



7750 Montpelier Road  
Laurel, Maryland 20723  
[www.muih.edu](http://www.muih.edu)  
410-888-9048

February 19, 2020

Dr. James D. Fielder, Jr.  
Secretary of Higher Education  
Maryland Higher Education Commission  
6 North Liberty Street  
Baltimore, MD 21201

Dear Secretary Fielder:

Maryland University of Integrative Health (MUIH) seeks approval for the enclosed new program, the Post-Master's Certificate in Therapeutic Yoga Practices, beginning in spring 2021. This new program falls within an existing program area (yoga therapy) at MUIH.

Please don't hesitate to contact me should you require additional information in considering this proposal.

A handwritten signature in black ink, appearing to read "Christina M. Sax".

Dr. Christina M. Sax  
Provost and Vice President for Academic  
and Student Affairs

cc: Marc Levin, President and CEO, MUIH



## Cover Sheet for In-State Institutions

### New Program or Substantial Modification to Existing Program

Institution Submitting Proposal	Maryland University of Integrative Health
---------------------------------	---

*Each action below requires a separate proposal and cover sheet.*

- |   |   |
|---|---|
| <input checked="" type="radio"/> New Academic Program | <input type="radio"/> Substantial Change to a Degree Program            |
| <input type="radio"/> New Area of Concentration       | <input type="radio"/> Substantial Change to an Area of Concentration    |
| <input type="radio"/> New Degree Level Approval       | <input type="radio"/> Substantial Change to a Certificate Program       |
| <input type="radio"/> New Stand-Alone Certificate     | <input type="radio"/> Cooperative Degree Program                        |
| <input type="radio"/> Off Campus Program              | <input type="radio"/> Offer Program at Regional Higher Education Center |

Payment Submitted: <input checked="" type="radio"/> Yes <input type="radio"/> No	Payment Type: <input type="radio"/> R*STARS <input checked="" type="radio"/> Check	Payment Amount: \$250	Date Submitted: 2/18/20
Department Proposing Program	Yoga Therapy		
Degree Level and Degree Type	Post-Master's Certificate		
Title of Proposed Program	Therapeutic Yoga Practices		
Total Number of Credits	12		
Suggested Codes	HEGIS: 129960	CIP: 513602	
Program Modality	<input type="radio"/> On-campus <input checked="" type="radio"/> Distance Education ( <i>fully online</i> )		
Program Resources	<input type="radio"/> Using Existing Resources <input checked="" type="radio"/> Requiring New Resources		
Projected Implementation Date	<input type="radio"/> Fall <input checked="" type="radio"/> Spring <input type="radio"/> Summer         Year: 2021		
Provide Link to Most Recent Academic Catalog	URL: <a href="http://muih.edu/academics/academic-catalog">muih.edu/academics/academic-catalog</a>		
Preferred Contact for this Proposal	Name: Christina Sax		
	Title: Provost and Vice President for Academic and Student Affairs		
	Phone: 410-888-9048, ext 6655		
	Email: <a href="mailto:csax@muih.edu">csax@muih.edu</a>		
President/Chief Executive	Type Name: Marc Levin		
	Signature:		Date: 2/18/20
	Date of Approval/Endorsement by Governing Board: 12/9/19		

Revised 3/2019

## **Maryland Higher Education Commission Proposal for New Degree Level and Instructional Program**

### **Post-Masters Certificate in Therapeutic Yoga Practices Maryland University of Integrative Health**

Maryland University of Integrative Health (MUIH) proposes to add a new program, the Post-Masters Certificate (PMC) in Therapeutic Yoga Practices. This 12-credit program will be offered online and can be completed in three trimesters. The program is scheduled to begin in the spring 2021 trimester, pending approval by the Maryland Higher Education Commission.

#### **A. Centrality to Institutional Mission and Planning Priorities**

- 1. Provide a description of the program, including each area of concentration (if applicable), and how it relates to the institution's approved mission.**

The mission of MUIH is: A distinctive community of scholars, researchers, practitioners, and advocates, MUIH promotes whole person, relationship-centered healthcare. Through discovery and exploration, we deliver progressive educational programs, advance innovative clinical models, build mutually beneficial partnerships, and provide opportunities for fulfilling careers. The vision of MUIH is: Serving as a leader in the global transformation of health and wellness, we integrate healing traditions and contemporary science, acknowledge the wisdom of the body and nature as a teacher, and focus on the interconnection of mind, body, and spirit. Our work enables people to thrive through the cycles of life.

MUIH is a leading academic institution for integrative health. It is an accredited, private, non-profit university offering the most comprehensive array of graduate-level certificates, master's, and doctoral degrees in integrative health in the nation. MUIH focuses solely on a whole-person, relationship-centered care approach. Since 1974, MUIH has educated and informed practitioners and leaders in health and wellness through programs that draw from traditional wisdom and contemporary science. Graduate programs in acupuncture, Ayurveda, health and wellness coaching, health promotion, herbal medicine, narrative health, nutrition, workplace wellness, and yoga therapy are offered on-campus and online. As an anchoring academic institution for the emerging complementary and integrative health and wellness system in America, MUIH has an unduplicated fulltime equivalent headcount of 1010 students (2017-2018 IPEDS reporting) and has awarded graduate credentials to more than 3,000 individuals across the U.S. and internationally. Student interns and professional practitioners provide compassionate and affordable healthcare through 20,000+ clinical visits annually in the on-campus Natural Care Center, and conventional healthcare and community outreach settings. The on-campus herbal dispensary formulates and compounds herbal preparations for local patients and practitioners, and for shipment across the U.S. MUIH conducts research in collaboration with leading national universities. Through scholarly publications and presentations nationally and internationally its faculty are recognized as experts in their field. MUIH offers a wide range of professional symposia and continuing education, community education, and outreach activities online and on-campus. MUIH alumni across the U.S. and internationally, provide affordable, high impact, and high-quality care in private practice, integrative group practices, conventional health care settings including VA and other

hospitals, and mental health, addiction, pain, and rehabilitation centers, and community and corporate settings.

The addition of the proposed program extends MUIH's mission and vision by opening new avenues of academic study and employment in the field of integrative health. MUIH is one of the few colleges and universities in the U.S. that focuses on integrative health and wellness. In addition, very few other colleges and universities in the U.S. offer degrees in integrative health and wellness fields. The proposed online PMC Therapeutic Yoga Practices program expands the options available for academic study in integrative health nationally.

The proposed PMC Therapeutic Yoga Practices program fills a national gap in the yoga education spectrum and provides a pathway for licensed health care providers (LHCP) to add therapeutic yoga practices to their professional scope of practice. It is designed to support LHCP who wish to enrich their knowledge, tools, and competencies in both conventional medicine and integrative health in order to provide patients with individualized and centered treatment that is safe, evidence-based, effective, and cost efficient. An increasing number of LHCP are recognizing the effectiveness and value of yoga and meditation for their clientele and are interested in adding yoga therapy tools to their practice. Studying to become a yoga teacher does not provide the depth and breadth of knowledge and skills that LHCP need to support their patients and clients with individualized therapeutic yoga practices. Likewise, LHCP do not need the multi-year plan of study of a master's degree in yoga therapy to support their patients and clients. The proposed PMC Therapeutic Yoga Practices program fills the unique educational needs and appropriate level of skills and knowledge needed by LHCP.

This program is designed for individuals who have the base level yoga certification offered by IAYT (C-IAYT 200-hour certification) and who hold a master's degree or higher and are a licensed healthcare provider in one of the following fields: nursing, medicine, osteopathic medicine, naturopathic medicine, chiropractic, physician assistance, physical therapy, occupational therapy, massage therapy, psychiatry, counseling, social work, nutrition and dietetics, and acupuncture.

This 12-credit program will be offered online and can be completed in three trimesters. This program will be the only such graduate program to be offered by a college or university in Maryland and nationally.

**2. Explain how the proposed program supports the institution's strategic goals and provide evidence that affirms it is an institutional priority.**

The addition of the PMC Therapeutic Yoga Practices program supports MUIH's strategic goals, values and institutional principles. Since its founding, MUIH has been a pioneer and advocate in the national movement toward wellness, disease prevention, and patient- and relationship-centered health care. It is helping to lead the transformation of the U.S. healthcare delivery system through behavioral changes in consumer self-care and the services provided by conventional medical providers and systems, by preparing MUIH graduates to become partners in health by educating, facilitating and coaching.

The creation of this program supports the University's overarching strategic goals and it's 2019-2020 strategic priorities:

#### University Strategic Goals

- Goal 1.O1: Increase awareness, reputation and visibility of the University's academic programs, research initiatives, and clinical offerings.
- Goal G1.O4: Leverage and adapt current academic program offerings to reach new audiences.
- Goal G4.O4: Create alternative revenue streams.

#### 2019-2020 Strategic Priorities

- Strategic Priority 1: Enhance the student experience
- Strategic Priority 3: Enhance Integrated Enrollment Management
- Strategic Priority 4: Enhance a Culture of Continuous Improvement

This program complements MUIH's existing MS Yoga Therapy program which has proven to be successful in garnering new enrollments and alumni employment since its inception in 2013, as well as the proposed B.S. Yoga Health Sciences degree completion program (proposed in a separate and concurrent proposal). As with all MUIH disciplines, the program model is prevention and education oriented, nature-based, community-focused, and relationship-centered with an emphasis on establishing rapport with the client and developing a healing presence. Consistent with MUIH's mission to deliver innovative solutions for healthier living and career-oriented opportunities for students, the proposed program will continue to advance MUIH's leadership in the emerging wellness system.

**3. Provide a brief narrative of how the proposed program will be adequately funded for at least the first five years of program implementation. (Additional related information is required in section L.**

Within MUIH's current and foreseen context, limited new resources specific to this new program are needed to fund and support it through its launch and through the first five years of its implementation. Based on the projected number of enrollments for the program, advising, student success, career services, registrar, student accounts, library, information technology, admissions, and financial aid support can be accommodated within MUIH's current staffing. Instructional needs can be accommodated within MUIH's current faculty complement. Modest program-specific resources are needed to develop and support the program in the form of new online course development. The four courses of this program are new courses requiring development. Content for these courses can be repurposed from existing courses in the MS Yoga Therapy program.

The Instructional Design Services' course development schedule and budget can accommodate the four new course developments that will be needed, given the small number of other new online programs and courses debuting during this time frame. Two course developments will be needed in fall 2020, one in spring 2021, and one in summer 2021.

**4. Provide a description of the institution's commitment to a) ongoing administrative, financial, and technical support of the proposed program, and b) continuation of the program for a period of time sufficient to allow enrolled students to complete the program.**

This new program will be housed in the existing Yoga Therapy, Ayurveda, and Narrative Health department which supports 74 (53 yoga therapy, 21 Ayurveda) graduate students annually. An additional 5-9 students are projected for the PMC Therapeutic Yoga Practices program, and an additional 10-15 students per year are projected for the B.S. Yoga Health Sciences program (proposed in a separate and concurrent proposal). MUIH has dedicated academic, administrative, faculty, and advising personnel, as well as instructional materials and facilities, marketing, recruiting, and additional general student affairs and administrative resources to this department. This is a stable department that currently administers three programs: MS Yoga Therapy, PBC Ayurvedic Wellness, and PBC Narrative Health; a fourth program, B.S. Yoga Health Sciences degree completion program is being proposed in a separate and concurrent proposal. Such dedicated resources have been included in MUIH's budget on an ongoing basis since academic year 2012-2013; the existing budget division will continue and support the new program, and it will continue to be included in the University's standard annual budget planning process. The program will be overseen and administered by its existing Chair, Department Manager, and program curriculum committee. The existing dedicated Academic Advisor from Student Affairs will support students in all graduate and undergraduate yoga programs. Courses will be staffed by a combination of existing salaried faculty and adjunct faculty (see Section I for additional details). The new program will be included in the centralized support provided to all programs by the Student Affairs, Library, Information Technology Services, Instructional Design Services, and Faculty Development units. The impact on these areas is expected to be minimal given the projected 5-9 new students within MUIH's total enrolled population of approximately 1000 students (an approximate 0.5% to 0.9% increase in the overall student population).

MUIH will use its previously successful enrollment management model to launch the PMC Therapeutic Yoga Practices; this model has been successful in growing University enrollments including the cultivation of new audiences for new program areas. New programs are allowed a minimum of five years to mature and develop an ongoing prospective student funnel. New student enrollment targets have been modestly set based on this new degree level for the University and the enrollment history of previous new programs. MUIH's financial model permits it to run programs with small cohort enrollments, further supporting sustainability of the program in both its early and later years. Any choice to discontinue a program involves collaborative decision making by the academic department, Dean of Academic Affairs, Provost, Admissions office, Marketing unit, Vice President for Marketing and Enrollment Management, Vice President for Finance and Administration, and President. Decisions to discontinue a program have been made rarely and have include teach-out plans for enrolled students with extended times to completion given the part time nature of MUIH's programs and the flexibility needed by its non-traditional student population.

## **B. Critical and Compelling Regional or Statewide Need as Identified in the State Plan**

- 1. Demonstrate demand and need for the program in terms of meeting present and future needs of the region and the State.**

### Health Care

Health care costs, and expenditures for health care, are on the rise. The Centers for Medicare and Medicaid Services has projected that health care spending will rise from \$2.9 trillion in 2013 to over \$5

trillion in 2022.<sup>1</sup> In percentage terms, the total expenditures on health care are projected to rise from 17.8% of GDP in 2015 to 19.9% of GDP in 2025.<sup>2</sup> Expenditures for preventive care, a key component of integrative health, are also increasing. The Federal Reserve Bank of San Francisco observed that “spending for preventive treatment increased at an extremely rapid rate over the [2003 to 2007] period. Growth in the percentage of enrollees getting preventive treatment ... drove half this increase. That indicates people are seeking preventive care at an increasing rate.”<sup>3</sup>

It is now well established that our nation’s health is a social, economic, financial, and behavioral issue of enormous proportions, offering significant opportunities for economic growth and employment. The U.S. Department of Labor and the U.S. Bureau of Labor Statistics (BLS) see the health care and social assistance sector as leading job growth. “Employment of healthcare occupations is projected to grow 14% from 2018 to 2028, much faster than the average for all occupations, adding about 1.9 million new jobs. Healthcare occupations are projected to add more jobs than any of the other occupational groups. This projected growth is mainly due to an aging population, leading to greater demand for healthcare services.”<sup>4</sup> Maryland’s Department of Labor also predicts exceptional job growth in the health care of social service sector for the decade 2016-2026.<sup>5</sup> Taken together, these are an indicator of the increasing importance of health-focused programs and interventions. The growing costs associated with health care and demands on insurance and treatment systems make prevention and early intervention, strategies emphasized by integrative health care practices, even more important for employers.

### Integrative Health

A key component of a successful preventive health program is the use of complementary and integrative therapies. Integrative and complementary health approaches include an array of modalities and products with a history of use or origins outside of conventional medicine.

Medicine’s leading accreditor, The Joint Commission<sup>6</sup>, the federal government’s Inter-Agency Task Force on Pain Management<sup>7</sup>, the Centers for Medicare & Medicaid Services<sup>8</sup>, and the American College of Physicians<sup>9</sup> have recognized the effectiveness of integrative health practices and have recommended their use to manage pain and mitigate the use of pharmacologic approaches, and in part assist in addressing society’s opioid crisis.

---

<sup>1</sup> Centers for Medicare and Medicaid Services, “National Health Expenditure Projections 2012-2022,” <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2012.pdf>.

<sup>2</sup> Centers for Medicare and Medicaid Services. “NHE Fact Sheet,” last modified 6/14/2017, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html>.

<sup>3</sup> A. Shapiro, “What’s Driving Medical-Care Spending Growth?” Federal Reserve Bank of San Francisco, 2013.

<sup>4</sup> BLS, “Occupational Outlook Handbook,” updated January 30, 2018, <https://www.bls.gov/ooh/healthcare/home.htm>.

<sup>5</sup> Maryland Department of Labor, Licensing and Regulation, “Maryland Industry Projections - 2016-2026 - Workforce Information and Performance”, <https://www.dlir.state.md.us/lmi/iandoproj/industry.shtml>.

<sup>6</sup> J. Weeks, “The joint commission moves integrative approach ahead of pharmaceuticals for main management”, *Integrative Medicine: A Clinician’s Journal*, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566474/>.

<sup>7</sup> <https://www.hhs.gov/ash/advisory-committees/pain/index.html>

<sup>8</sup> <https://www.cms.gov/newsroom/press-releases/cms-finalizes-decision-cover-acupuncture-chronic-low-back-pain-medicare-beneficiaries>

<sup>9</sup> A. Qaseem, T.J. Wilt, R.M. McLean, M.A. Forciea, “Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline”, *Annals of Internal Medicine*, 166(7). DOI: 10.7326/M16-2367, 2017.

2019 reports by the Global Wellness Summit<sup>10</sup> and Forbes<sup>11</sup> cite integrative health practices among the top future global wellness trends. A 2013 McKinsey and Company report called the wellness industry “a demographic sweet spot of enormous potential” and calculated this market as close to \$16.5 billion per annum.<sup>12</sup> Individuals often use integrative health approaches to improve health and wellbeing<sup>13</sup> or to relieve symptoms associated with chronic diseases or the side effects of conventional medicine.<sup>14</sup> In the U.S., most persons who use complementary health approaches do so to complement conventional care, rather than as a replacement.<sup>15</sup>

The 2012 National Health Interview Survey conducted by the Centers for Disease Control and Prevention’s National Center for Health Statistics demonstrated significant use and spending on integrative health care approaches.<sup>16</sup> One-third of U.S. adults and nearly 12% of children ages 4 to 17 used complementary health approaches. An estimated 59 million persons aged four years and over had at least one expenditure for some type of complementary health approach, resulting in total out-of-pocket expenditures of \$30.2 billion per year. Out-of-pocket spending for complementary health approaches represented 9.2% of all out-of-pocket spending on health care. Moreover, spending on integrative medicine is expected to increase to \$115 billion by the year 2015.<sup>17</sup> The 2017 National Health Interview Survey revealed an increase in the use of chiropractors from 9.1% in 2012 to 10.3%.<sup>18</sup>

---

<sup>10</sup> Global Wellness Summit, “2019 Global Wellness Trends Report”, 2019, <https://www.globalwellnesssummit.com/2019-global-wellness-trends/>.

<sup>11</sup> J. Sweet, “10 Wellness Trends You Have To Try In 2019”, *Forbes*, Jan 4, 2019, <https://www.forbes.com/sites/jonisweet/2019/01/04/top-10-wellness-trends-2019/amp>

<sup>12</sup> P. Cloos, et al., “Healthy, Wealthy, and (Maybe) Wise: The Emerging Trillion-Dollar Market for Health and Wellness,” McKinsey and Company, 2013.

<sup>13</sup> A.M. McCaffrey, G.F. Pugh, and B.B. O’Connor, “Understanding Patient Preference for Integrative Medical Care: Results from Patient Focus Groups,” *Journal of General Internal Medicine* 2007, 22(11):1500–5; and A.M. Greene, et al., “Perceived Benefits of Complementary and Alternative Medicine: A Whole Systems Research Perspective,” *Open Complementary Medicine Journal* 2009, 1:35–45.

<sup>14</sup> R.L. Nahin, et al., “Disease Severity Is Associated with the Use of Complementary Medicine to Treat or Manage Type-2 Diabetes: Data from the 2002 and 2007 National Health Interview Survey,” *BMC Complementary and Alternative Medicine* 2012, 12:193; and C.B. Lo, R.A. Desmond, and S. Meleth, “Inclusion of Complementary and Alternative Medicine in US State Comprehensive Cancer Control Plans: Baseline Data,” *Journal of Cancer Education* 2009, 24(4):249–53.

<sup>15</sup> J.A. Astin, “Why Patients Use Alternative Medicine: Results of a National Study,” *Journal of the American Medical Association (JAMA)* 1998;279(19):1548–53; also B.G. Druss and R.A. Rosenheck, “Association between Use of Unconventional Therapies and Conventional Medical Services,” *JAMA* 1999, 282(7):651–6; and D.M. Eisenberg, et al., “Trends in Alternative Medicine Use in the United States, 1990–1997: Results of a Follow-Up National Survey,” *JAMA* 1998, 280(18):1569–75.

<sup>16</sup> National Center for Health Statistics, “Use of Complementary Health Approaches in the US: 2012 National Health Interview Survey,” Centers for Disease Control and Prevention, <https://nccih.nih.gov/research/statistics/NHIS/2012>; also T.C. Clarke, et al., “Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002–2012,” *National Health Statistics Report*, Feb 10 (79): 1–16, 2015; and R.L. Nahin, et al., “Expenditures on Complementary Health Approaches: United States, 2012,” *National Health Statistics Report*, June 22 (95):1-11, 2016.

<sup>17</sup> Report Linker, Alternative Medicine Industry: Market Research Reports, Statistics and Analysis. <https://www.reportlinker.com/>.

<sup>18</sup> National Center for Health Statistics, “Use of Complementary Health Approaches: Adults and Children, 2017”, Centers for Disease and Control Prevention, <https://nccih.nih.gov/research/statistics/NHIS/2017>; also L.I. Black, P.M. Barnes, T.C. Clarke, B.J. Stussman, R.L. Nahin, “Use of yoga, meditation, and chiropractors among U.S. children aged 4–17 years”, *NCHS Data Brief*, no 324, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db324-h.pdf>;



Additional studies point to the growing use of integrative health approaches in health care. Taylor et al. demonstrated in 2018 that 52% of veterans surveys used some type of complementary and integrative health approach.<sup>19</sup> A 2010 study conducted by the National Center for Complementary and Alternative Medicine and the American Association of Retired Persons indicated that 50% of Americans age 50 and older reported using complementary and alternative medicine.<sup>20</sup> In 2018, health and wellness coaching emerged as a \$6 billion service market in the U.S., with an estimated 109,000 health coaches and health educators.<sup>21</sup>

Traditional health care organizations, employers, and regulators are responding to increased consumer demand for integrative health therapies.<sup>22</sup> In 2020, the Centers for Medicare and Medicaid (CMS) announced that it would reimburse acupuncture for Medicare recipients.<sup>23</sup> A 2019 study by the National Center for Complementary and Integrative Health of the National Institutes of Health, and the National Center for Health Statistics, indicated that 53% of office-based physicians, across disciplines, recommended at least one complementary health approach to their patients during the previous year.<sup>24</sup> Massage therapy was the most commonly recommended approach (30%), followed by chiropractic/osteopathic manipulation (27%), herbs/nonvitamin supplements (27%), yoga (26%), and acupuncture (22%). In 2018, the U.S. Department of Veteran Affairs (VA) was the first to recognize licensed acupuncturists in the federal government's General Schedule (GS) classification and pay system; acupuncturists are included at the GS-9 to GS12 levels.<sup>25</sup> In 2014, the U.S. Department of Veteran Affairs (VA) launched its Whole Health Initiative which is centered in the use of integrative health practices to support veterans' health and wellness.<sup>26</sup> Its Integrative Health Coordinating Center (IHCC) was formed to identify and address barriers to providing complementary and integrative health across the VA, and serve as a resource for clinical practices and education for Veterans, clinicians, leadership, and staff. This initiative includes acupuncture, biofeedback, clinical hypnosis, guided imagery, massage therapy, meditation, Tai chi / qi gong, and yoga.

---

and T.C. Clarke, P.M. Barnes, L.I. Black, B.J. Stussman, R.L. Nahin, "Use of yoga, meditation, and chiropractors among U.S. adults aged 18 and over", *NCHS Data Brief*, no 325, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db325-h.pdf>.

<sup>19</sup> Taylor, S. L., Hoggatt, K. J., & Kligler, B. (2018). Complementary and integrated health approaches: What do Veterans use and want. *Journal of general internal medicine*, 1-8.

<sup>20</sup> National Center for Complementary and Alternative Medicine, "Complementary and Alternative Medicine: What People Aged 50 and Older Discuss with their Health Care Providers," April 2011.

<sup>21</sup> Marketdata, LLC, "The U.S. Health Coaching Market", May 2018, <https://www.researchandmarkets.com/reports/4649614/the-u-s-health-coaching-market#rela2-4531925>.

<sup>22</sup> Hart, J. (2018). Cleveland Clinic Center for Integrative & Lifestyle Medicine: Setting the Standards for Chronic Disease Management and Prevention. *Alternative and Complementary Therapies*, 24(4), 180-181.

<sup>23</sup> <https://www.cms.gov/newsroom/press-releases/cms-finalizes-decision-cover-acupuncture-chronic-low-back-pain-medicare-beneficiaries>

<sup>24</sup> Barbara J. Stussman, Richard R. Nahin, Patricia M. Barnes, and Brian W. Ward. U.S. Physician Recommendations to Their Patients About the Use of Complementary Health Approaches. *The Journal of Alternative and Complementary Medicine*. Dec 2, 2019. <http://doi.org/10.1089/acm.2019.0303>

<sup>25</sup> <https://www.integrativepractitioner.com/practice-management/news/va-respectfully-recognizes-acupuncture-professionals-gs-9-gs-12-new-employment-handbook>

<sup>26</sup> <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/cih.asp>,

AND

[file:///C:/Users/csax5/AppData/Local/Packages/Microsoft.MicrosoftEdge\\_8wekyb3d8bbwe/TempState/Downloads/1137\\_D\\_2017-05-18%20\(4\).pdf](file:///C:/Users/csax5/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/1137_D_2017-05-18%20(4).pdf)

A 2007 study by McKinsey and Company report found that 41% of patients' choice of hospital is based on their offerings of "amenities" that included complementary and alternative therapies.<sup>27</sup> A 2007 study by the Bravewell Collaborative indicated that in 1999 only 7.7% of hospitals offered integrative therapies, by 2004 that number had increased to 18.3%, and by 2005 25% of hospitals were offering services in a complementary or integrative fashion.<sup>28</sup> A 2010 study by the Samueli Institute and Health Forum, and American Hospital Association Company, indicated that of the responding hospitals (299), 42% stated that they offered one or more complementary and integrative health therapies in the hospital.<sup>29</sup> The 2007 National Home and Hospice Care Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics found that nearly 42% of hospice care providers offered complementary and alternative therapies, had a provider on staff or under contract, or both.<sup>30</sup> All twenty hospitals on the 2017-2018 US News and World Report America's Best Hospitals Honor Roll offer integrative health care and practices.<sup>31</sup> Membership in the Academic Consortium for Integrative Medicine and Health grew from 36 traditional and allopathic academic medical schools and centers in 2008, to 70 in 2018.<sup>32</sup> In addition, allopathic health care providers are personally using integrative therapies at an increased rate.<sup>33</sup> The spread of integrative health practices in allopathic settings is also demonstrated through the increase of hospitals and other health care organizations approaching MUIH in the last three to five years seeking internship placements for MUIH students.

The increase in integrative health approaches has been driven in part by changes in incentive structures for health care providers under the provisions of the Patient Protection and Affordable Care Act (known as the ACA or Obamacare), the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and the 21st Century Cures Act of 2016. Briefly, these changes have resulted in awards to health care providers for reducing acute care consumption and impose penalties for inefficient, low-quality care. Integrative and allied health professions play a key role in delivering patient outcomes and support the shift in emphasis from acute to preventive care. Integrative health has been shown to be cost effective and yield savings in more than two dozen studies,<sup>34</sup> and in an analysis of research from medical literature, data from corporate wellness programs, and pilot projects at insurance companies.<sup>35</sup> Indeed, to succeed in the future, health care organizations will need to shift their workforce from one that prioritizes hiring for in-patient acute care toward new value-based models.<sup>36</sup> Professionals in those models will focus on preventive practices, the adoption of healthy lifestyles,

---

<sup>27</sup> K.D. Grote, J.R.S. Newman, S.S. Sutaria, "A better hospital experience", The McKinsey Quarterly, 2007.

<sup>28</sup> B. Horrigan, "Integrative Medicine Best Practices: Introduction and Summary." Bravewell Collaborative, 2007.

<sup>29</sup> Samueli Institute and Health Forum, "2010 Complementary and alternative medicine survey of hospitals: Summary of results", 2010, [http://www.samueliinstitute.org/File%20Library/Our%20Research/OHE/CAM\\_Survey\\_2010\\_oct6.pdf](http://www.samueliinstitute.org/File%20Library/Our%20Research/OHE/CAM_Survey_2010_oct6.pdf).

<sup>30</sup> A. Bercovitz, et al., "Complementary and Alternative Therapies in Hospice: The National Home and Hospice Care Survey: United States, 2007," *National Health Statistics Report* 33, Jan. 19, 2011.

<sup>31</sup> US News and World Report, U.S. News Hospitals Rankings and Ratings, <https://health.usnews.com/best-hospitals>

<sup>32</sup> Academic Consortium for Integrative Medicine & Health, <https://www.imconsortium.org>. And Consortium of Academic Health Centers for Integrative Medicine, <https://www.integrativepractitioner.com/whats-new/all-news/consortium-of-academic-health-centers-for-integrative-medicine/>

<sup>33</sup> P. Johnson, A. Ward, and L. Knutson, "Personal Use of Complementary and Alternative Medicine (CAM) by U.S. Health Care Workers," *Health Services Research* 47 (part 1): 211-227, 2012.

<sup>34</sup> P. Herman, et al., "Are Complementary Therapies and Integrative Care Cost-Effective? A Systematic Review of Economic Evaluations," *BMJ Open* 2(5): e001046, 2012.

<sup>35</sup> E. Guarneri, B. Horrigan, and C. Pechura, "The Efficacy and Cost-Effectiveness of integrative Medicine," The Bravewell Collaborative, 2010.

<sup>36</sup> The Advisory Board, "Build Your Workforce from the Outside-In," 2016.

consolidated visits and group sessions for education and support, and out-patient care in home and workplace settings.

Collectively, these represent some of the fastest growing occupations and areas of health care expansion in the U.S.<sup>37</sup> MUIH's programs, including the PMC Therapeutic Yoga Practices program, prepare individuals to provide such integrative health care.

### Yoga Therapy

Traditional health care systems are increasingly recognizing the benefits of yoga and yoga therapy and formally including them in nationally based guidelines and initiatives. Medicine's leading accreditor, The Joint Commission<sup>38</sup>, the federal government's Inter-Agency Task Force on Pain Management<sup>39</sup>, and the American College of Physicians<sup>40</sup> have recognized the effectiveness of integrative health practices to manage pain and mitigate the use of pharmacologic approaches, and in part assist in addressing society's opioid crisis; yoga is among these cited integrative health practices. The 2019 study by the National Center for Complementary and Integrative Health of the National Institutes of Health, and the National Center for Health Statistics, indicated that 53% of office-based physicians, across disciplines, recommended at least one complementary health approach to their patients during the previous year; yoga (26%) was among the most commonly recommended approaches.<sup>41</sup> The U.S. Department of Veteran Affairs' (VA) Whole Health Initiative, launched in 2014, includes yoga among its approved approaches. The World Health Organization (WHO) recognizes yoga therapy in inpatient settings as a billable procedure code in the International Classification of Diseases (ICD-10 and ICD-11).<sup>42</sup>

The 2017 National Health Interview Survey revealed significant increases in the use of yoga-based mind and body approaches.<sup>43</sup> Yoga was the most commonly used complementary health approach among U.S. adults in 2012 (9.5%) and 2017 (14.3%) and demonstrated an increase in usage during that five-year period. The use of meditation increased more than threefold from 4.1% in 2012 to 14.2% in 2017. Similar increased usage of these modalities was observed in children aged 4-17 years. The percent of children who used yoga increased significantly from 3.1% in 2012 to 8.4% in 2017. The use of meditation increased significantly from 0.6% in 2012 to 5.4% in 2017.

---

<sup>37</sup> Education Advisory Board, "Health Professions: Capitalizing on Creative Disruption," COE Forum Industry Futures Series, 2017.

<sup>38</sup> J. Weeks, "The joint commission moves integrative approach ahead of pharmaceuticals for main management", *Integrative Medicine: A Clinician's Journal*, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566474/>.

<sup>39</sup> <https://www.hhs.gov/ash/advisory-committees/pain/index.html>

<sup>40</sup> A. Qaseem, T.J. Wilt, R.M. McLean, M.A. Forciea, "Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline", *Annals of Internal Medicine*, 166(7). DOI: 10.7326/M16-2367, 2017.

<sup>41</sup> Barbara J. Stussman, Richard R. Nahin, Patricia M. Barnes, and Brian W. Ward. U.S. Physician Recommendations to Their Patients About the Use of Complementary Health Approaches. *The Journal of Alternative and Complementary Medicine*. Dec 2, 2019. <http://doi.org/10.1089/acm.2019.0303>

<sup>42</sup> <https://www.who.int/classifications/en/>

<sup>43</sup> National Center for Health Statistics, "Use of Complementary Health Approaches: Adults and Children, 2017", Centers for Disease and Control Prevention, <https://nccih.nih.gov/research/statistics/NHIS/2017>; also L.I. Black, P.M. Barnes, T.C. Clarke, B.J. Stussman, R.L. Nahin, "Use of yoga, meditation, and chiropractors among U.S. children aged 4–17 years", *NCHS Data Brief*, no 324, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db324-h.pdf>; and T.C. Clarke, P.M. Barnes, L.I. Black, B.J. Stussman, R.L. Nahin, "Use of yoga, meditation, and chiropractors among U.S. adults aged 18 and over", *NCHS Data Brief*, no 325, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db325-h.pdf>.

The 2016 Yoga in America Study conducted by Yoga Journal and Yoga Alliance also indicated significant and widespread use of yoga.<sup>44</sup> 28% of all Americans have participated in a yoga class at some point in their lives. The number of American yoga practitioners increased to over 36 million in 2016, up from 20.4 million in 2012. There were more older practitioners than ever before; nearly 14 million practitioners were over the age of 50, up from about 4 million in 2012. One in three Americans had tried yoga on their own (not in a class) at least once. 34% of Americans said they were somewhat or very likely to practice yoga in the next 12 months, equal to more than 80 million Americans, for flexibility, stress relief and fitness. Since 2012, the percentage of Americans aware of yoga climbed from 75% to 90%. Yoga practitioners reported spending over \$16 billion on yoga classes, accessories, equipment, and clothing in the last year, up from \$10 billion in 2012.

The development of MUIH's PMC Therapeutic Yoga Practices program parallels this growth and helps to support the growing need for health care professionals who have been trained in the use of this modality.

## **2. Provide evidence that the perceived need is consistent with the Maryland State Plan for Postsecondary Education.**

The proposed program will serve the needs of the State of Maryland, consistent with the goals of the Maryland State Plan for Postsecondary Education for 2017-2021.<sup>45</sup> Given that this program is a bachelor's degree completion program its focus is on Maryland's Success and Innovation goals, rather than the Access goal which emphasizes the K-12 to postsecondary education pathway.

Success: Promote and implement practices and policies that will ensure student success.

Strategy 4: The online format of the program increases accessibility to higher education by residents of Maryland and other states for whom geography and time may be barriers to enroll.

MUIH provides the residents of Maryland and other states with unique access to educational opportunities in the emerging field of integrative health. MUIH is one of the few colleges and universities in the U.S. to focus solely on integrative health and to provide professional education in such fields. The PMC Therapeutic Yoga Practices program will be the only such degree in the U.S. It will enhance MUIH's portfolio of programs, build on its existing expertise in integrative health, support the State's goals of furthering the education of its citizens, and position Maryland as a national leader in the emerging field of integrative health.

Strategy 7: MUIH provides the residents of Maryland with unique degrees and certificates that provide direct access to career pathways in the growing health care sector. The field of integrative health is increasingly being recognized by consumers, patients, employers, and conventional medicine as a powerful health care adjunct that provides access to high quality, high impact, and low-cost health care. In this respect, MUIH integrates academic and career advising throughout students' enrollment; provides professional development and employment search services to students and alumni through the Career Center; and offers a variety of co-curricular professional opportunities. The PMC Therapeutic Yoga Practices program has direct applicability to a wide variety health care professions

<sup>44</sup> 2016 Yoga in America Study, Yoga Journal and Yoga Alliance, 2016, <http://media.yogajournal.com/wp-content/uploads/2016-Yoga-in-America-Study-Comprehensive-RESULTS.pdf>

<sup>45</sup> <https://mhec.maryland.gov/About/Pages/2017StatePlanforPostsecondaryEducation.aspx>

and disciplines and will be incorporated into MUIH's suite of professional, career, and employment services.

Innovation: Foster innovation in all aspects of Maryland higher education to improve access and student success.

Strategy 8: MUIH develops partnerships to support workforce development and improve workforce readiness. MUIH and the PMC Therapeutic Yoga Practices program directly support the goals and work of the Health Department of Howard County, in which MUIH is situated. The Health Department's vision is that of a model community in which health equity and optimal wellness are accessible for all who live, work and visit Howard County. Its mission is to promote, preserve and protect the health of all in Howard County. Among its core values are strategic public health investment and advancing the public health field. In support of our shared goals, MUIH regularly partners with non-profit, community, and health and wellness related organizations in Howard County including the Association of Community Services of Howard County, Business Women's Network of Howard County, Community Foundation of Howard County, Community Action Council of Howard County, Horizon Foundation, Howard County Community College, Howard County Office on Aging and Independence, Howard County Fire and Rescue, Howard County Human Resources Society, Howard County Local Health Improvement Coalition, Humanim, Green Pharmacy, and Johns Hopkins Medicine/Howard County General Hospital. In other parts of Maryland, MUIH regularly partners with the Foundation for Advanced Education in the Sciences at National Institutes of Health, Fort Meade Military Family Alliance, Shoemaker Center Rehabilitation Center, Uniformed Services University of the Health Sciences, University of Maryland Medical System's Upper Chesapeake Health/Kaufman Cancer Center, and Veterans of Foreign Wars (VFW) Post 160.

## **C. Quantifiable and Reliable Evidence and Documentation of Market Supply and Demand in the Region and State.**

### **1. Market Demand**

It is now well established that our nation's health is a social, economic, financial, and behavioral issue of enormous proportions, offering significant opportunities for economic growth and employment. The U.S. Department of Labor and the U.S. Bureau of Labor Statistics (BLS) see the health care and social assistance sector as leading job growth. "Employment of healthcare occupations is projected to grow 14% from 2018 to 2028, much faster than the average for all occupations, adding about 1.9 million new jobs. Healthcare occupations are projected to add more jobs than any of the other occupational groups. This projected growth is mainly due to an aging population, leading to greater demand for healthcare services."<sup>46</sup> Maryland's Department of Labor also predicts exceptional job growth in the health care of social service sector for the decade 2016-2026.<sup>47</sup> Taken together, these are an indicator of the increasing importance of health-focused programs and interventions. The growing costs associated with health care and demands on insurance and treatment systems make prevention and early intervention, strategies emphasized by integrative health care practices, even more important for employers.

<sup>46</sup> BLS, "Occupational Outlook Handbook," updated January 30, 2018, <https://www.bls.gov/ooh/healthcare/home.htm>.

<sup>47</sup> Maryland Department of Labor, Licensing and Regulation, "Maryland Industry Projections - 2016-2026 - Workforce Information and Performance", <https://www.dlir.state.md.us/lmi/iandoproj/industry.shtml>.

The use of yoga in the U.S. continues to grow steadily leading to an increasing need for professionals trained in the field. The U.S. Bureau of Labor and Statistics projects significant job growth for the period 2018 to 2028 for the target audience of LHCP:

MUCH FASTER than average job growth projected		FASTER than average job growth projected
<ul style="list-style-type: none"> <li>• Physician assistants (31%<sup>48</sup>)</li> <li>• Nurse practitioners (26%<sup>49</sup>)</li> <li>• Physical therapists (22%<sup>50</sup>)</li> <li>• Massage therapists (22%<sup>51</sup>)</li> <li>• Counselors (22%<sup>52</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• Occupational therapists (18%<sup>53</sup>)</li> <li>• Social workers (11%<sup>54</sup>)</li> <li>• Acupuncturists (11%<sup>55</sup>)</li> <li>• Nutritionists &amp; dieticians (11%<sup>56</sup>)</li> <li>• Naturopathic physicians (11%<sup>57</sup>)</li> </ul>	<ul style="list-style-type: none"> <li>• Chiropractors (7%<sup>58</sup>)</li> <li>• Physicians, including medicine, osteopathic medicine, and psychiatry (7%<sup>59</sup>)</li> </ul>

Individuals with graduate level credentials in yoga therapy are achieving employment. MUIH's 2017 alumni survey indicated that among the MS Yoga Therapy respondents, 64% were employed in a position that is directly aligned with their career goals. In addition, 71% indicated that their employment field was directly related to their field of study at MUIH, and 21% indicated that their employment field utilized knowledge, skills, and abilities gained through their study at MUIH. MUIH's Next Destination Survey of alumni (2018--2019) indicated that 86% of respondents were employed within one year of graduation.

The proposed program is being created at an advantageous time. It offers an opportunity not only for new entrants but for existing professionals in workplace settings to acquire an additional area of expertise. The online format means that the program can reach those workers throughout Maryland and the nation.

## 2. Educational and Training Needs

The educational pathways to become a licensed health care provider with yoga therapy skills and knowledge were analyzed. The proposed PMC Therapeutic Yoga Practices program fills a national gap in the yoga education spectrum and provides a pathway for LHCP to add therapeutic yoga practices to their professional scope of practice.

<sup>48</sup> <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>

<sup>49</sup> <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>

<sup>50</sup> <https://www.bls.gov/ooh/healthcare/physical-therapists.htm>

<sup>51</sup> <https://www.bls.gov/ooh/healthcare/massage-therapists.htm>

<sup>52</sup> <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>

<sup>53</sup> <https://www.bls.gov/ooh/healthcare/occupational-therapists.htm>

<sup>54</sup> <https://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

<sup>55</sup> <https://www.onetonline.org/link/summary/29-1199.01>

<sup>56</sup> <https://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm>

<sup>57</sup> <https://www.onetonline.org/link/summary/29-1199.04>

<sup>58</sup> <https://www.bls.gov/ooh/healthcare/chiropractors.htm>

<sup>59</sup> <https://www.bls.gov/ooh/healthcare/physicians-and-surgeons.htm>



The advanced skills and knowledge needs of yoga therapists and LHCP have been analyzed through ongoing assessments conducted by the International Association of Yoga Therapists (IAYT). IAYT establishes and upholds the Educational Standards for the Training of Yoga Therapists, accredits yoga therapy training programs that meet the Educational Standards, and certifies individuals that meet IAYT standards. IAYT accredits 52 yoga therapy training programs.<sup>60</sup> IAYT has noted the need for a specific pathway for LHCP to add yoga therapy approaches to their scope of licensed practice and as a first step formed an LHCP Special Interest Group in 2016.<sup>61</sup> An LHCP Task Force was later formed to create a certificate program for LHCP without completing the full 1000-hour training program, in recognition of the prior healthcare expertise of LHCP.<sup>62</sup> No other academic program has yet been developed in the U.S. to meet this need.

There are currently 6,200 yoga schools in the U.S. which provide the base level of non-academic training required to be a yoga teacher.<sup>63</sup> This level of training prepares individuals to be yoga teachers to deliver established sequences yoga poses to groups of individuals. Studying to become a yoga teacher does not provide the depth and breadth of knowledge and skills that LHCP need to support their patients and clients with individualized therapeutic yoga practices.

### 3. Prospective Graduates

This MUIH program has differentiating factors that will support its competitiveness in the growing integrative health and yoga fields: the only online PMC Therapeutic Yoga Practices program in the U.S.; its grounding in MUIH's solid reputation and philosophy; cost; distinctive features of the program experience such as the MUIH's singular and hallmark focus on integrative health, a holistic approach, and a relationship-based and healing presence approach; and the opportunity to sequentially cross-train in other integrative health fields at MUIH.

Given the upward trends in the integrative health field and the enrollment history for new programs at MUIH, the following enrollment projections call for modest but solid growth over the first five years.

**Projected Enrollments for Program\***

Year	Trimester	New Students	Continuing Students	Total Students per Trimester	Total Students per Year
Year 1	Spring 2021	5		5	13
	Summer 2021		4	4	
	Fall 2021		4	4	
Year 2	Spring 2022	5		5	13
	Summer 2022		4	4	

<sup>60</sup> <https://www.iayt.org/>

<sup>61</sup> <https://matthewjtaylor.com/wp-content/uploads/2017/09/LHCP-Yoga-Therapy-Today-Fall-2017.pdf>

<sup>62</sup> <https://www.iayt.org/page/JWeeksWebinar201709>

<sup>63</sup> Yoga Alliance, October, 2019, <https://www.yogaalliance.org/about>

	Fall 2022		4	4	
Year 3	Spring 2023	7		7	18
	Summer 2023		6	6	
	Fall 2023		5	5	
Year 4	Spring 2024	7		7	18
	Summer 2024		6	6	
	Fall 2024		5	5	
Year 5	Spring 2025	9		9	24
	Summer 2025		8	8	
	Fall 2025		7	7	

\*Enrollment Assumptions: New students are admitted once a year in the spring trimester. The program is designed to be completed in three trimesters. Continuing students have an overall average retention rate of 80%, consistent with that of MUIH's existing programs.

#### **D. Reasonableness of Program Duplication:**

No other college or university in Maryland offers a graduate program in the yoga field.

#### **E. Relevance to High-demand Programs at Historically Black Institutions (HBIs)**

There are no graduate programs in the yoga field offered by Maryland HBIs. The proposed program will have no potential impact on high-demand programs at Maryland's HBIs or on the uniqueness and institutional identities and missions of the HBIs.

#### **F. Relevance to the identity of Historically Black Institutions (HBIs)**

There are no graduate programs in the yoga field offered by Maryland HBIs. The proposed program will have no potential impact on high-demand programs at Maryland's HBIs or on the uniqueness and institutional identities and missions of the HBIs.

#### **G. Adequacy of Curriculum Design, Program Modality, and Related Learning Outcomes**

##### **1. Program Development Model**

MUIH uses an ongoing and iterative process to identify and research potential new programs. Potential new programs are routinely identified by faculty, academic and administrative leadership, and external professional collaborators through an ongoing analysis of trends and career needs in the health care sector and the field of integrative health, and the career pathways and needs of MUIH's



students and alumni. Data sources include national and regional career outlook and projection statistics; professional credentialing trends and requirements; competitive programs at other colleges and universities; the results of student learning outcomes assessment activities in existing programs; the results of periodic academic program reviews; and the results of alumni surveys. The Provost's office leads an annual review of potential new programs and selection of new programs for development in collaboration with the academic leadership, departments, and faculty, and with input from the President's Executive Council, and the advising, admissions, marketing teams. Faculty are responsible for the development of the program learning outcomes, description, requirements, curriculum, courses, student learning experiences, and program assessment plans, in collaboration with academic administrators. These aspects of the program are then reviewed and approved successively by the department curriculum committee, University Curriculum Committee, Provost, Board of Trustees' Academic Affairs Committee, and Board of Trustees.

The Yoga Therapy, Ayurveda, and Narrative Health department engaged in an analysis of its programs in 2019. This analysis was informed by various sources. First, the advanced skills and knowledge needs of yoga therapists and LHCP have been analyzed through ongoing assessments conducted by the International Association of Yoga Therapists (IAYT). IAYT establishes and upholds the Educational Standards for the Training of Yoga Therapists, accredits yoga therapy training programs that meet the Educational Standards, and certifies individuals that meet IAYT standards. IAYT has noted the need for a specific pathway for LHCP to add yoga therapy approaches to their scope of licensed practice and as a first step formed an LHCP Special Interest Group in 2016.<sup>64</sup> An LHCP Task Force was later formed to create a certificate program for LHCP without completing the full 1000-hour training program, in recognition of the prior healthcare expertise of LHCP.<sup>65</sup> MUIH faculty that will teach the proposed PMC Therapeutic Practices program served on this Task Force, and MUIH has followed the criteria and guidance of the Task Force in developing the proposed program. MUIH intends to seek IAYT accreditation for the program after MHEC approval is achieved. Second, MUIH's experience with its MS Yoga Therapy program was considered with respect to demand for an academic yoga program. MUIH designed and launched the master's program in 2013. This program has grown steadily and has drawn students from across the country despite the requirement for a significant on-campus presence and the associated travel time and costs. Enrollments have been garnered from 26 different states and internationally. The program's footprint has steadily expanded beyond the MidAtlantic region; enrollments outside the region have grown from 11% in 2013 to 32% in 2018. Third, the career readiness and employment status of MS Yoga Therapy alumni was assessed through the all alumni survey conducted (2018), the career outcomes report and job placement rates of master's recipients within one year of graduation (2019), and alumni panel discussions for enrolled students (2019). 86% of recent responding graduates of the MS Yoga Therapy program were employed or self-employed within one year of graduation.

## 2. Program Description and Requirements

### Program Description

The PMC Therapeutic Yoga Practices program is designed for LHCP and enables them to understand the framework of yoga therapy and its application to healthcare practice. Students will learn the mechanisms and evidence through which yoga therapy works for various patient populations, how to

<sup>64</sup> <https://matthewjtaylor.com/wp-content/uploads/2017/09/LHCP-Yoga-Therapy-Today-Fall-2017.pdf>

<sup>65</sup> <https://www.iayt.org/page/JWeeksWebinar201709>

integrate practices in their professional practice, and when to refer patients and collaborate with yoga therapists. It provides LHCP the opportunity to learn and apply the yoga tools that are appropriate to their scope of practice and earn professional development certification from the International Association of Yoga Therapists (IAYT).

#### Prerequisites

The program has two prerequisites for admission and entry:

1. A master's degree or higher and a licensed healthcare provider in one of the following fields: nursing, medicine, osteopathic medicine, naturopathic medicine, chiropractic, physician assistance, physical therapy, occupational therapy, massage therapy, psychiatry, counseling, social work, nutrition and dietetics, and acupuncture.
2. International Association of Yoga Therapists C-IAYT 200-hour certification.

#### Program Outcomes

Upon completion of this program, graduates will be able to:

- Describe the yoga therapy framework and its application to integrative healthcare practice.
- Apply yoga therapy principles and evidence-informed practices within the licensed health care provider's scope of practice.
- Identify opportunities for appropriate referral and collaboration with yoga therapists.

#### Program Requirements

This program consists of the following 12 credits and 4 courses. It contains 300 hours of combined classroom and homework experiences, in alignment with IAYT standards.

- YOGA650 Theoretical Foundations of Yoga for LHCP (3 cr)
- YOGA660 Theoretical Foundations Health and Disease for LHCP (3 cr)
- YOGA670 Professional Practices for LHCP (3 cr)
- YOGA680 Integrating Practice for LHCP (3 cr)

#### Course Descriptions

Course descriptions and course learning outcomes are provided in Appendix A.

### **3. Student Learning Assessment and Achievement**

Student learning achievement and outcomes assessment is governed by each programs' comprehensive Academic Assessment Plan. Such Plans include program and course learning outcomes established during the initial development of the program and courses, respectively. The Plans include a five-year schedule for the assessment of specific program learning outcomes and university learning outcomes, in specific courses or activities, and via specific assessment methods. The Plans also include avenues for the use of assessment results for program and course improvement. Such avenues include ongoing department, faculty, and program curriculum committee meetings; University Curriculum Committee, and Institutional Assessment Committee meetings; the formal course development and redevelopment cycle; the five-year Academic Program Review cycle; and faculty development initiatives. Annual Assessment Reports are prepared by each program and they include an analysis of student learning outcomes assessment and how such results will be or have been used to improve the curriculum and instruction. These annual reports are reviewed by the Provost, Dean of Academic Affairs, and the Institutional Assessment Committee as a part of institutional assessment and planning

activities. Student learning outcomes and achievement are also included in the five-year comprehensive Academic Program Review process.

The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty are responsible for designing, delivering, and assessing learning outcomes. They are supported by the University Curriculum Committee to guide and facilitate academic assessment initiatives. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, Dean of Academic Affairs, Provost, and Institutional Assessment Steering Committee in gathering, interpreting, documenting, and using assessment results.

The Curriculum Map for the PMC Therapeutic Yoga Practices program is provided in Appendix B. It maps the program learning outcomes and the university learning outcomes to specific courses where various levels of outcome mastery will be achieved and assessed.

#### **4. Specialized Accreditation or Graduate Certification Requirements**

The International Association of Yoga Therapists (IAYT), which establishes and upholds the Educational Standards for the Training of Yoga Therapists, accredits yoga therapy training programs that meet the Educational Standards, and certifies individuals that meet IAYT standards. MUIH faculty have been a part of an IAYT committee working to identify new and needed credentials. The proposed program has been developed with the support of the IAYT. MUIH faculty have been a part of a committee working with IAYT leadership to create a certificate program for LHCP. MUIH has followed the criteria and guidance of this committee in developing the proposed program and intends to seek IAYT accreditation for the program after MHEC approval is achieved.

#### **5. Program Oversight**

Oversight of the program will be provided by the faculty listed in Appendix C. This includes the Chair of the Yoga Therapy, Ayurveda, and Narrative Health department, and the salaried and adjunct faculty with expertise in yoga therapy philosophy and practice.

#### **6. Program Information for Current and Prospective Students**

Multiple means are used to provide current and prospective students with clear, complete, and timely information on the curriculum, course and degree requirements, policies, the nature of faculty/student interaction, assumptions about technology competence and skills, technical requirements, the learning management system, the availability of academic support services and financial aid resources, and costs and payment policies. These include:

Publicly Available to Prospective and Current Students

- Student Consumer Webpage: <https://www.muih.edu/admissions/student-consumer-information>
- Admissions: <https://www.muih.edu/admissions>
- Academic Catalog: <https://www.muih.edu/academics/academic-catalog>
- Academic Program Webpages: <https://www.muih.edu/academics>

- Academic Policies (Transfer and Exemption, Satisfactory Academic Progress, Attendance, Leave of Absence, Withdrawal Process): <https://www.muih.edu/admissions/student-consumer-information>
- Office of the Registrar: <https://www.muih.edu/academics/office-registrar>
- Disabilities Services: <https://www.muih.edu/disabilities-services>
- Technology Requirements: <https://www.muih.edu/academics/online-learning/technical-requirements>
- Learning Management System: <https://muih.edu/academics/online-learning/support/>
- Financial Aid Resources: <https://www.muih.edu/admissions/financial-aid>
- Program Costs: <https://www.muih.edu/admissions/tuition-fees> and <https://www.muih.edu/cost-attendance>
- Payment Policies: <https://www.muih.edu/admissions/tuition-fees> and <https://www.muih.edu/admissions/financial-aid>
- Career Center: <https://www.muih.edu/career-services/career-center>

Password Protected Resources Available to Current and Confirmed New Students

- Full set of Administrative and Academic Policies
- Student Handbook
- Program Plans of Study
- Online New Student Orientation
- Program-Specific Student Community Site
- Student Affairs Community Site (advising, student success, disabilities support, career center)

## H. Adequacy of Articulation

Not applicable.

## I. Adequacy of Faculty Resources

As with many health professions programs where the curriculum calls for expertise across a broad spectrum of theory and practice, and consistent with the model through which MUIH delivers all its programs, the PMC Therapeutic Yoga Practices program will rely on a combination of salaried and adjunct faculty with expertise in yoga therapy philosophy and practice. Salaried faculty will be strategically placed to anchor the program and provide stability and continuity for students. It is vital that faculty have practical skills and knowledge in the field, generalized experience, as well as specialization in discrete areas that will allow for expert instruction, supervision, and guidance.

Salaried and adjunct faculty are hired and staffed to develop and teach program courses based on the following general criteria. Guest lecturers are subject to the same high standards of education and experience.

- Ph.D., Professional Doctorate, M.S., or other advanced graduate degrees in the related field of the course.
- Professional or academic credentials or experience in herbal medicine, physiology, and/or research
- Qualified to teach graduate courses, and to advise and mentor students.
- Faculty experience in higher education, in didactic, experiential, and/or clinical education.
- Experience developing and teaching courses related to the field.

- Demonstrated commitment to continuing education and professional development.
- Desire to engage in activities for a new program with a strong wellness philosophy at its foundation.
- Research publication and scholarship are preferred but not required.

Appendix C contains the list of faculty for the program. All three faculty currently teach classes at MUIH.

Pedagogical preparation for teaching online courses is provided by the Faculty Development and Instructional Design Services units through ongoing opportunities for professional development offered via face-to-face and online trainings, workshops, tutorials, symposia, conferences, and one-on-one consultations tailored to individualized needs. Evidence-based pedagogical best practice resources and guides are provided for faculty on an ongoing and on demand basis through the online Faculty Community Site; such resources and guides are created and provided by in-house, external, and commercially developed sources. Before beginning their first online or hybrid course development or teaching assignment, MUIH requires faculty to complete basic onboarding focused on online pedagogy/andragogy, instructional design principles, the Quality Matters design principles and rubric, the Canvas Learning Management System (LMS) and embedded technology tools and web conferencing training. Faculty who use the Canvas LMS have access to 24/7 support through the Canvas Help Desk.

#### **J. Adequacy of Library Resources**

The Sherman Cohn Library's physical space includes the Collaborative Commons, which serves as a space for individual and group learning, researching, interacting and engaging in collaborative work, and use of computers, and a printer/scanner/copier. The Library houses the Physical Collection of carefully selected materials from small presses and mainstream publications in support of the innovative academic programs offered at MUIH. Library Services includes circulation, reference, and research assistance from Library staff members. MUIH provides online support for students and faculty with an enhanced integrated and online library system, and the Library continues to expand to support all modalities of teaching and learning as well as enrollment growth. All online courses contain a direct link to the Sherman Cohn Library at MUIH, prominently positioned in the Canvas online classrooms. The Library conducts the MUIH550 Academic Research and Scholarship non-credit course that is required of all students during their first trimester at MUIH; this course is available online to all students.

The Library has a total collection of over 18,000 titles in health and wellness (13,000 physical holdings and 5,000 electronic). Electronic resources augment the number of health and wellness materials available. The Library's computerized systems and licensing agreements with vendors permit access to open-access journals and other free Internet resources, as well as selected journal articles from individual subscriptions and from the Library's EBSCO host databases. The Library uses the National Library of Medicine's Docline service for document delivery. When the Library does not own an article, it can be obtained in a timely manner for faculty and students through the Library's use of Docline.

The adequacy of library resources to support academic programs is ensured through various measures. The Library Reports to the Provost and Library leadership is a member of the standing University Leadership Council. In addition, Library leadership is a member of the Faculty Senate's

Information, Research, and Scholarship subcommittee and the Library engages faculty and the academic departments in the regular and periodic review of the Library's collection.

#### **K. Adequacy of Physical Facilities, Infrastructure and Instructional Equipment**

MUIH's 12-acre campus contains a 32,500 square-foot, two-story building, herbal medicine teaching garden, parking for all students, and ample space for additional buildings to be built in order to accommodate growth. Over 300 people can be accommodated in the current building's large event space, which totals 2,750 square feet. The current building serves as the primary home for all of MUIH's programs, and includes eight classrooms and a ninth, multipurpose space; a library and quiet study room; 22 clinical treatment rooms and an herbal dispensary, assigned to the Student Teaching Clinic; a Student Affairs suite consisting of academic advising, a Student Success Center, and a Career Center; a student lounge with an adjacent kitchen; and a bookstore/café that includes seating. Offices for general administration of the University and faculty are located at the current campus locations. Other space is available and leased in Howard County as needed, for overflow office and classroom needs. All classrooms have access to voice and data communications and WiFi is available throughout the building. Two large, dividable classrooms are equipped with ceiling-mounted data projectors and screens, as well as an integrated sound system. A portable sound system, TV, laptops, and overhead and LCD projectors are available for use in classrooms as needed. Since the program will be delivered primarily online, these physical instructional and support spaces will not be affected except inasmuch as students may use them during the two weekends they are on campus for class meetings and may wish to otherwise use them and concurrently enroll in other programs offered on campus.

All students are served by the current infrastructure including remote and online access to admissions, financial aid, registrar, library, advising, student success, disabilities support, counseling, career, IT support, and student account services, an online University Wide Orientation, and online Program Community Sites. The Student Success Center provides individualized academic and non-academic success support to students who are either self-directed or referred by faculty. Such services include writing and scientific tutoring, study skills, academic success strategies and planning, and disabilities support and counseling services. The Career Center provides individualized and group services focused on career development and employment search, as well as a job board. Each department maintains a Program Community Site in the Canvas LMS for all students enrolled in its programs. These sites contain learning resources that cut across the program, access to selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

All students are provided Office 365 accounts, including access to an institutional electronic mailing system. IT support for electronic mail, Office 365 functions, the Student Information System, and other technologies is available to all students remotely. MUIH has licensed the Canvas Learning Management System (LMS) and embedded technology and web conferencing tools. All students have access to the Canvas LMS and 24/7 support through the Canvas Help Desk, and online tutorials and guides. These and other technologies have the capacity to scale with additional enrollments with little to negligible budgetary impact.

#### **L. Adequacy of Financial Resources with Documentation**

## 1. Table 1: Resources and Narrative Rationale

TABLE 1: RESOURCES					
Resource Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Reallocated Funds	\$0	\$0	\$0	\$0	\$0
2. Tuition/Fee Revenue (c + g below)	\$57,525	\$58,605	\$83,559	\$85,155	\$111,537
a. Number of F/T Students	0	0	0	0	0
b. Annual Tuition/Fee Rate	\$0	\$0	\$0	\$0	\$0
c. Total F/T Revenue (a x b)	\$0	\$0	\$0	\$0	\$0
d. Number of P/T Students (new students each year)	5	5	7	7	9
e. Credit Hour Rate (credits/student/year) (new students each year)	12	12	12	12	12
f. Annual Credit Hour Tuition/Fee Rate	\$890/credit \$275 fee/ trimester	\$908/credit \$275 fee/ trimester	\$926/credit \$275 fee/ trimester	\$945/credit \$275 fee/ trimester	\$964/credit \$275 fee/ trimester
g. Total P/T Revenue (d x e x f)	\$57,525	\$58,605	\$83,559	\$85,155	\$111,537
3. Grants, Contracts & Other External Sources	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 – 4)	\$57,525	\$58,605	\$83,559	\$85,155	\$111,537

### Revenue Narrative

- The enrollment assumptions for years 1 through 5 are 5, 5, 7, 7, and 9 new students, respectively, as shown in section C3. The projected intake reflects the enrollment history of other new program enrollments.
- Tuition rates reflect the per credit rate for FY21 in Year 1, and 2% increases each year for Years 2-5.
- There is a flat University Fee of \$275/trimester.
- Students will complete 12 credits per year, based on the program design.
- There are no reallocated funds, grants, contracts, or other internal or external sources of revenue associated with the program.

## 2. Table 2: Program Expenditures and Narrative Rationale

Table 2: EXPENDITURES					
Expenditure Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Total Faculty Expenses (b + c below)	\$15,000	\$15,300	\$15,600	\$15,912	\$16,236
a. #FTE NOTE: #Credit Course Assignments (adjunct and salaried)	12	12	12	12	12
b. Total Salary NOTE: Based on MUIH starting mid-point adjunct compensation rate.	\$15,000	\$15,300	\$15,600	\$15,912	\$16,236
c. Total Benefits	\$0	\$0	\$0	\$0	\$0
2. Total Administrative Staff Expenses (b + c below)	\$9,000	\$9,180	\$9,364	\$9,551	\$9,742
a. # FTE	0.1	0.1	0.1	0.1	0.1
b. Total Salary	\$7,500	\$7,650	\$7,803	\$7,959	\$8,118
c. Total Benefits	\$1,500	\$1,530	\$1,561	\$1,592	\$1,624
3. Total Support Staff Expenses (b + c below)	\$7,440	\$7,589	\$7,740	\$7,895	\$8,052
a. # FTE	0.1	0.1	0.1	0.1	0.1
b. Total Salary	\$6,200	\$6,324	\$6,450	\$6,579	\$6,710
c. Total Benefits	\$1,240	\$1,265	\$1,290	\$1,316	\$1,342
4. Equipment	\$0	\$0	\$0	\$0	\$0
5. Library	\$0	\$0	\$0	\$0	\$0
6. New or Renovated Space	\$0	\$0	\$0	\$0	\$0
7. Other Expenses (Course development, marketing, overhead)	\$29,110	\$14,267	\$14,426	\$18,340	\$23,508
<b>TOTAL (Add 1 - 7)</b>	<b>\$60,550</b>	<b>\$46,336</b>	<b>\$47,130</b>	<b>\$51,698</b>	<b>\$57,538</b>

#### Expenditures Narrative

- Faculty will teach 12 credits per year, based on the program design.
- Faculty salaries are based on MUIH's starting mid-point adjunct per credit compensation rate.
- There are no benefits paid to adjunct faculty.
- Direct administrative staff are projected to spend 10% of their time dedicated to this program. The salary and benefits reflect prorated annual amounts.
- Direct support staff are projected to spend 10% of their time dedicated to this program. The salary and benefits reflect prorated annual amounts.
- New library resources will be accommodated in the current Library budget through a reallocation of funds.
- There are no new or renovated equipment or space expenditures associated with this program.
- Other expenses include:
  - New course development:
    - Year 1: 4 courses (\$12,000)
  - Course revision:



- Year 4: 1 course (\$3,000)
- Year 5: 2 courses (\$6,000)
- Academic Program Review: \$1,000 in Year 5
- Marketing: \$5,000 per year, for all five years
- Overhead: 25% on all direct expenses

#### **M. Adequacy of Provisions for Evaluation of Program**

**Assessment System:** Assessment and evaluation of programs is conducted through a multi-faceted approach. The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty responsible for designing, delivering, and assessing learning outcomes are the primary drivers of assessment and evaluation of the program. They are supported by the University Curriculum Committee which serves to guide and facilitate academic assessment initiatives. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, Dean of Academic Affairs, Provost, and Institutional Assessment Committee in gathering, interpreting, documenting, and using assessment results.

**Academic Assessment Processes:** Student learning outcomes assessment is governed by each programs' comprehensive Academic Assessment Plan. Such plans include program and course learning outcomes established during the initial development of the program and courses, respectively. These outcomes, the methods and timeline for their assessment, and use of assessment results for program and course improvement are part of the program's comprehensive assessment plan. The Annual Assessment Reports prepared by each program and the comprehensive five-year Academic Program Review process include an analysis of student learning outcomes assessment and how such results have been used to improve the curriculum and instruction. Academic Assessment Plans, Annual Assessment Reports, and Academic Program Reviews are developed and executed by the faculty in each program, and reviewed by the Provost, Dean of Academic Affairs, and the Institutional Assessment Committee as a part of institutional assessment and planning activities.

**Course Design:** Centralized course design and development is guided by the Quality Matters rubric to ensure alignment of the stated course learning outcomes, assessments, activities, and instructional materials and resources. (Further details on assessment and evaluation in online courses are provided in Appendix D.) Faculty use an institutional master Syllabus Template to prepare their classes each trimester, and this template includes course learning outcomes and the alignment framework.

**Student Retention:** Student retention rates are calculated, monitored, and reported on an ongoing basis using an automated reporting system developed by the IT unit drawing upon course completion and student status stored in the Student Information System. This information is reviewed on a regular and periodic basis by the Provost, Dean of Academic Affairs, Associate Provost for Student and Alumni Affairs, Retention Committee, and Enrollment Management Committee.

**Student Satisfaction:** First, the IDEA Student Rating of Instruction tool and Campus Labs online platform are used by students to evaluate courses and faculty at the end of every trimester. IDEA is a nonprofit organization whose mission has been to provide assessment and feedback systems to improve learning in higher education. The IDEA tool meets the needed and desired criteria for a sustainable course evaluation system that was previously identified by the Learning Outcomes

Assessment Team. Further, the IDEA system is based on 26 years of research and allows the institution to compare faculty performance within similar disciplines and among over 400 other universities. Second, the Provost holds program-specific Open Forums for enrolled students throughout the academic year. The feedback gathered during these sessions is used by the academic departments and faculty to make improvements in curriculum, instruction, and program administration. Third, periodic customer service surveys are conducted centrally for student-facing units such as the Library, Registrar's office, advising, Career Center, and Student Success Center.

**Faculty Feedback and Evaluation:** Faculty are evaluated annually by their department chair. Salaried faculty are evaluated against the annual teaching, research/scholarship, and service requirements specified in institutional policy. Adjunct faculty are evaluated based on teaching activities only. The results of IDEA course evaluations are used as a measure of teaching effectiveness. A Faculty Peer Review system provides salaried and adjunct faculty with formative and constructive feedback to improve their pedagogy. Faculty satisfaction and needs analysis are assessed through the annual Employee Satisfaction Survey and the periodic Faculty Professional Development Survey.

**Cost-Effectiveness:** The revenue-to-expense ratio of each academic program and academic service department is calculated at the end of each trimester. These ratios are reviewed by the President, Vice President for Finance and Administration, Provost, Dean of Academic Affairs, and academic department chairs and used to manage current year academic department budgets and plan for future years' budgets.

#### **N. Consistency with the State's Minority Student Achievement Goals**

MUIH seeks qualified applicants who have the maturity, commitment, and preparation necessary to take full advantage of the specialized studies offered in each of its programs of study. MUIH is committed to being, communicating, and educating in ways that recognize and honor the full range of human diversity. Each student, faculty, staff, and Board member strives to use language and manifest behavior that promotes inclusiveness and cultivates a positive learning community. Further, each student and faculty, staff, and board member is responsible for creating an atmosphere that supports all in growth and movement toward inclusiveness and the appreciation of diversity. MUIH is committed to broadening the diversity of student body, staff, administration, and Board members.

MUIH is an equal opportunity institution. Applicants for admission, employment, and financial aid are considered based on individual merit. No person is excluded from participation in, denied the benefits of, or subject to discrimination in any program or activity of MUIH on the basis of race, color, national or ethnic origin, gender, gender identity, sexual orientation, marital status, pregnancy, age, religion, disability, or any other characteristic protected by law. MUIH does not specifically recruit or advertise to any race, color, national or ethnic origin, gender, gender identity, sexual orientation, marital status, pregnancy, age, religion, or disability group; however, we find that the nature of our programs draws students from all races and backgrounds and countries.

#### **O. Relationship to Low Productivity Programs Identified by the Commission**

Not applicable.

**P. Adequacy of Distance Education Programs**

At MUIH, online courses are considered to be those in which 100% of instruction is conducted at a distance, while hybrid courses are those in which a significant portion of face-to-face instruction is replaced by online or other means of digitally enhanced teaching and learning. The proposed program will be offered completely online.

MUIH has successfully offered fully online courses and programs since 2013, as approved by both the Maryland Higher Education Commission and the Middle States Commission on Higher Education. Thus, MUIH is well versed in supporting teaching and learning via online and digitally enhanced modalities, and its principles and practices align with MHEC's Principles of Good Practice for Distance Education and comply with C-RAC's guidelines. These principles and practices will be incorporated into the design and delivery of the MS Clinical Herbal Medicine program.

Appendix D provides a full description of how this program and others at MUIH comply with the Principles of Good Practice for Distance Education of MHEC and C-RAC.

## Appendix A Course Descriptions

### **YOGA650 Theoretical Foundations of Yoga for LHCP (3 cr)**

This course will cover the history of yoga teachings and philosophy that informs the yoga therapy framework and how it relates to modern biomedical and mind-body scientific knowledge. This will include the yogic perspective on health and disease; on the mind and how it contributes to suffering and illness; and mind-body connection. Additionally, the course allows students to begin to identify and apply appropriate tools and techniques of yoga within their licensed scope of practice.

Upon completion of the course students will be able to:

- Identify key yoga teachings and philosophies that relate to modern frameworks relevant to healthcare providers.
- Apply these concepts within their licensed scope of practice through meditations, visualizations, movement, relaxation, and breath.
- Describe various aspects of the yogic models of mind and the yogic framework of health and disease.
- Examine the place of modern yoga therapy as a complementary and integrative healthcare practice.

### **YOGA660 Theoretical Foundations Health and Disease for LHCP (3 cr)**

This course covers yogic practices and philosophy with a focus on health promotion rather than pathology. The interactions between body, breath, mind, intellect, and emotions in health and well-being will be emphasized from both the yogic and biomedical/scientific framework. Students learn a range of yogic tools and techniques for common conditions along with relevant precautions and contraindications.

Upon completion of the course students will be able to:

- Explain yogic practices and philosophy and the evidence for their application to promote biopsychosocial-spiritual health.
- Analyze a range of practices for common conditions including relevant precautions and contraindications.
- Appraise the salutogenic model of well-being and its application to healthcare and yoga therapy.
- Describe the interaction within the biopsychosocial-spiritual model from a yogic and evidence-informed model.

### **YOGA670 Professional Practices for LHCP (3 cr)**

This course outlines appropriate practices of yoga (including yama and niyama, asana, pranayama, meditation, relaxation) for use by the licensed health-care provider. Students begin to apply these principles and tools to their patient caseload. Topics include: the basics of therapeutic relationships including dynamics, adapting, communication, scope of practice; principles and skills for educating clients, including effective teaching methods; self-awareness and self-responsibility, with emphasis on developing and adjusting appropriate yoga practice strategies; principles and skills for working with groups; establishing and maintaining own practice, including how and why; understanding role of C-IAYT yoga therapists in relation to LHCP including referral and collaborative processes; developing and maintaining referral relationships with local C-IAYT's. (Pre-requisites: YOGA650 and YOGA660. The work of YOGA670 will be continued and refined in YOGA680).

Upon completion of this course students will be able to:

- Identify the yoga practices applicable to their licensed profession and to the framework of yoga therapy.
- Evaluate when to refer and/or collaborate with a C-IAYT Yoga Therapist.
- Incorporate the identified tools within treatment plans for healthcare providers clients/patients.
- Create a personal plan to bolster self-awareness, self-care, and self-responsibility.

### **YOGA680 Integrating Practice for LHCP (3 cr)**

This course will consist of case studies from the student's practice and will provide an opportunity for students to demonstrate the integration of the principles and practices that have been learned in the certificate program into clinical care. (Pre-requisites: YOGA670. The work of YOGA670 is continued and refined in YOGA680).

Upon completion of this course students will be able to:

- Conduct client/patient assessment to identify appropriate application of yoga tools utilizing a biopsychosocial-spiritual framework.
- Demonstrate appropriate application of practices for client/patient care in individual and/or group settings.
- Draft a case report that thoroughly and accurately reflects the integration of yoga practices in clinical care.
- Demonstrate ethical decision-making in regard to client/patient referral and collaboration with a certified yoga therapist (C-IAYT).

## Appendix B Curriculum Map

Program Learning Outcomes				
	YOGA650	YOGA660	YOGA670	YOGA680
1. Describe the yoga therapy framework and its application to integrative healthcare practice.	D	M		M, A
2. Apply yoga therapy principles and evidence-informed practices within the licensed health care provider's scope of practice.	I	D	M	M, A
3. Identify opportunities for appropriate referral and collaboration with yoga therapists.	I	I	D	M, A
I = Introduce. D = Develop. M = Master. A = Assess.				

University Learning Outcomes				
	YOGA650	YOGA660	YOGA670	YOGA680
1. Discernment: Graduates analyze information from a variety of perspectives to make a reasoned judgment based on evidence and reflection.	I	D	D	M, A
2. Skillfulness: Graduates demonstrate proficiency in their field of study, integrating the knowledge and theories of their discipline into sound practice.			D	M, A
3. Ethics: Graduates apply ethical principles and standards in alignment with the guidelines of their profession to make decisions and take actions.	I	D	M	A
4. Relationship-Centeredness: Graduates demonstrate awareness of self, individuals, and the community to develop shared goals, identify opportunities and barriers, and facilitate meaningful change.	I	D	M	A
5. Resilience: Graduates utilize personal assets, external resources, and positive coping strategies to adapt and thrive in changing environments.	I	D	M	A
6. Research Literacy: Graduates access, evaluate, and apply the best available evidence to answer questions and inform decisions.		I	D	M, A
7. Business/Practice Management: Graduates apply best principles and practices in business management to sustain their livelihood while providing in-demand quality services to patients and clients.		I	D	M, A
8. Interprofessionalism: Graduates work with individuals of other professions to address healthcare needs and maintain a climate of mutual respect and shared values.	I	D	M	M, A
9. Scientific Principles: Graduates use knowledge of scientific concepts as part of analysis and decision-making in health and health care.		D	M	A
10. Healing Presence: Graduates demonstrate compassion, mindfulness, and listening skills that support the innate wholeness of individuals and their inherent capacity to self-heal.		I		D
11. Intercultural Competency: Graduates distinguish the impact of Race/Ethnicity, Gender, Age, Sexual Orientation, Disability, Religion, Socio-Economic Status, Veteran/Military and Political Ideology on individuals, groups, and communities and are proficient in establishing relationships across different cultures to impact health perspectives and outcomes.	I	D	D	M, A
I = Introduce. D = Develop. M = Master. A = Assess.				

## Appendix C Program Faculty

### 1. Academic Department Chair

Diane Finlayson

- Department Chair, Yoga Therapy, Ayurveda, Narrative Health
- M.A. Liberal Arts
- M.F.A. Writing
- Experienced Registered Yoga Teacher Advanced (ERYT-500)
- Certified Yoga Therapists (C-IAYT)
- Certified Ayurvedic Practitioner (National Ayurvedic Association and Ayurvedic Association of North America)
- Certified Journal Coach

### 1. Ranked/Salaried Faculty

Marlysa Sullivan

- Assistant Professor,
- Master of Physical Therapy
- Experienced Registered Yoga Teacher Advanced (ERYT-500)
- Certified Yoga Therapist (C-IAYT)
- iRest Level 2

### 2. Adjunct Faculty

Alicia Barmon

- Adjunct Faculty, Yoga Therapy
- M.A. Psychology
- Licensed Clinical Professional Counselor (LCPC)
- Experienced Registered Yoga Teacher Advanced (ERYT-500)
- Certified Yoga Therapist (C-IAYT)

Kelly Maples Bethel

- Adjunct Faculty, Yoga Therapy
- Doctor Physical Therapy (DPT)
- Experienced Registered Yoga Teacher Advanced (ERYT-500)
- Certified Yoga Therapist (C-IAYT)

	YOGA650	YOGA660	YOGA670	YOGA680
Ranked/Salaried Faculty				
Marlysa Sullivan	X			X
Adjunct Faculty				
Alicia Barmon		X		X
Kelley Maples Bethel			X	X

## Appendix D

### MUIH and Principles of Good Practice for Distance Education

#### 1. Curriculum and Instruction

***(i) A distance education program shall be established and overseen by qualified faculty.***

MUIH faculty have Master's, doctoral, or professional degrees and academic, clinical, or practical expertise in the content areas of the courses they are assigned to teach. Online and blended programs are established and overseen through a collaborative process that includes such qualified faculty. Each program is led by an Academic Director or Program Director, who is also a faculty member. Larger programs include faculty positions such as Director of Academic Development and Division Chair, who lead particular academic aspects of their programs. Curriculum committees composed of faculty members exist in each academic department to oversee courses and programs, including those that involve online and blended delivery methods.

A comprehensive program review of each program in the University is conducted every five years, involving program faculty and using internal and external experts. The University Curriculum Committee, which includes representation from the Faculty Senate, provides integrated and institutional oversight of courses and programs, including online or blended offerings.

***(ii) A program's curriculum shall be coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.***

MUIH's curricula, regardless of delivery format, are designed in consultation with experts in the field, MUIH's qualified faculty, and external environmental scanning and workforce needs analyses to ensure coherence, cohesiveness, and academic rigor. The curriculum, learning outcomes, and academic expectations of faculty and students of a program, regardless of the delivery format, are the same and are overseen and approved by the same program faculty and curriculum committees. They are also overseen by the same University bodies including the University Curriculum Committee, Faculty Senate, Executive Management Committee, and the Board of Trustees.

***(iii) A program shall result in learning outcomes appropriate to the rigor and breadth of the program.***

Program learning outcomes are developed based on input from MUIH's qualified faculty and academic leaders, consultation with expert professionals in the field, and external environmental scanning and workforce needs analyses. The academic rigor and expectations of programs, regardless of their delivery format, are aligned with the nationally recognized standards specified by the Council of Graduate Schools and the Lumina Foundation's Degree Qualification Profile (DQP). The content, learning outcomes, rigor, depth, and breadth of programs, regardless of their delivery format, are also aligned with external program-specific accrediting and curriculum-guiding bodies, where available. These include the Council on Naturopathic Medical Education (CNME), Council of Chief Academic and Clinical Officers of the Association of Accredited Naturopathic Medical Colleges (AANMC), Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), Accreditation Council for Nutrition Professional Education (ACNPE), Board for Certification of Nutrition Specialists (BCNS), International Coach Federation (ICF), National Consortium for Credentialing Health and Wellness Coaches (NCCHWC), Certified Health Education Specialist (CHES)



examination of the National Commission for Health Education Credentialing (NCHEC), and International Association of Yoga Therapists (IAYT).

***(iv) A program shall provide for appropriate real-time or delayed interaction between faculty and students.***

Online and blended courses and programs are delivered using the Canvas Learning Management System (LMS). This platform supports asynchronous interaction between faculty and students through a variety of embedded tools. Faculty and students also have the opportunity for synchronous interaction using the Big Blue Button web conferencing system, which can be directly accessed from the Canvas online classroom.

MUIH develops its online and blended courses according to the “master course philosophy.” For each online and blended course, a master version is developed, with components and activities designed to foster ongoing engagement between faculty and students. These components include online asynchronous discussion forms and synchronous lectures, chats, and office hours. Appropriate asynchronous and synchronous interactions between faculty and students are designed and included in online and blended courses as guided by Standard 4 (Instructional Materials) and Standard 5 (Course Activities and Learner Engagement) of the Quality Matters Rubric.

***(v) Faculty members in appropriate disciplines in collaboration with other institutional personnel shall participate in the design of courses offered through a distance education program.***

MUIH uses a collaborative team approach to develop its online and blended courses. Faculty subject matter experts (SMEs) design, develop and offer online and blended courses appropriate to the mission and objectives of the program. Faculty SMEs are selected based on their discipline expertise, professional and teaching experience, and their completion of onboarding and training activities for online and blended faculty. Academic and Program Directors, who are also faculty members, lead the course development teams and guide and collaborate with the faculty SMEs.

The Center for Teaching and Learning (CTL) supports the faculty SMEs and academic departments in online and blended course development, and in teaching and assessing the quality of online and blended learning. The Center’s instructional designers, instructional technologists, digital learning specialists, multimedia specialists, and learning management system administrator are collaborative members of the online and blended course development teams. The Center’s Assistant Provost provides oversight and guidance for the course development teams, who are also supported by the Assistant Provost for Academic Assessment and Accreditation.

The University develops its online and blended courses according to the “master course philosophy,” developing and maintaining a master version of each online and blended course. The master version contains certain course components as determined by the University’s academic leadership, including the learning outcomes, a syllabus, content learning modules, reading assignments, key learning objects, and key assessment tools, thus ensuring consistency of delivery of online and blended courses and allowing more precise assessment across various occurrences/sections of online and blended courses. Each instructor of online and blended courses receives a copy of the master course and reviews it to determine whether any edits are necessary. The faculty then make all appropriate edits to the master course, and each instructor supplements the master course with his/her unique teaching materials, including discussion forums and other activities.

## 2. Role and Mission

### ***(i) A distance education program shall be consistent with the institution's mission.***

MUIH's mission is ... "A distinctive community of scholars, researchers, practitioners, and advocates, Maryland University of Integrative Health promotes whole person, relationship-centered healthcare. Through discovery and exploration, we deliver progressive educational programs, advance innovative clinical models, build mutually beneficial partnerships, and provide opportunities for fulfilling careers." All of MUIH's programs, regardless of their delivery method, are aligned with this mission and emphasize innovative and progressive practices and philosophies in the emergent fields of integrative health.

While such programs constitute the foundation and core of MUIH's academic offerings, they are unique among other colleges and universities across Maryland, the Mid-Atlantic region, and the United States. To ensure consistency with the university's mission, new programs are developed according to a process flowchart that emphasizes cross-functional input at early and frequent decision points, from initial exploration to program launch. In addition to faculty, academic program leadership, the Faculty Senate, and program and university curriculum committees, the Executive Management Committee provides a further level of oversight with respect to institutional mission alignment and the impact and integration of the curriculum with student affairs, admissions, marketing, budget and finance, facilities and technology, and legal and compliance issues.

### ***(ii) Review and approval processes shall ensure the appropriateness of the technology being used to meet a program's objectives.***

As part of the online and blended course development process, the development team conducts a review of technology needs and potential uses in the course and program. Technologies are selected for inclusion based on their ability to support the achievement of the course learning objectives, alignment with the discipline, and the principles of Standard 6 (Course Technology) and Standard 8 (Accessibility and Usability) of the Quality Matters Rubric.

All online and blended courses are designed with the support of instructional designers, instructional technologists, digital learning specialists, multimedia specialists, and learning management system administrators. These specialists assist faculty and the Academic and Program Directors in identifying and recommending the most effective learning technologies to facilitate and achieve the course's learning objectives. The Academic and Program Directors and the Assistant Provost of CTL use these recommendations to approve the inclusion of particular technologies in particular online and blended courses.

The adoption of new learning technologies across the curriculum is considered by the Academic Leadership Council (ALC) in collaboration with the Director of Information Technology. The ALC is composed of the Provost, all Associate and Assistant Provosts, and all of the Academic and Program Directors, who are faculty members.

## 3. Faculty Support

***(i) An institution shall provide for training for faculty who teach with the use of technology in a distance education format, including training in the learning management system and the pedagogy of distance education.***

Faculty developing and teaching online and blended courses are supported by CTL (The Center for Teaching and Learning), which provides both group and one-on-one support. CTL recognizes the central role of teaching and learning at MUIH and its deep commitment to academic excellence. Its activities and initiatives, designed to enhance students' learning experience and support faculty teaching excellence in all disciplines and formats, include: fostering quality and innovation in pedagogical approaches, the meaningful use of technology in teaching and learning, the role of assessment in teaching and learning, the scholarship of teaching and learning, and the application of learning science and research.

CTL comprises an integrated set of units: the digital learning team of instructional designers, instructional technologists, digital learning specialists, and multimedia specialists; the learning management system (LMS) administration team; the faculty onboarding and engagement team; and the faculty professional development team. It is led by an Assistant Provost, who provides oversight for all online and blended course developments and for faculty training and professional development.

Before beginning their first online or blended course development or teaching assignment, MUIH requires faculty to complete the Best Practices in Online/Blended training focused on online pedagogy/andragogy, the Canvas LMS training, Big Blue Button web conferencing training, and one-on-one consultation tailored to their individualized needs, all provided by CTL. These faculty are also provided the Quality Matters Rubric as a guiding resource and access to 24/7 support through the Canvas Help Desk. Faculty developing and teaching online and blended classes also have with ongoing opportunities for professional development through various face-to-face and online webinars, workshops, trainings, and conferences.

***(ii) Principles of best practice for teaching in a distance education format shall be developed and maintained by the faculty.***

MUIH's principles of best practice for developing and teaching online and blended courses are based on nationally recognized research-based standards, including those of Quality Matters, the Online Learning Consortium (OLC), EDUCAUSE, WICHE Cooperative for Educational Technologies (WCET), National University Technology Network (NUTN), the Middle States Commission on Higher Education, and the Council of Regional Accrediting Commissions (C-RAC). Ongoing opportunities for the dissemination of best practices in online and blended course development and teaching are coordinated jointly by CTL and the Faculty Development subcommittee of the Faculty Senate. Such opportunities include the Annual All Faculty Meeting, the Faculty Explorations Webinar Series, program-specific faculty meetings, and informal faculty peer review, shadowing, and mentoring activities. These activities highlight the best practices of MUIH's faculty teaching online and blended courses in areas such as differential pedagogies for face-to-face, online, blended, and digitally-enhanced teaching and learning; student learning outcomes assessment; strategies that foster student engagement; and the effective use of the Canvas LMS and other learning technologies.

***(iii) An institution shall provide faculty support services specifically related to teaching through a distance education format.***

Faculty who teach online and blended courses are provided the extensive training and support specifically related to online and blended teaching that are detailed in section 3.i. In addition, they have access to the same support services as faculty who teach face-to-face classes.

Through online and other digital means, CTL's faculty onboarding and engagement team provides support to online and blended course faculty through their transition from recruitment and hiring, to onboarding and orientation, to teaching and university engagement. Faculty teaching online and blended courses have online and other remote access to the university's library, student academic advising office, student academic support office, student information system, Registrar, academic program leadership and support staff, human resources office, and 24/7 Canvas support. Through online and other remote means, faculty teaching online and blended courses have the opportunity to participate in ongoing university activities such as the All Staff, Faculty Senate, and academic program meetings; faculty journal club; academic, administrative, and search committees and working groups; and trainings and professional development activities.

#### **4. Appropriate Learning Resources**

***(i) An institution shall ensure that appropriate learning resources are available to students including appropriate and adequate library services and resources.***

Students enrolled in online and blended courses have online and other remote access to the Library, Student Academic Support office, and Program Community Sites. The University provides online support for faculty and students with an enhanced integrated and online library system, and the Library continues to expand to support all modalities of teaching and learning as well as enrollment growth. The Library's computerized systems and licensing agreements with vendors permit access to online and open-access journals and other free Internet resources, as well as selected journal articles from individual subscriptions and from the Library's EBSCO host databases. The Library uses the National Library of Medicine's Docline service for document delivery. When the Library does not own an article, it can be obtained in a timely manner for faculty and students through the Library's use of Docline. The Library also conducts the MUIH550 Academic Research and Scholarship non-credit course that required of all students during their first trimester at MUIH; this course is available online to all students.

All Canvas classrooms contain a direct link to the Library. In addition, each department maintains a Community Site in the Canvas LMS for all students enrolled in its programs. These sites contain learning resources that cut across the program, access to a selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

The Student Academic Support office conducts the online University Wide Orientation, which provides an introduction to academic resources. The office also provides individualized academic success support to students who are either self-directed or referred by faculty. Such services include writing and scientific tutoring, study skills, and academic success strategies and planning.

#### **5. Students and Student Services**

***(i) A distance education program shall provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions***

***about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and costs and payment policies.***

MUIH's public website ([www.muih.edu](http://www.muih.edu)) and password-protected portal (MyMUIH) provide all students with information regarding their curriculum, course and degree requirements, tuition and fees, payment policies and procedures, financial aid resources, academic advising and support services, and all university academic policies. The website and portal also provide information about online and blended course expectations, technical skills, hardware and software requirements for online and blended courses, and access to the Canvas LMS, tutorials, and 24/7 help desk. These aspects are also provided in the online University Wide Orientation and students' academic program online orientation, both of which are required for new online and blended learning students, as well as students' online Program Community Site. MUIH's online and blended courses are also designed to provide access to such information through the Syllabus and course information, as specified by Standard 1 (Course Overview and Introduction) and Standard 7 (Learner Support) of the Quality Matters Rubric.

***(ii) Enrolled students shall have reasonable and adequate access to the range of student services to support their distance education activities.***

MUIH's public website ([www.muih.edu](http://www.muih.edu)) and password-protected portal (MyMUIH) provide all students with information regarding student services including registration dates and processes, disability support services, student complaint and grievance processes, graduation and commencement application and review, textbook and instructional material purchasing, as well as all university administrative policies. This information and access are also provided in the online University Wide Orientation and students' academic program online orientation, both of which are required for new online and blended learning students, as well as students' online Program Community Site. MUIH's online and blended courses are also designed to provide access to such information through the Syllabus and course information, as specified by Standard 1 (Course Overview and Introduction) and Standard 7 (Learner Support) of the Quality Matters Rubric.

***(iii) Accepted students shall have the background, knowledge, and technical skills needed to undertake a distance education program.***

The same admissions requirements and criteria apply to all students in a particular program, regardless of the program's delivery format. Prior to admission, prospective students are invited to participate in open houses, webinars, and interviews to learn about the nature of online and blended courses and to determine whether the online learning environment is suitable to their circumstances and learning style. All new students are required to complete the online MUIH550 Academic Research and Scholarship non-credit course and the online University Wide Orientation, which includes an introduction to the university's academic resources, academic success and planning strategies, and strategies for being a successful online student.

***(iv) Advertising, recruiting, and admissions materials shall clearly and accurately represent the program and the services available.***

All relevant program information is kept up-to-date on the university's public website ([www.muih.edu](http://www.muih.edu)); print, online, social, and broadcast media; open house presentations and materials; online informational webinar presentations; campus visitation materials; and information tables at off-campus education fairs and conferences.

## 6. Commitment to Support

***(i) Policies for faculty evaluation shall include appropriate consideration of teaching and scholarly activities related to distance education programs.***

The criteria for faculty appointment, evaluation, rank, and promotion are the same regardless of the delivery method in which the faculty member teaches. With respect to faculty workload and the number of credits taught annually, online or blended courses are weighted the same as face-to-face instruction. Faculty, including ranked faculty, who teach online or blended courses are eligible and encouraged to participate in scholarly activities, including those related to distance education.

***(ii) An institution shall demonstrate a commitment to ongoing support, both financial and technical, and to continuation of a program for a period sufficient to enable students to complete a degree or certificate.***

The University's five-year strategic plan includes innovative course and program delivery formats such as online, blended, and digitally-enhanced learning to provide flexible and accessible programs. The university's budget, directly linked to its strategic plan and approved annually by the Board of Trustees, outlines all resource requirements (financial, personnel, administrative, support, compliance, and technical) to maintain and grow. As part of its commitment to the sustainability of online and blended teaching and learning, MUIH maintains a rolling annual online and blended course development schedule. It adheres to the nationally recognized Hallmarks of the Excellence in Online Leadership specified by the University Professional and Continuing Education Association (UPCEA) and the Quality Scorecard: Criteria for Excellence in the Administration of Online Programs specified by the Online Learning Consortium (OLC).

In the event that the University decides to cease admitting students for an academic program, it will ensure that courses continue to be offered to allow students already enrolled in that program to complete their degree or certificate.

## 7. Evaluation and Assessment

***(i) An institution shall evaluate a distance education program's educational effectiveness, including assessments of student learning outcomes, student retention, student and faculty satisfaction, and cost-effectiveness.***

MUIH administers a standardized online student evaluation process at the end of each trimester for all courses, using the IDEA course evaluation tool and Campus Labs online platform. Individual faculty members may also add course-specific items to the standardized evaluation instrument. Faculty members have access to the results of their student course evaluation results. Academic and Program Directors also have access to the student course evaluation results of the faculty teaching courses in their department/program. The Directors review and discuss these results with faculty on an ongoing basis, and use these results to guide referrals of faculty for additional support, future staffing assignments, and recommendations for appointment, rank, and promotion.

When an online or blended course first launches, the design team continually monitors it, and consults with the instructors and Academic and Program Directors to make adjustments to the course as needed. Academic and Program Directors, in collaboration with faculty in their department/program, review the curriculum, learning objectives, and learning outcome results of all courses, regardless of the delivery format, on an annual basis. Any needed substantive curricular changes are reviewed and approved by the faculty, department curriculum committee, and University curriculum committee. Any needed changes to the online or blended course Syllabus, course structure, learning modules, activities, instructional materials, or assessments are reviewed with CTL, and placed on the university's annual online and blended course development schedule.

Enrollments and retention rates for all programs, specific to each delivery format, and their impact on the university's budget are tracked and analyzed on an ongoing basis by the university's Vice Presidents, Associate Vice President for Enrollment Management, and the Academic and Program Directors. The results of comprehensive exams and projects, clinical evaluations, portfolios, peer-to-peer evaluations, patient outcomes and feedback, licensure examinations, and graduate surveys for all programs, specific to each delivery format, are also tracked and analyzed. The results of all such reports are used to make adjustments as needed in online and blended courses and programs with respect to curriculum, course development, student and faculty support, staffing, library and technology resources, marketing, recruitment and admissions, tuition/fees and budget, new course and program development, and course and program discontinuation.

***(ii) An institution shall demonstrate an evidence-based approach to best online teaching practices.***

MUIH's principles of best practice for developing and teaching online and blended courses are based on nationally recognized research-based standards, including those of Quality Matters, the Online Learning Consortium (OLC), EDUCAUSE, WICHE Cooperative for Educational Technologies (WCET), National University Technology Network (NUTN), the Middle States Commission on Higher Education, and the Council of Regional Accrediting Commissions (C-RAC). CTL and the academic leadership continually participate in professional development activities to keep abreast of evidence-based approaches in online and blended teaching and learning practices. When appropriate, such opportunities are also provided to faculty. These online and blended teaching practices are then incorporated into faculty, student, and course development practices conducted by CTL, the Faculty Senate, and academic programs.

***(iii) An institution shall provide for assessment and documentation of student achievement of learning outcomes in a distance education program.***

Online and blended courses are included in the university's overarching academic assessment plan. Expected student learning outcomes are clearly stated centrally and in syllabi at the course and programmatic levels, and are the same for each course regardless of the delivery format of each section of the course. With MUIH's master course philosophy, consistent delivery of certain content and utilization of common key assessment tools allows more precise learning outcomes assessment across various occurrences or sections of the online course. As part of the standard online and blended course design process at MUIH, course assessments are required to be aligned with the stated course learning outcomes, as specified by Standard 2 (Learning Objectives/Competencies) and Standard 3 (Assessment and Measurement) of the Quality Matters Rubric.

The Academic and Program Directors, in collaboration with the Learning Outcomes Assessment Team (LOAT), Assistant Provost for Academic Assessment and Accreditation, and Assistant Provost of CTL

compare attainment of course and programmatic learning objectives by students in online, blended, and face-to-face courses, reporting this data to the Provost to ensure its inclusion in continuous assessment of the University's courses and programs. Any needed changes to the online or blended courses, revealed by learning outcome discrepancies with the face-to-face instances of the same course, are reviewed with CTL, and placed on the university's annual online and blended course development schedule.