work; and
- who are committed to take a risk to be part of the building of NCNM into the profession's college in the United States and beyond.

Using these criteria, NCNM will bring together many professionals with diverse, complementary backgrounds, and build a faculty and staff who can serve as mentors, role models and advisors who collectively support our students and their learning goals. Everyone can think of those few faculty who changed his or her life—the kind of faculty who routinely get students to learn and do more than they themselves ever thought possible. NCNM welcomes the challenge of building a faculty comprised of those kinds of individuals, teachers who will not only help students to reach new heights as doctors, but who can help each other reach new heights, as well.

By intention or default, the approach to medical education that has evolved at NCNM—and which the founders of our programs at NCNM, John Bastyr College, Southwest, OCNM (later called CCNM), BU, BINM, NUHS and the many TCM and CCM colleges across North America saw at the outset as consistent with the prevailing paradigm of “professional education” (for lawyers, medical doctors, engineers, etc.)—took shape in the last century. In their drive for credibility, rigor and credentialing capacity, they set into motion curricula whose form closely resembles mainstream medical schools (basic biomedical sciences, applied sciences, followed by practical application in a supervised setting), notwithstanding major content differences.

Some Notes on NCNM's Educational Values

1. All our curricula will be relevant, blending 'self-directed' and 'taught' methodologies within didactic and clinical contexts and content/outcomes accreditation standards and practices. NCNM programs are innovative and continuously monitored for currency. They are predicated on widely held andragogical (adult learner) principles common in the higher education community. They assume and support a commitment by teachers and learners alike to life-long learning and critical inquiry. They are based on the following andragogical assumptions: need to know, foundation, self-concept, readiness, orientation and motivation.
2. NCNM believes our students are adults who need to know the reason for learning something; that experience (including error) provides the basis for learning activities; that adults need to be responsible for their

decisions on education and be involved in the planning and evaluation of their instruction; that adults are most interested in learning subjects having immediate relevance to their work and personal lives; that adult learning is problem-centered rather than content-oriented; and that adults respond better to internal rather than external motivators.

3. NCNM will strive for integrated curricula and learning designs which connect individual courses, course streams across various years, and whole systems not only with specific details/skills, but also with a respect for the holistic, biocentric nature of our world which honors all living things.

4. There will be aesthetic, spiritual and cultural sensitivity in all our programming (design, delivery, and evaluation) characterized by gentleness, generosity, caring, compassion and collegiality. Student success and the highest standards of patient care are clear and constant focuses. All staff and students of NCNM will exhibit “invitational” attitudes and behaviors in undertaking college business and interactions including classroom, clinic and college-wide activities. We will infuse our curricula and traditions with a sense of the sacred and with a reverence for natural healing. The principles of naturopathy and classical Chinese medicine will inform the design, delivery and evaluation of curriculum, job performance, and internal/external relations.

5. Our curricula will exhibit environmental literacy at all times.
6. Our curricula will exhibit cultural competence at all times.
7. The principles of mentoring/coaching will be part of every graduate's experience. Our doctors and practitioners are teachers first.
8. Our curricula leads to action and models values at the individual and organizational levels at all times.
9. Our teachers and staff are rewarded for living these values, rather than for merely mouthing them.

At the same time naturopathic doctors and classical Chinese medicine practitioners have long attended to humane and competent “patient-centered” delivery of care. The commodified healthcare services industry so strongly influenced by the American insurance industry and the dominance of the biomedicine profession are at odds with the more individualized and mind-body approach of our graduates. Flexner’s admonition that medical academics had no responsibility for patient care has offended naturopathic practitioners since the day he published his report almost a century ago. Chinese medicine doctors and practitioners have been patient-centered for millennia.

Certain shifts continue to occur in primary health care, making patient-centered therapies more important than ever. These include, in summary, altered patterns of types of illness (e.g. increased chronicity, reduced infectious risks), the demographic changes resulting from increased life expectancy, and the challenges for prevention in an environment of risks caused by industrial development and resource degradation. Ironically, this expression of educational values turns out to be a restatement of the same values articulated a half century ago in something called the “Western Reserve” curriculum. That curriculum, in a nutshell, contemplated three major concepts: integration, both among academic disciplines and between pre-clinical and clinical work; human development; and comprehensive clinical care. Overall, the goal of this curriculum was to repair the dehumanizing effects of the then rapidly emerging dominance in schools and teaching hospitals of scientific specialization, but with retention of the best of science.

In any case, our **Framework for Action** must reflect an understanding of these phenomena if we are to position our school for what is already here and for what is coming. In practical terms, mainstream medical schools are failing to provide adequately for personnel who are supposed to be prepared for the effective delivery of primary care and preventive community-oriented medicine. These concerns were eloquently studied in the April 2010 publication of the Carnegie Foundation for the Advancement of Teaching, “Educating Physicians: A Call for Reform of Medical School and Residency” (Cooke, Irby, O’Brien). NCNM’s longstanding and growing commitment to community clinics in its geographic region is another example.

The ennui of our own naturopathic and classical Chinese medicine students in the transition between the biomedical sciences curriculum segments and the applied curriculum of their programs, embodies another symptom closer to home of the conflicting realities in professional natural medicine education today. Many NCNM faculty already use andragogical techniques such as case exposure, which demonstrates natural medicine applications of treatments prior to the clinic year, as a partial solution to this complex transition. Clinically oriented curriculum, our teachers know, can enhance a natural medicine core to what is otherwise a confusing pressure cooker of reductionist medicine, bio-medical sciences, and naturopathic and classical Chinese medicine modalities.

Some would say that behind our formal curriculum lies a ‘hidden curriculum’ of values that is unconsciously or half-consciously passed on from teacher to teacher, practitioner to practitioner, older practitioners to younger ones, and from graduating class to graduating class. Although this is less the case in our School of Classical Chinese Medicine, it is not surprising, then, that our senior students become increasingly alarmed by the disconnect between a ‘technical rationality’, focus in the curriculum, and the often confusing and messy problems encountered in day-to-day clinical practice that embraces among other modalities, botanical medicine, homeopathy, body work, and the spiritual dimensions of health care. For example, in measuring competency, it is appropriate in professional higher education to insist on quantitative criteria along with the qualitative. What place in the modern naturopathic doctor’s repertoire of skills is held by the “classic intuition of the nature-cure doctor”?

Apart from defining more precisely what comprises the form and content of that intuition, what opportunities for transmitting the so-called “clinical pearls” of the nature-cure doctor and the Chinese medicine practitioner exist in the dense, intense curriculum at NCNM, curriculum that propel students toward the Naturopathic Physicians Licensing Examination (NPLEX) and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examinations. What actions can we take to unify a curriculum that exist in a national context, and which in many Canadian provinces and American states is not unified in terms of scope of practice? The answer is that which is called “normative professional curriculum” has dominated our programs in many of the same

ways it has the mainstream medical and other professional schools, including chiropractic. It is time to be certain what those “ways” are and to choose the ones we want.

Such a curriculum, alluded to above, teaches students the relevant basic science, followed by the relevant applied science, and finally, a practicum in which they can learn to apply classroom knowledge to the problems of everyday practice. One interpretation is that our classroom teachers and clinicians get caught in a situation in which they must teach within the normative curriculum of the school with all its history and formative experiences, while concurrently trying to remain open to input from cohorts of practitioners who recommend two imperatives at the same time: new and sometimes different curriculum objectives, which they consider to be better aligned to the real-world demands of practice, and traditional nature-cure or traditional objectives that they feel will allow “elder knowledge” to survive and thrive.

Related to this issue is the constant reminder from the mainstream higher education and medical communities that the naturopathic profession and the classical Chinese medicine profession must “do clinical research” if those same professions have as their mission the enhancing of the ND and LAC credentials, and concomitantly substantiating of naturopathic medicine and classical Chinese medicine as professions in every Canadian province and territory, and every American state and protectorate. Grounded in technical rationality, this “need” actually can have the impact of alienating practitioners in the field and obscuring for our academic leaders and faculty



on the day-to-day priorities of our core programs. As well, our senior administrators and Board of Directors must make judgments about the prudent use of operational money to support research activity, while our needs for classroom and clinical education are escalating within the crippling pressure to fund operational growth principally via tuition.

Adding to this complex question is that “technical rationality” as the prevailing epistemology for allopathic and naturopathic and classical Chinese medicine schools has often fostered a radical separation between research and practice. So much so, in fact, that the underlying emphasis on research and specialization as a reaction to incorporating modern biomedical science into medical education has tended to overwhelm the educational purpose of medical schools all over North America, including our own. Ludmerer, for example, outlines in his 1999 study, “Time To Heal,” that the decline in support for the teaching hospital has fractured the social contract that has given allopathic medicine its privileged position in North American society. At the same time, many NDs and LACs repeatedly call for their college to “do research,” and do so with little or no formal training or experience in research methodology or design, not to mention an understanding of the resources required to conduct research formally. NCNM has been addressing these challenges actively for over a decade and will continue to do so.

There are those who are concerned that medical education, the proper preparation of practitioners, has for some institutions become a minor activity of the North American medical school deliberately ensconced as it is in the modern research university. We do not want to go there. Although this is not our present reality or structure, there will be increasing pressure for us to choose which road to take and decide which wagons will make the journey. In terms of where we put our resources, will it be a teaching wagon loaded with research supplies, the loads equally distributed, or will it be primarily a classroom and clinical education wagon?

The Question of a “Normative Curriculum”

At the heart of what we are about to undertake lies the notion of what Michael Hammer called a decade ago, “discontinuous thinking”. What he meant by the term was the collective will to identify and abandon certain outdated rules and fundamental assumptions that underlie how businesses operate (in our case, our “business mission” is to prepare professionals for practice). Every professional school has implicit rules, which in the busy lives of the academic administrator and the medical academic, are not easily challenged, much less changed. For example, we might ask ourselves why professional schools, including our own, have, as Donald Schon puts it, “sought to attain higher levels of academic rigor and status” by orienting themselves toward an ideal most “vividly represented by a particular view of medical education”? That view, in our case of naturopathic and classical Chinese medical education, is that physicians, doctors and healthcare practitioners are trained as biotechnical problem solvers by immersion, at the same time they must be accepting of the more intuitive approaches of the traditional nature-cure doctor and the classical Chinese medicine practitioner.

Schon (1987) outlined the pattern which carries with it some implicit rules that our strategic planning might very well want to challenge. First, we immerse our students in biomedical science and then after we propel them through applied

sciences, we move them into highly structured, supervised clinical practice where they learn to apply research-based techniques for diagnosis, treatment and prevention. There is a hierarchy of knowledge assumed in such a model, and it is the business of our strategic planning to decide whether that hierarchy suits NCNM and its graduates not only five years out but beyond. Since 1956, and then with the advent of the School of Classical Chinese Medicine in the late 1990s, we have shaped our curricula within the framework of the normative curriculum of the typical professional medical school: basic science, applied science, technical skills of day-to-day practice. There are variations in our MSOM and MAc curricula, of course, but the frameworks are there. Naturopathic physicians John Bastyr, Bill Mitchell and Gordon Smith shifted things a notch two decades ago when they posited over and over again that we have to present ourselves not only as the custodians of nature-cure practice and philosophy, but also as “rigorous practitioners of a science-based professional knowledge.” Thus, we have come to “embody in our schools a version of the normative professional curriculum.” Should we be doing that when the professional schools of the modern research university are premised on technical rationality, and naturopathic medicine and classical Chinese medicine in their purest forms, perhaps are not? As mentioned earlier, there are practitioners in the United States, for example, who are concerned that traditional knowledge and skill will be abandoned or eroded in the wake of this scientific approach to naturopathic medicine. It is a

wonderful challenge to have because it obliges us to reaffirm or change our philosophical assumptions.

How we operate today at NCNM has been forged by necessity in many ways. We cannot slice thin our curricula into morsels which accumulate into 30 hours of “time and place-bound learning” when everything we know about how adults learn tells us that our students already resent, or at least are surprised, by such a model and are increasingly tech and Internet savvy. If we diffuse power and responsibility across multiplying divisions, it’s because we learned that from our own alma maters and from the best models out there.



Teaching and Learning Relationships in the 21st Century

In the higher education field there is conversation about the changing nature of the work of the academic professional. Traditionally, research universities expect the triad of teaching, research and service to be the key responsibility areas of the higher education faculty member. The thrust of this debate for us is whether, in addition to this triad, the medical academic shall have the same professional alliances, values and goals as the medical practitioner. In any case, there is an urgency to this wide-ranging dialogue as teachers in the higher education sector are increasingly under resourced because of government austerity and tuition revenue ceilings, at the same time as practitioners cope with a growing avalanche of information and research outcomes. However, at our end of this continuum, this debate translates into how the institution will best utilize, for educational purposes, the precious commodities of student and faculty time in effectively achieving the college’s mission and goals. There are major forces causing change, key environmental facts influencing the process and timing of that change, and an emerging consensus in the higher education sector that its institutions must define the collective work of their most important resource, their teachers and researchers.

Sometimes the medical academic, in the absence of teacher training and professional development in curriculum design, delivery and evaluation techniques, repeats his or her university experience of teaching, characterized by teacher-centered methodologies and assumption of a commitment to student success not manifesting in design or intervention techniques appropriate to adult learners. The dimensions and characteristics of teaching need to be described more precisely in terms of the role of faculty in facilitating learning; efficient and invitational approaches to evaluating student experiences; an environment that encourages collaboration among colleagues; the urgent need to accommodate the use of technology and distance learning resources; and the growing importance of classroom research, which can promote continuous improvement in student learning. NCNM is committed to existing faculty, and to the recruitment of outstanding new faculty, and to providing high-quality professional development opportunities for them. NCNM’s commitment to establishing a medical academic career path in its human resources model contemplates this important focus.

Key Environmental Factors Affecting our Framework for Action: 2011-2016

1. The concept of placing students and their learning needs ahead of institutional and faculty preferences has been studied closely in higher education institutions in North America in recent years. The “school reform movement,” for example, teaches us that “learning is not isolated from the needs of society.” (Translate, in our case, from the needs of the professions we serve, the needs of the patients we serve, and the location of the profession within the political, social and economic spectrum.) Naturopathic and classical Chinese medical education, then, can be seen as “products” whereby success is measured not only by the teacher and the institution, but also by the consumer of the product, and by the lifestyle and life choices of our graduates themselves. The consumer in the first instance is the student, and ultimately, the patient. Funding, then, is contingent increasingly on the delivery of valued outcomes, not on the priorities of the credentialing monopoly, the institution. The advent of “constituent-based education,” then, is a key factor impacting on NCNM’s short- and long-term success.
2. The transformation of the naturopathic and Oriental medicine professions organizationally in North America is constant. The historical regionalism of the profession which grew out of a small numbers of registrants, is shifting. The transformation now occurring in both fields



is characterized by an understanding of the need for a national consensus on practice standards; labor mobility; scope of practice differentiation; federal and state/provincial regulatory issues; variance in professional training and credentials; and the need for stronger, national organizations to spearhead the growth and recognition throughout North America of NDs and LAcS. Related to this transformation is the weak link between medical academics and national association leaders in terms of understanding current agendas, priorities and collaboration potential. The AAAOM and the AANP, as well as their state equivalents, do not have strong enough filaments within our school.

3. The impact of increasingly sophisticated and transparent (i.e., “user friendly”) software programs that integrate video, graphics, sound, computing, communications, databases, and other technology applications is already obligating teachers to alter traditional boundaries in the teaching and learning relationship. It also delineates online teaching and learning opportunities for the institution.
4. Curriculum defined around faculty specializations of interest (i.e., departments) is generating a tension within the higher education community between personal preference (in content, delivery, evaluation approaches) and institutional objectives. NCNM and other higher education institutions are vertically organized, but our students and patients use our products (education and patient care) horizontally. Higher education researchers predict that the repackaging of student/patient needs to match the capacity and institutionalized preferences of the college’s faculty and staff, and of interested and often local members of the profession, is not sustainable. Case-based and problem-based learning approaches to curricula, for example, respond to this factor but are not well understood.
5. The inevitability of competition in our key program areas: CAM and IM curricula are surfacing steadily in mainstream university and college programs; private, for-profit organizations are rapidly expanding such offerings and mainstream allopathic programs and institutions are not hesitating to cherry-pick modalities that they find attractive. Reliance on traditional revenue sources for our

core programs needs to be offset by the diversification of that programmatic base. Universities are not single-program entities.

6. Students of higher education institutions are increasingly demanding accountability not only for how the employees of the institution spend their time (e.g., scheduled classes, deadlines for grades, use of noninstructional time), but also for the results of time spent accomplishing the institution’s mission. Board exam results are as much the responsibility of the teacher and the administrators and other staff who support the teacher, as the student, in such an environment.
7. With a metamorphosing student body, we are experiencing greater diversity and concurrently higher expectations from students about what the curriculum will do for them. There is also an increased incidence of underpreparedness in language skills, general education, and basic sciences among incoming students, thus requiring the institution to monitor and remediate more proactively than before.
8. The critical need for institutional research (as distinct from medical research) with one-, three-, five- and 10-year windows has never been greater as programmatic and regional accreditors demand more data, more often, in more standardized formats. This comprehensive, cumulative environmental scan capacity will routinely review the natural health sciences industry (manufacturing, services, research, professional practice, higher education regulation), regulatory issues for the natural healthcare professions and for the corporations serving them, and data about the success rates of our graduates within those environments. This is not to be confused with academic and clinical research whose content is informed by medical therapies, materials and theories. Key progress indicators, predicated on best practices, are increasingly central to the mission of institutional researchers.
9. The urgency of a co-coordinated research mission for the natural medicine professions in North America is important to acknowledge. Even collectively accredited post-graduate natural medicine schools are challenged as they attempt to mount and sustain a comprehensive research agenda; the future lies in joint ventures and interinstitutional collaboration with other multi-program colleges

and universities of natural medicine, U.S. and Canadian university faculties of medicine and allied health sciences, with the National Institutes of Health (NIH) and the Canadian Institutes of Health Research (CIHR). Thus the urgent need for training in research methodology for our students, our alumni and for other professionals interested to learn more about natural medicine research content and approaches. These imperatives, however, must be carefully considered in terms of the educational priorities of NCNM, and must be considered from internal and external perspectives.

10. The institutional and organizational maturing of NCNM as a post-secondary, higher education, degree-granting institution must continue. Our program mix must continue to diversify, and our delivery methodologies must adapt to the needs of the learners as consciously and deliberately as possible. The need for cohort-driven, just-in-time teaching and learning venues is greater than ever. Growing this capacity and experiencing increasing confidence in offering CE and post-graduate credentials will have important implications for the influence of naturopathic physicians, and classical Chinese medicine practitioners and teachers on related complementary/alternative medical training for other healthcare professionals such as MDs, RNs, DOs, nurse practitioners, homeopathic practitioners, herbalists, chiropractors, single discipline acupuncturists and Traditional Chinese Medical (TCM) practitioners.
11. There is a parallel need to grow the sophistication, agenda and resourcing for the college associations focused on teaching and learning. The AANMC and its AAAOM counterpart are not currently perceived by our teachers or administrators as effective in their policy work, leadership and initiatives.
12. There are implications for the credentials of our teachers as NCNM moves more deliberately into the higher education sector. For example, an ND or an MSOM degree will increasingly have to be complemented by a terminal graduate degree in a related discipline as our research capacity and agenda grow; an earned graduate degree with significant research training will become the norm, in addition to the appropriate medical/clinical credential requirement for those teaching in the core programs. In the biomedical sciences curriculum, which will span



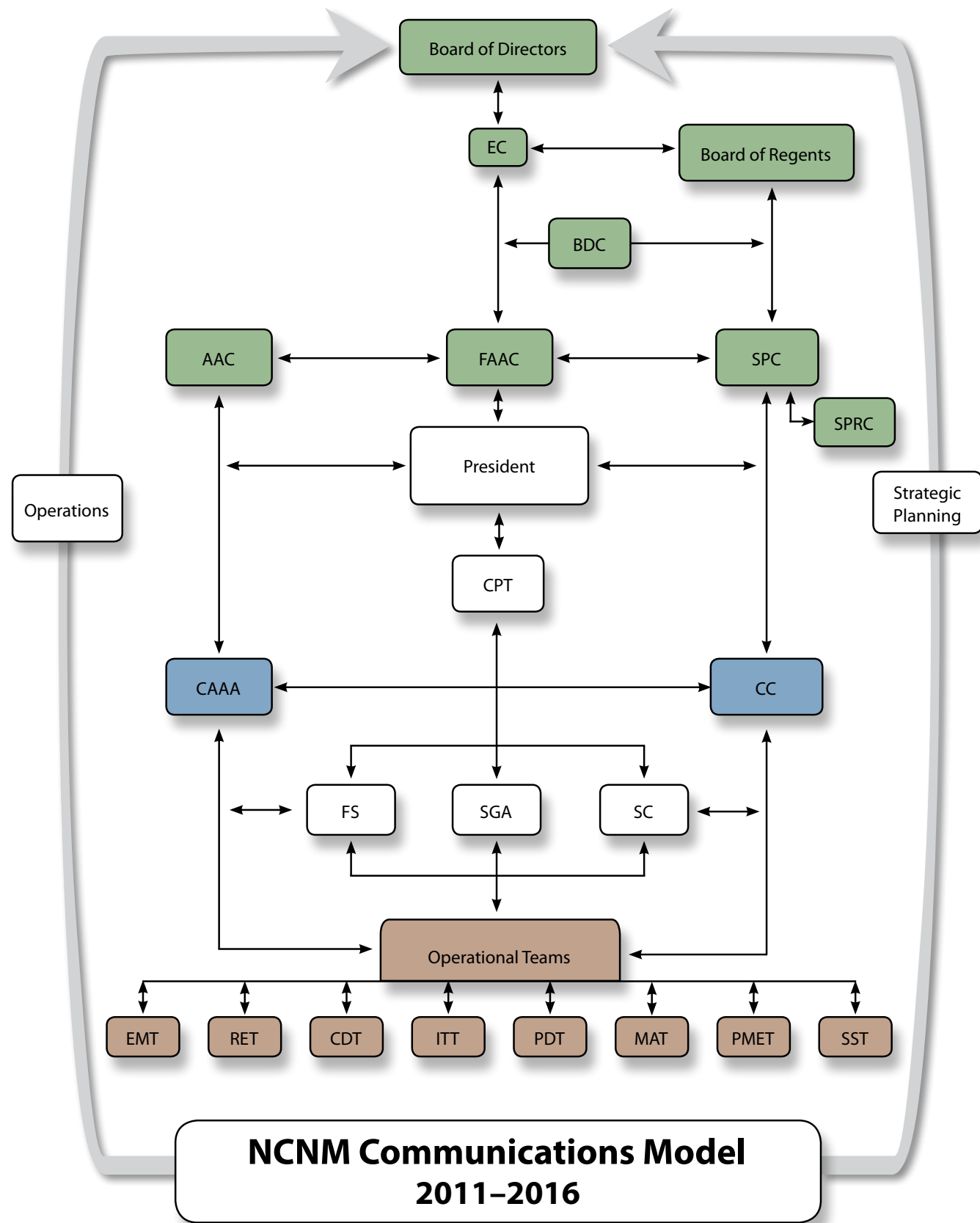
various program areas, teachers will continue to be required to have a PhD from an accredited institution with demonstrated evidence of an ongoing research program and publications. As well, all teachers will be increasingly pressed to develop and manifest strong skills in classroom and clinical education delivery and curriculum design that meet the metamorphosing needs of upcoming learners.

13. The landscape before us also includes improvements in accessing the research environment. Helfgott has been an excellent platform for this potential. NCNM will have to create in its base budget more systematic and coherent support for Helfgott to approach and benefit from funding from granting agencies and private corporations. As well, we need to greatly enhance the Helfgott Research Institute's capacity by consolidating its research labs (basic sciences including immunology, clinical lab, teaching and research kitchen, psycho-physio lab) and branding Helfgott more aggressively as a cornerstone of a natural medicine university. Such continuity of funding and base budget support will need to be aligned with new funding sources, such as a graduate program in natural medicine research; ramped up grant application schedules; and multi-year funding plans to help stabilize and expand the college's research agenda, supporting, therefore, not only our staff and students, but the growth of the professions we serve.

14. It is strategically vital for NCNM to continue to enhance its national and international alumni network. NCNM must refine its strategic agenda in support of professional formation because its internationally proliferating alumni base is operating in an environment of regulatory change, new licensing opportunities, and new challenges related to scope and credibility. There are more new NCNM graduates, in more states than ever, who are looking to the college for CE resources, regulatory and licensing mentoring, and data to assist in the growth of the professions in licensed and unlicensed jurisdictions. The often reported historic disaffection with the school after graduation is demonstrably shifting, and we must not reduce our commitment to support our graduates in the field. We exist to help our students and our graduates succeed.

15. The trends and changes in the demographics of our key student pools and key patient pools are accelerating and need our closest attention. These factors include such omnipresent variables as financial aid and long-term student debt; the need to attract minority populations to the profession; the long-term impact of healthcare reform; the threat to applicant pools of modality cherry-picking by the dominant biomedicine professions and groups; and by unlicensed, public domain practitioners; and the complexity of reaching and serving new students via nontraditional means.





Part One: The Framework

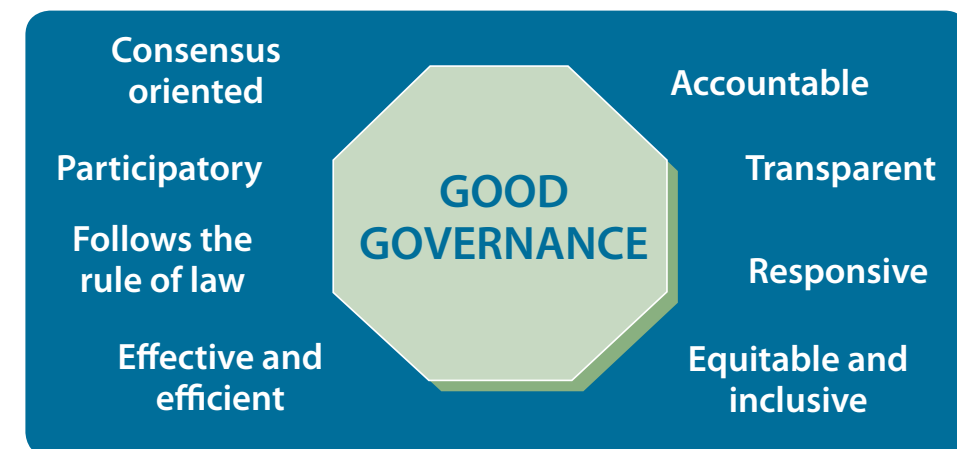
i. NCNM Communications Model:

Acronyms and Relationships

The Communication Pathways of NCNM Committees, Councils and Teams

Good governance is participatory, consensus-oriented, accountable, transparent, responsive, effective, efficient, equitable and inclusive. It is all of these things or it will soon become a burden, rather than an incubating, catalytic tool for the organization. Good governance is also built around the principles which guide our nonprofit college, a 501 (c)(3). NCNM's communications model is designed to be continuously inclusive and action-oriented. Good governance is not only responsive to the present and future needs of the college, but is also equally responsive (in terms of institutional memory) to the origins and foundations of present circumstance. All stakeholder groups can benefit. It's hard work, but the outcomes are valuable and rewarding.

NCNM's governance model utilizes a set of processes, time-tested customs, policies, practices and group interactions upon which the board depends for us all to direct, administer and honor not only the board's fiduciary obligations as the governing body of a nonprofit institution, but also for us consistently to work toward in achieving our mission. Good governance is best achieved when the relationships among the many stakeholders are enhanced by clear, constant and valuable communications opportunities. The committees of the board and the councils, stakeholder groups and teams of the college staff interact continuously in this model. The intersecting, parallel and circular patterns of the NCNM communications model are intended to enable and encourage communication and action along two pathways: operations and strategic planning.



All members of teams, councils and committees are able to do the following:

- Add an agenda item to an upcoming meeting.
- Read and respond to any agenda item or detail from the minutes of previous meetings.
- Ask the chair of his/her group to send an agenda item to another committee, council or team.
- Review the budget lines or policy statements linked to an agenda item, if applicable.

NCNM Board of Directors and its Committees

Board of Directors (BoD)

This is the governing body of the college with fiduciary and strategic responsibility for the successful design and delivery of the college's mission and mandate as a 501 (c)(3). The BoD delegates operational authority to the president of NCNM. The BoD is the final approval body for policy and budget matters affecting the college, including responsibility for monitoring physical and intellectual property assets. The BoD committees, in turn, report directly to the board and are chaired by BoD members. They are concerned with policy and fiduciary matters, including compliance with strategic planning priorities, budget management and policy compliance.

Executive Committee (EC)

This committee of the board meets between plenary board meetings, or as needed, to guide and monitor the board's strategic and operational agenda.

Board Development Committee (BDC)

This committee of the board meets monthly. Its mandate is to ensure that NCNM's governance model and organizational structure support a national leadership role in professional higher education as a private natural medicine and health sciences college, and that they enhance the college's ability to generate strong relationships and alliances with partner organizations, both public and private, both for profit and

NCNM has the following clusters:

1. NCNM Board of Directors and its Committees (BoD, EC, BDC, BoR, AAC, FAAC, and SPC, with its sub-committee, the SPRC)
2. Councils (CAAA, CC)
3. Teams (EMT, RET, CDT, ITT, PDT, MAT, PMET, SST)

not-for-profit, and with institutions in the health, government, business and industry sectors. The BDC, operationally the nominating committee of the board, will ensure the ongoing generation of a recruitment pool, and provide for the orientation and development of suitably qualified candidates from the following constituencies: student body, ND and MSOM/MAc professionals, business, higher education, aboriginal, legal, financial, advancement, government, healthcare management and reimbursement, biomedical research, environment, communications and media, and related health sectors. The BDC also assists in identifying appropriate members for the Board of Regents.

Board of Regents (BoR)

This non-fiduciary body of individuals assists the college in the generation of information and resources, as well as sharing meaningful external feedback related to NCNM. The BoR is instrumental in expanding the college's networks of individuals, donors, friends, companies, families, and groups with whom the college's mission will resonate. The BoR works closely with the BoD to communicate the college mission, and expand the college's reach into business, government, higher education and industry communities. This body meets twice annually to confer about larger policy, social events, and developments which affect the college's mission, vision, purpose and capacity. BoR members are appointed by the BoD. The vice president of advancement is the board of directors' liaison to the BoR.

Academic Affairs Committee (AAC)

This committee of the board meets monthly and is responsible for monitoring, refining and approving academic policy (curricula, learning outcomes, research activity, clinical and classroom education); for establishing the standards for, and monitoring of, clinical and classroom methodology and evaluation standards; for the coherence and consistency of operations; and for evaluating program outcomes based on performance standards of the board and of programmatic accreditors.

Financial and Administrative Affairs Committee (FAAC)

This committee of the board meets monthly and is responsible for monitoring, refining and approving the detailed elements of the finance function (budget approval and modifications); financial policies and budget activity related to plant and property; human resources; programming; financial and student services; clinic operations; ancillary business operations; and property acquisition and disposal.

Strategic Pathways Committee (SPC)

This committee of the board meets monthly and is responsible for creating and discovering in collaboration with college stakeholders, and then describing and communicating the vision, mission and purpose of the college. The SPC seeks to define and manifest a strategic direction for college action using the following framework: assuring actionable objectives in the strategic plan of the college that can result in practical strategies designed to achieve specific measurable outcomes, documented at NCNM as KPIs within the overall strategic plan called a **Framework for Action**; ensuring that college departments align their resources with the strategic priorities of the KPI framework; support and monitor clear understanding among all stakeholders of the key, approved priorities for the college and the reasons for those priorities; identifying key barriers and critical success factors for growth; encouraging and resourcing the CPT to develop strategies to address them; and ensuring that the college has an ongoing commitment to translate values and beliefs into the daily behaviors within the organization. Working closely with the president, the SPC is responsible for generating the college's Master Plan for approval by the city of Portland.

The Strategic Pathways Review Committee (SPRC) is a subcommittee of the SPC, which is responsible for vetting proposals affecting buildings, grounds and facilities of the college in the following areas: transportation (access and safety), renovation, minor construction, beautification, signage, consistency of brand image, space planning, ambience, art installations, plant and property improvements to existing facilities, and parking. The SPRC includes stakeholders from CPT, SGA, FS, SC and is chaired by a member of the SPC. The administrative co-chairs are the manager of master planning and facilities project planning and the vice president of marketing and communications. The SPRC approves proposals and may also refer particular action items or proposals to the SPRC for further review.

College Planning Team (CPT)

This is the senior management team of the college consisting of the vice president of financial and administrative affairs, the vice president of academic affairs (provost) the vice president of advancement, the vice president of marketing and communications and the president. The mandate of the CPT is to continuously monitor and communicate with each other about current progress in each portfolio, and to direct priority actions to the CAAA and the CC regarding key operational and policy matters. The main objective of the CPT is to monitor and maintain the momentum of the college's annual business plan and to provide guidance assuring the success of NCNM's five-year KPI strategic plan. The CPT continuously reviews KPI and operational details bringing problem-solving, rapid decision-making, and strategic intervention as needed. It is a primary, regular communication forum for the institution's senior managers. Other college managers and personnel are invited to the CPT meetings as required.

Student Government Association (SGA)

Elected annually by the student body, the SGA meets frequently to share information; plan student social and academic events; and to discuss matters related to student life experience, college facilities, curricula, professional development of student leaders, student governance, inter-college relations; and liaison with college administration and faculty. SGA representatives sit on board committees and college councils.

Faculty Senate (FS)

The Faculty Senate meets monthly to share information and to discuss matters related to curricula, program planning, faculty workload and assignment, professional development, and research activity. The FS appoints faculty members to various college committees and councils. Full- and part-time faculty are welcomed to the FS. Faculty Senate representatives sit on board committees, and college councils and teams.

Staff Council (SC)

The Staff Council's mandate is to represent the voice of staff members at NCNM from a wide variety of support services departments. The SC meets monthly to share information and to discuss matters related to staff working conditions, planning college social events, and professional development. Full- and part-time staff members are welcome to be part of SC. Staff Council representatives sit on board committees, college councils and teams.

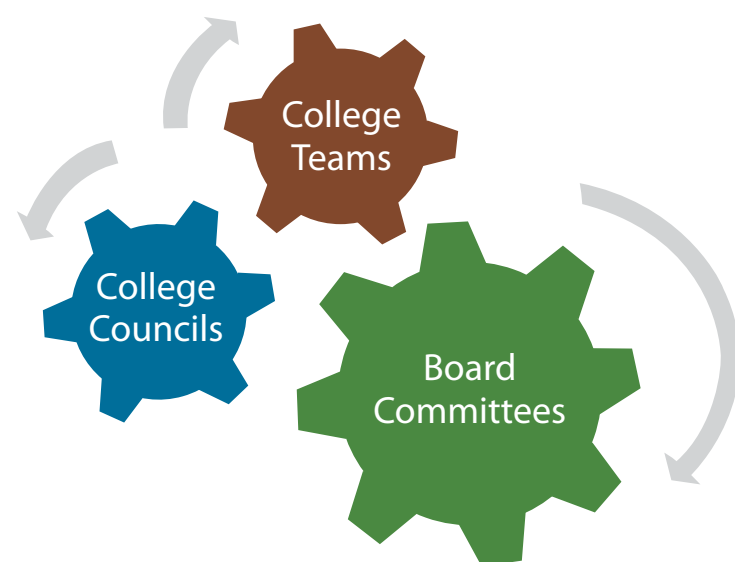
Councils (CAAA, CC)

College councils report to the appropriate board committee and are chaired by members of the CPT. They are concerned with operational and strategic planning issues, budget compliance and management, new initiatives and policy compliance. The college council is an information-sharing forum with wide stakeholder membership.

Council for Academic and Administrative Affairs (CAAA)

This council combines the academic and administrative operations managers and representatives of the college in a unified body. The CAAA promotes and coordinates the review, operations and growth of the core ND and MSOM/MAC graduate programs, and any other programs developed by the college for credit and credentialing. The CAAA establishes and maintains uniformly high standards of graduate education and graduate student research within the college; standards to be achieved by the assessment of teaching faculty, curricula and resources, and by the adoption of regulations governing standards of admission, examinations, and degree requirements. The CAAA also provides for the discussion and evaluation of both established and proposed programs via its sub-committee, the PCRC and via the PDT. The CAAA coordinates planning across the councils and teams of the college, and encourages cooperation among units and consultation

with interested parties. The CAAA designs, reviews and enacts under the authority of the AAC, FAAC and the BoD such procedures, regulations and policies as are necessary to conduct the academic affairs and operations of the faculty. There are numerous specialized standing committees of the CAAA that meet as needed at different times within a variety of mandates: the Program and Curriculum Review Committee (PCRC); the Faculty Development Committee (FDC) [the FDC also communicates with the Faculty Senate (FS)]; the Academic Review Committee (ARC); the Academic Progress Committee (APC); the Library Committee (LC); the Steering Committee for Institutional Assessment (SCIA) aka the Institutional Assessment Committee (IAC); the Continuing Education Review Committee (CERC); the Honorary Degree Selection Committee (HDSC); the Honor Council (HC); the Post-Graduate Medical Education Committee (PMEC) aka the Residency Selection Committee; the NCNM Scholarship Committee (SC); and the Helfgott Senior Advisory Committee (HSAC). The CAAA reports to the Academic Affairs Committee of the Board of Directors (BOD) and is co-chaired by the provost and the CFO. This combined council also coordinates the provision of college needs for human resources, administrative requirements, educational and training materials, equipment and facilities; and cooperating with the requirements of cost center and department managers. The CAAA monitors the retail operations of the college in terms of inventory, sales, records and control/disposition of college property; and the operational review of the use, condition and maintenance of college facilities including owned and rental properties, equipment, and college furniture. The CAAA reviews, as required, the implementation of contracts



signed by the college with service providers carrying out work or providing services, materials and equipment to the college. The CAAA originates the college's annual budget, monitoring and communicating details of college expenditures and assuring compliance with financial procedures across all divisions. The CAAA reviews the standards and procedures for personnel filing systems, financial record keeping and updating of records. The CAAA coordinates with the FAAC on all financial matters related to the financial and administrative needs of the college; the processing of its financial and administrative dealings; the maintenance of its facilities; and the implementation of the contracts of services offered to it. There are five standing sub-committees of the CAAA: Safety Committee, Space Utilization Committee, Grading Committee, Emergency Preparedness Task Force, and Institutional Graduation Committee. The Institutional Research Board (IRB) is an independent body that reviews research project applications, which involve human subjects, in terms of ethical and design standards appropriate to the research community. The IRB's administrative and operational cost links to NCNM are through the CAAA. The IRB operates within NCNM subject to Title 45 CFR. IRBs are themselves regulated by the Office for Human Research Protections within the Federal Department of Health and Human Services.

College Council (CC)

The College Council meets three times each year. The chairs of each team, chairs of the CAAA, representatives from key stakeholder groups (SGA, FS, SC), as well as members of the BoD attend. The late summer meeting of the CC coincides with convocation and the beginning of the academic year. This meeting has as its purpose communicating the state of the college with regard to the annual business plan and inviting feedback, suggestions and ideas for refining and improving that plan going forward. The mid-winter meeting is an opportunity for all college stakeholders to have input into the budget development process (priorities, goals, strategies) for the next fiscal year. The spring CC meeting reviews the KPIs for the fiscal year just ending and invites stakeholder feedback, suggestions and ideas for tactics, objectives, goals and outcomes related to the year's performance results. Board members attend all three CC meetings.

Teams (EMT, RET, CDT, ITT, PDT, MAT, PMET, SST)

NCNM is committed to supporting a process that replaces traditional tier management structures with empowered work groups or teams. Such a structure empowers individuals within teams to bring out the skills and problem-solving abilities which tend to be dampened in a more traditional work structure. Teams are groups of individuals from various departments who work together toward a common purpose in an operational area of the college. Team effectiveness is dependent upon intra- and inter-team communication. The quality of the team's work, to a large extent, depends upon the quality of the information shared. The ability of team members to understand and communicate information enables them to work together collaboratively. These operational teams are the engine and foundation of the college's enterprise and success. The team structure encourages continual communication among college staff working toward common goals, or with inter-related projects that require cross department cooperation and information. The team structure gives members a sense of ownership and involvement in the decision-making process, including the initiating of new processes, projects or systems. The team structure is intended to support a greater commitment to decisions and pride in the results arising out of greater flexibility, and better communication of information and ideas affecting individuals and groups. The intention is for CPT and unit managers to allow the teams to produce the results desired, and be comfortable and proactive in communicating needs and information. NCNM is consciously moving from a line management to a team management structure. The college operations teams are self-regulating and are cross-departmental in their focus on new initiatives, communication, problem-solving, critical thinking and strategic planning. They refer issues, requests, recommendations and action items to the appropriate manager, fellow team, or council (CAAA) for vetting and follow-through.

Enrollment Management Team (EMT)

The EMT concerns itself with all aspects of managing the full-time student enrollment cycles of NCNM programs, including recruitment fulfillment; data collection about inquiries; applications; registrations for matriculation; retention; attrition; demographics; marketing strategies and key messages for recruitment; market analysis; articulation agreement development; and recommendations and networking for advancement support for students in the form of scholarships and bursaries.

Retail Entrepreneurs Team (RET)

The RET concerns itself with the design, effectiveness, efficiency and profitability of all retail operations at NCNM, including the bookstore; online sales of bookstore inventory, clinical retail operations such as the dispensary/medicinary units of the college's clinics including community clinics; NCNM Press retail and wholesale operations; compliance with municipal, state and federal regulations affecting inventory and services; and with new ancillary business ventures and partnerships of a non-academic, retail and services nature including, but not restricted to, day care operations and branding merchandise.

Clinic Development Team (CDT)

The CDT concerns itself with the efficient, regulation-compliant, educationally sound and fiscally solvent operation of the college's teaching and community clinics in support of student learning and patient care. The CDT monitors and assures compliance with regulatory, accreditation and academic standards with regard to clinic operation, student success in clinical education, and quality patient care.

Information Technology Team (ITT)

The ITT concerns itself with providing rapid, efficient, integrated information technology support for academic and clinical programs and operations; management information systems; institutional research and advancement; student computer use needs; and for over all institutional responsibility for software, hardware, and networking systems, including telecommunications.

Program Development Team (PDT)

The PDT concerns itself with vetting, improving, approving and recommending new program development and additions; assuring high-quality curriculum design, delivery methodologies, measurement and evaluation; compliance of curricula, programming changes, and initiatives with regulatory and accreditation standards; and monitoring the focus of the institution on naturopathic medicine and classical Chinese medicine as core programs for the college, notwithstanding the introduction of new program initiatives which strengthen and refine that core.

Marketing and Advancement Team (MAT)

The MAT concerns itself with institutional communications, both internal and external, including but not restricted to, print media; web/Internet instruments in terms of design, content continuity, access and accuracy; brand continuity; key messaging; accuracy and currency. The MAT also focuses on brand development and deployment, including image, public relations, inter-institutional relations, government relations, and intra-institutional continuity of message; and with strategic marketing development, chiefly supporting student recruitment, clinic patient recruitment, continuing education, and event planning and management. The MAT also reviews advertising, design, purpose and deployment.

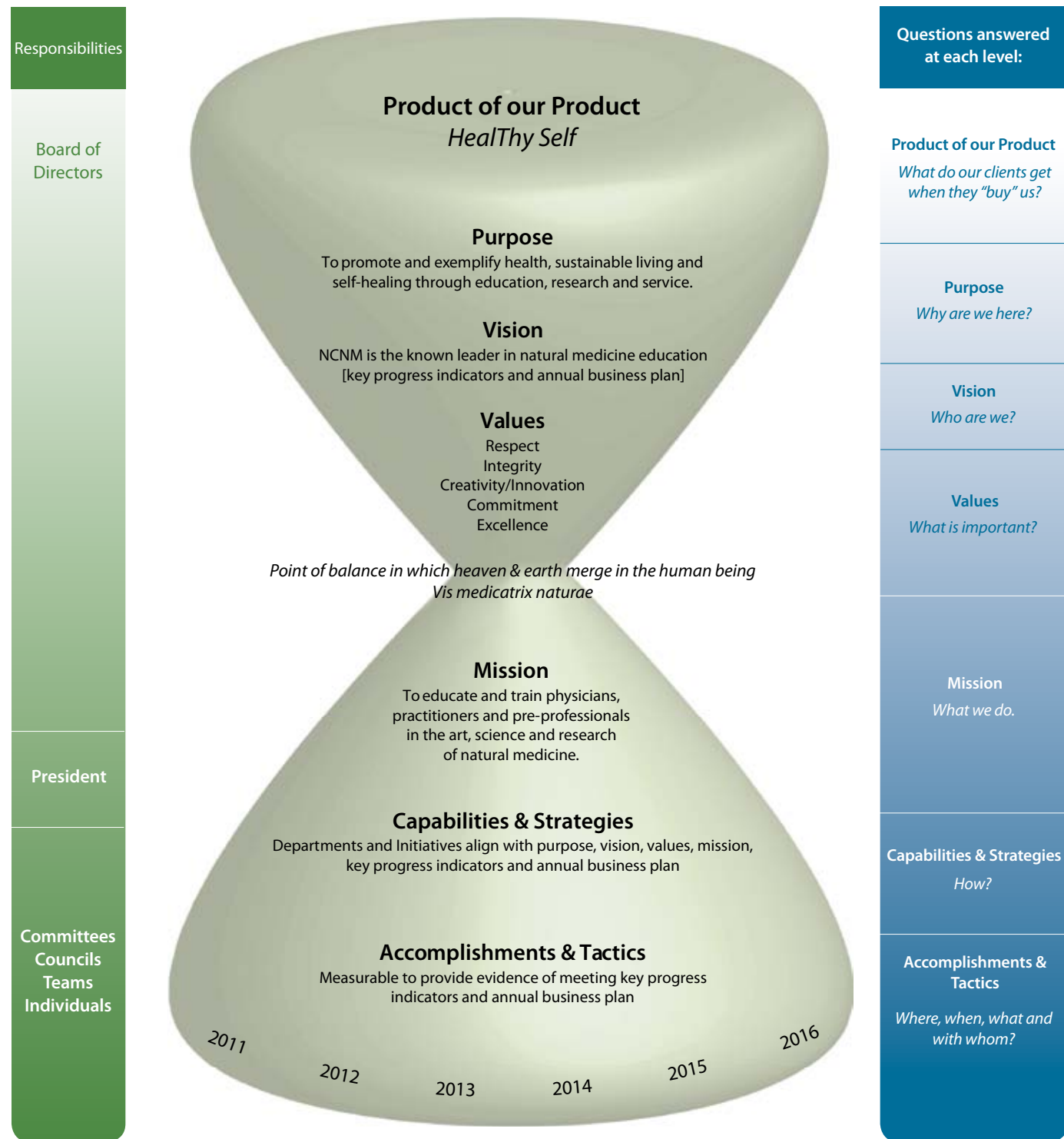
Post Graduate Medical Education Team (PMET)

The PMET concerns itself with program, administrative, operating, and planning issues and activity related to graduate medical education priorities for the college, including internal and external residency programs. The PMET identifies and sustains residency venues consistent with the standards of the CNME and ACAOM. PMET works closely with the Office of advancement and the Office of marketing and communications with the long-term goal of expanding residency opportunities; reducing dependence on tuition support revenue; and enhancing and documenting graduate medical education outcomes for NCNM graduates. The PMET also serves as the selection committee for residency applications for NCNM.

Student Services Team (SST)

The SST concerns itself with the operational practices and standards of NCNM's registrarial and information services, student development services, career services, financial aid services, housing assistance services, peer helpers unit services (tutoring/counseling), and professional formation support. The SST recommend student life strategies to support students in academic, financial, personal and career needs; it seeks feedback and monitors the quality of NCNM student experience. It also reviews NCNM processes and practices, and recommends needed actions to ensure that students have opportunities to make successful transitions to our college setting; and that they learn career-readiness skills while maintaining healthy lifestyles. The SST partners with other college teams such as the EMT to create a comprehensive, equitable education experience.





NCNM Alignment Model 2011–2016

ii. The NCNM Alignment Model

In 2008, the NCNM Board of Directors embarked on a journey to clarify and align NCNM's purpose, vision, mission and values with the intent to create a "source" document against which all official documents, decisions and actions would be made and measured. The reasoning was to ensure consistency, congruency, clarity, and effective communication, decision-making and problem-solving.

The chosen framework is based on the work of Gregory Bateson, a cultural anthropologist, social scientist and linguist (among a wide variety of other "-ists"). His well-known books include: *Steps to an Ecology of Mind* and *Mind and Nature*. Robert Dilts, a leader in the field of neuro-linguistic programming, used Bateson's research and created a visual model, which we have adapted to fit NCNM's specific situation. Bateson's basic theory is that we operate simultaneously from multiple levels and we can speak from any one of the levels in any situation. Each level involves a different quality of "neurology," and has varying degrees of influence over all other levels.

The reason this is important is that where we focus our energy and efforts may or may not be the most efficacious. By understanding consciously the level at which we are operating, we can often move to a higher or deeper level and get more powerful results for the same or a lesser amount of effort.

The higher we go in the alignment model, the more it impacts the lower levels, for good or for worse. It turns out that any problem that manifests at the lower levels of environment and behavior can be directly traced to a policy or belief at the top.

In an organization such as NCNM, we all play important roles, and we play naturally at different levels of the model. The board "holds space" for NCNM's attainment of its vision and goals by focusing on the non-visible realms of the Product of our Product (what our "clients" get when they "buy" NCNM), and on our purpose, vision, and values. The president holds the spot between the board and the place where the mission is carried out by committees, councils and operational teams, and individuals. He has the responsibility to align and guide all decisions and actions in alignment with the "product of our product," purpose, vision and values. Committees, councils and operational teams play in the visible levels of capability/strategies, behavior/tactics, and environment/operations. These groups examine the possible causes of the manifested "problem" by asking questions based on the model.

Each level in this model carries a question:

Environment/Operations: Where, when, with whom?

Behavior/Tactics: What? e.g., What are we doing in that environment?

NOTE: These two levels are observable; they are also less stable, easily affected by any perturbation in the environment. Focusing change efforts at these lower levels will create quick, superficial and short-term change. If this is the intent, that works. However, long-term, deep and sustainable change must start from the top of the model.

Capabilities/Strategies: How?

Beliefs/Values: Why?

Identity/Vision: Who are we?

Purpose: Why are we here?

Product of our Product: What do our "clients" get when they "buy" us?

Being aware of the questions at each level allows us to ask the most appropriate question to solve an issue.

An important point can be made here: Einstein once said that in order to solve a problem, you have to use a higher level of thinking than that which caused the problem; if there is any issue, any problem, then we must at least use the next higher level to solve it. For instance, if there is an issue at the foundational/environmental level, we must at least go to the tactical/behavioral level to solve it. If there is an issue at the behavioral level, we must at least go to the capabilities level.

As every issue manifested at the environmental and behavioral levels can be traced directly back to the "top" of the organization via unintended consequences of policies, practices or beliefs, it is more efficacious, however, to go straight to the "top" of the model and remember:

- The Product of our Product: At NCNM this is "**HealThy Self**" – what our "clients" get when they "buy" a product/service from NCNM.
- Our purpose: "**To promote and exemplify health, sustainable living and self-healing through education, research and service.**"
- Our vision: **NCNM is the known leader in natural medicine education** (as evidenced by our key progress indicators and annual business plan).
- Our values: **respect, integrity, creativity/innovation, commitment, excellence.**

Using this dynamic model, with every decision or action we can ask, "To what degree does this (decision/action) achieve, correlate and align with (the top of our model)?"

A clear advantage of using this model is that regardless of our role in the NCNM community, we can each take responsibility to solve issues at the appropriate level in the model. It is a template allowing us to engage intentionally and consciously as we progress on a daily basis toward our purpose, our vision and our HealThy Selves.

iii. Governance and Guidelines

- a. General Executive Expectations and Constraints
- b. Treatment of People
- c. Budgeting/Financial Planning/Forecasting and Assuring Fiduciary Responsibility
- d. Financial Conditions
- e. Information and Advice
- f. Asset Protection
- g. Compensation and Benefits
- h. Governance Commitment

- i. Board Governing Style
- j. Board Job Description
- k. Chairperson's Role
- l. Board Committee Principles
- m. Annual Board Planning Cycle
- n. Board Members' Code of Conduct
- o. President's Role and Job Description
- p. Delegation to the President
- q. Monitoring Executive Performance

a. General Executive Expectations and Constraints

- The president and, as delegated and monitored by him/her, the senior officers of the institution, including the vice president of finance and administration, the vice president of academic affairs, the vice president of marketing and communications, and the vice president of advancement will work collectively to prevent any practice, activity, decision or organizational circumstance that is illegal, imprudent, or in violation of the institution's values or commonly accepted business and professional practices and ethics.
- With respect to treatment of students, staff, volunteers, donors, partners and the community, dealings will be non-prejudicial, respectful, fair, dignified and civil.
- Budgeting must adhere to board-approved directives, commitments and disbursements for all parts of the fiscal period and will not change or differ significantly from the board-approved KPI action priorities, nor risk or incur fiscal jeopardy; rather, budgeting will consistently demonstrate high fiscal responsibility and an acceptable level of vision in progress and institutional excellence.
- Financial conditions at all times will assure fiduciary responsibility and reflect the board of directors.
- Presidential information and advice to the board will be timely, complete, accurate and inspiring.
- Assets will be protected and adequately maintained to assure minimal fiscal risk.

- Purchases, contracts and human resources decisions will be free from conflict of interest.
- The president will assure that priority is given to programs and technology that are appropriate for students to achieve the goals and objectives prescribed by the board and described in the KPIs.
- The president will initiate new programs and retain existing programs in full consideration of cost-effectiveness and overall enhanced value.
- The president will not encourage nor permit behavior that circumvents lines of authority delineated by the institutional organizational chart.

b. Treatment of People

- With respect to treatment of students, staff, volunteers and the community, dealings will be judicious, respectful, fair and dignified. Accordingly, the president will:
- operate with procedures and policies that clarify student and staff rules, provide for effective handling and the secure recording and archiving of grievances, and protect against wrongful conditions;
 - prevent direct or indirect retaliation against anyone for expressing disagreement or dissent;
 - uphold and assure due process and procedures for staff and students;
 - enable students, faculty and staff to bring formal grievance matters to the board when internal grievance procedures have been exhausted;

- acquaint students and staff with their rights and responsibilities;
- studiously void the breaching of confidences entrusted to the president and other senior officers of the college;
- studiously avoid intentional or unintentional false, misleading or inaccurate statements to the board, students, staff, volunteers or the community; and
- encourage an open climate among persons involved in the decision-making process.

c. Budgeting/Financial Planning/Forecasting and Assuring Fiduciary Responsibility

Budgeting any fiscal period or the remaining part of any fiscal period will be structured and monitored so as to prevent any significant deviation from any board KPI priorities, will not risk fiscal jeopardy, and will demonstrate a commendable level of accountability and fiscal judgment, vision and foresight. Accordingly, the president will generate and sustain budgeting that:

- contains proper information needed to ensure accurate projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions;
- plans for and projects the expenditures in each fiscal period such that more funds than are conservatively projected to be received in that period are not expended;
- assures annual operating funds for board prerogatives, such as costs of fiscal audit, board development, board and committee meetings, board professional expenses and liability insurance; and
- shelters at least \$275,000 per year to add to cash reserves, unless in any given fiscal period the board mandates a lesser amount to enhance and support specific KPI priorities.

d. Financial Conditions

With respect to the actual, ongoing condition of the organization's financial health, the president will judiciously avoid causing or allowing the development of fiscal jeopardy, or a significant deviation of actual expenditures reflected in written board priorities. Accordingly, the president, as the chief executive officer

of the institution, will utilize management practice that avoids:

- exceeding the net income for the fiscal year (July 1–June 30); and
- using cash reserves without board approval.

e. Information and Advice

With respect to providing information and counsel to the board, the president will at all times keep the board optimally informed. Accordingly, the president will:

- submit monitoring data required by the board (see policy on Monitoring Executive Performance, pg. 32) in a timely, accurate, and understandable fashion, directly addressing provisions of board policies being monitored;
- advise the board of relevant trends, anticipated adverse media coverage, actual or anticipated legal actions, significant external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established;
- advise the board if, in the president's opinion, the board is not in compliance with its own policies pertaining to progress in the governance process or in the board-president relationship, particularly in the case of perceived or actual board behavior that is detrimental to the working relationship between the board and the president;
- present information in straightforward, succinct formats;
- work with the board as a whole except when fulfilling requests for information, or responding to individuals or committees duly charged by the board; and
- report in a timely manner any actual or potential noncompliance with any board policy.

f. Asset Protection

Assets will be protected, adequately maintained, and guarded from unnecessary risk. Accordingly, the president and other senior officers of the college will:

- insure against property and casualty losses, theft, or against potential liability losses to board members, staff, or the organization itself in an amount prudent and advisable under applicable existing law;

- avoid non-bondable personnel having access to significant amounts of funds;
- prevent improper wear and tear or inadequate maintenance of the physical plant and equipment;
- conscientiously make every effort to assure and prevent unnecessary exposure of the organization, its board or staff to claims of liability;
- use utmost discretion and prudence in purchases, with an upper limit of \$75,000, with higher amounts requiring board approval;
- receive, process or disburse funds under controls that are sufficient to meet and/or exceed the standards of external auditors; and
- acquire, encumber, or dispose of real property only with board approval.

g. Compensation and Benefits

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the president will not cause or allow fiscal integrity or public image to be compromised or jeopardized. Accordingly, the president will not:

- change his/her own compensation or benefits;
- promise or imply permanent or guaranteed employment, or scheduled salary/benefits that exceed board or human resources' policy increases; and
- establish compensation benefits that create obligations over a term longer than revenues can safely be projected; in no event greater than one year, and in all events subject to documented revenue streams, revenue reconciliation and prevailing market conditions.

h. Governance Commitment

On behalf of NCM, the Board of Directors will govern the college through the expression of board policies by the president and other senior officers of the college.

i. Board Governing Style

The board process will foster and emphasize internal and external vision rather than an internal preoccupation;

encouragement of diversity in viewpoints; strategic leadership more than administrative detail; clear distinction of board and staff roles; collective rather than individual

decisions; visionary rather than past or present; pro-activity rather than reactivity. The board will:

- execute powers designated by applicable State of Oregon and other applicable statutes;
- act with whatever discipline is needed to govern with excellence and integrity, allowing no officer, committee, or individual to impede fulfillment of this board responsibility;
- define a quorum in terms of its board by-laws, and require that so defined quorum to conduct binding business at any meeting;
- require a majority vote of the entire board to approve actions by the executive committee of the board related to asset disposal, protection and acquisition;
- apply discipline to matters such as attendance, policy-making principles, respect of roles, and speaking officially with one voice;
- direct, control, and inspire the college through carefully established values and perspectives in the form of written policies (see attached mission, values and purpose statement, pg. 24);
- focus chiefly on intended long-term impacts on students, patients, and the professional community rather than on the administrative or programmatic means of attaining those effects;
- be an initiator of policy, not merely a reactor to staff initiatives (the board, not the staff, will be responsible for board performance);
- use the expertise of individual board members to enhance the ability of the board as a body, rather than to substitute individual values for group values;
- monitor and regularly discuss the board's own process and performance;
- ensure the continuity of its governance capability by continual training and development; and
- change from the KPIs framework and related policy governance practices only by a majority vote of the entire board.

j. Board Job Description

A major responsibility of the board is to represent the institutional community in determining and demanding



appropriate organizational performance. To distinguish its own unique mandate from the jobs of its staff, the board will concentrate its efforts on the following "job products" or outputs that impact progress:

1. Linkage with the public regarding the assurance of measurable progress and higher levels of excellence in teaching, research and service. Input may be obtained in the following ways:
 - by cultivating quality relationships with individuals and internal and external groups (e.g. civic groups, agencies and organizations relevant to the mission of the college, places of worship, focus groups);
 - observing and meeting with other natural medicine educational institution governing boards;
 - hosting opportunities that provide the public an opportunity to learn more about the college; and
 - open board meeting sessions.
2. Providing written governing policies that, at the broadest levels, may include and/or address:
 - Key Progress Indicators: organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what good, for which people, and at what cost).
 - Executive Limitations: constraints on executive authority that establish the boundaries within which all executive activity and decisions must occur.

- Board Process: specification of how the board conceives, carries out, and monitors its task.
 - Board-President Relationship: the manner in which authority is passed to the president, and assessment of the use of that authority.
 - Provide oversight that facilitates and assures institutional sustainability.
3. Assure that the president's performance is congruent with institutional values and the KPIs.
 4. Select, as appropriate, and discipline board officers and members if needed.
 5. Produce a sustained, positive impact on legislative affairs through advocacy.
 6. Monitor activities and performance of the Helfgott Research Institute to ensure they are legal and supportive of the college.
 7. Promote and participate in fundraising in cooperation with the president, the vice president of advancement and other stakeholders.

k. Chairperson's Role

The chairperson will assure and preserve the integrity of the board's process. The chairperson is the only board member authorized to speak for the board (beyond simply reporting board decisions), unless authority is delegated to another member for specific functions/assignment.

1. The job output of the chairperson is to ensure that the board functions and behaves consistently with its own rules, and those legitimately imposed upon it from outside the organization.
 - Meeting discussion content will be only those issues that, according to board policy, clearly belong to the board to decide, not to the president.
 - Deliberation will be fair, open and thorough, but also efficient, timely, orderly, pointed and respectful of the views of other board members.
2. The authority of the chairperson consists of making decisions that fall within the scope of authority covered by board policies on board process and board-president relationship, except where and when the board specifically delegates portions of this authority to others. The chairperson is authorized to use reasonable interpretation of the provisions in such policies.
 - The chairperson is empowered to plan and chair board meetings with all the commonly accepted authority of that position (e.g. ruling, recognizing, committee appointments).
 - The chairperson has no independent authority to make decisions with regard to policies created by the board within KPIs and executive limitations policy areas. Therefore, the chairperson has neither independent nor exclusive authority to supervise or direct the president.
 - The chairperson may represent the board to outside parties in announcing board-approved positions, and in stating chair decisions and interpretations within areas delegated to her or him.
3. The chairperson is expected to ensure that the vice-chairperson is informed of current and pending board issues and processes.

l. Board Committee Principles

Board committees will be assigned to ensure minimal interference with the wholeness of the board's responsibilities, and so as never to interfere with the delegation from board to president. Committees will be formed and utilized as needed.

- Board committees are expected to help facilitate the execution of board responsibilities and not to do staff work. Committees ordinarily will assist the board by preparing policy alternatives and implications for board deliberation. The board does not create committees merely to advise staff.
- Board committees may not speak or act for the board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated to avoid conflict with authority delegated to the president.
- Board committees will not exercise authority over staff. In keeping with its broader focus, board committees will normally not have direct dealings with current staff operations.
- Board committees are expected to avoid over-identification with organizational parts rather than the whole. Therefore, a committee that has helped the board create policy on some topic will not be used to monitor organizational performance on that same subject.
- This policy applies only to committees that are formed by board action, whether or not the committees include non-board members.
- AMENDMENT TO ABOVE: Although the intention of the board is to operate its committees according to the principles outlined in this policy, the board temporarily exempts the Strategic Pathways Committee from adhering strictly to these guidelines. The reason for this is that the board and the president both recognize that due to limited staff, the president needs the assistance of the board to develop and implement policies related to funding and to the creation of sustainable revenue streams, including advancement and fundraising initiatives.

m. Annual Board Planning Cycle

The board will follow an annual agenda that will:

- evaluate progress toward the achievement of the KPIs in accordance with its monitoring schedule;

- evaluate the board process quarterly on matters related to policy governance;
- complete a comprehensive annual evaluation of the president's performance and salary review commensurate with the president's employment anniversary date;
- redefine and prioritize the board policies, KPIs and current assumptions to provide guidance for the development of the budget in keeping with the college's budget planning cycle;
- produce an annual business plan for review and approval at its spring meeting each year; and
- produce an annual report on or before the end of the calendar year, documenting results from the previous fiscal period ending June 30th of the same calendar year.

n. Board Members' Code of Conduct

The board will demonstrate a professional example at all times. This commitment includes proper use of authority and appropriate decorum in both group and individual behaviors when serving as board members.

1. Board members will represent unconflicted loyalty to the interests, goals and precepts of the college. This accountability supersedes any conflicting loyalty, such as that to advocacy or interest groups, and membership on other boards or staffs. This accountability supersedes the personal interest of any board member acting as an individual consumer of the institution's services
2. Board members must avoid any conflict of interest with respect to their fiduciary responsibility.
 - There must be no self-dealing or any conduct of private business or personal services between any board member and the organization, except as procedurally controlled. This is to assure openness, competitive opportunity, and equal access to "inside" information.
 - Board members must not use their positions to obtain employment in the institution for themselves, family members, or close associates or special friends.

3. Board members may not attempt to exercise individual authority over the president or staff of the organization, except as explicitly set forth in board policies and guidelines.
4. In communicating with the public, press, or other entities, the board member will explicitly state that he/she is expressing her/his personal views and not that of the board as a whole.
5. Board members will respect the confidentiality appropriate to privileged information issues of a sensitive nature.
6. Board members will make no judgments of the president or staff performance, except as that performance is assessed against explicit board policies by the official process.
7. Board members are expected to bring individual opinions to the board for discussion before decisions are made. This is expected to help assure a majority vote that accurately expresses the collective values and recommendations of the board.

o. President's Role and Job Description

The president is accountable to the board, acting as a body. The board will instruct the president through written policies delegating implementation as appropriate. As the board's official link to the operating institution, the president's performance will be considered to be synonymous with institutional progress and performance in totality.

Consequently, the president's job description can be stated best as performance in only two areas:

- institutional accomplishment of the provisions of board policies and guidelines and KPIs and
- Institutional operation within the boundaries of prudence and ethics established in board policies pertaining to executive limitations.

p. Delegation to the President

All board authority delegated to staff is delegated through the president, so that all authority and accountability of staff, as far as the board is concerned, is considered to be grounded in the authority and accountability of the president.

1. The board will direct the president to achieve certain results, for certain recipients, at a certain cost through the establishment of KPIs. The board will limit the latitude the president may exercise in practices, methods, conduct, and other “means” to implement policies outlined in the KPI policies which describe and establish executive limitations.
 2. So long as the president utilizes any and all reasonable interpretation of the board’s KPI policies and executive limitation policies, the president is authorized to establish and provide administrative policies; make key decisions; take actions as deemed desirable; establish practices and develop activities as needed.
 3. The board may change its general policies and its executive limitations policies, thereby shifting the boundary between board and president domains. By doing so, the board changes the latitude given to the president. So long as any particular delegation is in place, the board members will respect and support the president’s choices.
 4. Only decisions of the board acting as a body are binding upon the president.
 - Decisions or instructions of individual board members, officers, or committees are not binding on the president, except in unusual circumstances when the board has specifically authorized such exercise of authority to a named board member.
 - In the case of board members or committees requesting information or assistance without board authorization, the president can question such requests that require, in the president’s judgment, a significant amount of staff time or funds, and/or is disruptive.
2. Fulfillment of a given policy may be monitored in one or more of three ways:
 - a. Internal Report: Disclosure of compliance information to the board from the president.
 - b. External Report: Discovery of compliance information by a disinterested party, external auditor, inspector or judge who is elected by and reports directly to the board. Such reports must assess executive performance only against policies of the board, not those of the external party unless the board has previously indicated that party’s opinion to be the standard.
 - c. Direct Board Inspection: Discovery of compliance information by a board member, a committee, or the board as a whole. This is a board inspection of documents, activities, or circumstances directed by the board that facilitates a “prudent person” test of policy compliance.
 3. Fulfillment of any policy can be monitored by any of these methods at any time, as the board chooses. For regular monitoring, however, data pertaining to general board policies and executive limitations policy will be gathered at least in the following KPI sections:
 - a. Monthly monitoring reports pertaining to:
 - Financial conditions
 - Asset protection (actuals and variance report)
 - Other specific KPI policies as requested by the board
 - b. Unscheduled reports pertaining to:
 - Any general board policies or KPIs
 - General executive expectations and constraints
 - Information and advice, especially:
 - Neglecting to submit monitoring data.
 - Presenting information in unnecessarily complex or lengthy form.
 - Failure to report in a timely manner actual or potential noncompliance.

q. Monitoring Executive Performance

Monitoring executive performance is synonymous with monitoring institutional performance against general board policies and/or on executive limitations. Any evaluation of presidential performance, formal or informal, will be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which board policies are being fulfilled. Monitoring will be as automatic as possible, using a minimum of board time so that meetings in general can be used to create, enhance and impact the future rather than review the past.



Part Two: The Action

Almost without exception, enduring motivation in higher education institutions emerges from within the individual. People feel consistently motivated when their institution or community understands and supports the importance of mastery, autonomy and purpose in the personal and professional lives of its members.* Individuals feel valued and creatively engaged when they feel part of building and sustaining the success of their organization. There is, too, the critical importance of welcoming all of NCNM’s stakeholders into the vision and mission, despite the stage and place they are at in their natural medicine affiliation and journey. NCNM’s people know there are many ways to contribute, both full- and part-time, day in and day out, blazing a trail, forging ahead. Characteristically, they build these paths into higher education enterprise one mile at a time; but the most successful and enduring institutions enable their people to go back and bring others along, creating a safe, clear and wide path for stakeholders to find and follow too, mile after mile. NCNM aspires to create a culture that emphasizes leading and facilitating, assisting and supporting. Our people are our strength.

**mastery (supported opportunity to improve and grow); autonomy (supported opportunity to control and guide one’s own professional life); and purpose (supported in having goals and objectives, and being able to belong to a cause or mission that is professionally and personally significant)*

The key progress indicators grew out of an earlier board document called the “ends policies.” The KPIs are expressed as action items in the college’s budget planning and development cycle. College administrators and staff implement the strategies leading to fulfillment of the KPIs as part of a multi-year effort.

KPI 1

Sustained excellence in classroom and clinical education utilizing traditional and contemporary design and delivery methodologies, culminating in the transformation of NCNM into a diverse University of Natural Medicine by 2016

This comprehensive goal for NCNM begins with our international reputation as the founding college of natural medicine education in North America. Collective, cumulative excellence in these operational areas will consistently enhance the college’s recruitment and retention of students, patients, faculty, and staff. NCNM wishes to diversify and differentiate its programming, eventually transforming into a university, subject to achieving the requisite standards and being accorded the appropriate accreditation recognition by the NWCCU and the appropriate national accreditation bodies. NCNM also wishes to accomplish this goal within a framework that celebrates, supports and sustains cultural diversity. The values and mission of NCNM hold all employees and students to high standards. Adding to that culture of quality and integrity, patients expect professionalism, and effective and successful care. Appropriate, planned, continual support is a high priority in budget management, and in the continuous monitoring of the college’s standards.

► Strategies for KPI 1

- a. By the beginning of the 2013-14 academic year, NCNM will have developed and implemented a sustainable classification and compensation model for faculty (full- and part-time) which establishes a “medical academic” career path as natural medicine educators, and a parallel path for “medical academic administration” personnel. Draft One: June 2012; Final Plan: for board approval April 2013; Implementation: July 1, 2013.

- b. By July 1, 2012, the beginning of the fiscal year 2012-2013, NCNM will have implemented a redesigned management, support staff and faculty annual review process based on a 360 model. The reviews will be structured to assure timely documentation, linked directly to salary and entitlement, and include professional development opportunities which enhance performance and support career paths.
- c. Beginning in the new contract year July 2012, career faculty and career academic managers will be provided with a minimum of 24 hours per year, scheduled by the college during non-teaching periods, of mandatory professional development; the content and diversity of which will be determined by the Office of the Provost; enhanced by advice and input from the Faculty Senate, Staff Council and the Provost's Planning Council. These professional development events will support continuous improvement in teaching skills, research skills, patient care skills, and clinical theory and practice management knowledge that are consistent with best practices in the higher education community and in the natural medicine community. Most particularly, professional development support will be offered in the areas of teaching methodology; contemporary delivery systems incorporating appropriate social networking; online learning and distance education technologies, and techniques and resources; curriculum design, measurement and evaluation; effective clinical care techniques and practices; the history of natural medicine in America; research and scholarship skills development; student academic advising; and student career preparation advising.
- d. Effective immediately, NCNM management will conscientiously review, support, sustain, refine, and improve our accreditation approval processes and products, prepared and presented in a timely way for the appropriate programmatic and regional accreditors; and with relevant professional bodies whose endorsement of NCNM's programming, services and products in turn enhance professional formation for our students and alumni. To enhance this strategy, all new NCNM managers will complete an orientation module which includes familiarization with accreditation processes affecting NCNM.
- e. NCNM personnel will consistently maintain standards of excellence in admissions; and rigorous program proficiencies, including quantifiable outcomes for graduates characterized by the achievement of key competencies; and by evidence of graduate confidence and employment success.
- f. NCNM staff will collectively strive to sustain NCNM as the "profession's college," particularly in terms of service to alumni in the form of online as well as time-place-bound continuing education courses, seminars and workshops, and professional development; career services support for students during their programs and for alumni after graduation; and ongoing networking and business opportunities with sponsors and industry partners.
- g. NCNM staff will consistently monitor and communicate the healthcare landscape in terms of regulatory issues and changes, higher education policies and trends, and employment opportunities for graduates.
- h. By July 1, 2011, establish a clear process of continuous collaboration among the offices of the dean of clinical operations and the deans of the academic schools focused on working together to provide excellent faculty and programming to support NCNM's teaching clinic and its affiliated community clinics. The clinical education mandate of the dean of clinical operations and the deans of the academic schools will include the following components:
 1. a professionally and experientially qualified dean of clinical operations, who is supported by a full-time clerical/secretarial assistant, no later than October 1, 2011;
 2. a continuous, strong working relationship with the director of retail operations, whose medicinary and lab operations support and complement clinical education;
 3. a medicinary inventory control and distribution system for the community clinics supervised within clinical operations; and a parallel system supervised by the director of retail operations in support of the teaching clinic medicinary. Both systems collaborate with the advancement department to optimize the "partners program" within the appropriate policies and guidelines;
- 4. a premier branding initiative for the new clinic, led by the marketing and communications department, and continuously supported by the dean of clinical operations and the deans of the academic schools;
- 5. a centralized physical presence within the college campus which consolidates the administration and medicinary operations of the community clinics;
- 6. continuous leadership of the clinic development team;
- 7. regular report generation via a monthly comprehensive "clinic dashboard" to the CPT, the CAA and the CFAA; and
- 8. selection and full implementation, including training of appropriate staff, of an effective, affordable EMR/HER system to support clinic education, clinical operational goals, and patient care.
- i. NCNM will support the dean of clinical operations and the program deans in their continuous coordination of best practices in clinical education delivery and operations. Support is expected via the college's budget planning cycles, which take into account the cumulative and incremental resource needs to achieve these best practices, and through the sustained efforts of its academic and clinical faculty and staff whose job descriptions will reflect accountability for this support. The college will also emphasize support for the modeling and teaching of the "business of medicine" at all times in its teaching and community clinics. Budgetary, personnel, faculty, facilities, library and learning resources will be allocated as needed for the planning, implementation, and continuous improvement of the following initiatives:
 1. Year Four of the ND and MSOM/MAC programs will be principally focused on clinical education and necessary concomitant coursework. The first cohort for which this design will apply will be the first year class entering in September 2010. The modified curricula will free ND students from non-clinically focused coursework in the final quarter of study, and will free MSOM and MAC students from non-clinically focused coursework in the final three quarters of study. Six-year dual-track students will be freed from non-clinically focused coursework when possible in the final three quarters of study.
- 2. Design, delivery and evaluation of clinical education learning objectives will be the responsibility of the program deans, working closely with the dean of clinical operations and assigned clinic faculty; learning outcomes will include best practices not only in clinical skills and patient care, but also in practice management so that NCNM students are increasingly confident and well prepared for professional success. No fewer than one workshop and/or seminar per quarter for clinic faculty, both full and part time, as well as for students in both programs and for faculty in both the teaching clinic and in the community clinics, will begin no later than summer quarter, 2011, and be incremental to the current business training curriculum in the formal didactic program. Faculty assigned to clinical education will be supported by appropriate training and resources, to include tutelage of clinic faculty and clinic students in patient recruitment, service and practice management skills as ongoing components of mentoring and modeling in all clinic shifts. The dean of clinical operations will routinely report progress on this focus to the CDT and to the AAC. The job descriptions for full- and part-time clinic faculty will reflect, beginning July 1, 2011, a clear accountability for patient management and practice management skills training for students within their clinic teaching assignments.
- 3. Practice management and patient recruitment benchmarks and appropriate quantifiers will be established as part of our teaching and community clinic outcomes, definitions, skills and taxonomies. These elements of clinical education program delivery will be factored into relevant planning data for budget planning regarding recurrent revenue and patient visit number targets. The dean of clinical operations, the CFO and the CDT will monitor progress on these new responsibilities, for both full- and part-time faculty and for students. These quantifiers will be determined by faculty, led by the dean of clinical operations, who will also keep the program deans and CPT apprised on a regular basis via regular reports, including a clinic dashboard of progress in this area.

4. This renewed focus on practice management and clinical skills building and quantifying will be constantly and effectively strengthened by training and marketing support, and by ongoing promotional activity coordinated among the marketing department, clinic operations, faculty and students.
5. The director of professional formation and career services, working with the dean of clinical operations, the program deans, and the marketing and communications department, will generate workshops, training materials, outreach activity, and clinic promotional materials to assist students in developing sound practice management skills, clinic patient recruitment generation skills, and skills in public and community relations.
6. Specifying the educational focus of clinic rotation content will be the responsibility of the program deans, assuring that a full repertoire of modalities and skills will prevail in the clinical education experience of the student. Shift assignments for students will be made by the registrar, under the direction of the dean of clinical operations in consultation with the program deans, and based upon the educational needs of the students appropriate to their program level and status. Because the dean of clinical operations will be reviewing continuously patient management and practice management outcomes in the teaching and community clinics, should the program deans and the dean of clinical operations not be in agreement about the rotation schedule as it pertains to teaching assignments, shift assignments, or the assignment of faculty to clinic education responsibilities, the provost (vice president academic affairs) will make a final decision, taking into account all relevant data and information, including the performance record of faculty. Booking, sequencing and follow-up scheduling of patients into shifts will be the responsibility of appropriate clinic faculty and their student interns/clinicians, supported by the clinic operations staff and the dean of clinical operations.
7. Teaching clinics and related, ancillary business operations will generate a sustainable revenue stream which is consistently focused on minimizing tuition-dependence for clinic education and clinic operational costs. In this regard, the teaching clinics and related, ancillary business operations will generate a sustainable revenue stream that consistently meets personnel costs for clinical education faculty, administration and support services. Aggregate revenue from all clinic operations is intended to pay for staff and operations costs, thus reducing tuition pressure overall. The dean of clinical operations, working closely with the director of retail operations, the program deans, clinic billing and the CFO, will develop for the budget year 2011-12, and predicated on data and projections from the first year of operations in the new clinic venue, a cost recovery plan with the goal of achieving cost recovery from clinic and related operations by the beginning of the budget year 2015-16.
8. The dean of clinical operations and the clinic staff, supported by the director of retail operations, will develop and deploy by January 2011 an appropriate volunteer associate role to assist faculty, staff and students in customer service support, general operations including "greeters" and other assigned duties, such as clerical and promotional activity.
- j. Beginning in September 2010, the marketing and communications department and the advancement department will collaborate with the dean of clinical operations to provide and profile bi-monthly specialty clinic promotional offerings at NCNM's teaching clinic, which feature and respond to high-profile public health issues. These "specialty clinics" will be sponsored whenever possible.
- k. The dean of clinical operations, the director of retail operations, the vice president of advancement, and the vice president marketing and communications will work jointly to establish display facilities in the teaching clinic which promote "partner" products, with installations beginning no later than June 2011.
- l. The CPT will support the immediate and long-term mission of the college with ongoing planning; implementing strategies to expand recurrent revenue streams and concomitantly reduce dependence on tuition in that quest, maintaining optimum financial stability (as defined by the Department of Education composite ratio) through exemplary performance of the following:
 1. The vice president advancement will present an annual report of contributed income evolving from the "Right Place. Right Time. Right Initiatives." capital campaign.
 2. The "Right Place. Right Time. Right Initiatives." campaign will move from its silent phase to public phase by June 2011. The vice president of advancement will roll out the public phase of the capital campaign for the period June 2011 through June 2016.
 3. This NCNM campaign will support the establishment of a well-branded University of Natural Medicine, with an overall fundraising target of \$25 million, and an annual contributed revenue and in-kind donation stream of \$2.5 million in place by the fiscal year beginning July 1, 2016.
 4. The campaign will achieve a pledged contributed revenue fund, called the 1031 Exchange Clinic Capital Fund, of \$4.5 million by July 2013.
 5. The campaign will achieve a pledged contribution revenue fund, called the Campus Mortgage-Free Capital Fund, of \$7.5 million by July 2014.
 6. The CPT will lead efforts to establish recurrent earned revenue streams, with the 2007-2008 budget year as a baseline, incremental to the new clinic building fund allocation of \$750,000 (2009-10) and \$250,000 (2010-11), for research, residency education, community clinics, student bursaries and scholarships, and faculty scholarship funds with the following threshold budget year targets: 2010-11: \$500k, 2011-12: \$750k; 2013: \$1 million, 2014: \$1.5 million, 2015: \$1.75 million, and 2016: \$2 million; with the cumulative goal of achieving a sustainable recurrent annual revenue projection threshold of \$20 million by the beginning of fiscal year 2015-16.
 7. The CPT will collaborate to assure the building of cash reserves to 10% of the annual budget by end of fiscal year 2015.
 8. By the beginning of fiscal year 2015, the dean of research/director of Helfgott Research Institute, collaborating closely with the vice president advancement, will increase grant funding, program tuition revenue, and contract research to \$2.5 million per annum of self-funding within the Helfgott Research Institute.
 9. The dean of research/director of Helfgott Research Institute will systematically apply grant revenue to a planned fund supporting the identification, and recruitment and appointment, of excellent research faculty. Concomitantly, the provost working closely with the CPT in multi-year budget planning will develop a three-year funding strategy to facilitate continuity of employment for Helfgott staff, including the development and implementation of a graduate degree in natural medicine research by January 2012.
- m. To better position NCNM in the global medical academic and research community, the college will recruit, retain and provide opportunities for students, faculty and staff of intercultural backgrounds, both nationally and internationally. NCNM will develop appropriate infrastructure in planned, fundable, and approved stages to actively support among college stakeholders a shared and inclusive understanding of diversity and its importance.
 1. The dean of students, will work closely with the program deans, the director of human resources and CPT to consistently plan and propose budget allocations to advance and sustain a diversity agenda for NCNM.
 2. All managers will actively support NCNM's non-discrimination policy.
 3. The dean of students will collaborate with the director of the IRC to design and conduct an annual cultural climate assessment for students, staff, faculty (both clinical and academic, full-time and adjunct) and administration at NCNM, and provide the findings in summary form to the CPT. The first assessment will be undertaken no later than December 2011. The dean of Students will proactively identify and report to the CPT climate concerns from the assessment, and recommend actions to address them in a timely manner.
 4. The dean of students will assign intercultural advising responsibilities within the student services department beginning Sept. 1, 2010, and plan for training to enhance awareness and skills in diversity issues and strategies in support of underrepresented groups.
 5. The dean of students will work closely with the vice president of marketing and communications to provide diversity/intercultural website links to appropriate college resources.

6. The director of human resources will develop “diversity guidelines” that can be used to coach and train managers as part of their due diligence in hiring employees. The guidelines will provide a framework, which includes considerations of diversity, with the objective of improving a diverse faculty and staff population. The diversity guidelines will be designed and implemented by June 2012 and will be included in all search processes for teaching, management and support staff positions at NCNM.
7. The director of human resources will work with hiring managers to refine current job descriptions to include considerations of diversity relevant to departments and assignments.
8. The director of human resources, with the support from the deans, will identify and provide approved, systematic, mandated awareness training for all faculty and staff.
9. The vice president of marketing and communications, and the director of admissions will design and initiate proactive strategies within the admissions department to target international and diverse students in pre-med and related programs. The marketing and communications department will systematically update current media to reflect a diverse student population in marketing tools, including the website and viewbooks.
10. The vice president of advancement will identify scholarship resources to assist international and diverse students during their tenure as students at NCNM.
11. The director of institutional research and compliance will by January 2012 develop and refine ongoing assessment tools to be utilized to identify and analyze intergroup disparities in enrollment, retention and graduation rates. These tools will be used by the program deans to create a plan of action for improvement.
12. The provost will initiate, implement and sustain strong articulation agreements, bridge programs, and inter-institutional partnerships that support recruitment and retention of a diverse student body and faculty.
13. The director of human resources, and the deans will consistently collaborate on identifying appropriate processes and resources within the budget cycle of

each year to support students and faculty with immigration procedures, requirements, regulations and timelines.

14. The deans and the director of human resources will plan for, and include in, performance evaluation documentation opportunities for faculty and staff to participate in mandatory professional development activity, which supports NCNM’s diversity goals, as assigned by the appropriate supervisor.
15. The dean of the School of Naturopathic Medicine, the dean of the School of Classical Chinese Medicine, the dean of research, under the guidance of the provost, will review and refine curricula so that they demonstrably address and support diversity objectives, focused on the following criteria: incorporation and infusion of appropriate diversity issues, topics and perspectives in each course; accurate correspondence between didactic education and clinical education, and application of knowledge and skills in the field; refinement of classroom education such that it prepares students for diversity issues in their clinical practicum; inclusion of scholarship in diversity (service learning, access to primary and secondary research materials); inclusion of opportunities for workshops, and relevant national and international guest speakers in support of diversity content and pedagogy in course work.
16. By the beginning of fiscal year 2016, and subject to an appropriate level of applications and enrollment conversion, the vice president of finance and administration and the provost will design and initiate an Office of International and Intercultural Affairs, which supports the Office of Admissions, student services, and the academic departments in sustaining NCNM’s commitment to effecting a diverse student and employee population. The director of public relations and communications will continuously identify and facilitate communication and active relationships with the diverse communities NCNM serves through the community clinics, and through community agencies, and city and regional organizations dedicated to the promotion of healthy, diverse communities and practices.
17. The dean of clinical operations will evaluate current standard practices for cultural implications, including reviewing intact forms, language barriers, and

operating practices for biases. The dean of clinical operations, supported by the program deans and the dean of students, will identify, facilitate and sustain culturally appropriate, fiscally sound health-care services to diverse communities. This NCNM community engagement, outreach and service provision will be supported by tactics such as the following: partnering with appropriate agencies in the provision of culturally appropriate and adequate interpretive services at all clinic sites; the training of interns, physicians and support staff in the inclusion of interpretive services in regular work regimens; recruitment and support for research interns and fellows from under-represented groups, both nationally and internationally; recruitment of diverse clinical trial populations in order to reflect accurately the clinical population; design and conduct of research that can be used to improve the care of medically marginalized populations provided by NCNM and its alumni.

18. The dean of research/director of Helfgott Research Institute will establish by the beginning of fiscal year 2012-13 a social medicine/focused department within Helfgott Research Institute, and will promote inter-cultural health disparities in CAM/IM research.
- n. The college will design curricula and enhance facilities, including delivery design and methodologies, and class schedules in order to better optimize the student learning experience at NCNM. A specific focus will be on reducing scheduling conflicts and constraints, which inconvenience students and faculty, that continuously improve actual student time in clinical education, and that reduce student contact hours utilizing a number of appropriate and effective learning methodologies. The following strategies will be undertaken:
1. The dean of the School of Naturopathic Medicine and the dean of the School of Classical Chinese Medicine will present a critical path for this curriculum redesign to CPT by January 2012 that provides for more efficient structuring of student class schedules; reduces teaching content hours when educationally advantageous by utilizing appropriate, non-place/time bound delivery methodologies; and provides more study time during the week, including projections of faculty requirements, classroom space needs, and reductions in classroom hours.

2. Within the School of Naturopathic Medicine and the School of Classical Chinese Medicine, curricula will be redesigned to integrate content to allow for more focus, efficiency, and reinforcement of information and skill development. To achieve this, block curricula and other effective models will be developed as appropriate.
3. The provost, with the support of the program deans, will lead the development of infrastructure that supports curriculum redesign, online learning capacity, student and library support services, faculty requirements, faculty trainings and workshops, and curriculum development expertise.
4. The manager of master planning and facilities projects will plan for and create appropriate budget proposals to support the deployment of additional classrooms and laboratories to improve physical facilities access, allowing for more efficient and supportive student schedules. The manager of master planning and facilities projects will present to the CPT a draft document of a five-year critical path for such deployment no later than Oct. 15, 2011.

KPI 2

Sustained enrollment growth and program development

By January 2016, winter quarter add/drop date, an annualized enrollment of 800 diverse and qualified full-time students, and 100 part-time students, entering an educational environment characterized by cultural sensitivity and competency in all program areas and cohorts is expected.

► Strategies for KPI 2

- a. The admissions and marketing and communications departments will consistently target pools to continuously strengthen and increase NCNM’s program mix for fall and winter full-time entry; part-time entry cohorts for Year One of the ND and MSOM/MAC programs; part-time second degree entry cohorts of the ND and MSOM/MAC programs, part-time cohort for the Herbal Sciences and Arts Certificate; full-time degree completion entry for the Bachelor of Science; and full-time Master of Science in Integrative Medicine Research. Cumulative Full-Time Enrollment (FTE) enrollment targets: January 2011: 575;

- January 2012: 620; January 2013: 675; January 2014: 725; January 2015: 760; and January 2016: 800.
- b. Part-time cohorts in our core ND and MSOM/MAC programs, the first matriculated cohorts to occur as follows: second degree completion and first-year entry September 2012.
 - c. Utilizing the Proposed Project Questionnaire (PPQ) process to initiate development, the program deans and the director of institutional research and compliance will prepare and submit complete accreditation and prospectus applications as follows: substantive change for part-time cohorts in the ND, MSOM and MAC programs by June 2011; new graduate certificate program in Botanical Medicine by June 2010; new degree completion Bachelor of Science program by January 2013; new full-time Master of Science in Integrative Medicine Research program by June 2011.
 - d. The vice president of academic affairs will submit appropriate and timely budget requests, which support the identification of qualified curriculum development staff, to support program development.
 - e. The provost, working with the director of human resources, will prepare position descriptions and appropriate budget requests in a timely fashion to create a new department called allied health programs, complete with a chair and secretarial support; with the goal of implementation by September 2015, and subject to accreditation approval for contributing programs.
 - f. Continuing education registrations for single course, course sequences, accredited certificate, and credential enhancement track programs delivered part-time, online, distributed learning, and professional development on CD/DVD will achieve the following benchmarks, with June 2009 as a baseline: by fiscal year end 2010: 15% net increase; 2011: 35% net increase; June 2012: 65% net increase; June 2013: 100% net increase; June 2014: 145% net increase; June 2015: 160% net increase; June 2016: 175% net increase.
 - g. The directors of academic counseling and professional formation and career services will support student retention and success in the following stages: by June 2011 the student services department will develop and launch a training program for volunteer peer tutors and volunteer peer counselors to begin by September 2011. The student services department will open a peer tutoring/peer

- counseling center inclusive of academic, personal counseling and career services.
- h. In support of student retention and student success, the student services department will collaborate with facilities and the library director to establish an appropriate space and adequate staffing for a writing and testing center by September 2011. This facility will provide ancillary testing services for faculty (both full- and part-time), fee-based testing services for outside clients, and tutoring assistance for students in writing skills (grammar, punctuation, vocabulary, style, form). The dean of student services will work closely with the SGA to propose, approve as possible, and implement a "writing and testing center" fee assessment to be added to tuition beginning in the 2011-2012 academic year, going forward, the revenue from which will augment and sustain the service.

KPI 3

Commitment to continuous, quality career preparation and placement for enrolled current students and alumni

► Strategies for KPI 3

- a. By the end of fiscal June 2012, the director of professional formation and career services, within the student services department, and collaborating proactively with alumni services within the advancement department, and with the director of institutional research and compliance, will have developed capacity to annually verify and document the employment outcomes for each graduating class within 12 months of their completing appropriate licensing examinations in a variety of career-appropriate venues: residencies, clinics, industry, research, overseas placement, related treatment facilities including hospitals, and in higher education settings.
- b. Scheduled, mandatory training in practice management skills needed by NCNM clinical faculty; and clinic interns in their prospective professional work environments coordinated and supervised by the dean of clinical operations, supported by the program deans and by the director of professional formation and career services, according to the following stages: by September 2010 implement a workshop/seminar series in practice management for students newly entering the clinic; by January 2011 implement a workshop/seminar series in practice management for identified full- and part-time clinic faculty.

KPI 4

Sustained quality service to our external communities

NCNM primarily serves its current students and its patients through program delivery and patient care. However, there are groups who are working outside the college, and strongly affiliated with us, to which NCNM is also dedicated; chief among them include underserved patient populations who could be utilizing healthcare services in the teaching clinics, and those of our alumni.

► Strategies for KPI 4

- a. NCNM will produce cost recovery (with the ongoing goal of minimizing impact on tuition revenue streams) medical services and health education for underserved populations within the greater Portland area and beyond with the following objectives in mind: providing a much needed public service in keeping with NCNM's values and commitment to honoring the "product of our product;" providing our students with a sustainable facility for important clinical education experience; supporting professional formation* with tangible and diverse clinic educational experiences; and as a way for NCNM to contribute to health promotion in America and beyond.
- b. "Professional formation" refers to the successful political, legal, economic and social development and placement of the naturopathic and classical Chinese medicine professions in civil society.
- c. Beginning in the 2011 – 2012 fiscal year, the dean of clinic operations, working closely with the vice president of advancement and the assistant manager of community clinics, will generate a minimum of four grant applications and four "partner proposals" in support of community clinic operations and development. These proposals will be jointly designed, produced and submitted in partnership with community clinics, and supported internally by the advancement department in terms of grant and proposal development, writing, cultivation and stewardship.
- d. The vice president of advancement and the dean of clinical operations, supported by the program deans and the vice president of marketing and communications, will communicate through its public relations efforts NCNM's contributions to the community clinics that it serves in the greater Portland area.

- e. NCNM's community also entails other allied healthcare professional groups for whom NCNM will become the trainer of choice in natural medicine modalities, therapies and theory.
- f. The dean of research/director of Helfgott Research Institute will offer research services to local, regional and national clients in support of economic growth, research, and development needs among corporate clients; and the advancement of the knowledge of the professions and the products, modalities, services, and therapies that are part of its formation and operation in civil society.

KPI 5

Continuous curriculum development and revision

Beginning immediately, the program deans, the dean of clinical operations and the dean of students, supported by the vice president of academic affairs, will continuously plan and implement refinements to the programs of ND and CCM students, and to NCNM allied health programs as these are developed and brought on stream.

► Strategies for KPI 5

- a. NCNM academic faculty, program deans and the dean of clinical operations, supported by the vice president of academic affairs will optimize the mission of each program to ensure that students have excellent training to meet the intended learning outcomes of classroom and clinical education:
 1. ensuring that the educational experience itself is healing and transformative for students;
 2. integrating naturopathic and classical Chinese medicine philosophy appropriately throughout all aspects of the respective ND, MSOM and MAc programs, and new program offerings;
 3. appropriately incorporating technological advances, including online learning capacity and design skills, experiential and team-based learning, and techniques designed for students of the 21st century;
 4. demonstrably decreasing time/place-bound classroom hours and lecture hours by utilizing online teaching and learning techniques and strategies;
- 5. Utilizing the PPQ tool, reengineer the scheduling framework for program delivery into a quarter system which actively and continuously addresses, beginning immediately: issues of inconvenient scheduling affecting students and faculty; more efficient utilization of faculty including planned vacations; the use of block and other effective educational models including online delivery strategies, as appropriate, in the ND and MSOM/MAc programs; and the maximizing of student time in the ND and MSOM/MAc programs in clinical education, most particularly in Year Four;
- 6. ensuring continued compliance with institutional and programmatic accreditation, degree authorization, and state licensure requirements; and
- 7. ensuring that budgetary, personnel, faculty, facilities, library, and learning resources are comprehensively and systematically planned and allocated as needed, for the implementation and sustaining of curricular refinements.
- b. Overall, ongoing review and improvements in content, delivery and design of curriculum will address and implement the following high priority transformation focuses:
 1. the program deans and the dean of clinical operations will work closely to guide faculty during normal curriculum review to reduce unnecessary teaching contact hours and time/place-bound learning by introducing integrated modules which successfully introduce online, problem-based and experiential learning;
 2. the program deans and the dean of clinical operations will collaborate systematically to collectively guide faculty in the implementation of a Year Four curriculum in the ND, MSOM and MAc programs that provides students with a curriculum that focuses on clinical education in the final quarter;
 3. the program deans, the dean of clinical operations, and the dean of research/director of the Helfgott Research Institute will incorporate clinical research findings and skills, both theoretical and experiential, into the learning outcomes of the ND, MSOM and MAc programs, and, as appropriate, into new NCNM programming, such as the Master of Science in Integrative Medicine Research degree;

- 4. the program deans and the dean of clinical operations will collaborate to mentor, model and monitor best practice management and health business skills for ND, MSOM and MAc students.
- c. Utilizing the adopted PPQ process, the Provost Planning Council and the Program Development Team will continuously monitor the identification, prioritization, and implementation of new degree and certificate programs. This process will include at a minimum:
 1. delineation of budget, personnel, faculty, physical, library and learning resources for each of its three phases: planning, implementation, and continuation;
 2. a timeline that takes into consideration all three phases, and accommodates the time and resources needed for accreditation processes;
 3. an examination of the proposed program's fit with the mission of the institution, and the philosophies of its existing degree programs;
 4. sustainability; and
 5. evaluation of the impact of the proposed program (both positive and negative) on existing programs, current student body, alumni, and the naturopathic and Chinese medicine professions.

KPI 6

Research

Rigorous scientific research of naturopathic and Chinese medicine provides clinicians and educators with tools, data and information to improve clinical practice. The Helfgott Research Institute at NCNM strives to maintain a collection of high-quality research studies that supports, enhances, and reflects the clinical education delivered by the college. Because the use of evidence-based medicine (EBM) is increasingly stressed in the public domain, students and faculty will be provided with ongoing training in EBM with the objective of continuously building the scientific evidence for naturopathic and Chinese medicine modalities, therapies and related products and services.

► Strategies for KPI 6

- a. During the period 2011-2016, NCNM will maintain a sustained and strong presence in the research field, including publications, presentations at research conferences, and the seeking of extramural research fund-

- ing through grants and contract research opportunities.
- b. Within the budget year 2011-2012, in collaboration with NCNM's teaching and community clinics department, explore strategies to utilize effectively NCNM's new EMR/HER clinical system to include research purposes and projects.
- c. By September 2011, develop and implement a Master of Science in Integrative Medicine Research degree. This program will provide research training in two cohorts: a dual pathway for existing students, and a primary degree for new students.
- d. Beginning in the budget year 2010-2011, NCNM will include where possible, and subject to external and available internal funds as determined through the budget process, allocations to support expanding and improving space allocations for research by merging current facilities into one research facility that contains the following: clinical research space, clinical labs, basic science labs, psychophysiology labs, and staff space with appropriate technology and equipment.
- e. The dean of research, working closely with the program deans and the dean of clinical operations, will assure that curricula familiarize students with the broad spectrum of research literature about natural medicine, with the tools to access that literature, and opportunities to build research skills which they can carry forward into their professional lives.

KPI 7

Continuous marketing and communications action planning

Consistent with the evolution of a Conditional Use Master Plan, communicate and roll out a continuously evolving, comprehensive, college-wide marketing, public relations and communications plan of action.

► Strategies for KPI 7

- a. By the 2011 annual meeting of the board of directors, the vice president of marketing and communications will present a descriptive policy document establishing guidelines and goals for regular internal and external college communications and public relations.

- b. Under the leadership of the vice president of marketing and communications, NCNM will publish in print and electronic form a high-quality annual report which includes an Management Discussion & Analysis (MD&A) to be circulated to college stakeholders, partners and friends no later than December 31 of each calendar year; summarizing results from the previous fiscal period (ending June 30 of the same calendar year) and incorporating audited year-end results. The annual report will be systematically used for public relations, fundraising, student and patient recruitment, and inter-institutional relations.
- c. By the 2016 annual meeting of the board of directors, NCNM will have renamed and rebranded itself as an appropriately accredited University of Natural Medicine and Allied Health Sciences.
- d. By the 2011 annual meeting of the board of directors, the office of the vice president of marketing and communications will have manifested a unified design strategy, predicated on a well-adopted design and style standard for all college publications, including Helfgott Research Institute materials
- e. By the end of the fiscal year 2011, the office of the vice president of marketing and communications will have implemented a campus-wide, integrated, internal and external signage strategy. This signage strategy will include centralized “you are here” kiosks at strategic entrance points to college properties.
- f. NCNM will produce an annual business plan reporting the approved budget for each fiscal period, synchronized in text and numbers, with the overall college strategic plan, and with the KPI segment of NCNM’s a **Framework for Action**.
- g. The marketing and communications department will continuously review, refine and redesign as needed, NCNM’s interactive website, which continuously improves the efficiency and security of key online student services, including application and course registration; continuing education offerings; approved blog capacity and delivery; high SEO (search engine optimization); continuous updating of data; information and public relations materials; and information about college faculty, staff, students, researchers, alumni, partners and friends.

- h. By the 2012 annual general meeting of the board of directors, NCNM will have created and submitted a well-researched, well-documented, Conditional Use Master Plan to the city of Portland and relevant regional authorities. The Master Plan will provide a framework for action for the period 2011- 2021.

KPI 8
An established, green, integrated, sustainable campus

By 2016, NCNM will be fully established on a coherent campus which has a footprint, physical capacity, and inter-connectedness that support natural medicine education experience for students and patients; permits the effective integration of clinical, academic and research facilities; and inspires management, and support staff, and faculty with a multi-program university ambience characterized by continuous improvements to quality teaching, learning and clinical space.

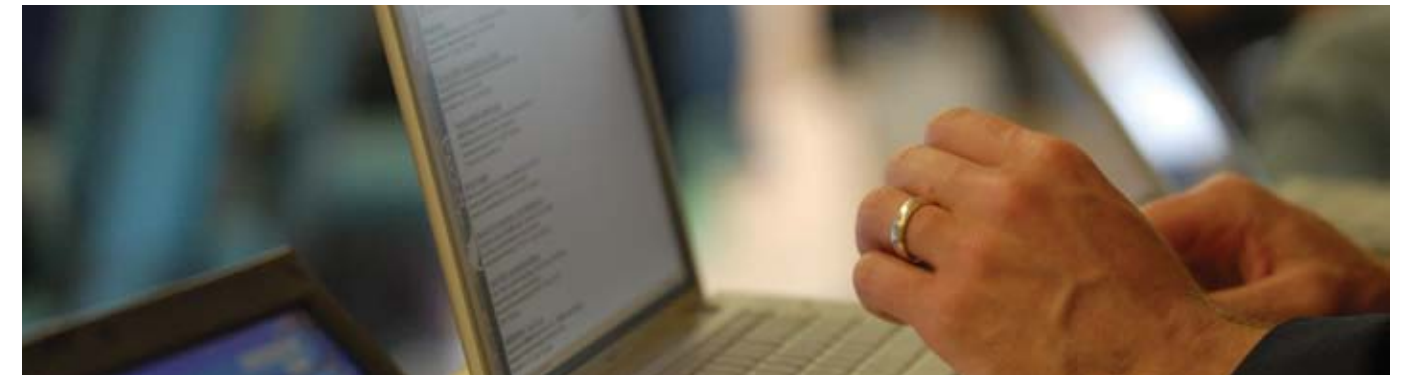
► **Strategies for KPI 8**

- a. The master planning and facility projects manager and the director of public relations and communications will continuously work with the CPT, and with internal and external stakeholders, to enhance safe and convenient transportation access for cyclists, motorists and pedestrians traveling to the NCNM campus. Stakeholders include students, staff, patients, the neighborhood association, the city of Portland and its various agencies and offices, and the state of Oregon.
- b. The CPT will support the master planning and facilities project manager in the identifying and manifesting of numerous campus beautification projects including, but not limited to: art installations; enhanced public footpath access between and among buildings and facilities; coherent and attractive internal and external signage; fresh exterior and interior painting, and decoration; a high level of serviceability and repair for all facilities and equipment; environmentally sustainable improvements in energy utilization, air quality and control; and utilization of building and repair materials.
- c. The vice president of advancement and the vice president of marketing and communications will work closely with the master planning and facilities project manager and the facilities department to prioritize, and manifest by the

- summer of 2014, the “green brick road” project which links campus buildings and space; adorns where appropriate, wall and fence perimeters; complements donor wall installations, and beautifies the campus.
- d. The vice president of advancement and the vice president of marketing and communications will work closely, beginning immediately, with the master planning and facility projects manager to source; finance with contributed funds; identify and manifest, internal and external murals; and other permanent, decorative art fixtures and narratives which celebrate the nature of the education and medicine at NCNM. These installations are targeted for the walls of appropriate buildings, such as the service building, the new clinic, and the currently named administration building.
- e. The vice president of advancement, the vice president of marketing and communications, and the director of public relations and communications will collaborate closely with the master planning and facility projects manager to establish “entrance gates” and pathways at key access points on the campus; and will include durable building materials, and design and logo identifiers including signage.
- f. The vice president of advancement, the vice president of marketing and communications, and the director of



- public relations will work with CPT to review continuously proposed projects for submission to the SPRC. These projects will enhance excellent visibility in the campus neighborhood and from nearby road corridors, including signage and icons which make the campus uniquely identifiable and branded, including art installations from local artisans, and rooftop garden installations visible from the OHSU tram.
- g. Subject to contributed funding, the master planning and facilities projects manager, working closely with the vice president of advancement, the director of information technology, and the library director, will establish a “computer commons” in an appropriate, student-dedicated space. This will free up the first floor academic building hallway from computer desks and traffic.
- h. Subject to contributed funds, the vice president of advancement and the vice president of marketing and communications will work closely with the master planning and facilities projects manager to create, by summer 2014, an external, sheltered stage with flexible use seating for student, college and public events.
- i. The CPT will prioritize the following campus facility features and incorporate them into the Conditional Use Master Planning process, and into appropriate annual budgets, using a blend of contributed revenue and capital allocations from recurrent revenue, as appropriate, during the period 2011- 2016:
 - a. a student life center including cafeteria, lounge, indoor kitchen facility, and social recreation and relaxation space
 - b. an additional large lecture facility to accommodate 140-160 students
 - c. student government office space
 - d. improved, larger library space and holdings
 - e. a writing and testing center
 - f. a peer helpers facility, operated by the office of the dean of students, incorporating peer tutoring, peer counseling, personal counseling and career services personnel, resources and meeting areas. Target date for operation: September 2011.



Part Three: Accountabilities, Timelines and Acronyms

KPI/Strategy	Accountability	Target Date(s)	
KPI 1	a.	DHR, DSNM, ADSNM, DSCCM, DCO, VPA, VPFA, FS, AAC, FAAC	6/12; 4/13; 7/13
	b.	DHR, DSNM, ADSNM, DSCCM, DCO, VPA, VPFA, VPAd, VPMC,	7/12
	c.	VPA, DHR, DSNM, ADSNM, DSCCM, DCO	7/12
	d.	DIRC and all NCNM managers	ongoing
	e.	All NCNM management personnel	ongoing
	f.	DCS, CAA, CCE, DSNM, ADSNM, DSCCM, DCO, DS	ongoing
	g.	DPR, DCS, DSNM, ADSNM, DSCCM	ongoing
	h.	DCO, DSNM, ADSNM, DSCCM, VPFA, VPA, VPMC	7/11
	h 1	DCO, DHR	10/11
	i.1	DSNM, ADSNM, DSCCM, VPA, DCO	9/10
	i.2	DSNM, ADSNM, DSCCM, VPA, DCO, DHR, FSNM, FSCCM	7/11
	i.3	CFO, DSNM, ADSNM, DSCCM, DCO, ADSNM, CDT	ongoing
	i.4	VPMC, DCO, FSNM, FSCCM, DSNM, ADSNM, DSCCM	ongoing
	i.5	DCO, DSNM, ADSNM, DSCCM, ADSNM, VPMC, DS, DCS	ongoing
	i.6	DSNM, ADSNM, DSCCM, ADSNM, DCO, FSNM, FSCCM, VPA	ongoing
	i.7	DCO, DRO, DSNM, ADSNM, DSCCM, CFO	7/11; 7/15
	i.8	DCO, DRO	1/11
	j.	VPMC, DCO, VPAdv	9/10
k.	DCO, DRO, VPAdv, VPMC	6/11	
l.1	VPAdv	ongoing	
l.2	VPAdv	6/11– 6/16	
l.3	VPAdv	7/16	
l.4	VPAdv	7/13	
l.5	VPAdv	7/14	
l.6	CPT	6/10 – 7/16	
l.7	CPT	6/15	
l.8	DR/H, VPAdv	7/15	

KPI/Strategy	Accountability	Target Date(s)
I.9	DR/H, VPA	ongoing
m	CPT	ongoing
m.1	DS, DSNM, ADSNM, DSCCM, DCO, DHR	ongoing
m.2	DS, DSNM, DSCCM, DCO, DHR, DCS, CPT, DA, DC, DPR	ongoing
m.3	DS, DIRC, CPT	12/11
m.4	DS	9/10
m.5	DS, VPMC, DHR	ongoing
m.6	DHR	6/12
m.7	DHR	ongoing
m.8	DHR, DSNM, DSCCM, DCO, DR/H, CPT	ongoing
m.9	VPMC, DA	ongoing
m.10	VPAadv	ongoing
m.11	DIRC, DHR, DSNM, DSCCM, DCO, DR/H	1/12
m.12	VPA	ongoing
m.13	DHR, DSNM, DSCCM, DCO, DR/H	ongoing
m.14	All NCNM management personnel	ongoing
m.15	DSNM, ADSNM, DSCCM, DR/H, VPA	ongoing
m.16	VPFA, VPA, DS, DHR, DPR	7/16
m.17	DCO, DS, DSNM, ADSNM, DSCCM, DR/H	ongoing
m. 18	DR/H	7/12
n	CPT	ongoing
n.1	DSNM, ADSNM, DSCCM, R, MPFPM	1/12
n.2	DSNM, ADSNM, DSCCM	ongoing
n.3	VPA, DSNM, ADSNM, DSCCM, DR/H	ongoing
n.4	MPFPM	10/11
KPI 2		
a.	DA, VPMC, VPA, DSNM, DSCCM, ADSNM, VPA	1/11 – 1/16
b.	DSNM, ADSNM, DSCMM, DA, VPMC, VPA	9/11
c.	DSNM, DSCCM, ADSNM, DIRC, VPA	6/11; 6/13,
d.	VPA, DSNM, DSCCM, DHR	ongoing
e.	VPA, DHR	9/15
f.	CCE	6/10 – 6/16
g.	DS, DC, DCS	1/11; 9/11
h.	DS, DL, SGA, MPFPM	9/11

KPI/Strategy	Accountability	Target Date(s)
KPI 3		
a.	DS, DCS, DIRC, CAF	6/12
b.	DCO, DCS, DSNM, ADSNM, DSCCM	9/10
c.	DS, DCS	7/10
d.	DS, DCS, DC, DRP, CAF	ongoing
KPI 4		
a.	DCO, AMCC, DSNM, ADSNM, DSCCM	ongoing
b.	DCO, DSNM, ADSNM, DSCCM	ongoing
c.	DCO, AMCC, VPAadv	7/10
d.	VPAadv, DCO, DSNM, ADSNM, DSCCM, VPMC, DPR	ongoing
e.	VPAadv, CCE, DSNM, ADSNM, DSCCM	ongoing
f.	DR/H, VPAadv	ongoing
KPI 5		
a	FSNM, FSCCM, DSNM, ADSNM, DSCCM, DCO, DS	ongoing
1.	FSNM, FSCCM, DSNM, ADSNM, DSCCM, DCO, DS, DC	ongoing
2.	FSNM, FSCCM, DSNM, ADSNM, DSCCM, DCO, VPA	ongoing
3.	FSNM, FSCCM, DSNM, ADSNM, DSCCM, DCO, VPA, ITM	ongoing
4.	VPA, DSNM, ADSNM, DSCCM, R	ongoing
5.	VPA, FSCCM, DSNM, FSNM, ADSNM, DSCCM	7/10; ongoing
6.	DIRC, CPT, DSNM, ADSNM, DSCCM	ongoing
7.	VPA, DSNM, DSCCM, ADSNM, DL, DR/H, DCO	ongoing
2a.	VPA, DCO, DSNM, ADSNM, DSCCM, DR/H	ongoing
b1.	VPA, DCO, DSNM, ADSNM, DSCCM	ongoing
2c.	VPA, DCO, DSNM, ADSNM, DSCCM, DR/H	ongoing
2d.	VPA, DCO, DSNM, ADSNM, DSCCM, DCS	ongoing
3a-e.	VPA, PPC, PDT	ongoing
KPI 6		
a.	DR/H	7/11 – 6/16
b.	VPFA, DR/H, DCO	7/11 – 6/12
c.	DR/H, PDT, DIRC, VPA	9/11
d.	DR/H, CPT 7/10,	7/10, ongoing
e.	DR/H, DCO, DSNM, ADSNM, DSCCM	ongoing
KPI 7		
a.	VPMC, DPR	10/11
b.	VPMC, DPR, CPT	12/11; ongoing
c.	CPT	11/16
d.	VPMC	11/11

KPI/Strategy	Accountability	Target Date(s)
e.	VPMC, MPFPM	6/11
f.	VPFA, VPMC, CPT	6/10; ongoing
g.	VPMC, DPR, ITM, CPT	ongoing
h.	CPT, MPFPM	11/12
KPI 8		
a.	MPFPM, DPR, CPT	ongoing
b.	CPT, MPFPM, SPRC	ongoing
c.	VPAdv, MPFPM, SPRC	8/14
d.	VPAdv, MPFPM, VPMC, SPRC	ongoing
e.	VPAdv, VPMC, DPR, MPFPM, SPRC	ongoing
f.	VPAdv, VPMC, DPR, MPFPM, SPRC	ongoing
g.	VPAdv, MPFPM, ITM, DL, SPRC	ongoing
h.	VPAdv, MPFPM, SGA, SPRC	9/14
i.	CPT, MPFPM, SGA, SPRC	7/11 – 6/16

Acronyms

ADSNM	Associate Dean, School of Naturopathic Medicine	EMT	Enrollment Management Team
AAC	Academic Affairs Committee	FSNM	Faculty (full and part-time) of the School of Naturopathic Medicine
AMCC	Assistant Manager Community Clinics	FAAC	Finance and Administrative Affairs Committee
BOD	Board of Directors	FSCCM	Faculty (full and part-time) of the School of Classical Chinese Medicine
BDC	Board Development Committee	ITM	Information Technology Manager
CAF	Coordinator of Alumni Affairs	ITT	Information Technology Team
CPT	College Planning Team (President and Vice-Presidents)	MAT	Marketing and Advancement Team
CCE	Coordinator of Continuing Education	MPFPM	Master Planning and Facility Projects Manager
DA	Director of Admissions	MP	NCNM's Master Plan document for conditional uses related to land, buildings and city permitting.
DIRC	Director of Institutional Research and Compliance	PPC	Provost Planning Council
DS	Dean of Students	PDT	Program Development Team
DCS	Director of Professional Formation and Career Services	PMET	Post-Graduate Medical Education Team
DC	Director of Counseling	PCRC	Program and Curriculum Review Committee
DHR	Director of Human Resources	R	Registrar
DL	Director of the Library	RET	Retail Entrepreneurs Team
DSNM	Dean of the School of Naturopathic Medicine	SST	Student Services Team
DSCCM	Dean of the School of Classical Chinese Medicine	SPC	Strategic Pathways Committee
DCO	Dean of Clinical Operations	SPRC	Strategic Pathways Review Committee
DPR	Director of Public Relations and Communications	VPA	Vice President of Academic Affairs (Provost)
DRO	Director of Retail Operations	VPFA	Vice President of Finance and Administration (CFO)
DRP	Director of Residency Programs	VPAdv	Vice President of Advancement
DR/H	Dean of Research and Director of the Helfgott Research Institute	VPMC	Vice President of Marketing and Communications



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