MSCHE Accreditation Process 2025-2028

Self-Study Design

University of Puerto Rico
Medical Sciences Campus

2025-2028
Middle States Commission on Higher Education
Self-Study Design

This Self-Study Design (SSD) is a guide for the University of Puerto Rico Medical Sciences Campus community to organize and actively engage in the Self-Study process to support its reaffirmation of accreditation. The SSD's principal goal is to engage the community in a critical review of our progress on institutional assessment, improvement, and strategic planning.

Revised by Medical Sciences Campus Steering Committee & Working Groups on January 2026.

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INSTITUTIONAL OVERVIEW

A. Introduction

The Medical Sciences Campus (MSC) serves as the flagship health sciences institution within the University of Puerto Rico System (UPR), advancing health education, research, and specialized health services. The MSC is the largest and leading health sciences education institution in Puerto Rico. It has a pivotal role in shaping Puerto Rico's healthcare landscape by its close relationships and collaborations with the Puerto Rico Health Department and other health-related agencies. The MSC's unwavering impact is evidenced by its long institutional history of training health professionals, including physicians, pharmacists, dentists, nurses, public health experts, rehabilitation experts, and a comprehensive group of other health-related professionals. Its impact can be summarized across several key areas such as a) healthcare workforce development, b) multi-million-dollar grants from biomedical, behavioral, clinical, translational, and public health research, c) community participation through health services, participatory research, and national and international partnerships, d) policy development and advocacy, and e) health-related innovations.

The MSC is strategically located within the Puerto Rico Medical Center, which is the largest and most comprehensive medical complex in Puerto Rico which offers tertiary health services to the entire Island. It is a cluster of more than nine hospitals and specialized institutions, which allows the campus to have close ties to the community, accomplishing its community outreach responsibilities, through an extensive network of public health service settings. Besides being strategically localized in a multidisciplinary medical complex, it serves a student population from across the island. As of academic year (AY) 2025-26, the campus has students enrolled from 73 out of its 78 municipalities. At the beginning of AY 2025-2026, the MSC has an enrollment of 1,925 students and 480 residents. Its mission is sustained by 1,068 faculty members (equivalent to 777 FTE) and 976 non-faculty staff (equivalent to 960 FTE). Its main campus facilities span approximately 891,992 square feet, enabling extensive educational, clinical and research operations.

The MSC has numerous teaching and practice agreements and arrangements with hospitals throughout Puerto Rico including hospitals at the PR Medical Center, the VA Caribbean Healthcare System, the University of Puerto Rico Hospital in Carolina, and multiple private institutions across the metropolitan area and throughout the Island. The relations with other medical service institutions that are not part of the UPR are formalized by affiliation and/or service contracts. The main emphasis of the MSC collaborations is to foster health services to serve disadvantaged populations and communities. Most academic programs provide students with community service experiences and community learning opportunities. The School of Dental Medicine operates its main practice site, with 140 working chairs on campus/school's facilities and sponsors several community-based service projects -in which students serve in low-income areas. The School of Medicine's faculty work as attending physicians at the PR Medical Center hospitals and at the Faculty Practice Plan outpatient clinic. The School of Medicine and the School of Health Professionals each have over a hundred affiliation agreements with private offices, clinics, and hospitals around the Island. Similarly, the School of Pharmacy, the Graduate School of Public Health, and the School of Nursing also have extensive networks of clinical and service-learning sites that guarantee a wide variety of quality practice experiences

for students. Over the years, these arrangements have granted the campus prestige in the community and have strengthened its ties with many practicing professionals who serve as preceptors and mentors for the academic programs on an ad honorem (voluntary) basis. Some schools also maintain collaborative agreements with practice sites on the U.S. mainland, broadening the scope and variety of experiences for students. Students and faculty also provide community services and collaborations through student associations and organization endeavors. The MSC has over 98 student organizations that support students' professional development, leadership skills, and community building and collaboration.

The Carnegie Classification of Institutions of Higher Education has classified the MSC as an institution specially focused on Medical Schools and Medical Centers since 1973. It also holds a classification as a research institution. These designations reflect its specialized mission in health sciences education and its active engagement in research activities. The MSC is a health science-based institution with strong service and research productivity, making it a continuously attractive and sustainable institution. The institution fulfills two basic needs of the Puerto Rican population, education and health care services, making it an essential academic institution for Puerto Rico.

B. Organization and Governance

1. University of Puerto Rico System Governance

The MSC is part of the UPR System, a multi-campus, state-supported institution of higher education. The UPR comprises eleven campuses across the island as follows: Medical Sciences, Río Piedras, Mayagüez, Cayey, Humacao, Aguadilla, Arecibo, Bayamón, Carolina, Ponce, and Utuado. The UPR System is licensed by the Office of Registration and Licensing of Educational Institutions of the Department of State of the Government of Puerto Rico (Certification Number 2023-116) and has been accredited by the Middle States Commission on Higher Education (previously Commission on Higher Education) since the 1974–75 academic year, with its initial system-wide accreditation granted in 1949. It is a coeducational university system offering undergraduate, graduate, and first professional degree academic programs. Webpage: https://www.upr.edu/academico.

a. Governing Board

The Governing Board (GB) of the UPR is the highest governing authority of the system. The GB is responsible for approving bylaws, overseeing institutional operations, and fulfilling fiduciary duties. It is composed of fourteen (14) members from various sectors of the Puerto Rican society. It includes:

- two (2) students (an undergraduate and a graduate)
- two (2) tenured faculty members
- the Secretary of Education (ex-officio),
- one (1) experienced professional in the field of finance
- one (1) Puerto Rico resident who has had a distinguished participation in community affairs
- five (5) Puerto Rico residents with outstanding careers in the arts, sciences, and other professional fields
- one (1) Puerto Rico resident with strong ties with Puerto Rican communities outside the island.
- the Executive director of the Puerto Rico Fiscal Agency and Financial Advisory Authority

The Puerto Rico Governor, with the advice and consent of the legislature, appoints all members except for the two students and two faculty members, who are selected by their academic peers within the university. Terms of service range from one to nine years, as established by the UPR law. (GB Webpage: https://juntagobierno.upr.edu/)

As established in PR Law #1 of 1966 as amended, the Governing Board is responsible of supervising the overall operation of the UPR System by:

- Authorizing the creation or reorganization of university units
- Approving the institution's budget
- Approving or amending university bylaws
- Formulating, approving, and revising policies that guide the university's orientation, development, and strategic direction
- Approving academic programs
- Ensuring compliance with applicable laws and accreditation requirements

- Safeguarding the university's integrity and autonomy
- Promoting fiscal sustainability
- Appointing the UPR president (chief executive officer) and campuses chancellors
- Ensuring that the University of Puerto Rico serves as a unifying force between our country and the rest of the world

The GB carries out its procedures and decision-making processes in accordance with the provisions established in its bylaws. The GB elects its officers among its members, including a Chair (President), a Vice Chair, and Secretary. The GB operates through various standing and special committees, such as Academic Affairs, Research and Innovation, Student Affairs, Financial Affairs, Audit; Retirement System, Accreditation, and Infrastructure and Technology.

b. University of Puerto Rico President

The UPR president is appointed through a structured process led by the GB. The president is the chief executive officer and official representative of the UPR System. The UPR current president is Dr. Zayira Jordán Conde. The GB officially selected Dr. Jordan on June 21, 2025, to be effective July 1, 2025. With the collaboration of the University Board, the president coordinates and supervises all university activities, strategic planning at the systems level, and takes actions to promote the development and integration of the UPR System. The president functions encompass the following, among others:

- Coordinates and supervises university work across campuses.
- Presides over the University Board and is an ex-officio member of the academic senates and administrative boards of the eleven university campuses.
- With the advice of the University Board, submits a plan to the GB for the comprehensive development of the University based on projects and recommendations that originate at the institutional campuses' units.
- Prepares an overall budget for the University System based on the budget proposals submitted by the chancellors and approved by the campuses' administrative boards.
- Submits to the GB recommendations for the appointments of the chancellors of the eleven campuses, the financial officers, and other key officials' appointments for the GB's confirmation

c. University Board

The president chairs the University Board, which plays an important role in internal university governance. The University Board is composed of the chancellors of the eleven UPR campuses, faculty and student representatives, the Central Administration's vice president of academic affairs and research, and the directors of the Finance Office, Planning and Development Office, and Budget Office. The University Board serves as an advisory body to the president and serves as a consultative and coordinating entity within the system. It advises on academic, administrative, and financial matters, making recommendations to the president and GB, as described in Law #1 of 1966 (latest amendment of February 2018) and the UPR General Bylaws, as amended (Certification #55 *2022-2023 General Bylaws of the University of Puerto Rico and its amendments*). The University Board advocates for adequate funding for the UPR System and serves as the voice of the university community to ensure and defend the university's autonomy and financial stability. It serves as a forum for diverse sectors of the university (students, faculty, and staff) to share priorities, concerns, and propose solutions and actions.

2. MSC Organization

The MSC is composed of six professional schools, the School of Medicine (SoM), the School of Dental Medicine (SDM), the Faculty of Biosocial Sciences and Graduate School of Public Health (GSPH), the School of Pharmacy (SoP), the School of Health Professions (SoHP), and the School of Nursing (SoN). It has four support deanships: the Deanship for Academic Affairs, the Deanship for Student Affairs, Deanship for Research, and the Deanship for Administration. These support assist the chancellor and the schools in daily operations.

The chief executive officer at the MSC is the chancellor, Dr. Myrna L. Quiñones-Feliciano. Dr. Quiñones Feliciano was officially designated as chancellor by the UPR GB on April 26, 2024, following a nomination by the UPR Past President Luis A. Ferrao Delgado after a consultation process. Her appointment took effect on July 1, 2024. The chancellor is selected by the GB after a structured process that involves faculty, staff, and student consultation and input. Assigned committees, directed by the Academic Senate, recommend candidates to the president and to the GB. The president selects a candidate or candidates to present to the GB, who makes the final appointment.

The chancellor holds overarching responsibility for campus operations, and exercises both academic and administrative authority. In this role, Dr. Quiñones-Feliciano provides leadership to the campus administration, coordinating institutional structures to guide governance, academic planning and development, policy implementation, personnel recruitment, strategic planning, and budgeting. The chancellor provides executive oversight and institutional accountability for accreditation, continuous quality improvement, and the alignment of planning, assessment, and resource allocation with institutional priorities and MSCHE Standards. Through this integrated oversight, the chancellor ensures the comprehensive development of the campus and promotes long-term operational effectiveness, financial stability, and institutional success. The chancellor represents the MSC at institutional bodies, external relations, and the community at large. The Academic Senate assists the chancellor on academic affairs, and the Administrative Board on administrative matters. Additionally, the chancellor works in close collaboration with the six deans from the professional schools and the four deans of supporting units to effectively carry out and fulfill all institutional administrative and academic goals and responsibilities.

The Academic Senate serves as the main forum for academic deliberation within the MSC academic community. It operates as a consultative and participatory body through which faculty, students, and academic administrators engage in institutional governance on academic matters. Chaired by the chancellor, the Academic Senate is composed of deans, designated officials, elected faculty representatives, and elected student delegates as indicated by UPR regulations. Its core responsibilities include contributing to the formulation of academic policy, participating in the development and revision of academic programs, and establishing academic standards and regulations, within the jurisdictional limits established by law. The Academic Senate also addresses matters related to faculty and student affairs through its standing committees. Additionally, it ensures campus representation on various institutional boards and committees, including the University Board, Administrative Board, and Discipline Board, among others. Through these functions, the Academic Senate plays a vital role in promoting shared governance and safeguarding the institution's academic integrity.

The Administrative Board functions as a deliberative and executive entity that supports and provides advice to the chancellor in the exercise of his functions, this is the governance and main operational management of the MSC. Its principal responsibilities include serving as an advisory body in institutional decision-making, ensuring the implementation and oversight of university policies, and participating in the review of academic matters. The Administrative Board also evaluates and recommends budgetary allocations and resource management strategies, recommends and ratifies faculty appointments, grants academic ranks and tenure, makes administrative decisions, grants academic ranks and tenure and contributes to strategic and institutional planning efforts. Additionally, it acts as a liaison between the campus and the broader governance structures of the UPR System. Through these roles, the Administrative Board serves as a central mechanism for shared governance, institutional accountability, and strategic coordination.

C. MSC Historical Development

In 1904, the Government of Puerto Rico created the Anemia Commission in response to a pressing health problem on the island. Dr. Bailey K. Ashford and others pioneered the treatment of hookworm disease,

establishing the grounds for the Institute of Tropical Medicine, which began operations in 1912. In 1926, with the support of Columbia University, the Institute became the School of Tropical Medicine of the University of Puerto Rico. A specially designed and equipped building for research and teaching was built in Old San Juan. The school offered programs in the areas of medical technology, health education, public health, nursing, and sanitation, and soon became a renowned center for research and teaching.

The agreement between the UPR and Columbia University was terminated by mutual consent in 1948. The following year, the legislature of Puerto Rico authorized the establishment of the School of Medicine (SoM). The new school admitted its first class in August 1950 and was accredited in the spring of 1954 by the Liaison Committee on Medical Education. In 1953, the San Juan City Hospital became its main clinical setting. The Department of Preventive Medicine offered programs in the field of public health, physical therapy, and occupational therapy. It was in 1957 when the first physical and occupational therapy class participated in the UPR graduation. On June 21, 1956, the legislature appropriated funds for the establishment of a school of dentistry. The new School of Dental Medicine (SDM) enrolled its first class in August 1957 in a program leading to the degree of Doctor of Dental Medicine.

During the 1960s and 1970s, the Council on Higher Education of the UPR approved the establishment of graduate education programs leading to the degrees of Master of Science and Doctor of Philosophy in Anatomy, Biochemistry and Nutrition, Medical Zoology, Microbiology, and Physiology and the School of Medicine established and expanded residency programs in clinical specialties. The SDM created postgraduate programs in Pedodontics and Oral Surgery. Programs in Dental Assisting and Dental Hygiene were also added. Other programs offered during that period by the Department of Preventive Medicine were Cytotechnology, Demography, Health Services Administration, Radiologic Technology, Medical Records, and bachelor's and master's degree programs in Nursing.

The MSC became a campus through the organizational reform of the UPR, as stated in Law

Former School of Tropical Medicine Building

Number 1 of 1966 as Amended through 2018. Previously, the SoM and the SDM had deans who reported directly to the chancellor of the university.

The establishment of the MSC involved the appointment of a chancellor for the campus, the centralization of administrative procedures (formerly under the SoM), and the request to the Secretary of Health for the use of the University District Hospital and facilities. The SoM and SDM, the Physical Therapy, Occupational Therapy, Speech Pathology programs, and the Biomedical Sciences graduate programs were organized as units under the new chancellor. In 1970, the Department of Preventive Medicine of the SoM became the School of Public Health under the direction of a dean. In 1971, the Deanship of Student Affairs was established.

The campus underwent an internal reorganization approved by the Council on Higher Education on February 13, 1976, effective July 1, 1976. This reorganization included: the creation of the Deanship of Academic Affairs and the Deanship of Administration, the establishment of the College of Health Related Professions (now School of Health Professions [SoHP]) under which all the technical and professional allied health programs were grouped, the reorganization of the School of Public Health (GSPH) as the Faculty of Biosocial Sciences and Graduate School of Public Health, and the creation of the Division of Biomedical Sciences of the SoM. In 1977, the School of Pharmacy (SoP), originally established in 1913, moved from the Río Piedras Campus to the MSC. Additional buildings were built or remodeled to house the SoP and the SoHP, which at that time included the nursing programs. With the addition of the SoP, the MSC truly united the major health professions programs offered by the UPR

System on a single campus. The location of the five schools adjacent to the Puerto Rico Medical Center facilitated clinical practice and fostered life as a health sciences campus.

As the institution entered the eighties, planning and development activities were given high priority and sustained throughout the decade. A Comprehensive Development Plan and a Campus Mission Statement issued in 1984 were followed by strategic plans at the school and campus level, as well as by a revised mission statement in 1986 and subsequently in 1994. In 1995, the School of Nursing (SoN), until then part of the SoHP, became an administratively separate unit and the sixth campus professional school.

Growth as a campus is also evidenced in the institution's programmatic areas of teaching, research, and service. In the eighties and nineties, new academic programs were added in response to identified health labor needs. Among them, Master of Science programs in Epidemiology, Pharmacy, Clinical Laboratory, and Industrial Hygiene, as well as Master of Public Health program with specialty in Gerontology. Other Master of Public Health specialties were later added, and a Doctor of Public Health program enrolled its first class in 1998. Other degree programs include a Doctor of Pharmacy degree first offered in August 2001, the Doctor of Audiology degree, which admitted its first class in August 2007, and a Doctor of Nursing Science, which began in 2012. In addition, the Doctor of Physical Therapy degree began in 2014, the Professional Studies Certification in Maternal and Child Health (Online) began in August 2019, the Doctor of Philosophy in Pharmaceutical Sciences (PhD) began in 2021, the Doctor in Nursing Practice with Specialty in Anesthesia (DNP-SA) began in 2022, and the Doctor of Philosophy in Nursing (PhD) began in 2023.

D. MSC Mission, Vision, and Strategic Priorities

The MSC has embraced strategic planning to address its needs and achieve its mission. The strategic planning process has considered how external situations have affected and provided opportunities to the MSC and how internal aspects and strengths shape its present and allows it to develop its capabilities. Within the development of the last MSC Strategic Plan 2024-2029, which was approved by the Academic Senate (Certificate No. 025, 2023-2024, amended, No. 45, 2024-2025) and by the Administrative Board (Certificate No. 152, 2023-2024, amended No. 113, 2024-2025), the campus' mission and vision were revised and recast to be updated and clearly convey the campus' purpose. Besides the **MSC Strategic Plan (2024-2029)**, each of the six (6) schools has a strategic plan aligned with the institutional mission, vision, and values, as well as the UPR system Strategic Plan (2023-2028).

MSC Mission	MSC Vision	MSC Strategic Priorities
Educate professionals in the health sciences through academic offerings at various levels, with an emphasis on research development that generates new scientific knowledge, and the provision of services in accordance with ethical standards and institutional values, contributing to accessibility and the well-being of the population—particularly in the sectors of greatest need in society.	A leading academic institution of global recognition, with the highest level of development in teaching, research, service, and the transformation of society's healthcare.	The MSC Strategic Plan 2024-2029 includes four strategic priorities: Strategic Priority A: Academic Excellence and Innovation Strategic Priority B: Transformation in Research Strategic Priority C: Fiscal Sustainability, Infrastructure Renewal and Administrative Efficiency Strategic Priority D: Wellbeing of the University Community and Social Commitment

E. MSC Academic Offerings and Accreditations

As of the 2025–2026 academic year, the MSC offers a total of sixty (60) degree-conferring academic programs, forty-six (46) of which are accredited by their respective professional accrediting agencies. Programs not subject to evaluation by a professional accrediting body undergo internal review every five years, in accordance with GB Certification No. 45 (2019–2020). The MSC's academic offerings include eight Doctor of Philosophy (Ph.D.) programs, nine (9) first professional or professional doctorate programs, twenty-four (24) master's degree programs, eleven (11) certificate programs (graduate, post-bachelor, and postdoctoral), six (6) bachelor's degree programs, and two (2) associate degree programs. For a breakdown of programs by degree level, refer to **Table 1**. The MSC academic programs are mainly offered in an in-person format. However, in the year 2024-2025 three (3) programs of the Graduate School of Public Health were transformed to a distance education modality (online or hybrid). In addition, the MSC offers thirty-eight (38) medical residency and fellowship programs, accredited across a broad spectrum of medical specialties and subspecialties, as well as an accredited residency program in pharmacy.

Table 1. MSC Academic Programs by Degree Level 2025-26

MSC ACADEMIC PROGRAMS BY DEGREE LEVEL 2025-26

SCHOOL	*PROGRAMS*	*DEGREE LEVELS*					
		PhD (8)	*First Professional doctorate/ Professional Doctorate (9)*	*Master (24)*	*Certificate (Graduate, post bachelor, post doctorate) (11)*	*Bachelor (6)*	*Associate degrees (2)*
Medicine	Medicine*		✓				
	Anatomy**	✓					
	Biochemistry**	✓					
	Pharmacology**	✓					
	Physiology**	✓					
	Microbiology**	✓					
	Biology (Consortium with UPR RP)	✓					
Dental Medicine	Dental Medicine*		✓				
	Dentistry Oral & Maxillofacial Surgery**			✓	✓		
	Pediatric Dentistry **			✓	✓		
	Dentistry in Orthodontics **			✓	✓		
	Dentistry in Prosthodontics **			✓	✓		
	General Dentistry **				✓		
	Dental Sciences in Periodontology **			✓			
Nursing	Nursing					✓	
	Nursing*			✓			
	Nursing Practice with specialty in Anesthesia*		✓				
	Nursing Science**	✓					

MSC ACADEMIC PROGRAMS BY DEGREE LEVEL 2025-26

SCHOOL	PROGRAMS	DEGREE LEVELS					
		PhD (8)	First Professional doctorate/ Professional Doctorate (9)	Master (24)	Certificate (Graduate, post bachelor, post doctorate) (11)	Bachelor (6)	Associate degrees (2)
Pharmacy	Pharmacy*		✓				
	Industrial Pharmacy (moratorium)**			✓			
	Pharmaceutical Sciences (moratorium)**			✓			
	Pharmaceutical Sciences**	✓					
Health Professions	Clinical and Translational Research (post-doctoral) **			✓			
	Audiology**		✓				
	Physical Therapy*		✓				
	Occupational Therapy**			✓			
	Clinical Laboratory**			✓			
	Speech-Language Pathology*			✓			
	Health Information Administration**			✓			
	Dietetic Internship*				✓		
	Cytotechnology**				✓		
	Medical Technology*				✓	✓	
	Multidisciplinary Radiological Sc.*					✓	
	Veterinary Technology*					✓	
	Nuclear Medicine Technology**					✓	
	Health Sciences*					✓	
	Ophthalmic Technology**						✓
	Dental Assistance Expanded Functions*						✓
Graduate School of Public Health	Public Health in Health Systems Analysis and Management**		✓				
	Public Health in Social Determinants of Health**		✓				
	Demography**			✓			
	Public Health (General Program) *			✓			
	Health Science in Nutrition			✓			
	Public Health Education*			✓			

MSC ACADEMIC PROGRAMS BY DEGREE LEVEL 2025-26

SCHOOL	PROGRAMS	DEGREE LEVELS					
		PhD (8)	First Professional doctorate/ Professional Doctorate (9)	Master (24)	Certificate (Graduate, post bachelor, post doctorate) (11)	Bachelor (6)	Associate degrees (2)
Graduate School of Public Health	Public Health in Biostatistics**			✓			
	Public Health in Epidemiology*			✓			
	Industrial Hygiene**			✓			
	Epidemiology*			✓			
	Health Services Administration**			✓			
	Public Health in Gerontology**			✓			
	Public Health in Environmental Health		✓	✓			
	Gerontology**				✓		
	Developmental Disabilities- Early Intervention**				✓		
	Maternal and Child Health**				✓		

Note: Asterisks represent a program's uniqueness, and superscripts letters represent a program's distance modality.
* Unique in UPR
** Unique in Puerto Rico
[a] Hybrid modality
[b] Online modality

Of the sixty (60) degree-conferring academic programs offered, thirty-three (33) are unique in Puerto Rico, this represents fifty-five percent (55%) of the programs. This underscores that the MSC is the sole institution responsible for preparing professionals in these health disciplines for the Island. Similarly, twenty-one (21) out of the thirty-eight (38) medical residency and fellowship programs (fifty-five percent, 55% as well), all fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), are unique in Puerto Rico; further highlighting the UPR-SoM's essential role in the education and training of the Island's physician workforce and subspecialty experts. These programs ensure local access to advanced medical training while supporting the sustainability, specialization, and resilience of Puerto Rico's healthcare system.

In addition, the SoP offers one postgraduate residency program for Doctor of Pharmacy graduates, the Postgraduate Year One (PGY-1) Pharmacy Residency Program, offered in collaboration with the Veterans Affairs Caribbean Healthcare System (VACHS). This program provides a 12-month, structured clinical and administrative pharmacy training accredited by the American Society of Health-System Pharmacists (ASHP). This residency pathway prepares pharmacists for advanced patient-centered care, leadership, and practice management and is aligned with professional competency standards in the field. This residency program also offers a Certificate in Academia for residents interested in academia.

The following agencies currently accredit the MSC professional schools, academic programs, and hospital-based residency programs:

- Liaison Committee on Medical Education (LCME)
- Accreditation Council for Graduate Medical Education (ACGME)
- Commission on Dental Accreditation of the American Dental Association (CODA-ADA)
- Council on Education for Public Health (CEPH)
- Accreditation Council for Pharmacy Education (ACPE)
- Council on Accreditation on Nurse Anesthesia Education Programs (COA)
- Commission on Collegiate Nursing Education (CCNE).
- Committee on Veterinary Technician Education Activities (CVTEA) of the American Veterinary Medical Association (AVMA)
- Commission on Accreditation in Physical Therapy Education (CAPTE)
- Cytotechnologist Programs Review Committee of the Commission on Accreditation of Allied Health Education Programs of the American Society of Clinical Pathology (CPRC-CAAHEP-ASCP)
- Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language Hearing Association (ASHA)
- International Council of Accreditation for Allied Ophthalmic Education Programs (ICA)
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
- Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)
- National Accrediting Agency for Clinical Laboratory Sciences (NAACLS),
- Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association (ACOTE-AOTA)
- Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM)
- Commission on Accreditation of Healthcare Management Education (CAHME)
- American Society of Health Systems Pharmacists (ASHP)

The accreditation of programs susceptible to accreditation guarantees institutional compliance with professional standards and keeps the MSC programs attuned to new knowledge development and emerging trends in their respective fields. This showcases the importance of the MSC as a primary site for the training of health professionals in Puerto Rico.

F. MSC Student Enrollment, Retention, and Graduation

1. Student Enrollment

The MSC educates over 1,900 students every year. Historical data show an enrollment pattern, with an average annual census of approximately 2,000 students. As of October 2025, the MSC has 1,925 enrolled students in degree-granting academic programs: 1,707 graduate (89%) and 218 undergraduate students (11%). See **Table 2** and **Figure 1** for enrolled students of the last four (4) AYs by schools and the total for the campus.

In addition, the MSC has 476 enrolled residents in thirty-eight (38) ACGME-accredited medical residency and fellowship programs (See **Table 3**), and four (4) residents enrolled in the School of Pharmacy residency program.

Table 2. MSC Student Enrollment in Degree-Granting Programs by School/Campus and Education Level for AYs 2022-23 through 2025-26

School/Campus	*2022-2023*		*2023-2024*		*2024-2025*		*2025-2026*	
	Graduate	*Under-graduate*	*Graduate*	*Under-graduate*	*Graduate*	*Under-graduate*	*Graduate*	*Under-graduate*
School of Medicine	501	-	493	-	493	-	491	-
School of Dental Medicine	247	-	251	-	262	-	254	-
School of Nursing	117	138	113	105	102	122	108	105
School of Pharmacy	199	-	203	-	201	0	206	0
School of Health Profession	314	126	303	119	314	111	305	113
Graduate School of Public Health	392	-	363	-	339	-	343	-
Subtotal	1,770 (87%)	264 (13%)	1,726 (89%)	224 (11%)	1,711 (88%)	233 (12%)	1,707 (89%)	218 (11%)
MSC Total	2,034		1,950		1,944		1,925	

Figure 1. MSC Student Enrollment by School and Degree Level for AYs 2022-23 through 2025-26

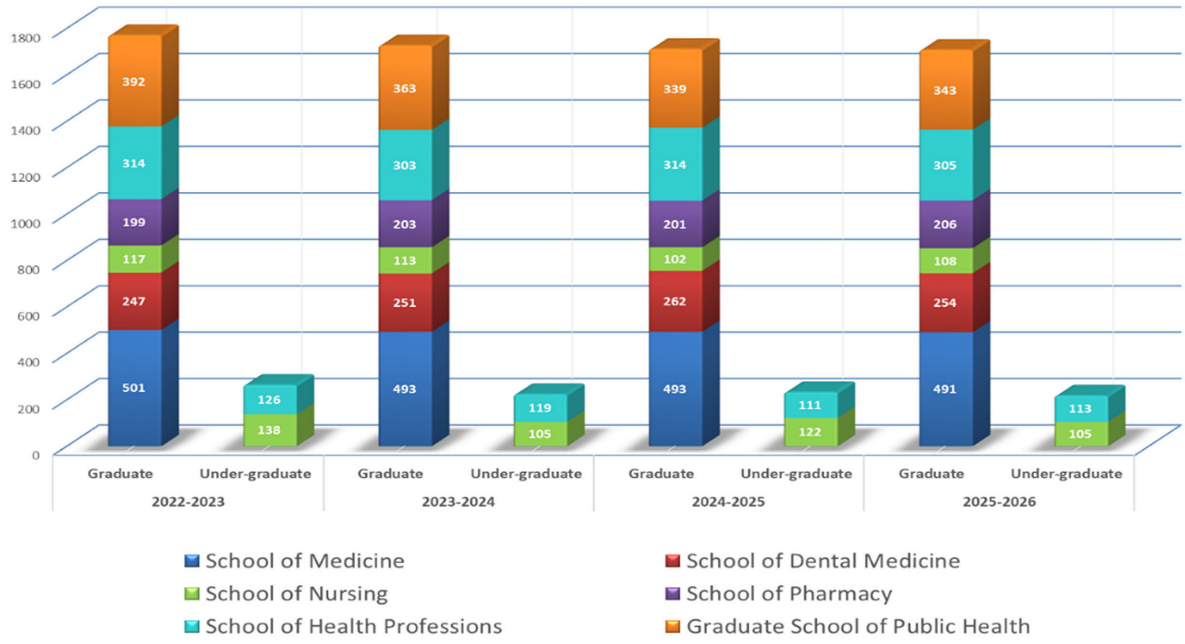


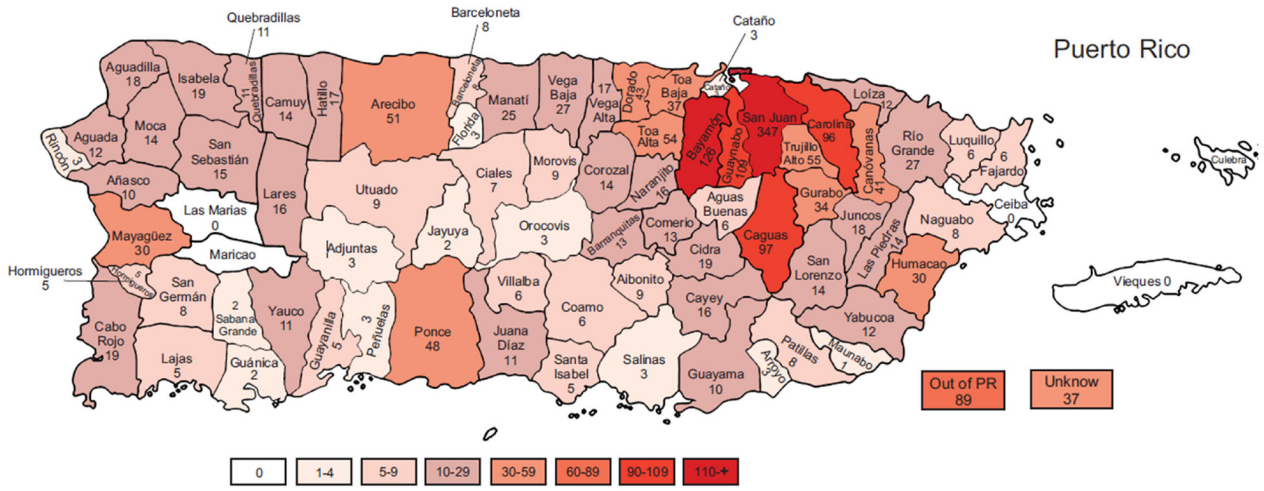
Table 3. Interns and Residents AY 2025–26 of the UPR-School of Medicine

Programs	*Number of Interns and Residents*
Anesthesiology	14
Surgery	43
Dermatology	10
Transitional Internship	4
Emergency Medicine	32
Family Medicine	26
Geriatrics – Family Medicine	3
Physical Medicine and Rehabilitation	15
Sports Medicine	2
Internal Medicine	52
Allergy and Immunology	2
Cardiology	13
Endocrinology	6
Infectious Diseases	4
Gastroenterology	9
Geriatrics – Internal Medicine	2
Hematology/Oncology	6
Nephrology	4
Rheumatology	4
Neurosurgery	1

Programs	*Number of Interns and Residents*
Neurology	13
Pediatric Neurology	3
Neuromuscular Medicine	1
Obstetrics and Gynecology	21
Orthopedics	21
Ophthalmology	18
Otolaryngology	10
Pathology	12
Forensic Pathology	1
Pediatrics	41
Neonatal-Perinatal Medicine	4
Pediatric Intensive Care (PICU)	3
Medicine–Pediatrics (Med-Peds)	8
Psychiatry	31
Child and Adolescent Psychiatry	3
Diagnostic Radiology	16
Nuclear Medicine	4
Urology	14
Total	**476**

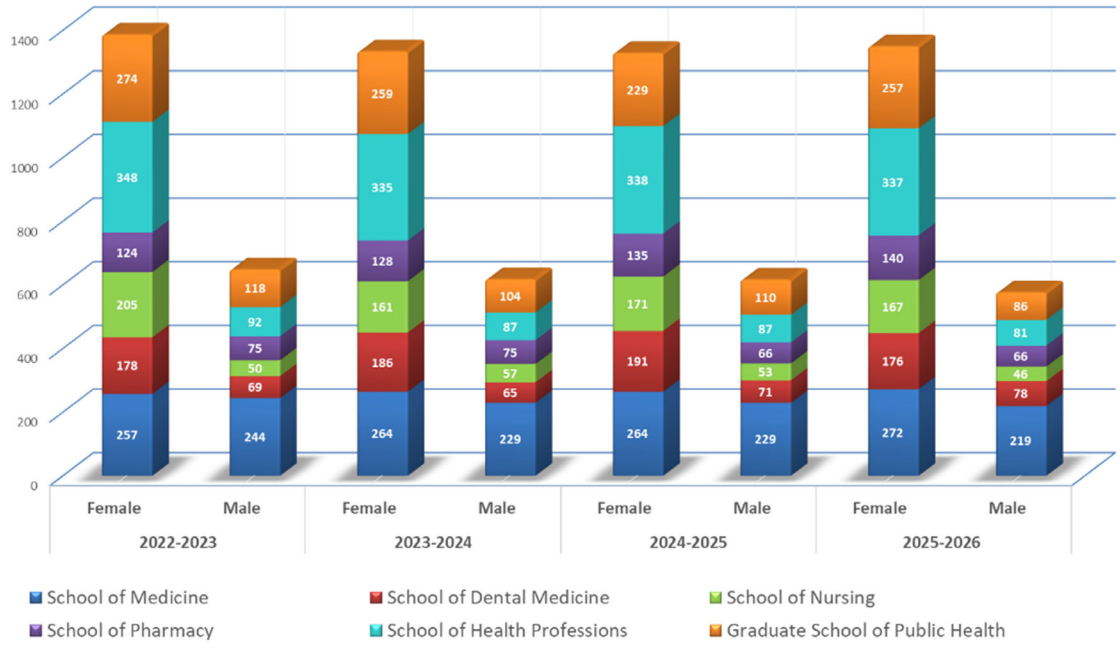
As mentioned earlier, the campus serves students from across the island. For AY 2025-2026 there are enrolled students from 73 of 78 municipalities, across the island. See **Figure 2**.

Figure 2. MSC Student enrollment by Puerto Rico municipalities for AY 2025-26



Enrolled MSC students are mostly graduate students (87-89%) and females. There are approximately 2.2 females for each male student at the campus level and at most schools, except for the SoM which the proportion is close to 1:1. See **Figure 3** for school and campus distribution by sex.

Figure 3. MSC Student enrollment by school/ campus and sex for AY 2022-23 through 2025-26



The MSC student age distribution across academic years remains generally consistent. The largest age groups are 25–29 and 22–24 years old, which are markedly larger than all other age categories.

The 50+ age group and those under 20 years old represent relatively small proportions of the student population. See **Figure 4** and **Table 4**.

Figure 4. MSC Student Enrollment by Age Group for AYs 2022-23 through 2025-26

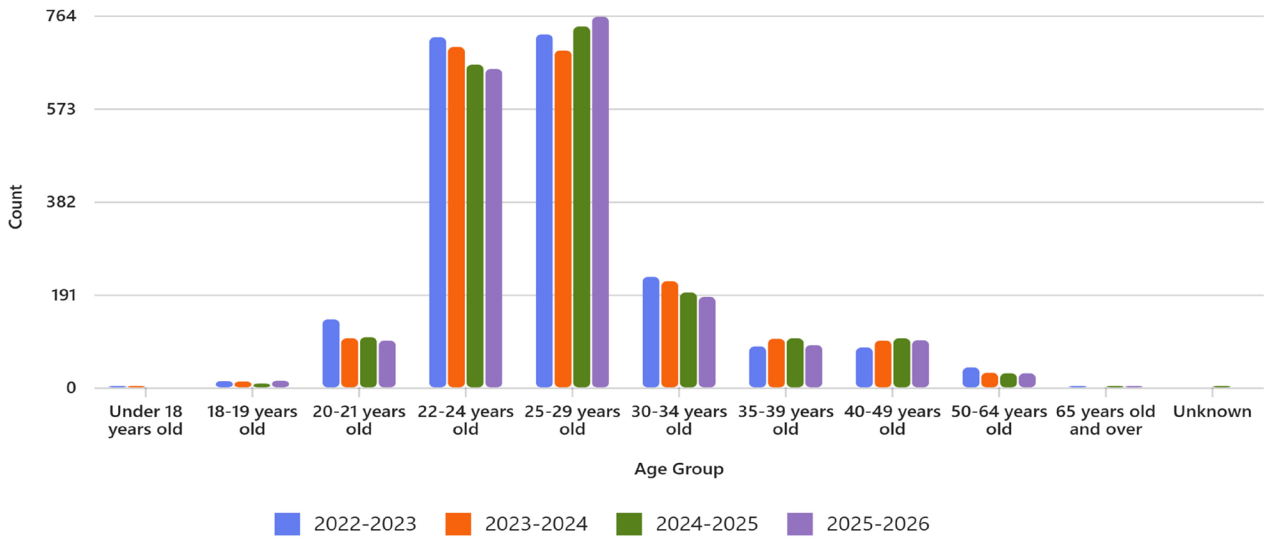


Table 4. MSC Student Enrollment by Age Group for AYs 2022-23 through 2025-26

Campus	*Age*	*2022-2023*	*2023-2024*	*2024-2025*	*2025-2026*
MSC Total	Under 18 years old	1	2	0	0
	18-19 years old	13	12	8	14
	20-21 years old	140	101	103	96
	22-24 years old	719	699	663	654
	25-29 years old	725	692	741	761
	30-34 years old	227	218	195	186
	35-39 years old	84	100	101	87
	40-49 years old	82	96	101	97
	50-64 years old	41	30	29	29
	65 years old and over	2	0	2	1
	Unknow	0	0	1	0

Student enrollment rates are assessed by academic programs and in general for the campus. Three main indexes are systematically monitored to ensure adequate program demand, occupation, and enrollment rates. These are:

i. **Admission Demand Index** - measured by the ratio of applications to available seats.

ii. **Enrollment Rate** – measured by the percentage of admitted students who enroll in the institution. It indicates conversion from admission to registration.

iii. **Occupation Index**- measured by the ratio of enrolled students to available seats.

See **Table 5** for statistics for the last four (4) academic years.

Table 5. MSC Student Enrollment Rates and Indexes for AYs 2022-23 through 2025-26

Academic Year	*Admission Demand Index (applications/available seats)*	*Enrollment Rate (enrolled students/ admitted students)*	*Occupation Index (enrolled students/ available seats)*
2022-2023	189%	95%	78%
2023-2024	191%	97%	83%
2024-2025	210%	92%	80%
2025-2026	242%	95%	78%

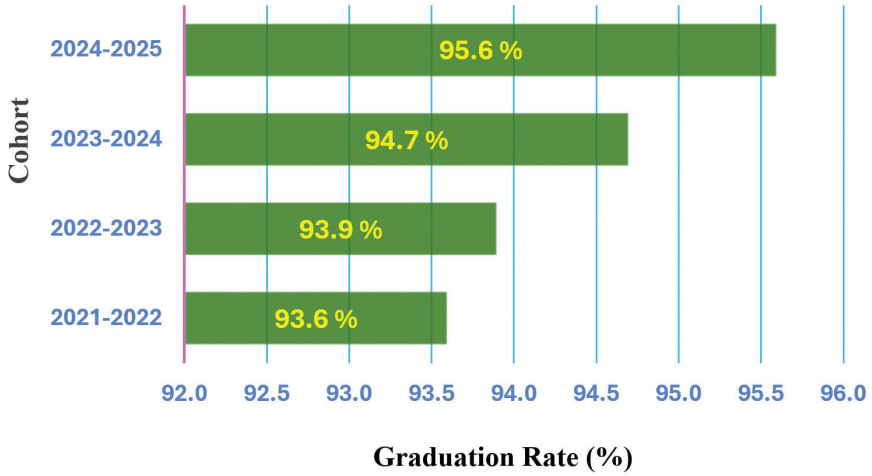
2. MSC Student Retention Rates

One of the main MSC strengths is its student retention rate. Retention rate is defined as the percentage of students who continue their studies from their first academic year to the next —to their second year (for one-year programs is to completion). For the past four academic years (2022–2023 through 2024–2025), as measured in October 2025, the campus has maintained a retention rate between ninety-three (93) and ninety-five (95) percent, which constitutes an exemplary level of performance. See **Table 6** and **Figure 5**. It suggests that a very high percentage of students are satisfied with their experience and are successfully pursuing their academic path. Student engagement to second year reflects low attrition and can be suggestive of good admission criteria, support services, advising, teaching quality, and campus identification.

Table 6. MSC Student Retention Rates for campus total and schools for AYs 2021-22 through 2024-25

School	*2021-2022*	*2022-2023*	*2023-2024*	*2024-2025*
School of Medicine	97.1%	95.4%	95.8%	94.2%
School of Dental Medicine	98.8%	98.8%	97.6%	98.8%
School of Nursing	86.6%	82.8%	89.4%	91.6%
School of Pharmacy	96.4%	100%	94.0%	95.8%
School of Health Professions	93.6%	94.7%	97.9%	97.1%
Graduate School of Public Health	93.2%	94.1%	92.1%	95.8%
MSC Total	93.6%	93.9%	94.7%	95.6%

Figure 5. MSC Retention Rate for AYs 2021-22 through 2024-25



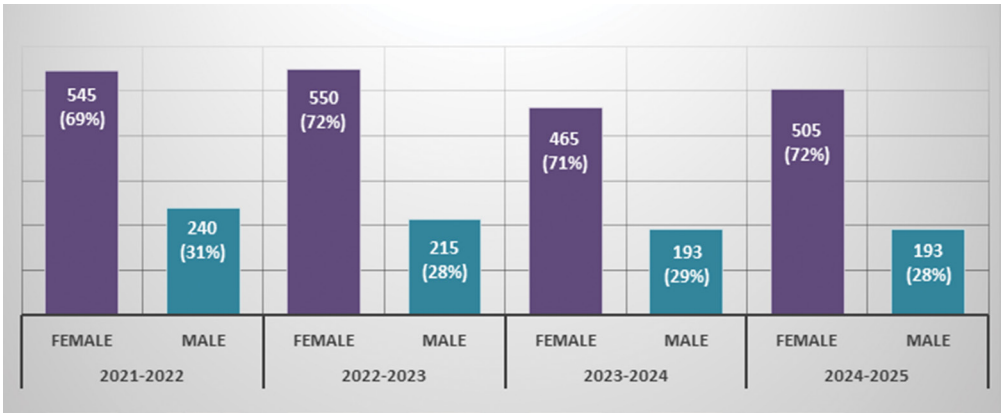
3. MSC Degrees Conferred and Graduation Rates

Over the past four academic years (2022–2025), the MSC has conferred from 658 to 785 degrees annually. This demonstrates sustained academic excellence. The MSC has maintained a consistent level of student achievement, averaging 726 degrees awarded annually. This sustained performance reflects the institution's capacity to support academic progression and completion at scale, underscoring its role in advancing educational outcomes and contributing to workforce development. See **Table 7** for graduate and undergraduate degrees awarded by school and campus and **Figure 6** for degrees awarded by sex at campus level.

Table 7. MSC Degrees Awarded for Campus total and by Schools for AYs 2021-22 through 2024-25

School/Campus	*2021-2022*		*2022-2023*		*2023-2024*		*2024-2025*	
	Graduate	*Under-graduate*	*Graduate*	*Under-graduate*	*Graduate*	*Under-graduate*	*Graduate*	*Under-graduate*
School of Medicine	123	0	118	0	108	0	117	0
School of Dental Medicine	87	0	84	0	85	0	94	0
School of Nursing	45	82	45	77	25	48	35	50
School of Pharmacy	48	0	49	0	46	0	50	0
School of Health Professions	116	106	120	88	124	61	116	73
Graduate School of Public Health	178	0	184	0	161	0	163	0
MSC Total	597	188	600	165	549	109	575	123
MSC Total by Year	785		765		658		698	

Figure 6. MSC Degrees Conferred by Sex for AYs 2021-22 through 2024-25

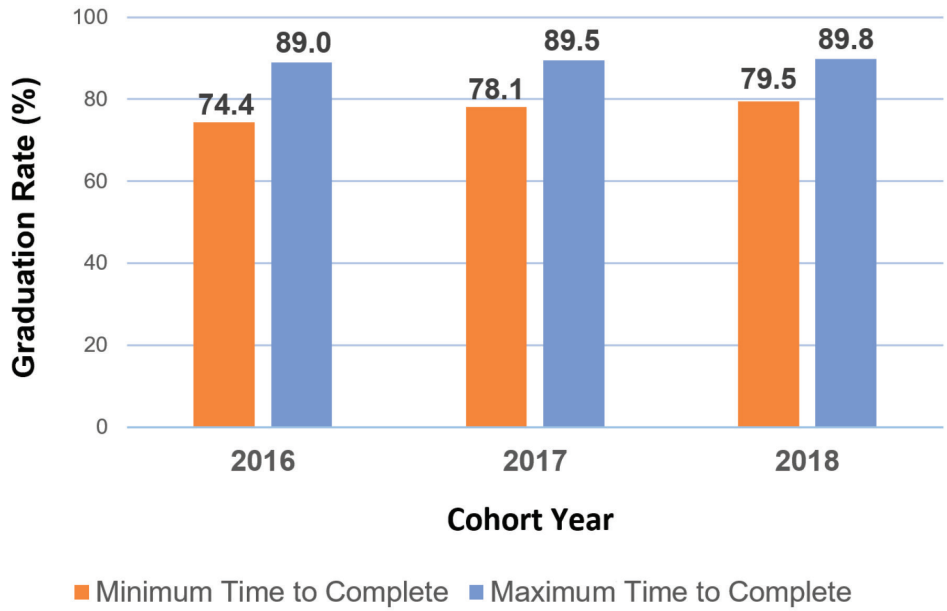


Graduation rates within the MSC are monitored at three levels: by program, by school, and for the campus. Program-level graduation rates serve as key performance indicators for program assessment. These rates are tracked for both the minimum and maximum completion timeframes.

For cohorts admitted in 2016, school-level graduation rates within the minimum time ranged from 67.3% to 95.9%; for the 2017 cohort, rates ranged from 72.1% to 84.1%; and for the 2018 cohort, from 73.9% to 90.1%. Graduation rates within the maximum time for these same cohorts were 83.9% to 100% for 2016, 88.3% to 93.9% for 2017, and 75.4% to 97.6% for 2018.

At the campus level, the average graduation rates (aggregated by school) ranged from 74.4% to 79.5% for the minimum completion time and from 89.0% to 89.8% for the maximum completion time across the 2016, 2017, and 2018 admitted cohorts.

Figure 7. MSC Graduation Rates for Cohorts Admitted AYs 2016-17 through 2018-19

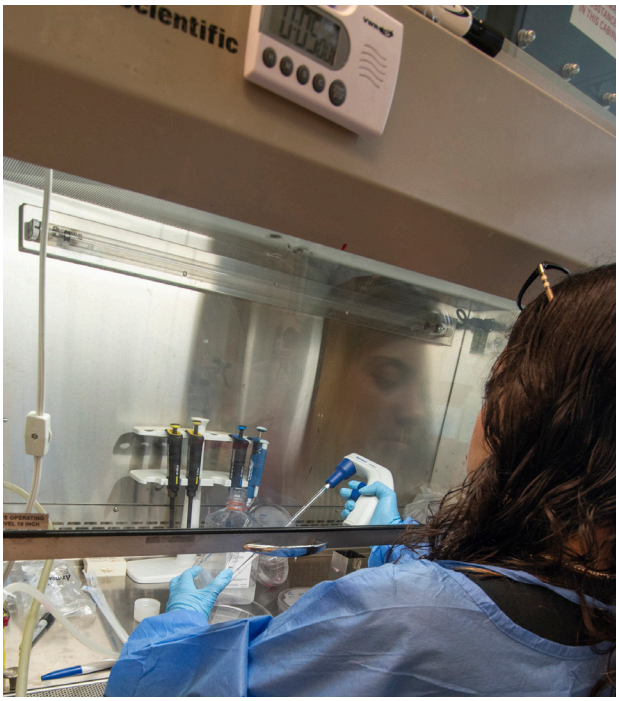


G. MSC Research and Innovation

The MSC is the main biomedical research institution in Puerto Rico, which receives the most external research funding on the island. Preclinical, clinical, behavioral, translational, environmental and community engagement projects are funded mainly by federal agencies such as the National Institutes of Health, the National Science Foundation, the Department of Education, the Department of Defense, the Puerto Rico Science Trust and private foundations. Main study areas in MSC include neurosciences, aging, exercise, diabetes, asthma, cardiovascular disease, drug abuse, behavioral, assistive technology, microbiome, infectious diseases, and tropical diseases among others.

The MSC currently has one hundred sixty-five (165) active, externally federally funded projects. These projects have secured $48,062,848 for calendar year 2025. The total research portfolio, including active and committed funds, amounts to $193,235,222, primarily supported by one hundred seven (107) externally funded investigators.

The Deanship of Research has instituted several formal programs to support investigators in their research endeavors, including bridge funding, seed funding, matching funds, statistical support, and editorial assistance. Additional initiatives, such as in-house mock reviews, are being implemented with the expectation that these programs will further strengthen and expand the campus's grant portfolio.



Approximately 15% of the MSC faculty actively participate in research activities. See **Table 8**. Besides externally funded research projects, MSC faculty participate in other research projects. In average faculty have participated in approximately 400 research projects annually for AYs 2020-21 through 2023-24. See **Figure 8**. The faculty has published between 235 and 343 articles annually in peer reviewed journals in AYs 2020-21 to 2023-2024. See **Figure 9**.

Table 8. Number of MSC Faculty Participants of Research Projects for AYs 2020-21 through 2023-24

Academic Year	*Total MSC Faculty*	*Faculty participating in Research Projects*	
		Quantity	*%*
2020-21	1,141	180	15.8%
2021-22	1,158	174	15.0%
2022-23	1,151	179	15.6%
2023-24	1,166	159	13.6%

Figure 8. Number of Active Research Projects for AYs 2020-21 through 2023-24

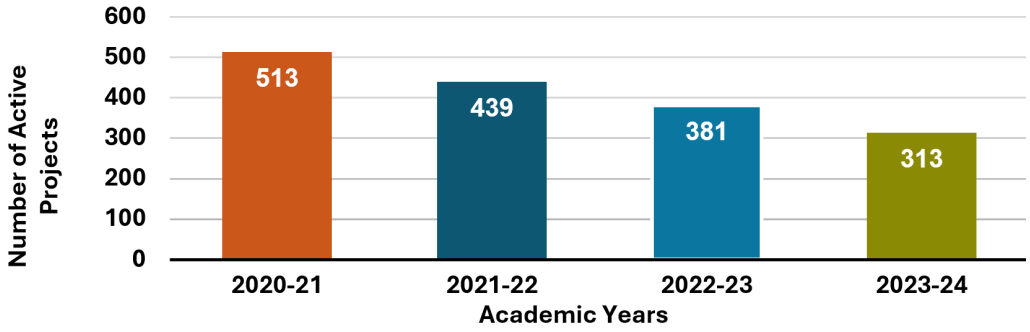
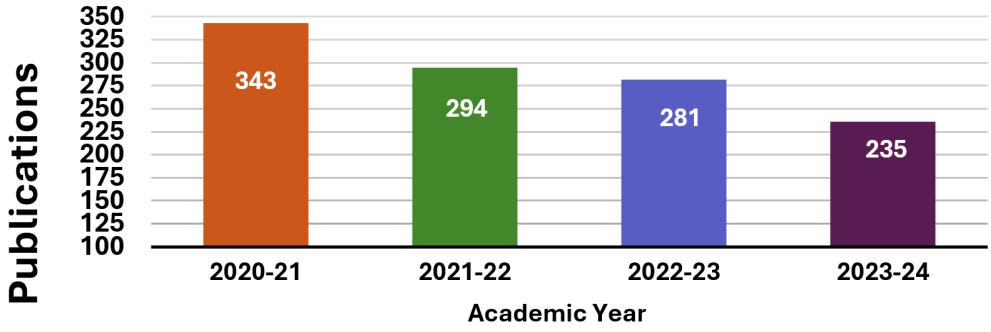


Figure 9. Number of MSC Faculty Publications for AYs 2020-21 through 2023-24



H. MSC Fiscal Sustainability

1. MSC Financial Health

Since the implementation of Puerto Rico's fiscal oversight board, the UPR has faced significant reductions in central government appropriations. Between FY2017 and FY2023, appropriations for the UPR System declined from approximately $879 million to a proposed $446 million, creating financial pressure across campuses. However, the adoption of Act 53 (October 26, 2021)—the 'Law to End the Bankruptcy of Puerto Rico'—established a fixed annual allocation of $500 million to the UPR system for at least five years, providing a predictable baseline of public funding. Within

this framework, the MSC's general fund allotment increased from $106.8 million in FY2022 to $128.6 million in FY2026. Current projections indicate stability, with minor fluctuations between $128.6 million in FY2026 and $122.5 million in FY2029, subject to annual certification.

The campus operates under a balanced budget model, with consolidated revenues projected to grow from $343.7 million in FY2024–2025 to $355.4 million by FY2028–2029. University fund allocations represent around 36.5% of the MSC consolidated budget with the remaining 63.5% being external funds through federal grants, other state appropriations, private donations, patient care services and other services. For example, the SoM Medical Practice Plan provides the school with a considerable revenue stream and represents around 44.8% of the MSC external sources of funding. Federal funds on the other hand represent 23.2% of all external funds. This allows the MSC to fulfill its mission, since research grants, contracts and the provision of services sustain these areas of the mission. Despite budgetary reductions, the MSC has maintained financial health and stability by being more efficient in its operations, implementing cost reduction strategies, and increasing and solidifying external revenue streams. Enrollment remains steady at approximately 2,000 students, aligning with revenue and expenditure planning.

2. Strategic Outlook to ensure long-term fiscal sustainability

To ensure long-term sustainability, the MSC continues to optimize expenses, strategically allocate resources, expand continuing education programs, strengthen industry partnerships and community engagement, and diversify revenue streams through increase external funding. Sound financial planning and effective management practices position MSC to successfully address future challenges while sustaining its academic, research, and service commitments.

I. Institutional Context, Strategic Momentum, and Continuous Improvement

Grounded in its mission to educate health professionals, advance research, and provide service to populations with the greatest needs, the MSC operates within a dynamic environmental context shaped by healthcare workforce demands, public health challenges, and evolving accreditation expectations. The campus offers a comprehensive portfolio of undergraduate, graduate, first-professional, and doctoral programs across six health sciences schools, serving a predominantly graduate, island-wide student population with stable enrollment trends and strong retention and graduation outcomes.

Recent institutional developments—including the approval and initiation of the MSC Strategic Plan 2024–2029, the formal launch of its implementation phase, and the establishment of a permanent Continuous Quality Improvement Committee (CQIC) approved by the Administrative Board (Certificate No. 100, 2024–2025; see **Appendix A**), which will be further explained in the next section,—reflect significant institutional momentum toward data-informed planning, accountability, and sustained improvement. Strategic planning priorities emphasize academic excellence, research advancement, student success, financial sustainability, and community well-being, supported by robust institutional research, systematic assessment practices, and evidence-based decision-making.

The campus has further strengthened its data-driven culture through the integration of continuous quality improvement methodologies, regular program evaluation cycles, and curricular transformation processes that use assessment findings to "close the loop." Collectively, these factors provide critical context for the institutional priorities selected for self-study and demonstrate the MSC commitment to institutional effectiveness, resilience, and continuous improvement in the fulfillment of its mission to educate professionals in the health sciences with an emphasis on research development to generate new scientific knowledge and serve the population to foster their well-being and health. Our strategic and self-study priorities align with fostering academic excellence and innovation, advancing continuous quality improvement, promoting student success, driving transformative research, and strengthening financial sustainability.

II. INSTITUTIONAL PRIORITIES TO BE ADDRESSED IN THE MSC SELF-STUDY

INSTITUTIONAL PRIORITIES TO BE ADDRESSED IN THE MSC SELF-STUDY

At the beginning of the 2024–2025 academic year, the MSC initiated a continuous compliance and improvement management analysis of the Middle States Commission on Higher Education (MSCHE) Evidence Expectations by Standards. During this period, the Administrative Board approved the establishment of a permanent Continuous Quality Improvement Committee (CQIC) to ensure ongoing compliance with the MSCHE Standards for Accreditation (See **Appendix A**). This process of analysis culminated in a one-day retreat on October 4, 2024, with the participation of approximately 80 individuals, including faculty, non-faculty staff, and students.

Following participation in the MSCHE Self-Study Institute in Fall 2025, the MSC formally launched its self-study process with a campus-wide kick-off event open to the entire academic community on October 3, 2025. The event served as a comprehensive orientation to the self-study process and underscored the institution's commitment to transparency, broad-based engagement, and shared responsibility.

The kick-off event included multiple structured opportunities for active participation, incorporating interactive exercises designed to elicit community input on institutional priorities and anticipated self-study outcomes. The Kahoot digital engagement platform was utilized to systematically collect feedback from participants, ensuring that diverse perspectives across the campus community were captured and documented.

The event was attended by the MSC chancellor, members of the Core Leadership Team, deans, faculty, students, residents, and administrative staff. Input gathered during the session informed the identification of preliminary institutional priority areas. Working Groups were formed, and through these Working Groups, the Steering Committee received feedback on the priorities. These priorities were subsequently reviewed, analyzed, and refined by the Self-Study Steering Committee and were formally approved by the MSC Administrative

Board, thereby establishing a shared and institutionally approved foundation for the self-study process. The priorities were approved by the Self-Study Steering Committee on October 20, 2025, and by the Administrative Board on October 28, 2025. The Steering Committee and Working Groups' structure and responsibilities are described in Section V of this document.

A. MSC Self-Study Priorities

Priority 1: Advance Academic Excellence and Innovation:

Demonstrate a commitment to student learning and achievement, ensuring alignment with accreditation standards and evolving societal needs. This will be accomplished through updated curricula, diverse learning strategies, meaningful research endeavors, continuous program improvement, highly qualified faculty, and technological resources.

Priority 2: Enrich Student Experience and Success:

Cultivate a supportive student experience from recruitment through graduation, by fostering a sense of belonging and promoting well-being. Success is measured through recruitment, retention, graduation rates, and placement and survey data, which guide the continuous improvement of support services to meet the students' needs.

Priority 3: Enhance the Continuous Quality Improvement Culture:

Systematically use data-driven assessment, feedback, and evaluation processes across the institution to enhance program effectiveness, student learning outcomes, operational efficiency, and overall institutional performance.

Priority 4: Strengthen Financial Sustainability that Aligns with Strategic Priorities:

Enhance the institution's long-term financial sustainability by identifying and implementing fiscal efficiencies and increasing revenues. This will be achieved through improved fiscal planning and assessment and ensuring compliance with strategic priorities and the overall institutional mission.

B. MSC Self-Study Priorities Alignment to Mission

The four institutional priorities to be addressed during the MSC Self-Study align to its mission is as follows:

UPR-MSC Mission	*Priority 1: Advance Academic Excellence and Innovation*	*Priority 2: Enrich Student Experience and Success*	*Priority 3: Enhance the Continuous Quality Improvement Culture*	*Priority 4: Strengthen Financial Sustainability*
Educate professionals in the health sciences through academic offerings at various levels	✔	✔	✔	✔
Emphasis on research development that generates new scientific knowledge	✔	✔		✔
Emphasis on the provision of services in accordance with ethical standards and institutional values	✔	✔	✔	✔
Contribute to accessibility and the well-being of the population—particularly in the sectors of greatest need in society.	✔			✔

C. MSC Self-Study Priorities Alignment to MSC Strategic Priorities

The four institutional priorities to be addressed during the MSC Self-Study align to MSC's strategic planning priorities is as follows:

UPR-MSC Mission	*Priority 1: Advance Academic Excellence and Innovation*	*Priority 2: Enrich Student Experience and Success*	*Priority 3: Enhance the Continuous Quality Improvement Culture*	*Priority 4: Strengthen Financial Sustainability*
Strategic Priority A: Academic Excellence and Innovation	✔		✔	
Strategic Priority B: Transformation in Research	✔		✔	
Strategic Priority C: Fiscal Sustainability, Infrastructure Renewal and Administrative Efficiency			✔	✔
Strategic Priority D: Wellbeing of the University Community and Social Commitment		✔	✔	

D. MSC Self-Study Priorities Alignment to MSCHE Standards

The four institutional priorities to be addressed during the MSC Self-Study align to the MSCHE Standards of Accreditation is as follows:

ACCREDITATION STANDARDS	*Priority 1: Advance Academic Excellence and Innovation*	*Priority 2: Enrich Student Experience and Success*	*Priority 3: Enhance the Continuous Quality Improvement Culture*	*Priority 4: Strengthen Financial Sustainability*
I. Mission and Goals The institution's mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals are clearly linked to its mission and specify how the institution fulfills its mission.	✔		✔	✔
II. Ethics and Integrity Ethics and integrity are central, indispensable, and defining hallmarks of effective higher education institutions. In all activities, whether internal or external, an institution must be faithful to its mission, honor its contracts and commitments, adhere to its policies, and represent itself truthfully.			✔	✔
III. Design and Delivery of the Student An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.	✔	✔	✔	✔
IV. Support of the Student Experience Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experience, and fosters student success.	✔	✔	✔	

ACCREDITATION STANDARDS	*Priority 1: Advance Academic Excellence and Innovation*	*Priority 2: Enrich Student Experience and Success*	*Priority 3: Enhance the Continuous Quality Improvement Culture*	*Priority 4: Strengthen Financial Sustainability*
V. Educational Effectiveness Assessment Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.	✔	✔	✔	
VI. Planning, Resources, and Institutional Improvements The institution's planning processes, resources, and structures are aligned with each other and are sufficient to fulfill its mission and goals, to continuously assess and improve its programs and services, and to respond effectively to opportunities and challenges.			✔	✔
VII. Governance, Leadership, and Administration The institution is governed and administered in a manner that allows it to realize its stated mission and goals in a way that effectively benefits the institution, its students, and the other constituencies it serves. Even when supported by or affiliated with a related entity, the institution has education as its primary purpose, and it operates as an academic institution with appropriate autonomy.	✔		✔	

III. INTENDED OUTCOMES OF THE MSC SELF-STUDY

INTENDED OUTCOMES OF THE MSC SELF-STUDY

As previously indicated, the Self-study kick-off event included interactive exercises designed to solicit community input on the self-study outcomes. These outcomes were subsequently reviewed, analyzed, and refined by the Self-Study Steering Committee and formally approved by the MSC Administrative Board. The outcomes were approved by the Self-Study Steering Committee on October 20, 2025, and by the Administrative Board on October 28, 2025.

Through the intended outcomes outlined below, the MSC will demonstrate its sustained commitment to systematic cycles of assessment, evidence-based decision-making, and continuous institutional improvement.

The MSCHE expects institutions to articulate at least the following three outcomes:

- Demonstrate how the Institution meets the Commission's Standards for Accreditation and Requirements of Affiliation, providing evidence by standard in alignment with the Evidence Expectations.
- Utilize regular assessments for each standard and incorporate assessment results to drive continuous improvement and innovation, ensuring quality outcomes for constituents and supporting the Institution's mission, goals, and strategic priorities.
- Engage the institutional community in an inclusive and transparent self-appraisal process that incorporates the analysis of multiple data sources to ensure that students are appropriately served and that the institution's mission and goals are effectively achieved.

In alignment with the institution's mission, strategic goals, momentum toward strengthening a Continuous Quality Improvement (CQI) culture, and the initiation of Strategic Plan implementation, the MSC intends to achieve the following additional outcome through the self-study process:

- Leverage the institution's Strategic Plan and continuous quality improvement methodologies to proactively advance strategic priorities, identify gaps in implementation readiness, and recommend actionable opportunities that strengthen the institution's capacity for sustained progress and institutional effectiveness.

IV. SELF-STUDY SITE FOR MSCHE EVALUATION VISIT

SELF-STUDY SITE FOR MSCHE EVALUATION VISIT

The Medical Sciences Campus has only one physical site. There are no additional locations to take into consideration for the Self-Study evaluation visit.

V. ORGANIZATIONAL STRUCTURE OF THE STEERING COMMITTEE AND WORKING GROUPS

ORGANIZATIONAL STRUCTURE OF THE STEERING COMMITTEE AND WORKING GROUPS

A. Overview of the Self-Study Organizational Structure

The MSC has established a comprehensive and inclusive organizational structure to guide the (MSCHE) self-study process. This structure is designed to ensure broad institutional participation, clear lines of responsibility, effective coordination, and rigorous analysis of the Commission's Standards for Accreditation and Requirements of Affiliation.

The self-study is led by a Core Leadership Group, supported by the Self-Study Steering Committee, and implemented through seven Working Groups, each aligned with one of MSCHE's Standards (I–VII). Each Working Group is coordinated by one Chair and supported by two Co-Chairs to promote shared leadership, continuity, and balanced representation across institutional areas.

B. Core Leadership Team

The Core Leadership Team provides executive-level leadership and strategic direction for the self-study process. Members are appointed by the Chancellor and include the Accreditation Liaison Officer (ALO), the Self-Study Steering Committee Chair, and the Self-Study Steering Committee Co-Chairs. The Core Leadership Team has the following responsibilities:

- Affirms the self-study approach and institutional priorities.
- Ensures alignment of self-study with institutional mission and strategic goals.
- Provides institutional support and resources necessary for the successful completion of the self-study; and
- Receives regular updates from the Steering Committee and provides guidance, as needed.
- Provides final review of all self-study documents and reports (including self-study) making final editorial decisions.

1. Responsibilities of each Core Leadership Team Members:

a. Self-Study Chair Responsibilities:

- Develops and maintains a comprehensive understanding of the MSCHE accreditation process.
- Leads the self-study process from development of the Self-Study Design through completion of the final Self-Study Report.
- Selects, charges, and oversees the Working Groups, ensuring clear expectations and steady progress.
- Confirms institutional priorities in consultation with campus stakeholders and ensures alignment with the MSC Strategic Plan and MSCHE Standards.
- Oversees the development and maintenance of a comprehensive Evidence Inventory.
- Communicates self-study progress to the campus community and facilitates opportunities for review and feedback.
- Organizes campus forums and hearings to elicit input on draft materials.
- Assumes responsibility for editing, integrating, and finalizing the Self-Study Report and related documentation; and

- Prepares for and actively participates in the MSCHE Liaison Visit and Evaluation Team Visit.

b. Self-Study Co-Chair Responsibilities:

- Collaborates with the Chair on all aspects of the self-study process.
- Serves as liaisons to assigned Working Groups and accreditation standards.
- Supports the development of standardized evidence-labeling and file-naming conventions.
- Contributes to the Self-Study Design, including the development of lines of inquiry for each MSCHE Standard.
- Promotes coordination across Working Groups in evidence collection and narrative development.
- Reviews and provide feedback on progress reports and draft materials; and
- Assists with the integration, editing, and finalization of the Self-Study Report and preparation for MSCHE visits.

c. Accreditation Liaison Officer (ALO) Responsibilities

The Accreditation Liaison Officer is Dr. Edgardo Ruiz Cora, who is the Dean of the GSoPH. The ALO is the institution's primary point of contact with the MSCHE and is appointed by the institution's chancellor. This role requires an individual with the authority, institutional knowledge, and dedicated time necessary to manage accreditation-related activities effectively. Besides the standard responsibilities of an ALO, the following are the responsibilities in the Self-study process:

- Serves as a key resource for the institutional community on accreditation-related matters.
- Serves as the primary institutional contact with MSCHE staff and peer evaluators for all official accreditation-related communications.
- Uploads self-study and related documents and evidence to the MSCHE website.
- Reviews self-study documents and evidence to ensure that it fulfills the expectation guidelines.
- Ensures that institutional leadership is informed of MSCHE expectations, policy updates, and accreditation-related developments; and
- Assists the Chair and Co-Chair in preparing steering committee meeting agendas, review of working group documents, and implementation of communication strategies.

C. Self-Study Steering Committee

The Self-Study Committee Chair is Dr. Yasmin Pedrogo, the MSC Dean of Academic Affairs and the Co-Chairs are Dr. Wanda I. Colón, the MSC Associate Dean of Academic Affairs of the MSC and Prof. Wined Ramírez López, the Director of the Accreditation Office. The Self-Study Steering Committee was appointed by the chancellor in consultation with the Core Leadership Team. Membership includes broad representation from the MSC and school level deanships and offices of academic affairs, student affairs, institutional assessment, administration, and research, along with faculty, non-teaching staff, and student representatives as appropriate. Selection was guided by the following criteria:

- Expertise relevant to the MSCHE Standards.
- Experience with institutional assessment and evaluation.
- Demonstrated leadership and collaborative capacity; and
- Commitment to transparency and shared governance.

1. Members

STEERING COMMITTEE	
Name	*Position*
Myrna L. Quiñones Feliciano	Chancellor; Ex-Officio*
Yasmín Pedrogo Rodríguez	Chair Dean of Academic Affairs
Wanda I. Colón Ramírez	Co-Chair Associate Dean, Academic Affairs
Edgardo Ruiz Cora	Dean, Graduate School of Public Health Accreditation Liaison Officer
Wanda T. Maldonado Dávila	Dean, School of Pharmacy Chair, Standard I
Mayra L. Vega Gerena	Associate Professor, Pharmacy Chair, Standard II
Edna N. Almodóvar Caraballo	Associate Dean, Pharmacy Chair, Standard III
Edna E. Pacheco Acosta	Interim Dean of Students Chair, Standard IV
Arlene Sánchez Castellano	Associate Dean, School of Dental Medicine Chair, Standard V
Débora H. Silva Díaz	Dean, School of Medicine Chair, Standard VI
Rebecca Rodríguez Negrón	Associate Dean, Faculty Affairs, School of Medicine Chair, Standard VII
Juan J. De Jesús Oquendo	Student, Graduate School of Public Health Student representative
María M. Santiago Morales	Dean, Deanship of Administration Non-teaching staff representative
Rafael Rodríguez Mercado	Professor, School of Medicine; Past Chancellor of the MSC, Guest Advisor
Raúl Rivera González	Special Assistant of the Chancellor
Wined Ramírez López	Professor, Director of Accreditation Office

2. Responsibilities of the Steering Committee

The Steering Committee provides overall leadership, coordination, and oversight of the self-study process and ensures coherence, rigor, and alignment across all Working Groups.

Steering Committee Oversight Functions

To support Working Groups and reduce duplication of effort, the Steering Committee will:

- Convene regular joint meetings of Working Group Chairs and Co-Chairs.
- Identify cross-cutting themes and shared lines of inquiry.

- Ensure access to institutional data, assessment reports, and analytical support.
- Provide timely feedback to strengthen analysis and narrative consistency; and
- Ensure the Self-Study Report integrates institutional mission, strategic priorities, MSCHE Standards, and evidence of continuous improvement.

**The Chancellor will ensure that self-study findings are translated into executive decision-making, institutional actions, and aligned resource commitments.*

D. Working Groups

Seven Working Groups have been established, one for each MSCHE Standard (I–VII). Each Working Group includes a Chair, two Co-Chairs, and members representing relevant academic, administrative, students and residents, and governance areas.

The Working Group Chairs and Co-Chairs provide leadership for their assigned Standard(s) and are responsible for:

- Organizing and managing the work of the Working Group in alignment with the Self-Study Design.
- Distributing responsibilities among members and monitoring progress.
- Ensuring adherence to the established work plan and timeline.
- Facilitating regular Working Group meetings.
- Reporting progress, challenges, and findings to the Steering Committee; and
- Participating in cross-Working Group coordination activities.
- Drafting the self-study chapter for the assigned standard.

1. Working Group Membership by Standard

Working Group I – Mission and Goals

STANDARD I - Mission and Goals	
Name	*Position*
Wanda T. Maldonado Dávila	Dean, School of Pharmacy Chair
Wanda L. Barreto Velázquez	Director of the Office of Institutional Planning, Research, and Assessment (OPIAI) Co-chair
Yolanda Rivera Ortiz	Strategic Planning Advisor Co-chair
Pedro del Valle López	Librarian, Conrado F. Asenjo Library
Osvaldo Cajigas Rosario	Associate Dean of Administration, School of Medicine
Sherily Pereira Morales	Interim Dean, School of Nursing
Annabell C. Segarra Marrero	Dean, Deanship of Research of the MSC
Lidia M. Guerrero Rodríguez	Dean, School of Dental Medicine
José R. Rosa Martínez	Student Representative, School of Dental Medicine

Working Group II – Ethics and Integrity

STANDARD II - Ethics and Integrity	
Name	*Position*
Mayra L. Vega Gerena	Associate Professor, School of Pharmacy Chair
Edna E. Pacheco Acosta	Interim Dean, Deanship of Students Co- Chair
Yeraldine M. Valerio González	Co-Coordinator, Title IX Office of the MSC Co-chair
Christian J. Rivera Cátala	Student Representative, Graduate School of Public Health
Gerardo Hernández Pereira	Director, Human Resources Office of the MSC
Emmanuel E. Díaz Ortiz	Assistant Dean of Students Affairs, School of Nursing
José A. Caro Torres	Statistics Officer, Deanship of Academic Affairs
Vilma T. McCarthy Nazario	Assistant Dean of Students Affairs, School of Medicine
Rozaida Martínez Torres	Associate Dean, Dean of Administration of the MSC
Enid J. García Rivera	Professor, School of Medicine
Frances M. Rodríguez Cintrón	Professor, School of Pharmacy Chair, Pharmacy Practice Department

Working Group III – Design and Delivery of the Student Learning Experience

STANDARD III - Design and Delivery of the Student Learning Experience	
Name	*Position*
Edna N. Almodóvar Caraballo	Associate Dean, School of Pharmacy Chair
Wanda I. Colón Ramírez	Associate Dean of Academic Affairs Co-chair
Ivelisse M. García Meléndez	Associate Dean, Graduate School of Public Health Co-chair
Nancy Dávila Ortiz	Interim Associate Dean, School of Nursing
Nivia L. Pérez Acevedo	Associate Dean of Biomedical Sciences, School of Medicine
Fernando L. Joglar Irizarry	Associate Dean of Academic Affairs, School of Medicine
Gianna N. Piovannetti Ortiz	Assistant Dean of Academic Affairs, School of Dental Medicine
Carlos A. Ortiz Reyes	Director, RCM Online Division
Gladys Schroeder Vargas	Coordinator, Division of Continuing Education and Professional Studies of the Deanship of Academic Affairs (DECEP)
Fernando A. Vera Urbina	Student Representative, School of Pharmacy

Working Group IV – Support of Student Experience

STANDARD IV - Support of Student Experience	
Name	*Position*
Edna E. Pacheco Acosta	Interim Dean, Deanship of Students Chair
Yiselly M. Vázquez Guzmán	Assistant Dean of Student Affairs, Graduate School of Public Health Co-chair
Arnaldo Cruz Rivera	Assistant Dean of Student Affairs, School of Health Professions Co-chair
Jocelyn A. Medina Paneto	Interim Assistant Dean for Student Affairs, Professor, School of Dental Medicine
Valeria Miranda Bravo	Student Representative, School of Pharmacy; Member of the Administrative Board
Josué García Torres	Student Representative, School of Health Professions
Juan C. Soto Santiago	Students' Ombudsman
Frank J. Valentín Silva	Director of Students Medical Services Clinic, Medical Sciences Campus
José R. Ubieta Santiago	Librarian, Conrado F. Asenjo Library
Jo Ana Miranda Roldán	Administrative Officer, Center for Technological Support in Academia
Abelardo F. Martínez Santiago	Registrar of the MSC
Enid M. Rodríguez Santos	Counselor, School of Health Professions
Carlos J. Cañuelas Pereira	Counselor, Student Counseling and Psychological Services Center (CECSi), Deanship of Students

Working Group V – Educational Effectiveness Assesment

STANDARD V - Educational Effectiveness Assesment	
Name	*Position*
Arlene Sánchez Castellano	Associate Dean, School of Dental Medicine Chair
Jonathan Hernández Agosto	Director, Curriculum and Institutional Effectiveness Evaluation Division, School of Pharmacy Co-chair
Yailis M. Medina González	Director, Curriculum Office, School of Medicine Co-chair
Zulma I. Olivieri Villafañe	Associate Dean of Academic Affairs, School of Health Professions
Arelis Febles Negrón	Associate Dean of Graduate Medical Education, School of Medicine
Alma J. Camacho Martínez	Professor, School of Health Professions
Ruth Ríos Motta	Professor, Graduate School of Public Health
Rosa L. Román Oyola	Professor, School of Health Professions
Carmen I. Díaz Colón	Professor, School of Nursing
Solaritza Rivera León	Director of Center for Health Education and Training (CEAS), Deanship for Academic Affairs
Agustín Rodríguez López	Resident, School of Medicine
Nicolás F. Ortega Pozada	Student Representative, School of Medicine

Working Group VI – Planning, Resources, and Institutional Improvement

STANDARD VI - Planning, Resources, and Institutional Improvement	
Name	*Position*
Débora H. Silva Díaz	Dean, School of Medicine Chair
María M. Santiago Morales	Dean, Deanship of Administration of the MSC Co-chair
Carlos Rivera Montalvo	Legal Advisor of the Chancellor Co-chair
José M. Pérez Díaz	Professor, Graduate School of Public Health & Actuary
Ivy K. Class Guzmán	Director of the Budget Office of the MSC
Marvin Rentas Vélez	Director of the Finance Office of the MSC
Rozaida Martínez Torres	Associate Dean, Dean of Administration of the MSC
Rosa I. Martínez Addarich	Director of the Contracts Office of the MSC
Efraín Flores Rivera	Director, Conrado F. Asenjo Library
José R. Hernández Torres	Director of the Office of Information Systems and Technology
Félix A. Oyola Velázquez	Technologies Specialist, Office of Information Systems and Technology
Juan J. De Jesús Oquendo	Student Representative, Graduate School of Public Health, Academic Senate Member of the MSC, Student Representative at the University Board of the UPR
Annabell C. Segarra Marrero	Dean, Deanship of Research of the MSC
Mónica Molina Salas	Executive Director, Faculty Practice Plan, School of Medicine
Manuel Castillo Geigel	Financial Administrator, Faculty Practice Plan, School of Medicine
Heriberto Marín Centeno	Professor, Graduate of Public Health & Economist, Advisor

Working Group VII – Governance, Leadership, and Administration

STANDARD VII - Governance, Leadership, and Administration	
Name	*Position*
Rebecca Rodríguez Negrón	Associate Dean of Faculty Affairs, School of Medicine Chair
Mayra Olavarría Cruz	Professor, School of Medicine, Academic Senator, Past Interim President of the UPR Co-chair
Frankses M. Ortiz Soto	Special Assistant of the Chancellor Co-chair
Raúl Rivera González	Special Assistant of the Chancellor
Edgardo Ruiz Cora	Dean, Graduate School of Public Health, Accreditation Liaison Officer
Lourdes E. Soto de Laurido	Dean, School of Health Professions
María J. Crespo Bellido	Professor, School of Medicine, Member of the Administrative Board and the Academic Senate of the MSC
José Hawayek Alemañy	Professor, School of Medicine, Member of the Administrative Board and the Academic Senate of the MSC
Zuania L. Torres Rosa	Executive Administrative Assistant of the Dean of the School of Medicine
Carlos J. Rivero Quiles	Student Representative, Graduate School of Public Health

2. Working Group Charges

Each Working Group is charged with conducting a comprehensive, evidence-based analysis of its assigned MSCHE Standard and related Requirements of Affiliation.

a. Scope of Work

Working Groups will:

- Evaluate institutional compliance with assigned Standard and Criteria.
- Request, review and analyze qualitative and quantitative data relevant to their standard.
- Identify strengths, challenges, gaps, risks, and opportunities for improvement; and

- Develop a coherent, evidence-supported narrative.

b. Assessment, Evidence Collection, and Analysis

Working Groups will:

- Identify, collect, and organize relevant institutional evidence.
- Collaborate with institutional research, assessment, and planning offices and CQI Committee.
- Collaborate with other working groups as needed for each Standard
- Analyze evidence using established evaluation frameworks.
- Maintain accurate documentation within the Evidence Inventory; and
- Use assessment results to support conclusions regarding effectiveness and improvement.

c. Reporting and Writing

Working Groups will:

- Submit progress reports and draft narratives to the Steering Committee.
- Author and refine the narrative for assigned Standard; and
- Contribute to the integration of the full Self-Study Report.

d. Action Planning and Continuous Improvement

Working Groups will:

- Develop action plans based on evidence analysis.
- Identify strategies to address gaps and risks.
- Document improvement efforts; and
- Demonstrate "closing-the-loop" practices.

3. Working Groups Institutional priorities will be addressed by the group and Lines of Inquiry

Each Working Group has developed and will address broad lines of inquiry aligned with its assigned MSCHE Standard. These lines of inquiry will:

- Examine compliance with MSCHE Standards and Requirements of Affiliation.
- Address institutional priorities within a standards-based self-study design; and
- Guide to evidence collection, analysis, and interpretation.

Working Groups developed their lines of inquiry after receiving guidance from the Core Leadership Team that attended the Self-Study Institute. Once the lines of inquiry were developed by each work group, they were presented, discussed, and approved by the Steering Committee. The following table presents a summary of Working Groups and the corresponding lines of inquiry that will be included in the Self-Study Design.

E. Collaboration

To avoid duplication of effort and identify areas of alignment across lines of inquiry, the Steering Committee will encourage collaboration among Working Groups. Each Working Group will include at least one member of the Steering Committee to facilitate collaboration. In addition, the following Working Groups will participate in at least one collaboration meeting each semester:

Working Group	*Institutional priorities to be addressed by the group*	*Lines of Inquiry*
I. Mission and Goals	Priorities 1, 3 & 4	*How effective is the strategic planning process in providing enough flexibility and feedback to meet new challenges?* *To what extent does our mission reflect our institution's strengths, and our external stakeholder needs?*
II. Ethics and Integrity	Priorities 3 & 4	*How effectively does the institution ensure compliance with all relevant regulations and policies requirements?* *To what extent do the mechanisms in place prevent conflict of interest in planning and decision making?* *How effective are the institutions' policies and processes in ensuring a positive and participatory campus climate?*
III. Design and Delivery of the Student Learning Experience	Priorities 1, 2, 3 & 4	*How effectively does the institution foster student learning and success through the design, delivery, and assessment of curricular experiences?* *To what extent does the institution ensure that learning experiences are aligned with current educational standards, best practices, and evolving trends in health profession's education?*
IV. Support of the Student Experience	Priorities 1, 2 & 3	*To what extent does the institution create supportive and engaging learning environments for the students?*
V. Educational Effectiveness Assessment	Priorities 1, 2 & 3	*How effectively does the UPR-MSC use institutional effectiveness assessment results to build on academic excellence?* *How well does technology enhance student learning assessment and communication of results?*
VI. Planning, Resources, and Institutional Improvement	Priorities 3 & 4	*How well does the institution use strategic planning, budgeting, and assessment results to allocate and manage its resources in support of its mission, fiscal discipline, continuous improvement, and long-term sustainability?* *To what degree are strategies and mechanisms in place to develop the institution's long-term, financial health through diversified funding streams, responsible spending, compliance and adaptive responses to fiscal opportunities and challenges?* *How well does the institution plan, prioritize, and implement infrastructure and digital transformation initiatives while maintaining operational efficiency, resilience, and alignment with strategic goals and mission fulfillment?*
VII. Governance, Leadership, and Administration	Priorities 1 & 3	*How well do our governance structure and administrative procedures incorporate all sectors of the academic community in the decision-making process?* *To what extent are assessment results incorporated into leadership and administrative decisions?* *To what extent does the institution prepare for transitions in leadership to ensure continuity and stability in advancing its mission and strategic objectives?*

- **Collaboration Group 1**: Mission and Goals Working Group (Standard I); Planning, Resources, and Institutional Improvements (Standard VI); and Governance, Leadership, and Administration (Standard VII)
- **Collaboration Group 2**: Ethics and Integrity (Standard II) and Support of the Student Experience (Standard IV)
- **Collaboration Group 3**: Design and Delivery of the Student Learning Experience (Standard III) and Educational Effectiveness (Standard V)

F. Triangulation of Committees Work

As stated before, the MSC established a CQIC to advance a culture of evidence-based decision-making and continuous enhancement across academic and administrative functions. In addition to supporting institutional effectiveness and long-term quality assurance, the CQIC ensures compliance with the MSCHE Standards for Accreditation and Requirements of Affiliation. The primary purposes of the CQIC is to conduct ongoing assessment activities that sustain high-quality standards, strengthen institutional performance, and ensure adherence to MSCHE accreditation requirements, including the minimum expectations for the evidence the institution must collect, analyze, and submit as part of the self-reflective accreditation review process.

The CQIC plays a central role in systematically reviewing, evaluating, and improving academic and administrative processes to reinforce continuous improvement at the MSC (see **Appendix A**).

The CQIC, the Strategic Plan Committee, and the Self-Study Steering Committee and Working Groups collaborate to advance shared institutional goals. These groups maintain ongoing communication and draw upon multiple data sources and perspectives to develop a comprehensive and accurate understanding of institutional performance, while cross-checking information to ensure consistency and reliability.

Additionally, the Chancellor's Executive Committee shall be responsible for receiving, analyzing, and integrating the input and recommendations of the Continuous Quality Improvement (CQI) Committee and Strategic Planning Committee for the purpose of identifying institutional priority areas, establishing operational action plans, and formulating recommendations to the Administrative Board, the Academic Senate, and the Chancellor Office, as appropriate.

The Executive Committee shall also serve as an institutional coordination mechanism that links assessment, strategic planning, and continuous quality improvement processes, facilitating the translation of institutional findings, analyses, and recommendations into concrete, coordinated, and measurable actions across the Campus, schools, and deanships.

As part of this process, the Executive Committee may prioritize institutional initiatives derived from compliance analyses, performance indicators, accreditation processes, institutional evaluations, and risk management analyses, while promoting systematic follow-up and institutional accountability.

Standard-specific evidence is systematically reviewed by the CQIC as part of its annual standards monitoring schedule and continuous quality improvement processes. To facilitate the timely identification of potential compliance risks, standard-specific evidence is analyzed using a traffic-light risk classification system (see **Appendix B**):

- **Red**: Indicates non-compliance or significant risk requiring immediate corrective action.
- **Yellow**: Indicates partial compliance or emerging concerns requiring monitoring and targeted improvement strategies.
- **Green**: Indicates compliance with MSCHE standards and evidence expectations.

A structured process of triangulation strengthens institutional analysis and supports evidence-based conclusions. This triangulation integrates:

- Institutional effectiveness indicators, standard-specific evidence, and longitudinal metrics analyzed through the risk management framework
- Institution-wide analyses and recommendations developed by the CQIC; and
- Standard-specific evidence, assessment results, and findings generated by the Self-Study Working Groups.

G. Annual Institutional Updates

MSCHE uses information from the Annual Institutional Updates (AIU) to monitor institutions. The AIU uses metrics in four main areas: student achievement as evidenced by graduation rates; student enrollment; financial health and federal financial responsibility. These measures are part of the Medical Sciences Campus institutional effectiveness measures and are continually monitored by the institution.

Student Achievement (Graduation Rates)

Graduation rates are monitored continuously at the campus, school, department, and program level. Being an institution where the majority of programs have professional accreditations for various health professions, this is a key performance indicator. Some accredited programs and schools in the Medical Science Campus report their graduation rates annually to their accrediting agency and non-compliance with minimum benchmarks may require action plans and reports. However, beyond the monitoring of graduation rates for professional accreditations, all programs report their graduation rates to the MSC Office of Planning, Research and Institutional Assessment who present these data to Deans and assessment committees. Graduation rates are also part of the annual assessment of programs conducted by the Deanship of Academic Affairs.

Student Enrollment

New admissions and student enrollment data are continually monitored at the institution. Beyond headcount enrollment data by campus, school and program, the MSC uses different measures to monitor and take action in issues related to admissions and enrollment. As part of our institutional effectiveness measures the MSC Office of Planning, Research and Institutional Assessment tracks the admission demand index, the enrollment rate, and the occupation index (see Table 5 in Overview Section). Student enrollment is also a measure that is reported and monitored annually by many of the professional accreditation agencies that accredit MSC programs. They are also part of the annual assessment of programs.

Financial Health and Federal Financial Responsibility

The Medical Sciences Campus has a Finance Committee that advises the Chancellor in budget and financial planning. The Finance Committee is now charged with tracking financial health data and providing reports for the Chancellor to monitor and take action in this area.

The areas and metrics that are part of MSCHE's AIU are an integral part of the assessment measures used at the campus. As the MSC strengthens a continuous quality improvement culture based on evidence, the AIU data is front and center in these efforts. Working groups in the standards aligned with these AIU measures will have the data and examples of actions taken with this data to draw upon in the development of the Self-Study.

Summary

Self-Study Working Groups analyze data relevant to their assigned standard(s) and integrate these findings with qualitative and quantitative evidence. Concurrently, the CQIC reviews data across standards to identify cross-cutting trends, assess institutional risk, and ensure alignment with MSCHE expectations. Findings are shared between the CQIC and the Working Groups to promote consistency, minimize duplication, and support a comprehensive evaluation of institutional performance. The CQIC and the Working Groups will establish which areas or criteria will require the development of a CQI process or project (see **Appendix C**).

VI. GUIDELINES FOR REPORTING

GUIDELINES FOR REPORTING

The Self-Study Steering Committee holds primary responsibility for the development, integration, and submission of the MSC Self-Study Report to the MSCHE. Each Self-Study Working Group is responsible for preparing a designated portion of the Self-Study document corresponding to its assigned MSCHE standard and applicable requirements of affiliation.

The work produced by the Working Groups will constitute the foundation of the final Self-Study Report. Most of the report will be composed of Working Group chapters, which will be synthesized and edited by the Steering Committee to ensure coherence, consistency, and alignment with MSCHE standards, evidence expectations, and institutional priorities.

A. Editorial and Formatting Expectations

In addition to adhering to editorial standards, all Working Groups are required to follow common formatting and structural guidelines to promote consistency across chapters. These guidelines are intended to facilitate clarity, readability, and comparability for internal audiences and the MSCHE Evaluation Team.

Each Working Group is expected to produce a concise, evidence-based, and analytically focused chapter, not to exceed 20-25 single-spaced pages, including tables and figures but excluding appendices. Reports should emphasize analysis over description and clearly demonstrate how conclusions and recommendations are supported by evidence.

The Chair and Co-chairs of each Working Group are responsible for coordinating the preparation of the draft chapter, ensuring alignment with these guidelines, and incorporating feedback from Working Group members and the Steering Committee.

B. Required Standard Chapter Outline

To ensure consistency across the Self-Study Report and alignment with the Organization of the Final Self-Study Report, each Working Group chapter must follow the outline below:

1. Introduction and Scope

- Identification of the MSCHE standard and criteria addressed
- Brief overview of the scope of the review
- Lines of Inquiries guiding the analysis
- Description of collaboration with other Working Groups, as applicable

2. Methodology and evidence-base process

- Description of methods used to collect and analyze evidence
- Summary of key evidence sources, with references to the Evidence Inventory
- Explanation of how Institutional Effectiveness Data (IED)and metrics were used, when relevant

3. Analysis and Findings

- Analytical discussion of institutional performance relative to the assigned standard(s) and criteria
- Use of triangulated evidence (e.g., IED, CQIC analyses, assessments, surveys, policies)
- Identification of trends, strengths, challenges, and areas of risk

4. Alignment with Mission and Strategic Goals

- Analysis of how findings support or challenge UPR-MSC's mission, vision, and strategic priorities
- Discussion of linkages to planning, resource allocation, and institutional improvement

5. Conclusions and Recommendations

- Clear conclusions grounded in evidence
- Actionable recommendations focused on continuous improvement
- Identification of issues requiring follow-up or monitoring by the CQIC

C. Integration with the Final Self-Study Report

The Core Leadership Team will integrate the Working Group chapters into a unified Self-Study Report that conforms to MSCHE guidelines and reflects a consistent institutional voice. Substantive edits or changes will be reviewed with the Steering Committee to ensure accuracy and shared ownership of the final document.

D. Deadlines for the submission of various draft documents and reports

Date	*Event*
November 25, 2025	Draft Lines of Inquiry from each Working Group completed.
December 16, 2025	Initial draft of the Institutional Overview and the Self-Study Design Outline were discussed with the Working Groups for feedback.
January 2, 2026	Initial draft of the Self-Study Design is shared with the Working Groups for feedback.
January 13, 2026	Chairs of each Working Groups sent the summary of feedback recommendations to the Core Leadership Team.
January 19, 2026	Based upon feedback, revised Self-Study Design is shared with the Chancellor.
January 22, 2026	Retreat is held with Steering Committee and Working Group Chairs and Co-Chairs to define the risk-management and CQI framework
January 28, 2026	Final Self-Study Design is submitted to MSCHE.
February 1, 2026	Working Groups begin Self-Study analysis
March 5, 2026	Self-Study Preliminary Visit by MSCHE Liaison.
May 15, 2026	Working Groups send the risk management analysis report with recommendations and plan of actions for standard-specific expected evidence to the Steering Committee
June 12, 2026	Revised Self-Study Design is submitted to MSCHE.
August 2026 to Spring 2027	Working Groups continue Self-Study analysis and the CQI process.
March 12, 2027	Working Groups submit preliminary draft chapters for review to the Core Leadership Team.
May 21, 2027	Working Groups revise and submit final draft chapters to the Steering Committee.
August 2027	Core Leadership Team submit Draft Self-Study Report to be reviewed by the MSC community.
Fall 2027	Draft Self-Study Report is shared with the Evaluation Team Chair.
Spring 2028	The Evaluation Team Chair conducts the preliminary visit, after which the Core Leadership Team prepares the final version of the Self-Study Report.
Fall 2028	Final Self-Study Report and all evidence are uploaded to MSCHE at least 10 weeks prior to the Evaluation Team visit.

VII. ORGANIZATION OF THE FINAL SELF-STUDY REPORT

ORGANIZATION OF THE FINAL SELF-STUDY REPORT

The work of each of the seven Self-Study Working Groups will be integrated into a single, cohesive MSC Self-Study Report. The final report will synthesize the guiding questions, methodologies, evidence reviewed, analyses, findings, and recommendations developed by each Working Group.

While directives for report development are intentionally minimal to allow Working Groups to exercise professional judgment and autonomy in conducting their self-study activities, the final report must be a concise, coherent, and accessible document that effectively communicates institutional performance to a broad range of internal and external audiences, including the MSCHE evaluation team.

A. Working Group Reports

In addition to gathering and analyzing evidence, each Working Group will prepare:

- Periodic progress reports,
- Preliminary drafts of its assigned section(s), and
- A final draft addressing the applicable standard(s) and requirements of affiliation.

To ensure consistency and quality across Working Group reports, each report must adhere to the following minimum expectations:

- A clear and concise writing style.
- Emphasis on analysis rather than description.
- Conclusions and recommendations grounded in documented evidence.
- Minimal repetition; and
- A cohesive and integrated narrative.

Each Working Group report must provide a comprehensive response not only to the assigned MSCHE standard and criteria, but also to institutional efforts to fulfill the MSC mission, vision, and strategic goals. Reports should explicitly address connections between the assigned standard and other standards, as well as describe collaborations and coordination that occurred among Working Groups during the self-study process.

While reports are expected to identify institutional strengths, challenges, and opportunities related to the standards, requirements of affiliation, mission, and Self-study priorities, the overall tone should be reflective, analytical, and constructive, with an emphasis on continuous improvement and following the lines of inquiries of each standard (See **Appendix D**. Template for submission of inquiry plans and **Appendix E**. Template for the preparation of Working Group Reports).

B. Editing and Review Process

The Core Leadership Team will conduct an initial review and editing of the compiled Self-Study document prior to its submission to the chancellor, president, GB, and subsequently to the campus community for review and feedback. Any substantive changes to the document will be discussed with members of the Self-Study Steering Committee to ensure transparency and shared ownership of the final product. An Editorial Committee composed of three faculty members will revise the final draft for English language editing purposes.

1. Members of the Editorial Committee

Name	*Position*
Walter Frontera	Former Dean and Professor of the School of Medicine
Emma Fernández Repollet	Professor, School of Medicine, RCMI Program Director
Frances M. Rodríguez Cintrón	Professor, School of Pharmacy Chair, Pharmacy Practice Dept.

C. Final Report Outline

The final MSC Self-Study Report will follow the outline listed below:

I. Executive Summary
II. Overview of the MSC Self-Study Process
III. Institutional Profile
IV. Chapters Addressing Each of the Seven MSCHE Standards (including applicable Requirements of Affiliation)
V. Conclusion and Summary of Institutional Recommendations

VIII. STRATEGY FOR VERIFICATION OF COMPLIANCE WITH APPLICABLE FEDERAL REGULATORY REQUIREMENTS

STRATEGY FOR VERIFICATION OF COMPLIANCE WITH APPLICABLE FEDERAL REGULATORY REQUIREMENTS

MSCHE has integrated its verification of compliance with applicable federal regulatory requirements with its standards and criterions across the self-study document. Evidence of compliance is provided with the evidence inventory as established in the MSCHE's Evidence Expectations by Standard Guidelines (2023). The MSC has established a structured and collaborative strategy to ensure that institutional compliance with applicable federal regulatory requirements relevant to accreditation by the MSCHE are evidenced in the applicable standard and criterion and incorporated in the evidence inventory.

A. Compliance Verification Structure

The MSC will convene a Compliance Verification Team, composed of members of the Self-Study Steering Committee and individuals with expertise in accreditation, academic affairs, student services, finance, and institutional policy. The Compliance Verification Team will use the MSCE's "Verification of Compliance with Applicable Federal Regulatory Requirements Checklist"(2024) to corroborate that workgroups have incorporated the required evidence and documentation.

B. Roles and Responsibilities of the Compliance Verification Team

The Compliance Verification Team will be responsible for:

- Identifying applicable federal regulations, MSCHE requirements, and institutional policies and procedures that must be integrated across the self-study standards.
- Use the MSCHE's "Verification of Compliance with Applicable Federal Regulatory Requirements Checklist" (2024) to identify and assess the documents and evidence integrated by the working groups in their standard.
- Evaluate if the documents and evidence presented are aligned with MSCHE's expectation guidelines and if they provide sufficient evidence to document compliance, and make recommendations accordingly.

C. Members of the Compliance Verification Team

Name	*Position*
Ricardo R. González Méndez	Professor, School of Medicine
Abelardo F. Martínez Santiago	Registrar of the MSC
Yolanda I. Rivera Rolón	Director, Financial Aid Office
Juan C. Soto Santiago	Students' Ombudsman

IX. SELF-STUDY TIMETABLE

SELF-STUDY TIMETABLE

(Aligned with MSCHE Sample Self-Study Timeline for Fall 2028 Evaluation Team Visit)

Fall 2025 (September–October 2025)

- Accreditation Liaison Officer (ALO), Core Leadership Group, Steering Committee Co-Chairs, Working Groups Members and key staff participate in the MSCHE Self-Study Institute (SSI).
- Initial planning activities for the Self-Study process begin.

Fall 2025 (by November 14, 2025)

- Commission staff liaisons host post-SSI conference calls with key institutional representatives.

Fall 2025

- Core Leadership Group, Steering Committee Co-Chairs and members, and Working Group members are formally appointed by the Chancellor.
- Working Group leadership (chairs and co-chairs) is established.
- Campus-wide Self-Study Kick-Off event is launched.
- MSCHE staff liaison preparation visit is scheduled.
- Core Leadership Team attends the MSCHE Annual Conference.

Winter 2026 (by January 30, 2026)

- Draft Self-Study Design is completed and submitted to MSCHE staff liaisons.
- Retreat is held with Steering Committee and Working Group Chairs and Co-Chairs to define the risk-management and CQI framework.

Spring 2026 (by May 30, 2026)

- Institution hosts the MSCHE staff liaison for the Self-Study Preparation Visit.
- Steering Committee confirms the Self-Study design model.
- Self-Study communication and information campaigns are fully implemented.
- Working Groups begin formal risk-management analysis and CQI activities.
- Working Groups send 2025-2026 the risk management analysis report with recommendations and plan of actions for standard-specific expected evidence to the Steering Committee by May 15, 2026.

Early Summer 2026 (by June 12, 2026)

- Revised Self-Study Design is submitted to MSCHE staff liaisons.

Mid-Summer 2026 (by July 16, 2026)

- MSCHE staff liaisons approve the revised Self-Study Design and issue formal acceptance.

Summer–Fall 2026

- Working Groups continue regular meetings, data collection, and CQI processes.
- Evidence Inventory Committee assembles and organizes supporting documentation and evidence.

Fall 2026

- Steering Committee oversees research, analysis, and reporting by Working Groups.
- Campus community engagement activities are conducted (forums, meetings, updates).
- Working Groups prepare annotated outlines and begin drafting chapter sections.
- Core Leadership Group attends the MSCHE Annual Conference.

Winter–Spring 2027

- Self-Study retreat is held for the Steering Committee.
- Working Groups submit preliminary draft chapters for review.
- Working Groups revise and submit final draft chapters to the Steering Committee.

Fall 2027

- MSCHE staff liaisons send nominations for Evaluation Team Chair (by September 3, 2027).
- MSCHE confirms Evaluation Team Chair appointment (by September 30, 2027).
- Draft Self-Study Report is reviewed by the university community.
- Draft Self-Study Report is shared with the Evaluation Team Chair.
- Academic Senate, Administrative Board, and Chancellor review the draft Self-Study Report.
- Institution hosts a simulated Self-Study site visit.

Winter 2028 (by January 31, 2028)

- MSCHE identifies vice-chairs and confirms no conflicts of interest.
- MSCHE sends full Evaluation Team roster to the institution.

Spring 2028 (by April 28, 2028)

- Evaluation Team Chair conducts the preliminary visit.
- Core Leadership Group prepares the final version of the Self-Study Report.

Fall 2028

- Third-Party Comment Solicitation due by August 1, 2028
- Final Self-Study Report and all evidence are uploaded to MSCHE **at least 10 weeks prior** to the Evaluation Team visit.
- MSC hosts the MSCHE Evaluation Team Visit (completed by November 17, 2028).

Winter–Spring 2029

- MSC receives and reviews the Evaluation Team Report.
- MSC submits its institutional response to the Team Report.
- MSCHE Committee on Evaluation meets and takes final action on the institution's accreditation status (Spring 2029).

X. COMMUNICATION PLAN

COMMUNICATION PLAN

The MSC is committed to conducting the MSCHE Self-Study as a transparent, inclusive, and evidence-informed institutional process. The communication plan serves as a strategic framework to ensure that all internal and external stakeholders are informed, engaged, and meaningfully involved throughout the self-study lifecycle—from design and data collection to analysis, reflection, and institutional improvement. This plan emphasizes continuous dialogue, shared ownership, and accessible communication, reinforcing accreditation as a collective responsibility and an opportunity for institutional renewal.

The overarching goal of the MSC communication plan is to foster campus-wide understanding, participation, and trust in the self-study process. To achieve this goal, the plan advances the following objectives:

- Increase awareness of the purpose, scope, and value of the MSC Self-Study.
- Promote broad-based participation across faculty, non-teaching staff, students, residents, administrators, and external stakeholders.
- Ensure timely dissemination of milestones, findings, and opportunities for feedback.
- Demonstrate how stakeholder input informs institutional analysis, conclusions, and action planning.
- Sustain momentum and clarity throughout the multi-year self-study process.

All communications related to the self-study are anchored in consistent core messages emphasizing institutional improvement, accreditation integrity, stakeholder participation, and alignment with the mission and strategic priorities of UPR MSC.

The following table includes the MSC communication methods:

Intended Audience	*Communication Methods*	*Timing / Frequency*
Senior Leadership (Chancellor, Deans, Directors)	Briefings, leadership meetings, reports, email updates	Kick-off event; key milestones; every two months and/or as needed
Governance Bodies (Academic Senate, Administrative Board)	Formal presentations, meeting materials, certifications	Kick-off event; every three months and/or as needed
Faculty	Faculty School Meetings, department meetings, emails, website	Kick-off event; mid-cycle; draft review
Administrative and Professional Staff	Unit meetings, emails, announcements	Kick-off event; mid-cycle; prior to submission
Students and Residents	Town halls, surveys, focus groups, emails	Kick-off event; early engagement; feedback periods
Self-Study Steering Committee	Meetings, shared documents, progress reports	Biweekly or monthly
Working Groups	Work sessions, shared platforms, updates, retreats	Ongoing
Campus Community (General)	Website, newsletters, campus-wide emails	Kick-off event; periodic throughout process
External Stakeholders (as appropriate)	Targeted communications, reports	As relevant

To support the above-mentioned communication efforts, the UPR-MSC will implement the following integrated communication strategies:

- "MSCHE Connect" – Dedicated self-study website. URL: https://rcm1.rcm.upr.edu/deanshipacademicaffairs/msche/ (Beginning July 2026)
- "Self-Study Spotlight" – Periodic email and newsletter updates. (Every three months)
- "Campus Conversations" – Town halls, forums, and briefings. (Every semester)
- "Voices of MSC" – Surveys and feedback mechanisms. (Annually)
- "Inside the Process" – Presentations to the Governance and leadership boards. (Every three months)

The Self-Study Steering Committee oversees the communication plan, ensuring alignment with the self-study timeline and institutional priorities. Designated individuals manage specific communication channels to maintain consistency and responsiveness. Feedback mechanisms are embedded throughout the process, enabling continuous assessment and refinement of communication strategies based on participation metrics and stakeholder input.

XI. EVALUATION

TEAM PROFILE

EVALUATION TEAM PROFILE

To support a thorough, fair, and meaningful evaluation of its compliance with the MSCHE Standards for Accreditation, Requirements of Affiliation, policies and procedures, and applicable federal requirements, the MSC respectfully provides the following Evaluation Team Profile. This information is intended to assist the Commission in identifying an evaluation team with the expertise necessary to evaluate a comprehensive academic health sciences campus with complex academic, clinical, research, and administrative operations. While institutional preferences are provided for consideration, the final determination of team composition rests with the Commission and its staff.

A. Team Chair

MSC requests a Team Chair with senior-level leadership experience and demonstrated familiarity with institutions similar in mission and complexity to a public academic health sciences campus. Preferred qualifications for the Team Chair include:

- Experience as a president, chancellor, provost, or chief academic officer at a graduate- and professional-focused institution, preferably an academic health sciences campus and a research-intensive university with a complex variety of clinical and professional programs.
- Demonstrated leadership in institutional accreditation processes, including MSCHE self-studies and evaluation team service.
- Experience overseeing multiple professional schools, including medicine, nursing, pharmacy, public health, dentistry, or allied health disciplines.
- Familiarity with complex governance structures, public higher education systems, and institutions operating within fiscal constraints and regulatory oversight.
- Understanding of institutions that integrate education, research, clinical practice, and community engagement in fulfillment of their mission.
- Academic management experience in a public university.

B. Team Members

MSC anticipates that the Evaluation Team will include members with complementary expertise to evaluate compliance across all MSCHE Standards. Desired expertise among team members includes experience in the following areas:

• Academic Affairs and Curriculum

Experience with graduate, first-professional, and doctoral programs, including curriculum design, assessment of student learning outcomes, and accreditation of professional programs.

• Educational Effectiveness and Assessment

Expertise in institutional and program-level assessment, continuous quality improvement (CQI), use of data for improvement, and closing the loop practices.

• Student Affairs and Student Support Services

Experience evaluating student services in a health sciences context, including advising, counseling, wellness, academic support, and student success initiatives.

• Faculty Affairs

Experience with faculty governance, appointment and promotion processes, faculty development, shared governance, and academic leadership.

• Planning, Resources, and Financial Management

Expertise in budgeting, financial sustainability, enrollment management, resource allocation, and fiscal oversight in public or research-intensive institutions.

• Research Administration and Compliance

Familiarity with externally funded research enterprises, compliance requirements, research infrastructure, and support for faculty research.

• Clinical Education and Experiential Learning

Experience with clinical training environments, residency programs, clinical partnerships, and accreditation expectations in health professions education.

C. Peer Institutions

To assist the Commission in identifying evaluators with relevant experience and to avoid potential conflicts of interest, UPR-MSC identifies the following categories of institutions:

1. Comparable Peer Institutions

- Public academic health sciences campuses
- Graduate and professional institutions with multiple health professions schools
- Research-intensive institutions with strong clinical and community engagement missions

Suggested Comparable Peer Institutions

- State University of New York (SUNY) Downstate Health Sciences University
- University at Buffalo's Jacobs School of Medicine & Biomedical Sciences (UB-SMBS)
- Stony Brook University – Health Sciences (SUNY)
- University of Maryland, Baltimore (UMB) Health Sciences Campus
- State University of New York (SUNY) Upstate Health Sciences University

2. Aspirational Peer Institutions

- Academic health centers recognized for excellence in research, interprofessional education, and institutional effectiveness
- Institutions with mature CQI frameworks and integrated planning and assessment systems

Suggested Aspirational Peer Institutions:

- University of Pittsburgh – Schools of the Health Sciences
- Rutgers Biomedical and Health Sciences (RBHS)
- Penn State Health
- University of Connecticut Health Center (UConn Health)
- University of Massachusetts Chan Medical School

3. Primary Competitors / Shared Recruitment Areas

- Institutions within Puerto Rico and the Caribbean offering health professions education.
- Public and private institutions recruiting similar graduate and professional student populations in health sciences disciplines.

Institutions considered as primary competitors or that have common student recruitment target areas:

- Ponce Health Sciences University
- Universidad Central del Caribe
- San Juan Bautista School of Medicine
- Ana G. Méndez University – Health Sciences Programs
- Inter American University of Puerto Rico – Health Programs

All institutions in Puerto Rico offering health professions programs—both public and private—may be considered competitors to the University of Puerto Rico Medical Sciences Campus, given their shared student recruitment markets, clinical training sites, research funding sources, and workforce development missions.

4. Potential Conflict-of-Interest Institutions

- Other campuses within the University of Puerto Rico System.
- Institutions with active collaborative agreements, shared governance structures, or overlapping administrative leadership with UPR-MSC.

D. Top Programs by Enrollment

To support appropriate alignment of team expertise, UPR-MSC notes that its largest programs by enrollment include:

- Doctor of Medicine (MD)
- Doctor of Dental Medicine (DMD)
- Doctor of Pharmacy (PharmD)

- Graduate Medical and Dental Medicine Residency programs
- Graduate Public Health programs
- Graduate Biomedical, Nursing and Health Professions programs
- Undergraduate Nursing and Health Professions programs

These programs reflect the institution's core mission of educating health professionals, advancing research, and serving populations with the greatest health needs.

XII. EVIDENCE INVENTORY STRATEGY

EVIDENCE INVENTORY STRATEGY

The MSC has established a systematic and standards-aligned strategy for the development and management of the Evidence Inventory in support of the Self-Study process. This strategy is designed to ensure that all evidence used to demonstrate institutional compliance is comprehensive, organized, accessible, and aligned with accreditation expectations.

The Evidence Inventory will be housed on the institutional Microsoft Teams platform, which will serve as the centralized and secure digital repository for all self-study documentation. The repository will be organized by accreditation standards and related criteria, with dedicated folders corresponding to each MSCHE standard. The structure of the repository will be guided by the "Evidence Expectations by Standard Guidelines," aligned with the Standards for Accreditation and Requirements of Affiliation, Fourteenth Edition (effective July 1, 2023). This approach ensures consistency, transparency, and direct alignment between institutional evidence and MSCHE requirements. A Guide for Naming Evidence Aligned with MSCHE Standards and Criteria was developed to establish a standardized naming convention for all evidence uploaded to the Self-Study Evidence Repository (See **Appendix F**). The following table provides examples of types of data points that will be analyzed for each standard.

A. Examples of Data for Each Standard

Evidence/Data	*Standard*						
	I	II	III	IV	V	VI	VII
MSC Strategic Plan Documents	✓					✓	✓
Schools Strategic Plan Documents	✓					✓	✓
Planning and Institutional Development Committee Minutes, Documents and Reports	✓					✓	✓
Office of Planning, Research and Institutional Assessment Reports	✓		✓	✓	✓	✓	
Administrative Board Minutes	✓	✓				✓	✓
Academic Senate Minutes	✓	✓				✓	✓
IPEDS Enrollment Report	✓		✓				
IPEDS Outcomes Report			✓	✓	✓		
IPEDS Completion Report			✓	✓	✓		
IPEDS Human Resources Report	✓		✓			✓	✓
Budget Documents and Requests	✓					✓	✓
Finance Committee Reports						✓	
Campus Climate Survey		✓					✓

Evidence/Data	*Standard*						
	I	II	III	IV	V	VI	VII
Faculty Ombudsman Reports		✓					
Student Ombudsman Reports		✓		✓			
University of Puerto Rico Bylaws		✓					✓
Governing Board Bylaws							✓
School Bylaws		✓		✓			✓
MSC Bylaws		✓		✓			✓
Student Bylaws		✓		✓			✓
Governing Board Certifications	✓	✓				✓	✓
Academic Senate Certifications	✓	✓	✓	✓	✓	✓	✓
Administrative Board Certifications	✓	✓				✓	✓
Faculty Roster			✓			✓	
Human Resources Reports			✓			✓	
Academic Program Assessment Reports			✓	✓	✓	✓	
Program and School Accreditation Reports			✓		✓		
Faculty Handbook			✓				
Program Handbooks/Manuals				✓	✓		
Academic Catalogue			✓	✓	✓		
Faculty Development Activity Reports			✓				
RCM Online Faculty Training Reports			✓				
School Annual Reports			✓			✓	
Student Exit Interview Reports		✓	✓	✓	✓		
Alumni Survey Results				✓	✓		✓
Student Aid Reports				✓			
Support Deanships Annual Reports			✓	✓		✓	✓
Academic Senate Reports						✓	✓

B. Roles and Responsibilities

- **Self-Study Working Group Chairs and Co-Chairs**: The chairs and co-chairs of each self-study working group are responsible for identifying, compiling, and uploading relevant and sufficient evidence for their assigned standard(s). Evidence will be clearly labeled and accompanied by brief annotations, when appropriate, to indicate relevance to specific criteria and requirements of affiliation.
- **Associate Dean for Academic Affairs and Accreditation Office Director**: The Associate Dean for Academic Affairs, and the Director of the Accreditation Office, will oversee the verification and analysis of the Evidence Inventory to ensure that all required documentation is uploaded, complete, current, and appropriately aligned with MSCHE evidence expectations. This oversight will support institutional consistency and readiness for internal review and external evaluation.
- **Evidence Inventory Committee**: The Evidence Inventory Committee will provide ongoing support for the maintenance, organization, and quality control of the repository. The committee will assist working groups as needed, promote adherence to naming conventions and organizational protocols, and ensure the continued integrity and usability of the Evidence Inventory throughout the self-study process.

C. Evidence Inventory Committee Members

Name	*Position*
Pedro Del Valle López	Librarian, Conrado F. Asenjo Library
José R. Ubieta Santiago	Librarian, Conrado F. Asenjo Library
Efraín Flores Rivera	Director, Conrado F. Asenjo Library
Jonathan Hernández Agosto	Director, Curriculum and Institutional Effectiveness Evaluation Division, School of Pharmacy

The MSC provides its academic offerings and student services primarily in Spanish. In preparation for the self-study and in compliance with MSCHE requirements, the institution has established a structured strategy to ensure that all documents relied upon as evidence are available in English. In addition, a glossary of terms for the UPR-MSC Self-Study Process was developed to promote a shared understanding of both the document and the process (see **Appendix G**).

At this time, a formal memorandum has been issued to all schools and administrative units informing them that documents submitted as evidence for the self-study, including policies, bylaws, governance certifications, and official meeting minutes of governing and decision-making bodies, must be prepared and submitted in English, in accordance with applicable laws and accreditation requirements.

For institutional documents that were originally developed in Spanish and are required as evidence, MSC will ensure accurate English translations prior to submission. Translations will be completed by qualified institutional personnel or professional translation services, as appropriate, and reviewed by the responsible administrative unit to ensure and certify the translations' fidelity to the original content and intent.

XIII. APPENDICES

APPENDICES

Appendix A. Certificate No. 100, 2024–2025 of the Administrative Board

Appendix B. Example of Table for the Risk Management Analysis and Traffic Light Classification for the Standard 1

Appendix C. Format for the CQI Processes/Project Plan

Appendix D. Template for submission of inquiry plans

Appendix E. Template for the preparation of Working Group Reports

Appendix F. Guide for Naming Evidence Aligned with MSCHE Standards and Criteria

Appendix G. Glossary of Terms for the UPR-MSC Self-Study Process

APPENDIX A

UNIVERSIDAD DE PUERTO RICO, RECINTO DE CIENCIAS MÉDICAS
PO BOX 365067 SAN JUAN PR 00936-5067 • TEL. 787-758-2525 EXT.1711
SECRETARÍA JUNTA ADMINISTRATIVA

2024-25
Certification Number 100

I, **RAÚL RIVERA GONZÁLEZ**, Executive Secretary of the Administrative Board of the University of Puerto Rico Medical Sciences Campus, **CERTIFY:**

That the Administrative Board in an ordinary meeting held on **Tuesday, February 25, 2025,** in response to **Certification No. 11, 2024-25, JA-RCM,** to **work on the development of a proposal for the creation of a Standing Committee on the "*Continuous Quality Improvement*" processes of the Accreditation of the Middle *States Commission on Higher Education* (MSCHE).** After extensive discussion, the Administrative Board, **AGREED**:

TO ACCEPT as received the final report presented by the Ad-Hoc Committee to the Administrative Board.

ENDORSE the proposal presented regarding for the Establishment of a Standing Continuous Quality Improvement Committee (CQI) processes of the Accreditation of the Middle States Commission on Higher Education (MSCHE).

The report and the proposal become part of this certification.

And for the record, for the knowledge of the corresponding staff and university authorities, I issue this Certification under the seal of the Medical Sciences Campus of the University of Puerto Rico, today February twenty-sixth of the year two thousand and twenty-five.

Raúl Rivera González, DrPH, MS, MT
Executive Secretary

Vo. Bo.:

Myrna L. Quiñones Feliciano, MD, JD
Chancellor

RRG:MQF:ynr

University of Puerto Rico
Medical Sciences Campus

Proposal for the Establishment of a Standing Continuous Quality Improvement Committee at the Medical Sciences Campus

Developed by:
Yasmin Pedrogo, MD, FAAP, MSc MEdL, Dean of Academic Affairs
Débora H. Silva Díaz, MD, FAAP, MEd. Dean of School of Medicine
Edgardo Ruíz Cora, PhD, Dean of Graduate Public Health School and Accreditation Liaison Officer
Wanda I. Colón-Ramírez, Ph.D., MS., OTR/L, Associate Dean of Academic Affairs

I. Executive Summary

The Middle States Commission on Higher Education (MSCHE) requires its institutions to meet rigorous and comprehensive accreditation standards, which should be addressed in the context of each institution's mission and within the culture of ethical practices and institutional integrity expected of accredited institutions. Institutions must be committed to data-based decision-making, consistency, and transparency in assessing compliance with accreditation standards, requirements of affiliation, policies and procedures, and applicable federal regulatory requirements.

This proposal seeks to establish a standing Continuous Quality Improvement (CQI) Committee (CQIC) at the University of Puerto Rico Medical Sciences Campus (UPR-MSC) to ensure compliance with the Standards for Accreditation and Requirements of Affiliation of the MSCHE. Its main purposes are to perform a continuous assessment process to maintain high quality standards, as the Medical Sciences Campus is the principal higher education institution for health professions in Puerto Rico, and to ensure adherence to MSCHE accreditation standards and the minimum expectations for the types of evidence the institution must collect, analyze, and submit as part of the self-reflective accreditation review process. Additionally, the CQI Committee must maintain continuous communication with the Dean of Academic Affairs and provide regular reports to the Dean regarding its activities and recommendations. The CQI Committee will be instrumental in systematically reviewing, evaluating, and improving all academic and administrative processes to ensure compliance with MSCHE accreditation requirements.

This document aims to formalize the activities that this Committee will undertake, conceptually define its nature and functioning, and establish the composition and operational norms that will ensure its effective performance.

II. Background

Since its inception, the Medical Sciences Campus (MSC) has adhered to the legal mandate to develop a Comprehensive Development Plan, along with its annual revisions, as required by the University of Puerto Rico Law of 1966, as amended. By 1985, the Institutional Analysis Committee of the MSC, which reported to the Chancellor's Office, established the need to activate a coordinating body for the articulation of the planning process at all operational levels of the campus. In response to this need, the Institutional Development Committee (CaDI, its Spanish acronym) was organized, now known as the Planning and Institutional Development Committee (CoPDI, its Spanish acronym), which functionally reports to the Chancellor. Currently, the functions and responsibilities of CoPDI have been clearly established in Certification #152-2022-23 of the Administrative Board of the Medical Sciences Campus. These functions and responsibilities comply with the requirements and expectations outlined in the criteria of Standard 1 of the MSCHE. Furthermore, the Office of Accreditation of the Deanship of Academic Affairs is responsible for coordinating the accreditation processes by the MSCHE, managing the renewal processes by the Postsecondary Institutions Board (JIPs,

its Spanish acronym), submitting the necessary documentation, and advising the schools on their accreditation processes.

However, the MSC needs comprehensive and continuous assessment processes to ensure compliance with MSCHE accreditation standards. Regarding the resources and tools needed for the Continuous Quality Improvement (CQI) processes, the Deanship of Academic Affairs recommended establishing a permanent CQI Committee at the University of Puerto Rico Medical Sciences Campus (UPR-MSC). This recommendation is based on a literature review and the experience and expertise of the Dean of Academic Affairs in CQI processes for accreditation purposes.

Continuous Quality Improvement is a structured approach to assessing and enhancing institutional performance. It enables the identification of areas for growth, the implementation of strategic improvements, and the systematic review of outcomes.

The relevant literature supports the need for Continuous Quality Improvement (CQI) committees for accreditation in higher education institutions, including an article by Hendrick, JS et al., in which the authors present a study showing that nine out of ten medical schools reported the creation of a committee to oversee the CQI process at their institutions. Additionally, Barzansky, B et al. present in their peer-reviewed paper that a functional CQI process should be directly focused on accreditation standards to improve educational quality and outcomes. The process should also be feasible to implement, avoid duplication of effort, and have both commitment and resource support from the sponsoring entity and the individual medical schools. They conclude that CQI can enhance the quality and outcomes of educational programs if the process is designed to collect relevant information, and the results are used for program improvement. Therefore, the proposal to create a permanent Continuous Quality Improvement Committee for the MSC will facilitate and support compliance with the MSCHE standards that call for evidence of effectiveness in institutional operations, including assessment methods to enhance overall performance.

III. Duties and Responsibilities:

The committee will:

- Advise the Dean of Academic Affairs on the institution’s compliance with accreditation and quality standards as well as plans and to maintain and achieve compliance when weaknesses are identified.

- Monitor al MSCHE standards through a developed annual standard monitoring schedule and action plan implementation indicators.

- Determine the accreditation standards to be reviewed and monitored annually in a 4-year evaluation cycle. Reasons for monitoring may include, but are not limited to, national trends, standards cited in previous full visits, identified areas needing improvement, and more.

- Maintain a system for monitoring standards, which includes a formal review process that entails developing recommendations, timelines, and goals.

• Establish the timing for data collection and review.

• Identify the individuals or organizational roles responsible for data collection, analysis, and report development, as well as the individual(s)/office(s)/committee(s)/deanship(s)/board(s) that will receive and act on the information.

• Oversee the development of a data collection and management system.

• Regularly review data sources, including program exit surveys, academic community evaluations and/or surveys, strategic plan annual executive summaries, aggregate data on student admissions and academic performance, attrition and graduation rates, minimum time for program completion, and other internal data sources as deemed appropriate by the CQIC.

• Review and ensure that policies, bylaws, regulations, certifications, affiliation agreements, and other institutional documents deemed relevant are monitored and systematically updated.

• Develop long-term plans aligned with the institutional strategic plan to ensure continuous compliance with current and future MSCHE accreditation standards.

• Develop and implement plans aimed at correcting deficiencies identified from collected data that may put the MSC at risk of non-compliance with any particular accreditation standard.

• Evaluate the performance and outcomes of plans implemented by the committee to ensure that identified deficiencies have been appropriately addressed.

• Monitor general communications from the MSCHE that may impact action planning for maintaining accreditation of the MSC.

• Disseminate outcomes and recommendations to leadership and administration, including providing regular reports to the Dean of Academic Affairs on its activities and recommendations.

• Provide a report to the Dean of Academic Affairs and the Chancellor following the receipt of communications from the MSCHE regarding the accreditation status of the MSC.

IV. Committee Structure

The CQIC will respond to the Dean for Academic Affairs (see Appendix A, Organigram of the Deanship for Academic Affairs). The Composition of the committee shall include:

- Associate Dean of Academic Affairs
- Accreditation Liaison Officer (ALO)

- Director of the Accreditation Office (DAO)
- Dean of Students
- Dean of Administration
- Dean of Research
- Associate Deans of Academic Affairs of each School (6)
- Director of the Planning, Research and Institutional Assessment Office (OPIAI)
- Students Representative of the Students General Council (2)
- Dean of Academic Affairs (ex-officio)
- Others as deemed necessary based on the topics addressed per the CQI committee determined cycle

From among its members, the Committee shall select a secretary at least every two years, who will assist the Committee Chair in keeping records, managing agreements, and performing administrative processes related to the Committee's duties.

V. Meetings

Fourteen (14) voting members constitute the Committee, including the membership proposed as part of the committee structure. The Chairs of the Committee will be Associate Dean of Academic Affairs and the Accreditation Liaison Officer. The Committee shall meet as often as needed, but no less frequently than every two (2) months. A quorum for meetings will be established by a simple majority of the members with the right to vote.

VI. Process for CQI

Selecting Standards to be Monitored

The CQI Committee will monitor all standards through a developed annual standard monitoring schedule and action plan implementation indicators. The depth and scope of standards reviews will be determined by the urgency and complexity of each standard, as assessed by the committee. The standards that will require more frequent and in-depth review include:

- Standards identified by the CQI Committee as being "at risk" of slippage based on outcome trends and/or modifications in MSCHE evidence of expectations, as informed by their publications.

- Standards that require support from outside the MSC (e.g., UPR institutional support for centralized services).

- Standards that, due to their complexity and interdependent nature, are prone to unexpected or rapid variations.

Process for Monitoring Standards

- The Accreditation Liaison Officer (ALO) and the Associate Dean of Academic Affairs, if they are different individuals, will lead and advise the CQI Committee and the individual leaders of units on identifying the key outcome measures for assessing compliance.

- The Director of the Planning, Research and Institutional Assessment Office (OPIAI, its Spanish acronym), with expertise in program evaluation and assessment, will provide guidance on selecting, modifying, and/or developing appropriate data sources for each element being monitored, including the data analysis and recommendations of the Institutional Assessment Committee (CoIA, its Spanish acronym).

- The committee will request periodic data reports on key issues being addressed in accordance with the established accreditation standards monitoring schedule.

- Internal benchmarks for compliance will be established by the CQI Committee based on institutional and academic program outcomes and MSCHE expectations.

- The OPIAI Director, with expertise in program evaluation and assessment, will provide guidance and support in analyzing the data and developing reports to be shared with the corresponding standing committees and the Dean of Academic Affairs.

- The ALO and the DAO will track changes in MSCHE standards, evidence of expectations, MSCHE communications and website information, and materials from MSCHE meetings, developing a summary report to share with the committee.

- Prior to every CQI Committee meeting, members will review the MSCHE information available that is pertinent to the standards to be discussed.

- Any faculty member may bring suggested metrics to the CQI Committee through the DAO or via direct communication.

Assessing Compliance and Establishing Action Plans

The CQI Committee will engage in quality improvement cycles, following the PDSA Model (derived from Edward Deming's PDSA cycle). The process is as follows:

- **PLAN** - The CQI Committee will request an annual action plan and a standards monitoring schedule from the responsible individuals for each of the MSCHE standards and criteria.
- **DO** - The responsible individuals will implement the CQI process for each criterion.
- **STUDY** - The CQI Committee will assess compliance with key metrics within the delineated timeline and determine if the criteria of the standards are being met.

- **ACT** - If a standard is found to be partially compliant or non-compliant, the CQI Committee will decide on new strategies to ensure that the standards and criteria are met and will re-initiate the PDSA cycle.

The CQI Committee will meet regularly to evaluate all ongoing initiatives and will complete the annual plan, including their key metrics. The CQI Committee may modify the suggested strategies to meet the outcome indicators at any time during the accreditation cycle. If deemed necessary, key metrics may also change to ensure more reliable demonstration of compliance with MSCHE standards. These plans will be put into action, and results will be reevaluated.

VII. Budget

It is not necessary to have an assigned budget for the CQI Committee to perform its functions and roles.

VIII. References

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- Standards for Accreditation and Requirements of Affiliation of the Middle States Commission for Higher Education. Fourteen Edition.

- Evidence Expectations by Standard Guidelines. Aligned with the Standards for Accreditation and Requirements of Affiliation, Fourteenth Edition.

- NSU MD Policy on Continuous Quality Improvement and Monitoring of LCME Accreditation Elements and Standards

- Bylaws of the Faculty of the School of Medicine of the University of Puerto Rico

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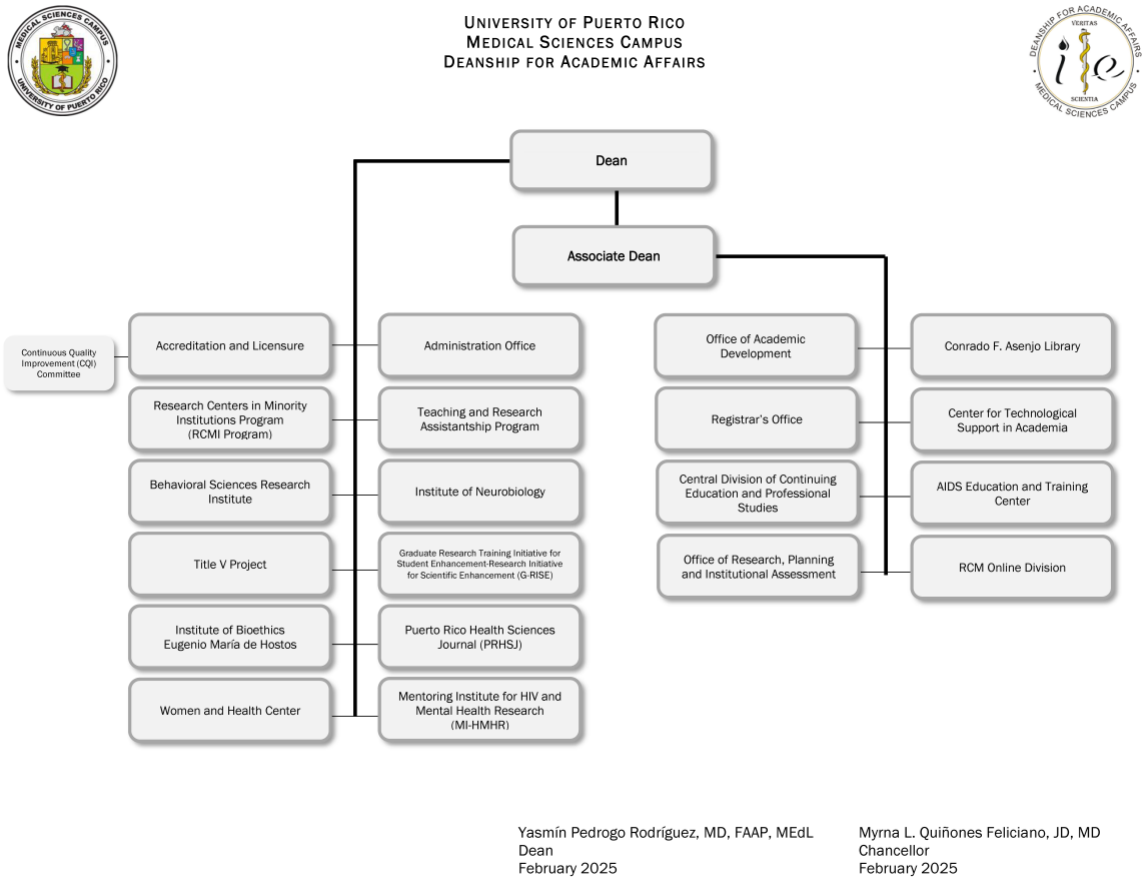
- Strategic Plan of the University of Puerto Rico School of Medicine 2024-2029.

IX. Appendices

Appendix A. Organigram of the Deanship for Academic Affairs



Yasmín Pedrogo Rodríguez, MD, FAAP, MEdL
Dean
February 2025

Myrna L. Quiñones Feliciano, JD, MD
Chancellor
February 2025

APPENDIX B

Appendix B. UPR-MSC MSCHE Evidence Expectations Analysis
Risk Management Assessment
Traffic-Light Risk Classification

MSC-*UPR*

STANDARD I: MISSION AND GOALS			
Criteria	**Evidence Expectation**	**Summary of Findings** *(Identify gaps and risks)*	**Proposed Actions** **Need to Develop CQI Initiative/Project (Yes or No; Name the CQI Initiative or Project)**
The institution's mission defines its purpose within the context of higher education, the students it serves, and what it intends to accomplish. The institution's stated goals are clearly linked to its mission and specify how the institution fulfills its mission.			

Criteria	Evidence Expectation	Summary of Findings *(Identify gaps and risks)*	Proposed Actions Need to Develop CQI Initiative/Project (Yes or No; Name the CQI Initiative or Project)
1. Clearly defined mission and goals that: a. are developed through appropriate collaborative participation by all who facilitate or are otherwise responsible for institutional development and improvement; b. address external as well as internal contexts and constituencies; c. are approved and supported by the governing body; d. Guide faculty, administration, staff, and governing structures in making decisions related to planning, resource allocation, program and curricular development, and the definition of institutional and educational outcomes; e. Include support of scholarly inquiry and creative activity, at levels and of the type appropriate to the institution; f. Are publicized and widely known by the institution's internal stakeholders;	• Mission statement o date of last revision o list of mission review committee members and evidence of their involvement in mission review and revision o evidence of participation and approval by governing body • Sample communications or publications of the mission statement and/or notification of changes to the mission to the institution's internal and external constituencies (select a sample from across a four- year period) • Evidence of alignment between elements of mission and institutional goals and unit-and institution-level planning, resource allocation, program and curriculum development and the definition of institutional and educational outcomes • Sample budget requests or other documentation demonstrating alignment between budget allocations and mission and institutional goals (select a sample from across a four-year period)		
2. Institutional goals that are realistic, appropriate to higher education, and consistent with mission	• Most recent institutional strategic plan or institutional effectiveness plan, or other documentation of strategic planning or goal-setting o Date of last update o Goals with evidence of their relationship to mission (e.g., crosswalk, etc.)		
3. Goals that focus on student learning outcomes and student achievement that:	• Evidence that the institution has set goals that address student learning outcomes, and attainment can be measured using student		

Criteria	Evidence Expectation	Summary of Findings *(Identify gaps and risks)*	Proposed Actions Need to Develop CQI Initiative/Project (Yes or No; Name the CQI Initiative or Project)
a. include retention, graduation, transfer, and placement rates; b. consider diversity, equity, and inclusion principles; c. are supported by administrative, educational, and student support programs and services; and d. prioritize institutional improvement	achievement data including Graduation rates, Retention rates, Transfer rates, Job placement rates • Evidence and trend analysis of the institution's progress at meeting the established student achievement goals using at least four years of student achievement data - as appropriate to institutional mission and disaggregated by relevant populations: o Retention Rates (Available in IPEDS and collected in the AIU) o Graduation Rates (100%, 150%, 200%) (Available in IPEDS and collected in the AIU) o Transfer Rates (Available in IPEDS and collected in the AIU) o o Placement rates, and/or • Alternative completion measures including but not limited to: o Student Achievement Measure (SAM) o Outcomes Measures (OM) (Available in IPEDS) o Degrees Awarded, by credential level annually (Available in IPEDS) o Pass Rates on standardized examination o Data on Earnings (e.g. College Scorecard) • Evidence that the institution has set goals that consider diversity, equity and inclusion principles • Evidence of alignment between mission,		

Criteria	Evidence Expectation	Summary of Findings *(Identify gaps and risks)*	Proposed Actions Need to Develop CQI Initiative/Project (Yes or No; Name the CQI Initiative or Project)
	strategic goals, and diversity, equity, and inclusion principles • Student Headcount Data, disaggregated by relevant populations (Available in IPEDS and collected in the AIU) o Fall Enrollment o 12 Month Enrollment o Graduate enrollment if applicable • Human Resources Data, disaggregated by relevant populations (Available in IPEDS) o Faculty headcount o Administrative and staff headcount • Evidence of budgetary support, allocation of resources, and implementation of programs to support student learning outcomes and student achievement • Expense Analysis of related expenses (four-years), as applicable		
4. Periodic assessment of mission and goals to ensure they are relevant and achievable	• Evidence of strategic plan and mission development processes • Evidence of regular evaluation of mission statement and institutional goals		

APPENDIX C

Appendix C. Format for the CQI Process/Project Plan
(Aligned with the PDSA Cycle and Plan of Action)
University of Puerto Rico Medical Sciences Campus (UPR-MSC)

Section I. Process or Project Identification

CQI Process or Project Title:
Unit / Program / Office:
MSCHE Standard(s) Addressed:
Institutional Priority Addressed:
☐ Academic Excellence and Innovation

☐ Student Experience and Success

☐ Continuous Quality Improvement Culture

☐ Financial Sustainability

Process or Project Lead:
Process or Project Team Members:
Date Initiated:
Expected Completion Date:

STAGE 1: PLAN – Diagnostic Assessment and Action Design

Problem / Opportunity Statement:
Rationale and Alignment:
Baseline Data and Evidence:
Root Cause Analysis:
Plan of Action:
Timeline:
Resources:

STAGE 2: DO – Implementation of the Plan of Action

Implementation Activities:
Fidelity of Implementation:
☐ Implemented as designed

☐ Modified during implementation

Documentation of Implementation:
Challenges and Mid-Course Adjustments:

STAGE 3: STUDY – Evaluation and Impact Analysis

Post-Implementation Data Collection:
Data Analysis and Findings:
Comparison to Expected Outcomes:
Assessment of Effectiveness:

STAGE 4: ACT – Decision-Making, Standardization, and Closing the Loop

Decision Pathway:
☐ Standardize

☐ Revise and repeat PDSA

☐ Discontinue and redesign

Action Plan for Next Cycle (if applicable):
Institutionalization of Effective Practices:
Closing-the-Loop Statement:

Based on systematic analysis of post-implementation data, the CQI Team determined that the intervention resulted in measurable improvement in _____. As a result, the revised process has been formally adopted and integrated into standard operating procedures, thereby closing the assessment loop.

Section V. CQI Documentation and Evidence

List of the Evidence and/or Related Documents:

Section VI. Review and Approval

Project Lead Signature: Date:
CQI Committee Chair Signature: Date:

APPENDIX D

Appendix D. Template for Submission of Inquiry Plans

UPR-MSC MSCHE Self-Study

I. Working Group Information

Working Group Number and Name:
Working Group Chair:
Working Group Co-Chairs:
Working Group Members:
Date of Submission:

II. Purpose and Charges of the Working Group

Purpose Statement:

Formal Charges:

III. Alignment with Institutional Mission and Strategic Priorities

Mission Alignment:
Strategic Plan Alignment:
Self-Study Priority Alignment:

IV. Working Groups Institutional priorities addressed by the group and Lines of Inquiry

Institutional priorities will be addressed by the group	Lines of Inquiry

V. Data Sources and Evidence Base

Evidence Sources:

Evidence Collection Strategy:
List of Evidence/Data:

VI. Methodology, Analytical Approach, and Risk

Analyze qualitative and quantitative data
Risk Identification Process & Traffic-Light Risk Classification *(Complete the Table for the Risk Management Analysis and Traffic Light Classification)*
Identify gaps and risks.
Develop evidence-supported narrative

VIII. Action Planning, CQI Framework and Closing the Loop

Action Planning Process:
CQI Processes/Projects *(Complete the format for the CQI Processes/Projects Plan for each process or project):*
Closing-the-Loop Strategy:
Timeline:

IX. Collaboration and Communication

Internal Collaboration:
Triangulation Strategy:
Steering Committee Reporting:

X. Conclusions

Conclusion:
Strengths:
Challenges and Areas for Opportunities:

XI. Signatures

Working Group Chair Signature:
Working Group Co-Chair Signature:
Date:

APPENDIX E

Appendix E. Template for the preparation of the Working Group Report

General Instructions

Use the designed template for the development of the Working Group Report. Each working group (Standard Working Group) will submit approximately three draft versions and one final Working Group Report. The final Working Group Report, is expected to stand as an independent chapter of the MSC Self- Study 2028-2029. Each chapter must assess compliance with standard criteria through a rigorous analysis, presenting evidence, and identifying institution's strengths, challenges, and opportunities.

The template is to be completed in a single space document, with one-inch margins on all 4 sides, with a Times New Roman font size 12. A maximum of 20-25 pages is expected, including tables and figures, excluding evidence documents and appendices that need to be included in the self-study report.

When developing the narrative, write concise, evidence-based, and analytically focused paragraphs. Always emphasize analysis over description. Organize the narrative according to standard criteria order, however the narrative must be divided in meaningful chunks of information, that will not necessarily follow a strict criteria order.

Specific Instructions

State **Working Group** using the following format as an example: Standard I- Mission and Goals

Complete the **Date Submission**, and check the correspond box if it is a draft or a final version that is being submitted. Drafts must be numbered. It is expected to receive at least 3 draft versions.
☐Draft # ___ ☐Final

Write the **Lines of Inquiry** as stated in the Self-Study Design, using numbers to identify them**.** This will be deleted for final version, it will be used for reference for chapter revision.

The first section of each standard chapter will be **Introduction and Scope.**
In this section present a brief overview of the scope of the review and lines of inquiries guiding the analysis of this standard. Describe the collaboration with other Working Groups, as applicable. Relate this standard with institutional strategic areas, self-study priorities and self-study outcomes as applicable.

This section can be of approximately of two or three paragraphs.

After this first chapter section, you will initiate the body of the chapter's narrative. To ensure consistency between working groups, the body of the narrative will be divided into sections with a heading name for each section. This can be done by dividing Standard Criteria into **groups that will be analyzed and presented together**.

To facilitate the revision of the narrative for each section, the template uses: Identify the criteria to be addressed: Standard Narrative Body for Criteria ___ through ___ and specify the # of the lines of inquiry to be addressed (following the number assigned at the beginning of the document. This will be deleted for the final version report. It will only be used for reference for chapter revision process.

For each section describe methods, analysis, findings, and evidence. Always consult and be sure to include the evidence required according to the Evidence Expectation Guidelines. Try to include at least one example of 3 schools, if appropriate. This is three examples for each criterion, unless this is inadequate.

Follow the same procedure for all Standard criteria groups. After each Standard Criteria Group include a List of Evidence Documents to be included for the narrative/criteria. This will also be deleted in the final version.

After analyzing all Standard Criteria, having written all narrative analysis, develop a Standard Narrative **Conclusion section.** In this conclusion, explicitly state if all standard criteria have been met, if a criterion has not been met, and what are the main findings and how these explicitly relate to Standard Criteria, Self-Study Priorities and Outcomes, lines of inquiries, and Institutional Strategic Areas. Divide this section into three subsections: introduction paragraph, a subsection of strengths, and a final subsection for challenges and opportunities.

The final part of the Standard narrative is Recommendations. Write actionable recommendations focused on continuous improvement as necessary according to findings and criteria analysis. Remember this is not a wish list. It is the identification of needed actions to meet required standard criteria. Number recommendations 1, 2, …

If needed, include an Appendix list and attach appendices to the Working Group Report. Name appendices with Standard number and a letter. For example, the first appendix of Standard #1 will be named Standard 1A, Standard 1B….

University of Puerto Rico
Medical Sciences Campus
Self-Study 2028-2029

University of Puerto Rico
Medical Sciences Campus
Self-Study 2028-2029

Working Group Report

Working Group: Standard ___
Date Submission: _____ ☐**Draft # ___** ☐**Final**

Working Group **Lines of Inquiry**:

1.
2.
3.

Introduction and Scope:

Standard Narrative Body for Criteria ___ through ___ (Addresses lines of inquiry # _____)
1.1 Name of Subsection

List of Evidence Documents:

Standard Narrative Body for Criteria ___ through ___ (Addresses lines of inquiry # ____)
1.2 Name of Subsection

List of Evidence Documents:

Standard Narrative Body for Criteria ___ through ___ (Addresses lines of inquiry # _____)
1.3 Name of Subsection

List of Evidence Documents:

Standard Narrative Body for Criteria ___ through ___ (Addresses lines of inquiry # _____)
1.4 Name of Subsection

List of Evidence Documents:

Conclusion:

Strengths
Challenges and Areas for Opportunities

Recommendations:

1.
2.

Appendix

APPENDIX F

Appendix F. Guide for Naming Evidence Aligned with the MSCHE Standards and Criteria

UPR-MSC

Purpose

This guide establishes a standardized naming convention for all evidence uploaded to the Self-Study Evidence Repository of the Medical Sciences Campus for Self-Study 2028. Consistent naming:

- Clearly links evidence to **MSCHE standards and criteria**,
- Facilitates efficient review by Working Groups, CQIC, and the Evaluation Team, and
- Supports triangulation, quality control, and long-term institutional use.

All evidence files must follow this convention when uploaded to the Microsoft Teams repository.

Required Evidence Naming Structure

Each evidence file name must include the following elements **in the order listed**:

Standard – Criterion – Evidence Type – Brief Description – year (YYYY, when applicable)

File Naming Syntax

[Standard]*[Criterion]*[Underscore]*[EvidenceType]*[Underscore]*[ShortDescription]*[Year]

Standard Format

Use the capital letter S next to numerals from 1 to 7:

- S1 = Standard I
- S2 = Standard II
- S3 = Standard III
- S4 = Standard IV
- S5 = Standard V
- S6 = Standard VI
- S7 = Standard VII

Criterion Format

Use the capital letter C and the official MSCHE criterion letter or number as in the evidence expectation guide:

- **C1a**
- **C1b**
- **C1c**

- **C1d**
- **C2**
- **C3a**
- **C3b**
- etc., as written in the MSCHE evidence expectation guide Fourteenth Edition

Avoid special characters (&, %, /, #).

After the criterion and before the evidence type include an underscore "_"to differentiate between them.

Evidence Types

Use one of the following standardized terms or you can use other one or two words (without spacing in between words, no more than two words for type of evidence, capitalize first letter of the word or of the two words):

- **Policy**
- **Procedure**
- **Bylaws**
- **StrategicPlan**
- **Catalogue**
- **AssessmentReport**
- **AnnualReport**
- **Minutes**
- **SurveyResults**
- **Dashboard**
- **AccreditationReport**
- **Agreement**
- **DataSummary**
- **Example**

Short Description and Year

Use a short description when needed (two to four words) and year when applicable, if needed.

Separate the evidence type from the short description with an underscore.
Examples: Policy_ReasonableAccomodation2012
Assessment Report_Enrollment2022

Other Guidelines

- Start each individual word with an upper-case letter followed with all others in lower case (Example: MissionStatement)

- Certifications from governance and deliberative bodies should follow the following convention: [Standard] [Criterion] [UnderScore] [EvidenceType] [Deliberative Body

Abbreviation] [Cert][Number][Underscore][Year][Two to three words of Title]. For the deliberative body abbreviation please see "Glossary of Terms" Table. The following example is from Governing Board Certification #24, 2015-16: Medical Sciences Campus faculty Academic Task Equivalency Tables: S2C3b_Policy_GBCert25_2015-2016_FacultyAcademicTask

Examples by Standard

Standard I – Mission and Goals

- S1C1a_Policy_MissionStatement2024
- S1C1b_Mission_Publication
- S1C2_StrategicPlan_InstitutionalGoals2023

Standard II – Ethics and Integrity

- S2C1_Policy_CodeEthics2024
- S2C1_Policy_AcademicIntelectualFreedom
- S2C2_Procedure_ConflictInterest2023
- S2C3_Policy_StudentGrievance
- S2C7a_Procedure_ClimateRespect

Standard III – Student Learning Experience

- S3C2a_AssessmentReport_ProgramLearningOutcomes2024
- S3C4_DataSummary_LicensurePassRates2023

Standard IV – Student Support

- S4C1_AnnualReport_StudentSupportServices2024
- S4C3_SurveyResults_StudentSatisfaction2023

Standard V – Educational Effectiveness Assessment

- S5C1_AssessmentReport_InstitutionalOutcomes2024
- S5C2_Dashboard_AssessmentResults2023

Standard VI – Planning, Resources, and Improvement

- S6C2_BudgetReport_ResourceAllocation2024
- S6C3_DataSummary_FacultyStaffingTrends2023

Standard VII – Governance and Leadership

- S7C1_Bylaws_GovernanceStructure_2024
- S7C4_Minutes_BoardOversight_2023

Evidence Version Control

When multiple versions exist, add a version identifier **at the end using a letter v with a number**:

- v1, v2, Final

Example:

- S7C2_StrategicPlan_CapitalPlanning2024V1
- S7C2_StrategicPlan_CapitalPlanning2024V2
- S7C2_StrategicPlan_CapitalPlanning2024Final

Edited Evidence Documents

When the evidence of a criteria can be fulfilled with only a specific portion of a document, provide only the relevant section of the document. For example if the evidence is a particular section of the bylaws, provide a copy of the relevant section not the full bylaws document.

Cross-Referenced Evidence

If one document supports **multiple standards or criteria**, upload it in every standard with a different name. However, please keep a control list/table that identifies the one same evidence with its multiple names for cross-reference. This will be done to ensure completeness during the process of building the evidence inventory. When finalizing the evidence inventory repetition will be identified and decisions of either using only one name or keeping the same document with two names will be made based on what is more appropriate for document control and for uploading to MSCHE platform.

Example reference note in table:

- S1C2_StrategicPlan_InstitutionalGoals2023 equal with S4C3c_Strategic Plan

Quality Check Before Upload

Before uploading evidence, confirm that:

- The **standard and criterion** are correctly identified,
- The **title is concise and descriptive**,
- The **date reflects the most current approved version**, and
- The file name matches the naming convention exactly.

Oversight

- **Working Group Chairs and Co-Chairs** are responsible for correct naming at upload.
- The Evidence Team will review file naming consistency as part of evidence validation and risk assessment.

APPENDIX G

Appendix G. Glossary of Terms for the UPR-MSC Self-Study Process

Spanish	English in text	Naming Evidence and acronyms
Recinto de Ciencias Médicas	Medical Sciences Campus	MSC
Junta de Gobierno	Governing Board	USE initials = GB
Certificación de Junta de Gobierno	GB Certification NO. XX (YEARS)	For example for Certification #48 of the GB 2025-2026 Use: S2C3b_Policy_GBCert48_2025-2026_CourseCreate
Senado Académico	Academic Senate	Use initials = AS
Certificación de Senado Academico	AS Certification No. XX (YEARS)	S2C3b_Policy_ASCert37_2020-2021_FacultyDevelopment
Junta Administrativa	Administrative Board	Use initials = AB
Certificación de Junta Administrativa	AB Certification No. XX (YEARS)	S2C3b_Policy_ABCert37_2020-2021_StudentGrievance
Reglamento General UPR	UPR General Bylaws	S2C1_Policy_UPRBylaws20XX
Reglamento General de Estudiantes UPR	UPR General Student Bylaws	S2C1_Policy_UPRStudentBylaws20XX
Reglamento de Estudiantes del RCM	MSC Student Bylaws approved by GB Cert No. 86 (2020-2021)	S2C1_Policy_MSCStudentBylaws20XX
Manual del Estudiante 2022-2023	MSC Student Manual	
	Middle States Commission on Higher Education	MSCHE
Año académico	Academic Year	AY
Año fiscal	Fiscal year	FY
Junta de Instituciones Postsecundarias	Board of Postsecondary Institutions	JIP
Catalog RCMo	MSC Catalogue	S2C1_Catalogue_2025-2026june2025
	Deanship for Research	DR
	Deanship for Academic Affairs	DAA
	Deanship for Administration	DA
	Deanship for Student Affairs	DSA
Decano de (para la Persona)	Dean of Academic Affairs Dean of Student Affairs Dean of Administration Dean of Research	

Consejo de Integración y Planificación (CIPE)	Council on Academic Planning and Integration	CAPI
	Institutional Review Board	IRB