

**MARYLAND HIGHER EDUCATION COMMISSION  
ACADEMIC PROGRAM PROPOSAL**

**PROPOSAL FOR:**

- NEW INSTRUCTIONAL PROGRAM**  
 **SUBSTANTIAL EXPANSION/MAJOR MODIFICATION**  
 **COOPERATIVE DEGREE PROGRAM**  
 **WITHIN EXISTING RESOURCES AND REQUIRING NEW RESOURCES**

*(For each proposed program, attach a separate cover page. For example, two cover pages would accompany a proposal for a degree program and a certificate program.)*

**Maryland University of Integrative Health**

Institution Submitting Proposal

**Fall 2018**

Projected Implementation Date

**Post-Baccalaureate Certificate**

Award to be Offered

**129900**

Suggested HEGIS Code

**Integrative Health Studies**

Title of Proposed Program

**51.3300**

Suggested CIP Code

**Integrative Health Sciences**

Department of Proposed Program

**James Snow**

Name of Department Head

**Christina Sax**

Contact Name

**csax@muih.edu**

Contact Email

**410-888-9048 ext 6655**

Contact Phone



Signature and Date

President/Chief Executive Approval

**February 21, 2018**

Date

Date Endorsed/Approved by Governing Board

**Maryland Higher Education Commission Proposal  
for New Instructional Program**

**Post-Baccalaureate Certificate in Integrative Health Studies  
Maryland University of Integrative Health**

Maryland University of Integrative Health (MUIH) proposes the creation of a new Post-Baccalaureate Certificate in Integrative Health Studies program, an embedded and stackable credential for the new Master of Arts in Integrative Health Studies program (submitted to MHEC in parallel under separate cover). This will be a two to three trimester long (8-12 months), fully online 12 credit program, effective fall 2018.

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

**1. Program description and alignment with mission**

The mission of Maryland University of Integrative Health (MUIH) 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.*

Our vision 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 the pre-eminent institution in the U.S. for the study of health and wellness. Its programs integrate healing traditions and contemporary science and acknowledge the wisdom of the body and nature as a teacher to educate diverse and erudite health-care professionals for today and tomorrow. In keeping with its mission and vision, MUIH currently offers graduate programs in areas related to natural medicine such as acupuncture, herbal medicine, health and wellness coaching, nutrition, and yoga therapy. MUIH has been a pioneer and driving force in the national movement toward wellness, disease prevention, and relationship-centered healthcare.

As an anchoring academic institution for the emerging wellness system in America, MUIH has trained over 2647 wellness professionals and has a current, annual unduplicated headcount enrollment of 1754 graduate students.

Graduates not only help frame the healthcare options in the U.S. and abroad, but also are instrumental in encouraging people to switch to more natural lifestyle choices that improve their overall health and wellness.

The proposed Post-Baccalaureate Certificate (PBC) in Integrative Health Studies program is designed to meet the increasing and widespread interest in exploring and understanding the benefits and application of integrative health principles and practices. This non-clinical program provides the opportunity to acquire advanced knowledge that will enhance the professional careers of a wide range individuals in the health care field. The curriculum provides foundational knowledge in the theoretical and philosophical foundations of integrative health practices, evidence-informed efficacy of such practices, and practical and business models for the inclusion of integrative practices in allopathic care settings. This PBC can serve as a stand-alone credential and/or as a stackable credential leading toward the Master of Arts (MA) in Integrative Health Studies degree (see new program proposal under separate cover). The PBC consists of a subset of the Master's degree core curriculum.

As with all MUIH programs, the emphasis on establishing rapport with the client and developing a "healing presence" will be integrated into this program. In keeping with the philosophy and mission of MUIH, this program stresses the concept of self-care – that health and education must first be applied to oneself before it can be applied to others – at the same time as it supports organizational structures and benefits that encourage such self-care. Consistent with MUIH's mission to deliver innovative solutions for healthier living and career-oriented opportunities for students, the proposed certificate will continue to advance MUIH's leadership in the emerging wellness system.

## **2. Priority and support of institutional strategic goals**

The creation of the PBC in Integrative Health Studies supports MUIH's strategic goals, values and institutional principles. Since its founding, MUIH has positioned itself as a pioneer and advocate for a more natural and relationship-oriented approach to health and well-being. It is helping to lead the transformation of our healthcare delivery system through behavioral changes in consumer self-care, teaching MUIH graduates to become partners in health by educating, facilitating and coaching.

The creation of this program supports goals and objectives in the University's strategic plan and 2017-2018 strategic action plan:

- Strategic Plan G1.O1: Increase awareness, reputation and visibility of the University's academic programs, research initiatives, and clinical offerings.
- Strategic Plan G1.O4: Leverage and adapt current academic program offerings to reach new audiences.
- Strategic Plan G4.O4: Create alternative revenue streams.
- 2017-2018 Strategic Priority 2G: Launch new and revised academic programs for 2018-2020.

The proposed program supports MUIH's strategic goal of becoming the preeminent academic institution serving the health and wellness field by taking a position at the

forefront of a growing field in the healthcare industry. According to the Centers for Disease Control and Prevention (CDC), 159 million Americans currently spend over one-third of their day at work, at least five days a week. Many employers are increasing their wellness offerings and commitment to supporting the health of their employees in order to reduce costs and improve employee productivity, resilience, and satisfaction.<sup>1</sup> This provides an opportunity and need for competent, well-trained professionals to play a vital role in the national transformation from disease-focused health care to a wellness-based model focused on prevention and education. MUIH has created this program in keeping with its existing strategies around evidence-based approaches to integrative health care, with a distinctive relationship-centered philosophy.

The PBC in Integrative Health Studies is designed for individuals who wish to gain graduate level knowledge about integrative health to enhance their career in health care and related professions, and inform the application of integrative health approaches in their organization. The primary audience for this program is two fold. First, are healthcare practitioners seeking to expand their professional knowledge and skills and complement their current specialty with an understanding of the integrative health field. This audience includes, among others, nurses, social service and behavioral health professionals, allied healthcare professionals, and other licensed/certified healthcare providers. Second, are professionals who support the health care field through their work in administration, management, policy, and advocacy, as well as health and science writing and communication.

The program model, as with all of the disciplines at MUIH, is prevention- and education-oriented, nature-based, community-focused and relationship-centered. The program expands and complements MUIH's curricular content and diversifies career options for graduates. It will help to enhance existing programs by offering opportunities for adding to other degrees, as well as for concentration within or advanced standing in existing degrees.

## **B. Adequacy of Curriculum Design and Delivery to Related Learning Outcomes**

The PBC in Integrative Health Studies program is a non-clinical program designed to provide a variety of health care professionals with the opportunity to explore and understand the benefits and application of integrative health principles and practices, especially as related to their individual professional area within the broad health care spectrum.

### **1. Courses and program requirements**

The program is composed of a total of 12 credits and four courses. This program capitalizes on MUIH's core strengths and shares coursework with other programs, including the newly proposed MA in Integrative Health Studies. Two new courses are needed to support the program.

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<sup>1</sup> CDC, "Workplace Health Model," <https://www.cdc.gov/workplacehealthpromotion/index.html>. Retrieved August 25, 2017.

The curriculum provides foundational knowledge in the theoretical and philosophical foundations of integrative health practices, evidence-informed efficacy of such practices, and practical and business models for the inclusion of integrative practices in allopathic care settings.

<b>Course</b>	<b>Title</b>	<b>Credits</b>
ISCI630A	Survey of Complementary Health Approaches (*)	3
INHS610	Integrative Health Research and Applications (NEW) (*)	3
INHS620	Integrative Care Models (NEW) (*)	3
APP606	Becoming a Healing Presence (*)	3
<b>TOTAL REQUIRED CORE CREDITS</b>		<b>12</b>
*These courses are also part of the Master of Arts in Integrative Health Studies (see new program proposal under separate cover).		

## **2. Educational objectives and student learning outcomes**

Students who complete the PBC in Integrative Health Studies will be able to:

- Explain the foundational principles, philosophies, practice, and models of integrative health care
- Apply research literacy skills to critically analyze integrative health research literature
- Select evidence-based integrative health interventions aligned with prevalent health conditions
- Analyze the factors associated with incorporating integrative health practices in their profession and health care organization

## **3. General education requirements**

Not applicable.

## **4. Specialized accreditation or graduate certification requirements**

Not applicable.

## **5. Contractual agreement with other institutions**

MUIH utilizes a three-pronged approach to identifying and establishing contractual agreements with other institutions. First, the Provost's office, academic program leadership, Office of Academic Partnerships, and Office of Admissions work collaboratively to develop and maintain articulation agreements and memoranda of understanding with other institutions, organizations, and employers to facilitate pathways to enrollment. Second, the Director of Academic Partnerships functions on a global level to actively identify and pursue partnerships that could lead to multiple academic placements as well as opportunities for

partnership in research and curriculum. Third, using a more focused approach, each academic department actively fields external solicitations for partnership and works in collaboration with the Office of Academic Partnerships to ensure a streamlined process for formalizing placements. Once placements have been identified and vetted through MUIH's administrative and academic leadership, the placements are properly established via contractual agreements that outline the specifics of the placements.

Staffing that supports these partnerships includes:

- Christina Sax, Provost and Vice President for Academic and Student Affairs
- James Snow, Dean of Academic Affairs
- Alexandra York, Director of Academic Partnerships
- Claudia Joy Wingo, Program Director, Health Promotion
- Rebecca Pille, Program Director, Health and Wellness Coaching
- Janet Padgett, Program Director, Acupuncture and Oriental Medicine Doctoral Programs
- Rhonda Sapp, Associate Director, Acupuncture and Oriental Medicine Programs
- Michael Tims, Academic Director, Herbal Medicine
- Elizabeth Owens, Manager of Experiential Programs, Nutrition and Integrative Health
- Diane Finlayson, Program Director, Yoga Therapy
- Robert Brooks, Coordinator, Career Services

A sample agreement that serves as a template for partnering with other institutions can be found in Appendix B.

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

### **1. Demand and need for the program**

#### 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>2</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>3</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

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<sup>2</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>3</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>.

the percentage of enrollees getting preventive treatment ... drove half this increase. That indicates people are seeking preventive care at an increasing rate.”<sup>4</sup>

### 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 Western medicine. 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>5</sup>

Individuals often use integrative health approaches to improve health and wellbeing<sup>6</sup> or to relieve symptoms associated with chronic diseases or the side effects of conventional medicine.<sup>7</sup> In the U.S., most persons who use complementary health approaches do so to complement conventional care, rather than as a replacement.<sup>8</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>9</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

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<sup>4</sup> A. Shapiro, “What’s Driving Medical-Care Spending Growth?” Federal Reserve Bank of San Francisco, 2013.

<sup>5</sup> P. Cloos, et al., “Healthy, Wealthy, and (Maybe) Wise: The Emerging Trillion-Dollar Market for Health and Wellness,” McKinsey and Company, 2013.

<sup>6</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>7</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>8</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>9</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.

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>10</sup>

Traditional health care organizations, employers, and regulators are responding to increased consumer demand for integrative health therapies.<sup>11</sup> 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. In fact, allopathic health care providers are personally using integrative therapies at an increased rate.<sup>12</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>13</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>14</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>15</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>16</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 with the goal of 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

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<sup>10</sup> Report Linker, *Alternative Medicine Industry: Market Research Reports, Statistics and Analysis*.  
<https://www.reportlinker.com/>.

<sup>11</sup> B. Horrigan, "Integrative Medicine Best Practices: Introduction and Summary." Bravewell Collaborative, 2007.

<sup>12</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>13</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>14</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>15</sup> US News and World Report, *U.S. News Hospitals Rankings and Ratings*, <https://health.usnews.com/best-hospitals>

<sup>16</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/>



effective and yield savings in more than two dozen studies,<sup>17</sup> and in an analysis of research from medical literature, data from corporate wellness programs, and pilot projects at insurance companies.<sup>18</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>19</sup> Professionals in those models will focus on preventive practices, the adoption of healthy lifestyles, 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>20</sup> MUIH's programs, including the PBC in Integrative Health Studies, prepare individuals to provide such integrative health care.

## **2. Consistency with the Maryland State Plan for Post-Secondary 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 (*Maryland Ready: The 2013-2017 Maryland State Plan for Postsecondary Education*).<sup>21</sup>

### **Quality and Effectiveness**

Goal 1 of the 2013-2017 Maryland State Plan for Postsecondary Education is to "enhance Maryland's array of postsecondary institutions and programs, which are recognized nationally and internationally for academic excellence, and more effectively fulfill the evolving educational needs of its students, the State, and the nation." By offering the PBC in Integrative Health Studies, MUIH will add to its portfolio of programs that position Maryland as a national leader in the healthcare industry, build on its existing expertise in a variety of integrative health fields, and further the State's goal of helping citizens expand their knowledge and supporting their personal, professional, and intellectual advancement in this emerging field. The focus on the complementary opportunities of integrative health and allopathic medicine will address a state and national need that is increasingly recognized by employers and employees.

### **Economic Growth and Vitality**

Goal 5 of the Maryland State Plan for Postsecondary Education is to "stimulate economic growth, innovation, and vitality by supporting a knowledge-based economy, especially through increasing education and training and promoting the advancement and commercialization of research." As the State Plan observes, "An educated workforce that can adapt to changes in the global market is a vital resource in creating and attracting new businesses and in supporting a healthy, knowledge-based economy." The proposed program addresses this goal by educating professionals, providing substantive, research-

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<sup>17</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>18</sup> E. Guarneri, B. Horrigan, and C. Pechura, "The Efficacy and Cost-Effectiveness of integrative Medicine," The Bravewell Collaborative, 2010.

<sup>19</sup> The Advisory Board, "Build Your Workforce from the Outside-In," 2016.

<sup>20</sup> "Health Professions: Capitalizing on Creative Disruption," COE Forum Industry Futures Series, Education Advisory Board, 2017.

<sup>21</sup> [http://mhec.maryland.gov/Documents/MHECStatePlan\\_2014.pdf](http://mhec.maryland.gov/Documents/MHECStatePlan_2014.pdf).

based curricula and an academic credential that is useful to a variety of professional positions.

The proposed program is also aligned with the health and economic growth and vitality mission of Howard County, MD, in which MUIH is situated. In Howard County, "Healthy Howard,"<sup>22</sup> a nonprofit organization based in Columbia, is an example of public interest and involvement in Maryland and of the varied sources of support such programs invite. Healthy Howard focuses on improved access to health care, promotion of healthy lifestyles, and care coordination including strong community partnerships. It includes a "Healthiest Maryland Businesses" program encouraging wellness programs and policies and providing toolkits for program implementation. Partners include the Howard County Health Department, Howard County Department of Citizen Services, Maryland Department of Health and Mental Hygiene, Maryland Health Benefit Exchange/Maryland Health Connection, and the Horizon Foundation. MUIH regularly partners with non-profit, community, and health care related organizations in Howard County, including among others the Community Foundation of Howard County, Community Action Council of Howard County, Howard County Local Health Improvement Coalition, Howard County Community College, Howard County General Hospital, and the Green Farmacy.

## **D. Quantifiable and Reliable Evidence and Documentation of Market Supply & 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, largely due to an aging population and increased access to healthcare. BLS employment statistics for the period 2004-2014 show exceptionally strong growth in employment in the health care sector, and that sector "is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations, adding about 2.3 million new jobs ... more jobs than any other group of occupations."<sup>23</sup> Maryland's Department of Labor also predicts exceptional job growth in this area, exceeding 27 percent for the decade 2014-2024.<sup>24</sup> While this includes growth in direct medical services such as hospital care, it is also 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.

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<sup>22</sup> <http://www.healthyhowardmd.org/>.

<sup>23</sup> BLS, "Occupational Outlook Handbook," updated January 30, 2018, <https://www.bls.gov/ooh/healthcare/home.htm>.

<sup>24</sup> Maryland Department of Labor, Licensing and Regulation, "Maryland Long Term Industry Projections - 2014-2024 - Workforce Information and Performance," <https://www.dllr.state.md.us/lmi/iandoproj/industry.shtml>.

The PBC in Integrative Health Studies is designed for 1) healthcare practitioners such as nurses, social service and behavioral health professionals, allied healthcare professionals, and other licensed/certified healthcare providers, and 2) professionals who support the health care field through their work in administration, management, policy, and advocacy, as well as health and science writing and communication. High job growth rates for these fields are projected 2016-2026. Four of the top twenty projected fastest growing occupations for the period 2016-2026 are among the target audience for this program.<sup>25</sup> These projected growth rates are 37% for physicians assistants (#5), 36% for nurse practitioners (#6), 28% for physical therapists (#17), and 26% massage therapists (#20). In addition, the occupation predicted to add the third most new jobs during the period 2016-2026, registered nurses with 438,000 new jobs, is among the target audience for this program.<sup>26</sup> Other occupations among the target audience also have strong growth projections for the period 2016-2016.<sup>27</sup> Social workers (16%), mental health counselors (15%), community health workers (16%), health educators (16%), occupational therapists (24%), athletic trainers (23%), and medical and health services managers (20%) have much faster than average projected growth rates. Technical writers (11%), fitness trainers and instructors (10%), and exercise physiologists (13%) have a faster than average project growth rate.

The proposed program is being created at an advantageous time. It offers an opportunity not only for new entrants but for existing workers 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, expected vacancies**

Individuals who will benefit from this program are those who have already obtained baccalaureate or graduate degrees in fields other than integrative health, and are seeking to obtain graduate level non-clinical knowledge in integrative health to apply to their particular professional area of expertise. The availability of graduate level programs that provide a broad and non-clinical study of integrative health are limited within Maryland, the Mid-Atlantic region, and the U.S.

The University of Maryland, Baltimore offers an online PBC in Integrated Health and Wellness and its curriculum has a clinical focus. In contrast, MUIH's PBC program is non-clinical and provides an emphasis on practical and business models for the inclusion of integrative practices in allopathic care settings. The University of Maryland, Baltimore also offers an M.S. in Health Sciences with a track in Integrative Health. MUIH's PBC and MA programs focus entirely on the field of integrative health.

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<sup>25</sup> BLS, "Occupational Outlook Handbook", Fastest Growing Occupations, updated January 30, 2018, <https://www.bls.gov/ooh/fastest-growing.htm>.

<sup>26</sup> BLS, "Occupational Outlook Handbook", Most New Jobs, updated January 30, 2018, <https://www.bls.gov/ooh/most-new-jobs.htm>.

<sup>27</sup> BLS, "Occupational Outlook Handbook", updated January 30, 2018, <https://www.bls.gov/ooh/>

Within the Mid-Atlantic region, three other universities offer online programs in the field. Drexel University (PA) and Rutgers University offer a PBC and an M.S. degree, and West Chester University (PA) offers a PBC. In addition, Georgetown University (DC), George Washington University (DC), and Rutgers University (NJ) offered related but distinctly different PBC and M.S. programs with a specific focus on medicine and research.

Beyond the region, fourteen universities offer similar PBC and Masters programs in the face-to-face format. These include the University of Massachusetts and Regis College in MA; Everglades University in FL; Western Michigan University, Wayne State University, and Oakland University in MI; University of Minnesota and St Catherine University in MN; Arizona State University in AZ; and Saybrook University, Antioch University, National University, and Point Loma Nazarene University in CA; and National University of Natural Medicine in OR.

In sum, the need for such programs is not well served based on the size of the health care industry workforce and the number of existing programs and their focus primarily on face-to-face delivery formats. The proposed MUIH program has the advantage of filling this need and of drawing on MUIH’s solid reputation in the area of both online learning and health education.

### 3. Prospective graduates

This MUIH program has differentiating factors that will support its competitiveness in this growing market: 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 healing presence; online delivery format; the broad and non-clinical foundation of integrative health provided by this particular program; and the opportunity to concurrently or sequentially cross-train in other integrative health fields.

Given the upward trends in alternative and integrated healthcare, and enrollment history for similarly structured programs at MUIH, the following enrollment projections (based on expected completion of the program in two to three trimesters (8 to 12 months) call for solid growth over the first five years.

**PROJECTED ENROLLMENTS FOR PROGRAM\***

<b>Year</b>	<b>Trimester</b>	<b>New Students</b>	<b>Continuing Students</b>	<b>Total Students</b>
Year 1	Fall 2018	5		5
	Spring 2019	5	4	9
	Summer 2019		8	8
Year 2	Fall 2019	10	4	14
	Spring 2020	10	8	18

	Summer 2020		16	16
Year 3	Fall 2020	15	8	23
	Spring 2021	15	12	27
	Summer 2021		24	24
Year 4	Fall 2021	15	12	27
	Spring 2022	15	12	27
	Summer 2022		24	24
Year 5	Fall 2022	15	12	27
	Spring 2023	15	12	27
	Summer 2023		24	24

\*Enrollment Assumptions: New students are admitted into the program during the fall and spring trimesters, but not during the summer trimester. Continuing students have an overall average retention rate of 80%, consistent with that of MUIH's existing programs.

### **E. Reasonableness of Program Duplication**

Two similar programs are offered by the University of Maryland, Baltimore. The first is an online PBC in Integrated Health and Wellness. This program has a clinical focus; MUIH's program is non-clinical and provides a focus on practical and business models for the inclusion of integrative practices in allopathic care settings. The second is an M.S. in Health Sciences with a track in Integrative Health. In contrast MUIH proposes to offer an M.A. degree as well as the PBC, both of which focus entirely on the field of integrative health. There are no other similar programs offered within Maryland.

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

There are no PBC in Integrative Health Studies programs in Maryland HBIs. The proposed program will have no potential impact on high-demand programs at the HBIs or on the uniqueness and institutional identities and missions of the HBIs.

### **G. Evidence of Principles of Good Practice if online**

The proposed program will be offered 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. At MUIH, online

courses are considered to be those in which 100 percent of the teaching and learning process is conducted at a distance, while blended 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.

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

## **H. Adequacy of Faculty Resources**

A number of potential faculty for this proposed program have already been teaching at MUIH for years in several of MUIH's existing programs, which have been developed with a highly qualified core team of program instructors. All courses are taught by faculty with a master's degree or higher with significant experience teaching similar coursework. Guest lecturers and adjunct faculty are subject to the same high standards of education and experience.

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 PBC in Integrative Health Studies program will rely on a combination of core salaried faculty and the use of part-time adjunct faculty. Salaried full-time faculty will be strategically placed to anchor the program and provide stability and continuity for students. It is vital that faculty have practical, general experience, as well as specialization in discrete areas that will allow for expert instruction, supervision, and guidance.

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 Learning Management System (LMS) training, Big Blue Button web conferencing training, and one-on-one consultation tailored to their individualized needs, all provided by the Center for Teaching and Learning (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 ongoing opportunities for professional development through various face-to-face and online webinars, workshops, trainings, and conferences.

The current MUIH budget already accounts for the needed faculty, including a mix of salaried and adjunct faculty. Criteria for faculty recruitment vary by course given the interdisciplinary nature of the program, and variously include:

- Ph.D., Professional Doctorate, M.P.H., M.S., M.A., and/or M.Ac. degrees in the related field of the course.
- Qualified to teach graduate courses, and to advise and mentor students.
- Faculty experience in higher 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 D contains a list of representative faculty for the program, all of which currently teach classes at MUIH. 14% of these are ranked faculty, another 43% are academic administrators with additional teaching responsibilities, and the remaining 43% are adjunct faculty (staffed based on enrollment-driven needs).

## **I. Adequacy of Library Resources**

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 Sherman Cohn Library at MUIH 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.

In 2016, the University opened a Quiet Study Room associated with Sherman Cohn Library that addressed onsite students' expressed need for a place to work in silence. The Library is located in a single room and fosters an information commons environment.

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 Sherman Cohn Library at MUIH has and will continue to expand to support all modalities of teaching and learning, as well as moderate enrollment growth. In FY 2014, the University added online support for faculty and students with a newly purchased and significantly enhanced integrated library system. All online courses contain a direct link to the Sherman Cohn Library at MUIH, prominently positioned in the Canvas online classrooms.

## **J. Adequacy of Facilities, Infrastructure, and 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;
- An herbal dispensary;
- A library;

- A quiet study room;
- A Career Center
- 22 clinical treatment rooms, assigned to the Student Teaching Clinic;
- Space for faculty offices;
- A faculty kitchen;
- A student lounge with an adjacent kitchen;
- A bookstore/café that includes seating

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. Other space is leased in Howard County as needed, and offices for general administration of the university and faculty will continue to be located at the current campus locations.

Since the program will be fully online, this physical space will not be affected except inasmuch as students may wish to use the Library, Career Center, and student spaces, and concurrently enroll in other programs offered on campus.

Those enrolled in the program will be served by the current infrastructure including admissions, financial aid, registrar, advising, student success services, disabilities support services, and career services. Students enrolled in online and blended courses have online and other remote access to these services, as well as the University-wide Orientation, Library and Program Community Sites.

The Student Success Office 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 services. An online University Wide Orientation provides an introduction to academic resources. 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 selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

## **K. Adequacy of Financial Resources**

### **Table 1: Resources**

#### Reallocated funds

During the start-up phase of the program, the university will reallocate funds from general operation to support this new program. This reallocation of funds will not have an adverse impact on existing programs since the university operates with a net surplus sufficient to reallocate the necessary funds to the new program.

#### Tuition and Fee Revenue



The intake assumptions for years 1 through 5 are 10, 20, 30, 30, and 30 new students respectively. The projected intake is conservative to reflect the launch of a new program and a ramp-up in the later years. The projected intake is consistent with the enrollment history for a similarly structured embedded and stackable PBC within and leading to a Master's program at MUIH. The model also accounts for a modest level of attrition of students prior to completion of their program (overall average retention rate of 80% for all students, consistent with that of MUIH's existing programs).

**Table 2: Expenditures**

New and/or renovated space  
 Not applicable.

Other Expenses  
 Other expenses include faculty development, office supplies, data processing and communications, maintenance, marketing, course development costs, and building operating costs not already included in the program.

**PBC Integrative Health Studies  
 Resources and Expenditures**

<b>TABLE 1: RESOURCES:</b>					
<b>Resource Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
1. Reallocated Funds	\$0	\$0	\$0	\$0	\$0
2. Tuition/Fee Revenue (c + g below)	\$87,750	\$214,140	\$330,570	\$340,290	\$350,010
a. Number of F/T Students	0	0	0	0	0
b. Annual Tuition/Fee Rate	\$700/credit \$125 fee/trimester	\$861/credit \$125 fee/trimester	\$887/credit \$125 fee/trimester	\$914/credit \$125 fee/trimester	\$941/credit \$125 fee/trimester
c. Total F/T Revenue (a x b)	\$0	\$0	\$0	\$0	\$0
d. Number of P/T Students	10	20	30	30	30
e. Credit Hour Rate (credits/student/year)	12	12	12	12	12
f. Annual Credit Hour Tuition/Fee Rate	\$700/credit \$125 fee/trimester	\$861/credit \$125 fee/trimester	\$887/credit \$125 fee/trimester	\$914/credit \$125 fee/trimester	\$941/credit \$125 fee/trimester
g. Total P/T Revenue (d x e x f)	\$87,750	\$214,140	\$330,570	\$340,290	\$350,010

3. Grants, Contracts & Other External Sources	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 – 4)	\$87,750	\$214,140	\$330,570	\$340,290	\$350,010

<b>TABLE 2: EXPENDITURES</b>					
<b>Expenditure Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
<b>1. Total Faculty Expenses (b + c below)</b>	\$14,760	\$15,060	\$15,360	\$15,672	\$15,984
<b>a. #FTE</b> NOTE: #Credit Course Assignments (adjunct and salaried)	12	12	12	12	12
<b>b. Total Salary</b> NOTE: Based on MUIH starting mid-point adjunct compensation rate.	\$14,760	\$15,060	\$15,360	\$15,672	\$15,984
<b>c. Total Benefits</b>	\$0	\$0	\$0	\$0	\$0
<b>2. Total Administrative Staff Expenses (b + c below)</b>	\$2,490	\$2,538	\$2,611	\$2,661	\$2,712
<b>a. # FTE</b>	0.03	0.03	0.03	0.03	0.03
<b>b. Total Salary</b>	\$2,400	\$2,448	\$2,521	\$2,571	\$2,622
<b>c. Total Benefits</b>	\$90	\$90	\$90	\$90	\$90
<b>3. Total Support Staff Expenses (b + c below)</b>	\$1,740	\$2,538	\$1,807	\$1,841	\$1,876
<b>a. # FTE</b>	0.03	0.03	0.03	0.03	0.03
<b>b. Total Salary</b>	\$1,650	\$1,683	\$1,717	\$1,751	\$1,786
<b>c. Total Benefits</b>	\$90	\$90	\$90	\$90	\$90
<b>4. Equipment</b>	\$0	\$0	\$0	\$0	\$0
<b>5. Library</b>	\$0	\$0	\$0	\$0	\$0
<b>6. New or Renovated Space</b>	\$0	\$0	\$0	\$0	\$0
<b>7. Other Expenses (Course development, marketing, overhead)</b>	\$10,998	7968	7445	7544	7643

<b>TOTAL (Add 1 - 7)</b>	\$29,988	\$27,339	\$27,223	\$27,718	\$28,215
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**L. Adequacy of provisions for evaluation of program**

Since its establishment, MUIH has nurtured a culture of assessment and feedback. Expected student learning outcomes are clearly stated at the course and programmatic levels, and these outcomes are well designed to align with the University’s mission. For this program student learning outcomes and assessment are aligned with the standards established by higher education in general.

Learning outcomes assessment is multilevel and predominantly utilizes a 360-degree design. Course outcomes and measures are consistent with the specific subject matter, and the achievement of outcomes is documented from both the faculty and student perspectives.

The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty responsible for designing, delivering, and assessing learning outcomes receive support from a 360-degree team. This team is led by the Learning Outcomes Assessment Team (LOAT), which serves as an umbrella committee to guide and facilitate academic assessment initiatives. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, University Curriculum Committee, Institutional Assessment Committee, Student Affairs, Alumni Affairs, Natural Care Center clinic administration, and the Provost in gathering and interpreting assessment results. The involvement of all of these groups in assessment practices demonstrates that MUIH invests necessary institutional resources and is committed to outcomes assessment.

In 2011, MUIH piloted and then adopted the IDEA Student Rating of Instruction tool as the system students would use to evaluate courses and faculty. 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 LOAT Committee. 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. In 2016, MUIH shifted its use of the IDEA tool to the Campus Labs online platform, allowing for use of this tool by students in face-to-face, blended, and online classes alike.

Outcomes assessment is ongoing and based on the academic performance of students, as well as communication, collaboration, and leadership qualities and behaviors assessed in other settings. 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. Further details on assessment and evaluation in online courses are provided in Appendix C.

### **M. 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.

### **N. Relationship to low productivity programs identified by the Commission**

Not applicable.

## **Appendix A Course Descriptions**

### **APP606 Becoming a Healing Presence (3 credits)**

This experiential course introduces students to the process of developing a healing presence, a key component of MUIH's academic programs. Students are introduced to MUIH's foundational philosophical principles, as well as living in accordance with the rhythms of nature, observing symptoms of illness as our teachers, and the skillful use of language as a tool for being a catalyst for change. To deepen their capacity to be a healing presence, students learn and regularly practice mindfulness techniques such as breathing, meditation and movement.

### **INHS610 Integrative Health Research and Applications (3 credits) (NEW)**

This course provides a solid foundation in research design and literacy specific to the integrative health field, including the interpretation and use of secondary research literature sources. This course also provides an overview of research evidence that underpins the use of integrative health practices in addressing various contemporary health trends and concerns.

### **INHS620 Integrative Care Models (3 credits) (NEW)**

This course explores models for the successful combination of integrative health practices and conventional health care practices and settings. Topic will include collaborative partnership models; process, communication, and decision making strategies, and business and insurance considerations.

### **ISCI630A Survey of Complementary Health Approaches (3 credits)**

This course explores complementary health approaches (e.g., herbal medicine, massage, acupuncture, yoga) in terms of basic theory, tools, techniques, evidence of effectiveness and potential harm. Focusing on current research, students learn to develop balanced evidencebased complementary health summaries as an educational resource.

## **Appendix B Sample Agreement with Partnering Institutions**

### **MEMORANDUM OF AGREEMENT BETWEEN**

### **Maryland University of Integrative Health Laurel, MD 20723 AND**

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This Agreement is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between Maryland University of Integrative Health, Inc. (the "University") and \_\_\_\_\_ (the "Provider") (sometimes collectively referred to as the "Parties").

WHEREAS, the University desires to offer its students the opportunity to learn to practice in a collaborative environment, including the opportunity to collaborate with physicians, nurses, and other allopathic health providers in an integrative healthcare setting at Provider's facilities.

WHEREAS, the Provider recognizes the need for providing the community, which it undertakes to serve, with adequate staff in all allied health areas at Provider's facilities, and,

WHEREAS, the Parties are desirous of cooperating to furnish educational experiences to students of the University, based on the terms and conditions contained in this Agreement,

NOW THEREFORE, it is mutually agreed by and between parties, to wit:

#### **1. Definitions.**

1.1 "Student Clinical Intern" shall mean a student enrolled in an academic program at the University who provides acupuncture treatments, yoga therapy, health and wellness coaching, nutritional counseling, or other services as mutually agreed to by the parties, to Provider's patients or provides any of these therapies in an educational series at Provider's facilities, under the supervision of a Faculty Supervisor (as defined below).

1.2 "Student Educator" shall mean a student enrolled in an academic program at the University who may provide patient and/or staff education and or the demonstration of a therapy on a patient and or staff member under the Supervision of a Faculty Education Supervisor, in the following areas: acupuncture treatments, yoga therapy, health and wellness coaching, or one-to-one nutritional counseling to Provider's patients.

1.3 "Faculty Supervisor" shall mean a faculty member employed by the University who will provide supervision to Student Clinical Interns.

1.4 "Faculty Education Supervisor" shall mean a faculty member employed by the University who may provide patient and/or staff education and who will provide supervision to Student Educators demonstrating therapies in any education series, but who will not provide supervision to Student Clinical Interns. The Student Clinical Interns and Student Educators may collectively be referred herein as "Students" and the Faculty Supervisors and Faculty Education Supervisors may collectively be referred herein as "Faculty Members".

## **2. Scope of Agreement.**

### **2.1 Patient and Staff Education.**

2.1.1. The Provider and the University shall collaborate on the University's offering patient and staff education regarding a variety of topics pertaining to integrative healthcare, including but not limited to, acupuncture, yoga therapy, nutrition, and health and wellness coaching.

2.1.2 Each education session shall be conducted by Faculty Education Supervisors and/or Student Educators, provided however that any education session in which a Student Educator will be demonstrating a therapy shall be supervised by a Faculty Education Supervisor. The content and the method of supervision for each discipline or during the delivery of a particular modality shall be in the sole discretion of the University. The faculty-to-student ratio is in the sole discretion of the University, in accordance with the University's accreditation, insurance requirements and regulatory requirements.

2.1.3 The University will ensure that all participating patients and staff are provided with the appropriate education and information and that they execute all necessary consent forms prior to the provision of any services contemplated under this Agreement. The Provider agrees to permit the University to use the University's unique patient information and consent forms that are required and approved by the University's professional liability insurance carrier. The University shall submit the information and consent forms to the Provider for review in advance of usage.

2.1.4 The Provider shall be responsible for communicating the availability of services by the University under this Agreement to its patients at Provider's facilities. Provider shall submit all such patient communication materials to the University for its approval prior to distribution. The University shall be permitted to publicize the availability of its services at the Provider's facilities to Provider's patients and staff provided however that any such communications and or publications shall be subject to Provider's standard vendor marketing policies and procedures. The University shall submit all such communication materials to Provider for its approval prior to distribution.

### **2.2 Clinical Experience.**

2.2.1. The Parties will work together to develop a clinical internship program at Provider's facilities for the Student Clinical Interns in the University's various academic programs with the understanding that that the University is ultimately responsible for the academic clinical content of the internship. As of the effective date of this Agreement, the academic programs which shall be included under this Agreement include acupuncture, yoga therapy, nutritional counseling, and health and wellness coaching, and any other additional academic program mutually agreed by the parties. The clinical experience shall afford Student Clinical Interns with the opportunity to provide treatment to the Provider's patients under the supervision of a Faculty Supervisor. During the clinical experience, the Provider shall permit Student Clinical Interns with the opportunity to observe treatments provided by other Student Clinical Interns. The Provider retains the right to restrict any services provided hereunder, including patient care activities, at its sole discretion. In addition to providing treatment to Provider's patients, at the request of the Provider and subject to all applicable consent requirements, the University shall allow the

Student Clinical Interns to treat Provider's staff in order to educate them on the specific therapies so that they may be better equipped to discuss treatment options with patients.

### **3. Faculty Supervisors' Qualifications.**

The University shall identify Faculty Members who will provide supervision of Students consistent with the requirements of appropriate licensing boards, accrediting bodies, and the University's professional and general liability insurance carriers. The Provider shall not require any Faculty Members in the University's Acupuncture and Oriental Medicine programs to hold NCCAOM certification or any Faculty Member to have specialized or advanced training regarding caring for Patients with any particular condition (including but not limited to cancer) at the time that the University identifies the Faculty Members. However, the Provider may require that the Faculty Members complete specialized patient care training prior to beginning work at the Provider's facility and Provider will provide such training. Notwithstanding the foregoing, it is the sole responsibility of the University to ensure that Students are supervised by competent and qualified Faculty Members, including any requirements under applicable laws and regulations and accreditation requirements.

### **4. Patient Medical Records.**

The Parties agree that all patient records shall be maintained in accordance with State and Federal law. All direct patient care provided by Student Clinical Interns will be documented in the patient's electronic medical record maintained by the Provider, in accordance with Provider's policies and procedures. The Parties agree that patient electronic records shall remain confidential and shall not be disclosed except as required or permitted by State or Federal law. The Provider acknowledges that the University may provide treatment record forms that are unique to the various treatment modalities provided by the Student Clinical Interns and shall permit usage of such forms. The University shall submit these forms to the Provider in advance of such usage to allow the Provider to determine whether and how such forms can be incorporated into the Provider's electronic recordkeeping system. In addition, the Provider agrees to permit the University to use the University's unique Patient information and consent forms that are required and approved by the University's professional liability insurance carrier. The University shall submit the information and consent forms to the Provider for review in advance of usage. The Provider shall permit Student Clinical Interns under the supervision of the Faculty Supervisor, to have access to patient medical records for treatment planning purposes in accordance with Provider's policies and procedures. The Student Clinical Interns shall also have access to patient medical records to prepare clinical tracking forms (treatment and patient contact hours) which are required to track Student Clinical Interns' academic progress and to satisfy accreditation standards. These clinical tracking forms shall only include de-identified patient information as that term is defined in the Health Insurance Portability and Accountability Act and or its implementing regulations as amended. The University agrees to execute as of the same date as this Agreement, the Provider's standard Business Associate Agreement.

### **5. Supplies, Furniture, and Equipment.**

Provider shall be responsible for the cost of all supplies, furniture, and equipment necessary for the University's provision of services under this Agreement. For some services, the University will purchase supplies (for example, acupuncture needles) and the Provider will reimburse the University. For other services, the Provider will purchase supplies, furniture, and equipment directly (for example, yoga mats and straps). All supplies will be stored at Provider's facilities.



When deemed necessary by the University, the Provider will provide a locked cabinet for storage of certain supplies (for example, for acupuncture needles).

#### **6. Patient Care and Supervision of Student Clinical Interns.**

The Parties agree that the Provider shall retain complete control over patient care in accordance with clinical care guidelines, including cancer center practice guidelines, during the clinical experience except that the Faculty Supervisors shall provide supervision of and direct all treatments provided by the Student Clinical Interns. The method of supervision shall be mutually agreed upon by the parties, provided however that the supervision for each discipline or during the delivery of a particular modality shall be in the sole discretion of the University such that supervision of Student Clinical Interns may be either on-site (direct) or off-site (indirect), in accordance with the University's accreditation and insurance requirements, and regulatory requirements. The faculty-to-student ratio is in the sole discretion of the University, in accordance with the University's accreditation, insurance requirements and regulatory requirements, provided however that the University will provide this information to the Provider's Director of Education [or equivalent] in advance to the provision of services hereunder and will be willing to discuss any questions or concerns that the Director may have. The Faculty Supervisors shall approve all treatment records prepared by the Student Clinical Interns and submit the approved treatment records to Provider's team members who shall be responsible for incorporating the Student Clinical Interns' treatment records into the Patients' medical record.

#### **7. Provider's Policies and Procedures.**

All Faculty Members and Students when onsite at Provider's facilities will comply with Provider's policies and procedures including, but not limited to, dress code requirements.

7.1. The University will abide by the Risk Management and Safety programs of the Provider. All Faculty Members and Students will report and complete an incident report for all incidents occurring on the premises of Provider's facilities as a result of their clinical experience and or education session, and will in addition, notify the Provider's Director of Education [or equivalent] of any incident that involves a Student and/or Faculty member. The Provider's clinical area Supervisor/Charge Nurse will complete an incident report upon notification by the Student or Faculty Member of an incident discovered by the Student or Faculty Member that occurred on the Provider's premises. Subject to applicable privacy laws, the Provider agrees to inform the University of all incidents in which Students or Faculty Members are involved in so that the University can provide all necessary reports to the University's professional and general liability insurance carriers.

7.2. Faculty Supervisors and Student Clinical Interns will wear a picture ID badge while on the premises of Provider's facilities. Provider will provide one picture badge to each Faculty Supervisor and Student Clinical Intern. In the event the badge is not with the individual on a particular day, a temporary Student Clinical Intern or Faculty Supervisor badge will be secured from the Provider's Education Department until a replacement badge is purchased by the individual at the cost of \$\_\_\_\_\_. A temporary badge may be used for one day only.

7.3 Faculty Members and Students shall have no access to the Provider's Medication Room.

#### **8. Removal of Students or Faculty Members.**

The Parties agree that the Provider shall have the right, after consultation with the University,

to require the immediate removal of a Student or Faculty Member from the clinical experience under this Agreement, at the facility of the Provider if, in the sole discretion of the Provider, the Student or Faculty Member is disruptive, disreputable or otherwise a risk to the operation of the facility or to patient care or if the Student or Faculty Member refuses to abide by the Provider's policies and procedures. Nothing under this paragraph shall prohibit the University from removing any Student or Faculty Member in its discretion. The University shall be solely responsible for promptly informing the Faculty Member and or Student regarding his/her removal, whether required by the Provider or the University.

## **9. Provider's Dining Facilities.**

Students and Faculty Members shall be permitted to use the Provider's dining facilities.

## **10. Responsibilities of the University.**

### **10.1 University's Insurance.**

10.1.1. The University shall maintain, throughout the term of this Agreement, professional and general liability insurance that covers the Students and Faculty Members under this Agreement.

10.1.2. The University agrees to carry professional liability insurance for Faculty Members and Students and will supply the Provider with a copy of the current insurance certificates immediately upon request. Professional and general liability insurance with minimum limits of \$1 million per occurrence or claim, \$3 million annual aggregate, as well as Workers Compensation Insurance that meets statutory requirements of the State of Maryland will be provided by the University.

10.1.3. The University shall promptly notify the Provider of any claim that has been filed against a Student or Faculty Member as a result of their participating in any clinical training under this Agreement.

### **10.2 Health and Training Requirements.**

Prior to participation of a Student Clinical Intern or Faculty Supervisor in the clinical experience onsite at Provider's facilities, the University shall:

10.2.1 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has had a PPD within one year of the Student Clinical Intern or Faculty Supervisor's participation in the clinical experience (chest x-ray every five years for history of a positive PPD);

10.2.2 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has had a seasonal flu shot or has signed the Provider's declination form prior to participation in the clinical experience;

10.2.3 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has received adequate immunizations for MMR and varicella/chicken pox (vaccinations and/or positive titers);

10.2.4. Inform each Student Clinical Intern and Faculty Supervisor, in writing, of the risk of

Hepatitis B and require each Student Clinical Intern or Faculty Supervisor to either (a) provide proof of adequate vaccination, or (b) sign a written proof of understanding of the risk of Hepatitis B and their decline of vaccination; and

10.2.5. Require that prior to commencement of the clinical experience, each Student Clinical Intern and Faculty Supervisor has completed a blood borne pathogen and tuberculosis education program, and HIPAA training which will be offered by the Provider;

10.2.6. Require each Student Clinical Intern and Faculty Supervisor to complete OSHA training that will be offered by the Provider.

10.2.7. This evidence must be on file at the University and available to the Provider upon request before any particular Student Clinical Intern may begin his/her clinical experience under this Agreement.

Each Student Clinical Intern and Faculty Supervisor must be approved in writing via email by the Provider's Director of Education [or equivalent] prior to participating under this Agreement, such approval acknowledging compliance with the above health and training requirements. The University shall forward to Provider's Director of Education [or equivalent] a letter verifying completion of the health requirements upon request.

#### **11. Indemnification by University.**

The University shall indemnify and hold harmless the Provider, its directors, officers, agents and employees from any claims, injuries, losses or demands caused by the negligent or willful misconduct of Faculty Members or Students during the clinical experience under this Agreement and any attorney's fees associated with those claims, injuries, losses or demands. The indemnification obligation of the University includes the cost of any damage to the Provider's furniture or equipment caused by Faculty Members, Students or other agents and employees of the University during the clinical experience. Furthermore, it is understood and agreed that the University, by the terms of this Agreement, is not waiving or relinquishing in any manner any defenses that may be available to the University nor is the University relinquishing any defenses that may become available to it at any time during the term of this Agreement and that the University is free to assert all defenses that may be available to it. Provider will promptly notify the University of any claim for which it seeks indemnity under this Section.

#### **12. Legal Compliance.**

The Parties shall perform their duties, responsibilities and obligations in compliance with all applicable federal, state, and local laws, rules, regulations and ordinances, as well as Joint Commission standards as applicable. The University represents that it has obtained all licenses and permits required by law to engage in the activities necessary to perform its duties, responsibilities and obligations under the terms of this Agreement.

#### **13. HIPAA Compliance.**

13.1 Students and or Faculty Members assigned to work at Provider's premises may not remove any patient information, including but not limited to information relating to treatment and or care provided to patients under this Agreement, from Provider's premises. The foregoing does not pertain to the clinical tracking forms that are maintained by the Student Clinical Interns as

these clinical tracking forms only contain de-identified patient information.

13.2. Prior to beginning work at Provider's premises, each Student and Faculty Member will complete Provider's training module regarding the Health Insurance Portability and Accountability Act (HIPAA) and Provider's policies designed to promote compliance with that Act and its associated regulations, including execution of the confidentiality statement that is part of that training.

13.3 The Parties agree to execute Provider's standard Business Associate Agreement at the same time this Agreement is executed.

**14. University's Accreditation.** During the term of this Agreement, the University shall maintain full accreditation by Middle States Commission on Higher Education. Should the University lose accreditation, or should its accreditation change in any way that will negatively affect the University's ability to deliver services under this Agreement, it shall immediately notify the Provider. Such event shall be cause for the Provider to terminate this Agreement immediately.

**15. Status of Students and Faculty Members.** The Students and Faculty Members shall not be considered employees or agents of the Provider for any purpose including reimbursement for rendering services to patients during the term of this Agreement, or workers' compensation claims for injuries incurred while the Students or Faculty Members are onsite at Provider's facilities.

**16. Use of a Party's Name and/or Logo.** The Parties shall not use each other's name and/or logo in connection with any publicity or advertisement regarding the clinical experience without the prior consent of the other. The University shall obtain written approval of the Provider prior to publication of any information related to Provider or the clinical experience under this Agreement.

**17. Details for Each Academic Program.** The University and the Provider shall mutually agree on the hours, days, place of assignments with respect to the academic programs covered under this Agreement.

**18. Qualifications of Students.** The University has sole responsibility for planning and determining the content and clinical education goals for each academic program, including the educational experience of the Students in theoretical background, basic skills, professional ethics, attitude, and behavior, and shall refer only those Students who have satisfactorily completed the prerequisite portions of the University's curriculum.

**19. University's Curriculum and Clinical Education Goals.** Upon request, the University will provide the Provider with current information about its curriculum and clinical education goals.

**20. Parking at Provider's Facilities.** Faculty and Students will be provided a parking permit from the Director of Education [or equivalent] once approved. Faculty and Students must park in designated team member parking areas and the parking permit must be visible and displayed while on the Provider's property.

**21. Responsibilities of Provider.** The Provider shall:

21.1 Appropriately inform and orient internal Provider employees about the Student Clinical Interns, their roles and responsibilities, access to patient records and other related activities. The Provider will not ask Student Clinical Interns to perform duties outside their scope of practice or to perform activities that were not included in the Agreement.

21.2 Work with the University to develop a plan to inform individuals that could benefit from the disciplines or modalities offered under this Agreement about upcoming educational events.

21.3 Identify a point of contact for the University who will serve as contact person for this project.

21.4. Accept Students for each clinical experience in the academic programs established under this Agreement.

21.5. Retain absolute control over its facilities and the care of its patients, except that Faculty Supervisors shall have responsibility for supervising Students as provided in this Agreement;

21.6 Provide the facilities and qualified personnel required for each clinical experience under this Agreement, including a designated team member who will be available to the Student Clinical Interns and Faculty Supervisors during the clinical experience;

21.7. If requested by the University, provide the University with input on the Student Clinical Interns' academic progress with regard to the clinical experience;

21.8 Inform the University of any changes to the services or operation of Provider's facilities that will affect the clinical experience;

21.9. Provide Students and Faculty with all necessary training and orientation regarding the Provider's policies, procedures, systems and tools for maintaining medical records, and risk management/safety; and

21.10. Provide emergency medical care to Students and Faculty for injuries that may occur while the Student or Faculty is participating in a clinical experience at Provider's facilities. The Faculty and Students will be covered by the Occupational Health Service policies on the same basis as Provider's team members. Health Service includes prophylaxis and exposure investigation follow-up for blood borne diseases following accidental exposure as defined in the Hospitals' Bloodborne Pathogen Exposure Control Plan. The Provider will not be responsible for payment for prophylaxis for the Students or Faculty Members.

**22. Provider's Insurance.**

22.1 The Provider shall maintain, throughout the term of this Agreement, professional liability insurance that covers its officers, trustees, directors, agents and employees involved in the clinical experience.

22.2 The Provider agrees to carry professional liability insurance with minimum limits of one million dollars (\$1, 000,000) per occurrence or claim, and three million dollars (\$3,000,000) annual aggregate and will supply the University with a copy of the current insurance certificates immediately upon request.

22.3 The Provider agrees to carry workers compensation insurance that meets statutory requirements of the State of Maryland.

22.4 The Provider shall promptly notify the University of any claim that has been filed against its employees or agents as a result of the University's Students or Faculty Members participating in any clinical training.

### **23. Provider's Indemnification of University.**

The Provider shall indemnify and hold harmless the University, its officers, trustees, directors, agents, employees, students and faculty from any claims, injuries, losses or demands caused by the negligent or willful misconduct of its employees or agents during the clinical training and any attorneys fees associated with those claims, injuries, losses or demands. The University will promptly notify the Provider of any claim for which it seeks indemnity under this Section.

### **24. Term and Termination of Agreement.**

24.1 This Agreement shall commence on \_\_\_\_\_, 20\_\_\_\_ and end on \_\_\_\_\_, 20\_\_\_\_. Thereafter, this Agreement is automatically renewable for one-year periods for up to 5 years after which time the Agreement will terminate unless extended by the parties in writing.

24.2. Either party upon sixty (60) calendar days notice may terminate this Agreement for any reason or no reason; provided, however, if notice of termination is given by the Provider during any of the University's academic trimesters and such notice is not provided as a result of a breach of this Agreement by the University, Student Clinical Interns currently assigned to the Provider's facilities for that trimester will be provided the opportunity to continue their clinical experience through the end of that trimester, subject to the requirements of this Agreement.

### **Research Collaboration Opportunities.**

Both parties will work together to identify, establish and support opportunities for research collaboration, where available. As an institution of higher education, the University is committed to advancing scholarship and building the evidence-base related to integrative practices. Ranked faculty members are obligated to engage in scholarship, and the University's students are increasingly interested in gaining research experience during their studies. Where research interests overlap between institutions, the formation of collaborative working groups can be used to help identify appropriate mechanisms for evaluating the impact of integrated services. Where research infrastructure exists, it will be made available to individuals from both parties in order to foster greater efficiency and rigor. Both parties will also encourage guest lectures and presentations to students and other faculty in order to capitalize on the diverse expertise within each institution. Any publications resulting from collaborative scholarship will result in shared authorship between members of both institutions.

### **26. Evaluation.**

The parties agree to collaborate regarding establishing methods to evaluate the effectiveness of

the education of patients and staff, the students' clinical experience, and the clinical services provided to patients, as well as the viability and sustainability of the education and clinical services.

**27. Miscellaneous.**

27.1. Discrimination. Each Party warrants that it is an equal opportunity employer and does not discriminate with regard to race, color, gender, gender identity, sexual orientation, sexual identity, religion, creed, ancestry, age, marital status, pregnancy, citizenship, national or ethnic origin, genetic information, disability, or any other characteristic protected by law with regard to the provision of services, use of facilities, and/or assignment of personnel. Neither party shall discriminate with respect to acceptance of qualified Students or with respect to instruction of such Students during their clinical training. Receipt by either Party of evidence of such discrimination shall be cause for immediate termination of this Agreement. The Parties agree to maintain the privacy and security of personally identifiable education records and health information and to prevent disclosure in compliance with State and Federal laws.

27.2 The parties agree to report appropriate information (including but not limited to suspected child abuse and/or neglect, imminent threat of danger to self or others, and abuse of vulnerable adults) as mandated by applicable laws.

27.3. Policy Conflicts. Where areas of differences exist or occur in policies, procedures, rules, regulations or questions of clinical or medical practices (collectively, "Policies") of Hospital and University, Hospital's Policies shall prevail. In the event that a material conflict arises between the Parties' Policies, the Parties agree to discuss and determine whether either or both Parties' Policies may be appropriately modified to eliminate the conflict, any such modification to be made in the applicable Party's sole and absolute discretion.

27.4. No amendment or modification of or addendum to this Agreement shall be effective unless in writing and executed by authorized representatives of the parties hereto.

27.5. Governing Law. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of Maryland.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective authorized officers as of the day, month, and year as stated in the first paragraph of this Agreement.

**PROVIDER**

BY: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSITY**

**Maryland University of Integrative Health, Inc. 7750 Montpelier Road Laurel,  
Maryland 20723**

\_\_\_\_\_  
President and Chief Executive Officer

Date: \_\_\_\_\_

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## **Appendix C**

### **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**

***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.

## **Appendix D**

### **Representative Faculty for the PBC Integrative Health Studies**

#### **1. Academic Administrators with Teaching Responsibilities**

Steffany Moonaz, PhD  
Director of Clinical and Academic Research  
Courses: INHS610

James Snow, MA  
Dean of Academic Affairs and Academic Director, Integrative Health Sciences  
Courses: INHS610

Claudia Joy Wingo, MPH, RN, CN  
Program Director, Health Promotion  
Courses: INHS610, INHS620, ISCI630A

#### **2. Current Ranked Faculty**

Sherry Leiken, MA  
Instructor, Health and Wellness Coaching  
Courses: APP606

#### **3. Adjunct Faculty, Health Promotion Program**

Amy Loder, MA  
Adjunct Faculty, Applied Philosophy and Practices  
Courses: APP606

Elitza Ranova, PhD  
Adjunct Faculty, Health and Wellness Coaching  
Courses: APP606

Alexandra York, MA  
Adjunct Faculty, Integrative Health Sciences  
Courses: INHS620, INHS710