REPORT OF THE WSCUC VISITING TEAM
SEEKING ACCREDITATION VISIT 1
For Institutions Seeking Initial Accreditation

To California University of Science and Medicine

February 27-March 1, 2019

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The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WASC Senior College and University Commission. The formal action concerning the institution’s status is taken by the Commission and is described in a letter from the Commission to the institution. Once an institution achieves either candidacy or initial accreditation, the team report and Commission Action Letter associated with the review that resulted in the granting of either candidacy or initial accreditation and the team reports and Commission Action Letters of any subsequent reviews will be made available to the public by publication on the WSCUC website.
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SECTION I. OVERVIEW AND CONTEXT

A. Description of Institution and Visit

The California University of Science and Medicine (CUSM) is a private, not-for-profit institution located in two separate locations in the city of San Bernardino. CUSM has one graduate/professional school, which currently offers two-degree programs, the Master of Biomedical Sciences (MBS) and Doctor of Medicine (MD) programs. Its mission is to improve access to quality healthcare for the Inland Empire.

The Prime Healthcare Foundation (PHF or the Foundation), based in the Inland Empire, is a 501(c)(3) not-for-profit charity and hospital system founded and funded by Prem Reddy, MD, with a mission to improve healthcare, provide educational opportunities, and give back to underserved communities, such as the Inland Empire. In 2013, PHF made an initial $40 million grant to CUSM for the establishment of a medical school which offers both an MD and an MBS degree.

In addition, the Prem Reddy Family Foundation, another 501(c)(3) charitable organization, pledged to provide additional funds of up to $20 million to CUSM in 2 separate agreements in March 2017 (an unconditional $10 million grant) and in December 2017 (a conditional contingency $10 million grant should there be an operational shortfall). In spring 2017, CUSM secured a 20-year contract that created a public-private partnership with San Bernardino County. The partnership between CUSM and San Bernardino County provides an additional $10 million to the medical school and the benefit of affiliation with Arrowhead Regional Medical Center (ARMC).

At the time the Seeking Accreditation Visit 1 (SAV1) report was submitted, CUSM employed 30 staff and 45 faculty, among whom 22 have senior administrative appointments such
as administrative dean and director positions. CUSM matriculated its first cohorts of 64 MD and 36 MBS students in the late summer of 2018.

CUSM has affiliated with ARMC, which made ARMC the principal teaching hospital for CUSM School of Medicine MD program. CUSM plans to also affiliate with additional clinical sites as the MD class size increases.

At the time of the visit, CUSM was leasing two temporary sites in the city of San Bernardino, one to serve the curricular needs of the MD program and the second to serve the curricular needs of the MBS program. CUSM has plans to construct a new medical school and will move all operations to this new campus in Colton, CA, once completed.

**Recent accreditation history:** Because it offers an MD, CUSM is responsible to three separate accreditors:

1. The Bureau for Private Postsecondary Education (BPPE): CUSM received provisional approval to operate no more than two degree programs, with an expiration date of May 17, 2022, subject to earlier termination.

2. The Liaison Committee on Medical Education (LCME): Preliminary accreditation of the medical education program was granted on February 26, 2018.

3. WASC Senior College and University Commission (WSCUC): On May 20, 2016, the Panel of the Eligibility Review Committee of WSCUC conducted its evaluation of the application for eligibility submitted by CUSM and acted to grant eligibility.

On April 5, 2017 the WSCUC’s Staff Liaison acted to approve the addendum to CUSM’s Eligibility application to approve a one-year MBS program which was included in the SAV1 review, in addition to the MD program.
B. The Institution’s Seeking Accreditation Visit 1 Report: Alignment with the Letter of Intent and Quality and Rigor of the Review and Report

1. Alignment with the Letter of Intent

The team found CUSM’s SAV1 Report (December 2018) to be consistent with its Letter of Intent (October 2018). CUSM made efforts to address each of the four recommendations (Criteria 1, 6, 7, and 9) outlined by the WSCUC Eligibility Review Committee in the May 25, 2016 Eligibility Action Letter, which found that all 16 Eligibility Criteria had met a sufficient level to merit approval. Section 3 of the institution’s Seeking Accreditation Institutional report detailed progress made and outlined steps taken to address these issues.


The team commends CUSM for preparing a well-organized and clearly written SAV1 Report which was submitted and made available for the team’s review prior to the February 27 – March 1, 2019 visit. The team members were impressed with the quality of most evidence presented in support of CUSM’s progress toward candidacy or accreditation. This evidence was readily available through extensive use of embedded links in the report. The CUSM Accreditation Task Force has broad representation from across the institution, and faculty were involved in the discussion of issues and recommendations. Many involved in the WSCUC accreditation effort had been involved in seeking preliminary accreditation from the LCME, and that earlier effort informed the SAV1 report and evidence presented. Some stakeholders who would ordinarily be expected to participate, including students, did not, as the first cohort had just begun their programs as the process was being completed. The report presented a carefully thought out approach to the SAV1. However, at times self-reflection was lacking, which is understandable in an institution so new, and much data it will to rely on to inform improvement has not yet been generated. Additional material requested prior to the visit was promptly
provided. The institution was responsive to requested changes to the visit schedule and incorporated those changes immediately.

While the institutional report established the foundation for the campus visit, the on site interviews and discussions with a cross section of key stakeholders provided the additional information needed to answer outstanding questions and inform the team’s findings. All additional documents requested during the visit were supplied promptly and helped the team clarify issues when they arose. During the site visit, the team found that the administrators, faculty, staff and students are deeply committed to CUSM’s mission and vision and to the institution itself. All groups and individuals interviewed, including the staff, demonstrated well-developed knowledge of the mission and the innovative curriculum, although most were generally less familiar with educational effectiveness processes and structures.

The team would like to acknowledge CUSM’s engagement in the initial accreditation process and the time and energy the campus community has invested in it.

C. Response to Issues Raised in the Eligibility Review Committee Letter

Since May 2016, CUSM has engaged in WSCUC’s eligibility and candidacy review process.

The Eligibility Review Committee (ERC) letter (dated May 25, 2016) granted CUSM eligibility, noting several recommendations related to Criteria 1, 6, 7, and 9. CUSM addressed those recommendations as it prepared for a site visit to review CUSM’s application to be admitted to candidacy for accreditation. The specific recommendations and resolutions are noted below.
(1) **Criterion 1. Authority.** WSCUC understands that approval by the California Bureau of Private Postsecondary Education can take a few months. By the time Initial Accreditation is granted, BPPE approval will need to have been received.

Resolution: CUSM has secured BPPE provisional approval to operate with both the MD program (granted May 17, 2017) and the MBS program (granted May 25, 2017).

(2) **Criterion 6. Mission and Principle Policies.** CalMed committed on the phone call to increasing gender diversity on the Board, within the administration, and among the faculty as the institution moves toward SAV1.

Resolution: CUSM is attempting to increase diversity while remaining committed to California Constitution Article I, Section 31, (also known as Proposition 209). This law prevents the “State” from granting preferential treatment to any individual on the basis of race, sex, color, ethnicity, or national origin.

Since the May 2016 ERC letter, the nine member Board of Trustees now has one woman serving. In December 2018, 31% of faculty are women (increased from 15% in May 2016) and 38% of the new faculty hires are women. With regard to senior administrative staff, in May 2016 CUSM employed 12 (86%) male and 2 (14%) female senior administrative staff, whereas it currently employs 15 (68%) male and 7 (32%) female senior administrative staff. Among the 15 new senior administrative staff appointees since May 2016, 7 (47%) are females.

(3) **Criterion 7. Governance and Administration.** The panel appreciates the institution’s commitment to meeting the WSCUC Independent Governing Board Policy and for the legal review they requested of WSCUC before the application was submitted. Because WSCUC is in the process of revising the policy, CalMed will want to pay attention to any changes to determine if further revisions in the Bylaws may be needed as SAV1 approaches.

Resolution: The university amended the CUSM BOT Bylaws and operation (Sixth Amended and Restated Bylaws) for governance to be consistent with the WSCUC Governing Board Policy and its Implementation Guide, approved by the Commission in November 2017.
Specifically, the BOT Bylaws now reflect (aligned with Summary WSCUC Board Characteristics):

- Clear, published, and annually signed COI statements;
- Relevant experience to benefit the Board;
- Quorum for business action is affirmed by majority of independent representatives;
- Standing committees have minimum of three members with majority independent;
- No one member serves as chair of multiple committees;
- Board is of sufficient size for adequate population of committees;
- Clear procedures for evaluating, retaining, replacing CEO;
- Related entity powers are clearly defined and do not comprise operation of university.

(4) Criterion 9. Institutional Planning. The strategic plan submitted with the application is a strong beginning but could be further strengthened by the creation of clearer timelines for completion of goals.

Resolution: CUSM governance and administration has updated and strengthened the Strategic Plan for the university to address the expectation of clearer timelines for completion of goals, adding benchmarks for assessment of progress toward initiatives, and monitoring procedures.

A table provided by CUSM summarizes their Strategic Plan (i.e., initiatives, goals, benchmarks, timing and projected outcomes) and current status. The Office of Accreditation and Continuous Quality Improvement is responsible for collecting periodic status updates of individual tasks, and the Dean of CUSM School of Medicine overlooks the progress.
SECTION II. EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC’S STANDARDS

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

Institutional Purposes

As a new school of medicine, CUSM has made a strong effort to define its institutional purpose and ensure educational objectives – stated more appropriately as educational outcomes – on the institutional level (ILOs), program level (PLOs), and course level (CLOs).

To support this effort, CUSM mission and values are clearly stated. In addition, the history of the institution and why it was formed (purpose statement), is included on its website and is visible to the public. Faculty and staff state they have read the mission, understand the values of the institution, and the mission and values are underscored generally in on-boarding when joining CUSM, and specifically in an all-staff/faculty retreat. (CFR 1.1)

CUSM has written its educational objectives in the form of educational outcomes, a more appropriate formation of optimal skills and knowledge learned in the classroom, online (the “flipped classroom”), in clinical applications, and through team-based processes. Documentation provided through CUSM preparation for the WSCUC accreditation visit described ILOs, PLOs and initial CLOs. Learning outcomes are mapped and specifically described. These outcomes, however, are complex and difficult to assess, and CUSM is only now completing its first year of student enrollment. The team recommends that CUSM regularly generate, evaluate and make public data about student achievement, including retention and graduation, and evidence of student learning. The institution needs to define what evidence it is going to use, collect and analyze and make public. (CFR 1.2)
**Integrity and Transparency**

Academic freedom is noted through the policies, and practices to date, by CUSM on its website and verbal statements by faculty and students. CUSM has adopted the Statement of Principles of Academic Freedom of the American Association of University Professors (AAUP). Appropriate statements related to academic freedom are stated in the faculty handbook through written policies. In addition, due process procedures are disseminated. Interviews revealed there is a respect for faculty and students throughout the institution. (CFR 1.3)

Through its mission, vision, values and purpose statements, CUSM is committed to policies supporting diversity. These statements are publicly available. As a medical school with a stated interest to serve a diverse patient population in the Inland Empire, a multicultural student body and faculty is important to the institution. The first cohort of students is a strong start to reflecting the ethnic diversity of this patient population, although a focused pipeline effort should ensue to strengthen overall diversity, and scholarship support may assist to increase the number of underrepresented minorities within future cohorts. In addition, in actual practice work needs to be done in the area of faculty and staff recruitment to support diversity policies. It is clear the institution is dedicated to hiring the most qualified applicant for both faculty and staff positions. With a broader recruitment plan, a more equitable gender mix among both constituencies would occur. CUSM should develop a diversity plan and implement it. (CFR 1.4)

CUSM is a private, not-for-profit university with a school of medicine, governed by a Board of Trustees. Policies and by-laws are clearly stated. Even though medical education is the primary purpose of the institution, it appears that the institution may be experiencing interference in substantive decisions or educational functions by the Board of Trustees and/or its members, some of whom are directors of the funding entity Foundation(s). The team recommends a legal
review of the Board of Trustees to examine (a) the autonomy of CUSM from the board; (b) board (and chairman/vice-chairman) selection and membership; (c) autonomy of the institutional finances; and (d) independence of the faculty and recruitment and retention of the faculty. (CFR 1.5)

The institution has stated and publicly available policies related to students on its website, in its student handbook and catalog. Tuition costs are published and clear. Programs and services available are also explained extensively. (CFR 1.6)

Although integrity is difficult to measure and assess, it is clear CUSM has appropriate policies and procedures that are published and in place. In addition, three independent audits have been conducted of the institution’s finances. Although there is a policy on student complaints, actual practice to field those complaints needs refinement. Through interviews it was revealed that initial concerns by students regarding curriculum load was communicated to faculty and administrators and addressed. However, at one point the Board of Trustees became involved, as did the Foundation, resulting in the outcome related to CFR 1.5 above. With regard to the concerns, students stated they felt heard and there were open lines of communication to express complaints. CUSM should complete and implement policies and procedures that are currently at initial stages. (CFR 1.7)

The institution has worked hard and diligently to communicate openly and extensively with WSCUC. Written materials supporting the accreditation process were provided in a timely manner and completely. At all times there was open and honest communication and the process was undertaken seriously. (CFR 1.8)
Overall, the team finds that CUSM, for Standard 1, to be in sufficient compliance for candidacy, with CFR’s still in the planning and initial execution stages. This is subject to the WSCUC Commission review and final determination regarding compliance with this Standard.

Standard 2: Achieving Educational Objectives Through Core Functions

Teaching and Learning

CUSM offers two-degree programs, the MBS and MD programs. The institution received WSCUC eligibility status in May of 2016, provisional approval to operate as a non-accredited degree-granting Institution in the State of California from the Bureau for Private Postsecondary Education (BPPE) in May of 2017, and preliminary accreditation by the Liaison Committee on Medical Education (LCME) on February 26, 2018. At that time, there were five of 12 standards determined to be “In Compliance with a Need for Monitoring” and two of 12 in “Noncompliance.” There were 11 elements in which the program’s performance was determined to be “Unsatisfactory.” Of note, the follow-up LCME letter, dated February 21, 2019, documented 10 of 12 standards determined to be “In Compliance” and two of 12 standards determined to be “In Compliance with a Need for Monitoring.” The 11 elements previously determined to be “Unsatisfactory” were documented to be five of 11 “Satisfactory with a Need for Monitoring” and 6 of 11 “Satisfactory.”

Faculty needs are well defined via detailed algorithms, and there are plans in place with resources to accommodate student body growth due to addition of the 2nd, 3rd and 4th years in the MD program and increasing class size. Of seven basic science discipline categories in the first two years, one has one faculty and five have two faculty. Both educational programs -- including their content, number of units, credit hours, and academic quality -- appear to conform to
recognized standards. On-going and annual assessment mechanisms and plans are in place and overseen by the Assessment and Evaluation Committee, Curriculum Committee for the MD program and Graduate Curriculum Committee for the MBS program. On-going and annual review measures are documented in the CalMed MD Program Assessment Handbook and the CalMed MBS Program Assessment Handbook. Both programs are currently in their second semester of inaugural classes, so the assessment mechanisms are currently planned and not yet fully executed. The Assessment and Evaluation Committee and both Curriculum Committee members include representatives from pre-clinical and clinical faculty, as well as students. Women in education leadership are primarily at the director, not dean, level; the number of female faculty has increased. CUSM needs to recruit, hire and retain sufficient faculty for the curriculum offered. (CFR 2.1)

   Currently, no undergraduate programs exist; options for future schools, pending resources, are noted. (CFR 2.2a)

   Clearly defined entrance requirements and graduation requirements for both the MD and MBS programs are published on the CUSM website and in student and faculty handbooks. A bachelor’s degree is required for admittance into both programs. MD and MBS catalogs are detailed and extensive. The MBS Graduate Admissions Committee policy closely follows the MD admissions requirements. The holistic review admission process allows CUSM to matriculate a diverse student body to meet its mission. There are no specific pre-requisite courses for either program. One semester into the inaugural classes at the time of the site visit, there have been no academic failures thus far. Processes to ensure meaning, quality and integrity of degrees are embedded in the MD program. (CFR 2.2b)
Student learning outcomes (SLOs) and expectations for student learning are addressed for the MBS degree and planned for the MD degree. There are very specific rubrics written for SLOs in both programs. ILOs, PLOs, CLOs are mapped. PLOs are published in the student catalog, handbook and course syllabi as an appendix. There is a need to further define standards of performance. Outcomes at the institutional, program and course level are stated and are publicly available. The MBS does not include out-of-class learning. The MD PLOs require participation in service learning, inter-professional education activities (IPE), and clerkship rotations, which are all out-of-classroom learning. IPE activities are being arranged with Marshall B. Ketchum University. The library is well staffed and has a full list of services. The academic advising program is currently being developed. Progressive Cumulative Discipline Profile outcomes are pending. Information technology (IT) is under-resourced. Career advising, specialty choice decision-making, and residency match advising need to be planned and implemented. (CFR 2.3)

CUSM notes that their curriculum “is an amalgam of current, established, best pedagogical learning activities, from the renowned educational institutions around the world. The MD program at CalMed is a system-based, clinical presentation-driven curriculum in which the basic science and clinical disciplines have been fully integrated with the clinical presentations (CPs; the basis for patients seeking medical care) of each organ system.” Standards of performance for the 3rd and 4th year medical school curriculum need to be created and widely disseminated. The summation of medical student clinical learning will occur during the 3rd and 4th year, the outcome of which remains to be seen. CUSM must finish developing the curriculum and demonstrate through assessment the achievement of standards. Faculty involvement in development of outcomes and standards of performance, along with plans for assessment, is
noted. Individual courses interact with the Curriculum Committee via a developed system that includes course curriculum committees. All faculty receive instruction in teaching methodologies, assessment methodologies, and goals and objectives of the programs. Appropriate committee structure is in place; outcomes will be developed and shared. Course learning outcomes are in syllabi. (CFR 2.3, 2.4)

Medical student outcomes are measured through formative and summative assessments within each course. Plans for summative assessment of the overall medical school program are in place and are to be implemented as the first class moves through the curriculum. Assessment is both quantitative and qualitative with each course and clerkship director providing a narrative feedback for each student. Student assessment of course and faculty is gathered both mid-course and at end-of-course. Course directors compile a summary report to be submitted to the appropriate Curriculum Committee. Course and mid-year assessments are in the process of being completed for the first semester. Evaluation of the achievement of standards is planned across the four years of the MD program, to be rolled out as successive classes are enrolled and progress. Thus far into the curriculum, students were provided an opportunity to take the NBME Subject Exam for the subject area of the musculoskeletal system, in which the students completed the course work and exam one week earlier. Out of a class of 64, 54 students took the exam. The results, one way of evaluating CUSM MD students with respect to national MD student bodies, revealed students did well in the aggregate. Other outcome assessments of the educational quality of both programs are pending. Each program (e.g., MD and MBS) have two students, with voting rights, on their respective curriculum committees. (CFR 2.4, 2.5)

Course learning outcomes have been mapped to PLOs and ILOs, and in the MD program directly mapped to formative and summative assessments. Assessment and evaluation systems
appear comprehensive with adequate staff to support the system and plans for expansion of support as the number of classes and class size grows. MD students report they receive narrative formative feedback on their progress towards meeting course-learning outcomes at the mid-point of courses, thus far. CUSM must actively get students feedback (e.g. improve response rates to course evaluations, and provide opportunities to practice, generalize, and apply what they learn), which will only happen over time. (CFR 2.5)

The first class of MBS students graduate in May 2019 and the first class of MD students graduate in May 2022, so this CFR (2.6) is currently planned with no outcomes or data yet. The curriculum is mapped to ILOs and PLOs at all levels, and the assessment and evaluation system appears to be comprehensive. Comprehensive and systemic review is planned, parts of which have been ongoing. Data planned to be collected appears appropriate. There are multiple software platforms that will be used for assessment, including the Canvas learning management system; data thus far from the first semester is pending. Initial policies for program review are in place and need to be implemented as students progress through the curricula. (CFR 2.6, 2.7)

**Scholarship and Creative Activity**

Scholarly activity encompasses both research and educational scholarship, and both expectations and current activity in each department are noted. Clear requirements are noted, and research infrastructure is planned and being developed. However, there is currently limited financial support and personnel for research support. For students, there is research funding for ten of the 64 students in the inaugural medical school class, with proposed options for further funding, as needed. Faculty promotion criteria will be weighed against the current average scholarly, teaching and service activity of the CUSM faculty in the department, rather than a
national standard. As accreditation is achieved and curricula and policies are implemented, research activities will be addressed further. (CFR 2.8)

Guidelines for Appointments and Promotion of Faculty are clearly stated. Scholarship, teaching, and service are all linked to promotion. Faculty will be evaluated on a yearly basis. The current data on faculty evaluation from the first semester is pending. Faculty evaluation is planned to include scholarship activities, though it has not yet been implemented. (CFR 2.9)

**Student Learning and Success**

The Assessment and Evaluation Committee and the program specific Curriculum Committees are currently planning the process to collect data on student and institutional achievement; details remain to be outlined. Outcomes will be compared to peer institutions to be named. The assessment and evaluation of student achievement, satisfaction, and campus climate are planned to be integrated into improving the student experience. Given where the institution is developmentally, there is currently insufficient information to form an appraisal on this criterion. (CFR 2.10)

The CUSM Co-Curricular Program Assessment Handbook is in development, to be completed before the graduation of the first MBS cohort in May 2019. CUSM must conduct assessment of the co-curricular programs and utilize the results for improvement. There is a medical student council, documented by students, and medical program student interest groups (SIGs), related to eight basic specialties and research. MBS students do not have a council or student run programs. They participate in the medical student interest groups. (CFR 2.11)

Program information is provided for the MBS and MD programs. Current information on the weblinks is clear. Relevant academic requirements are available to students in the catalog, the handbook and on the website. Information on the adequacy of advising was not provided. It is
unclear how advising will be assessed and how the assessments will determine improvements in advising. The position of Director of Academic Skills and Career Advising is in place and very highly rated by students, faculty, and staff. (CFR 2.12)

Some student support services are implemented, others are being planned and remain to be implemented. All remain to be evaluated. Student wellness services, student health services, student disability services, health insurance, disability insurance, student mistreatment reporting, and financial aid and debt counseling are in place, with plans to address student class growth. There is a process documented in both programs’ handbooks for students to register complaints. No complaints have been noted thus far. Title VII and Title IX must be addressed. (CFR 2.13)

The website and handbook note clear details of transfer into the MD program including credit hours and letters of recommendation; transfer into the MBS program is not possible. No international medical students may transfer into the MD program. It is unclear how frequently student transfers are anticipated and what supports will be provided for students who do transfer in. (CFR 2.14)

*Overall, the team finds that CUSM, for Standard 2, to be in sufficient compliance for candidacy, with many CFR’s still in the planning and initial execution stages. This is subject to the WSCUC Commission review and final determination regarding compliance with this Standard.*

**Standard 3: Developing and Applying Resources and Organizational Structures to Ensure Quality and Sustainability**

*Faculty and Staff*

In this nascent stage of the university’s development, its commitment to diversity and adequacy of qualified faculty to support its current curricular and co-curricular requirements is
critical. The university has focused its immediate attention on the quality of its personnel. Since achieving LCME accreditation, the university embarked on an aggressive hiring program to fill vital faculty and staff roles to support the expanding infrastructure. The university is committed to hiring only faculty with expertise and academic preparation in specific medical sciences, medical education, and clinical expertise, as well as highly qualified staff members.

The matter of diversity amongst board members, administration, and faculty was identified in the WSCUC Eligibility Review correspondence dated May 25, 2016. Of interest to the Commission was the matter of gender diversity. The team reviewed the document “Administration Composition Comparison” that was submitted in response to the Commission’s concern. In 2016, the ratio was 12 males to two females, a ratio of 85% male. In 2018, the ratio improved to 72%. The team also reviewed the document “Faculty Composition Comparison”. The team acknowledged and has verified the following assessment by the university: “Overall, CUSM had employed 11 male (85%) and two female (15%) faculty members in May 2016, whereas it currently employs 20 male (69%) and nine female (31%) faculty members in December 2018.” A “composition comparison” document for staff was not provided to the team. Unlike a more mature institution with seasoned staff and low turnover, CUSM has a chance to affect diversity within its board, administration, faculty and staff that is more representative of the students it will serve and the surrounding community within which it operates. The team commends CUSM for its efforts in this area and recommends that it continues to make deliberate efforts to improve diversity amongst its board, administration, faculty, and staff before the next WSCUC visit. (CFR 2.1, 2.2b, 3.1)

The Office of Faculty Affairs, Diversity, and Inclusion is responsible for organizing the annual faculty review process. The annual review is scheduled based on the employee’s
employment anniversary date. Individual Faculty Development Plans are completed and signed by both the department chair and the faculty member, reviewed by the dean, and returned to the human resources office for central monitoring and tracking. The team verified that this process was in place while on site, but that it had not been implemented. Staff members also are required to complete an annual performance evaluation. Employees are provided guidelines and resources for work performance standards. Employees are expected to meet expectations satisfactorily to be eligible for recommendation for a merit increase. While on site, the team met with staff who acknowledged existence of the guideline. However, no staff has been evaluated since the inception of the organization, including those who were there at the start of the institution. The team recommends that CUSM implement the faculty and staff evaluation processes and apply all elements of the developed guidelines. (CFR 1.7, 3.2, 4.3, 4.4)

Faculty and staff development are integral to the sustainability of the university. To this end, individual professional development budgets (up to $5,000 for faculty and administrative staff and $3,000 for staff) are allocated during the annual budget process. Faculty and staff may use funds in any manner that supports their professional development. While on site, the team observed that staff was especially keen on using their professional development budgets to benefit their work at the university. (CFR 2.1, 2.2b, 3.3, 4.4)

Fiscal, Physical, and Information Resources

The team reviewed financial statements and budgets for the fiscal years ended June 30, 2016 to 2018. In each year, the university received unqualified opinions from its auditors. Operating results have provided positive cash flows for each of the fiscal years reviewed. As a new business unit, the university has experienced inconsistent financial results and has not yet settled into revenue or expense patterns consistent with that of a more established institution. For
example, current unrestricted net assets dropped $2.5M in 2018 compared to 2017. This was due to spend down on grant funds received in previous years.

Tuition revenue has been factored into the revenue mix for the university starting this fiscal year. Its primary revenue type to date is conditional and unconditional grants from Prime Healthcare Foundation, the Prem Reddy Family Foundation, and the County of San Bernardino. Nearly $70 million in grants have been secured thus far. The university projects that tuition dependency will double from 30% of revenue in FY19 to 60% in FY23. Dependency on grants will fall commensurately from 58% to 14% of total revenue. CUSM’s pro forma revenue model assumes WSCUC candidacy or full accreditation that will pave the way for students to have access to federal financial aid (Title IV) funds. It also assumes enrollment growth from 100 students (one cohort each of MD and MBS) in 2018/19 to 510 students (four cohorts of MD and one cohort of MBS) in 2022/23. The corresponding revenue and expense growth rates are 30% and 52% respectively. Directionally, the combined revenue and expense growth rates are conducive to positive bottom-line growth.

The SAV1 report states “CUSM utilizes a top down budgeting process that links institutional planning with departmental goals and objectives.” This is in contrast with a bottom-up budget that tends to create budgets that are more achievable and makes for more ownership of the final budget. Subsequent to various interviews by the team with stakeholders, it was observed that the process does have some bottom-up elements not represented in the SAV1 report. The combination of projected growth and revenue plans, and required capital expenditures over the next five years, will present high-stakes risks for the university; but not unlike institutions in this phase of their development. The team commends the university for being very thoughtful and conservative in its allocation of resources while it lays its foundation. Even while the physical
structure is being developed, there appears to be an intense focus on student success. The team further commends CUSM for having operated for three years without a debt structure. The team recommends that management quickly transition to a budget development model that includes more stakeholders. The team further recommends that CUSM periodically review its budget to ensure that 1) all required growth expenditures are captured in the projections, and 2) projections are tied to the strategic plan. (CFR 1.1, 1.2, 2.10, 3.4, 4.6, 4.7)

CUSM recognizes that training in information technology for faculty and staff is critical to competing in higher education and the wider business community. The university has established its Instructional and Information Technology Services (IITS) team of eight (8) that supports its teaching, learning and research mission and vision. IITS provides support for audio visual equipment and technology, library resources, university website, the learning management system (Canvas), and the Student Information System. IITS is supported by an annual budget of $400,000. Over the next five years, CUSM plans to increase the budget by 5.9% (1.2% / year). It was noted that the technology expense as a percentage of total expenses will shrink from 2.9% to 1.4%. The team recommends that the university reexamine its resource allocation to technology as a strategic imperative with a view to increasing the allocation to match student, faculty, and program growths (CFR 1.2, 2.1, 2.2, 3.4, 3.5).

**Organizational Structure and Decision-Making Processes**

The evidence gathered from the SAV1 report and during the visit indicates that CUSM’s leadership is characterized by integrity, appropriate responsibility, and accountability. Its organizational structures are developed and published. Decision-making processes are consistent with its educational purposes and place priority on developing educational effectiveness. (CFR 3.6, 3.7)
The CEO/president is a medical doctor and holds a Master of Business Administration degree. He is a co-founder of CUSM. According to the SAV1 report, he does not have a full-time presence on campus but is accessible by email and text message. The CEO continues to hold other external responsibilities aside from being the top leader at the university. While on site, the team learned that he intends to wind down his other commitments soon and focus entirely on the university. The listed CFO, a CPA, also serves as the CFO of Prime Healthcare and its affiliated organizations. CUSM’s Assistant CFO is the acting CFO. He holds a current CPA license and is committed to the affairs of CUSM on a full-time basis. It was represented to the team that the designated CFO is a carryover from the early years of the organization, when quick and efficient help was needed, and he was available, capable, and willing. A full-time CFO for the university will soon be appointed. The team recommends that CUSM move quickly to ensure that it has a full-time CEO and a CFO whose primary or full-time responsibilities are to the institution. (CFR 3.8)

CUSM’s nine-member Board of Trustees (BOT) holds a minimum of four regular meetings annually. The bylaws of CUSM define the legal and fiduciary authority of the BOT over CUSM, the committee structure of the BOT, and the BOT’s processes for oversight over institutional integrity, policies, and ongoing operations (including hiring and evaluating the chief executive officer). The BOT has five standing committees: Executive, Academic, Audit, Finance, and Nominating Committees. The committees do not meet separately but convene by chairpersons as part of regular board meetings. The team commends CUSM for assembling a board with diverse and suitable qualifications to govern the affairs of the university. The team believes that the organizational chart of the university is representative of higher education institutions with qualified leaders over key areas of administration.
The team observed that the BOT, in its current configuration, does not lend itself to true independence of CUSM. The co-founder of CUSM, Dr. Prem Reddy, is the chairman of the board. He is also the founder of the for-profit organization, Prime Healthcare Services, and a 501(c)(3) organization, Prime Healthcare Foundation (“the Foundation”). His daughter, also an MD, is the chair of the Board of Directors of the Foundation, as well as the vice-chair of the BOT and chair of the academic affairs committee. The Foundation is the primary donor to CUSM and, according to CUSM’s bylaws, the Foundation appoints five of the nine trustees. Only two trustees may be appointed by the nominating committee of the board. In addition, the chair can self-select membership on every committee, and any elected trustee (trustees other than those appointed by the Foundation or serving ex officio) may be removed with or without cause by the affirmative vote of a majority of trustees then in office. Any trustee appointed by the Foundation may be removed (i) with cause by the Foundation, or (ii) with or without cause by the affirmative vote of at least two-thirds of the trustees then in office. In a team meeting with the BOT while on site, the chair defended the dominance of the Foundation and cited its monetary contributions as evidence of its governance position. The team believes that the direct appointment of a majority of trustees by the Foundation negatively impacts the independence of CUSM from the BOT. The team also believes that the chair’s ability to self-appoint to BOT subcommittees and the fact that trustees may succeed themselves, together constitutes the potential for perpetual influence of individuals on the board and may lead to dependence (as opposed to independence) of CUSM on the BOT. (CFR 3.9)

The team also reviewed the current status of diversity of trustees. The team commends CUSM for having a board that is highly diverse in qualifications and ethnicity. Gender diversity on the BOT was cited as a concern in the previous Commission letter dated May 25, 2016 and
continues to be a concern by the team. Only one board member, the Chairman’s daughter, is a female.

The team recommends that CUSM further revise its bylaws to achieve independence as prescribed by WSCUC guidelines and that the BOT engage a professional organization to enhance its own professional development with specific emphasis on governance. The team also recommends that the BOT conduct and document the CEO evaluation process in a timely manner. Finally, the team recommends that CUSM achieve broader gender diversity of its BOT (CFR 1.5-1.7, 3.9).

CUSM’s faculty exercise appropriate leadership over the development of the curriculum and have already acted to make changes based on early feedback from students. Each program has a Curriculum Committee and each course has a course-level committee. Structures for shared governance are in place. (CFR 3.10)

*Overall, the team finds that CUSM, for Standard 3, to be in sufficient compliance for candidacy, with CFR’s still in the planning and initial execution stages. This is subject to the WSCUC Commission review and final determination regarding compliance with this Standard.*

**Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement**

*Quality Assurance Processes*

CUSM has developed program assessment handbooks for both the MD and MBS programs, though due to early stage of the academic programs, only two of the assessment processes detailed have yet been employed. Assessment to date has been limited to the course evaluation for the first semester courses and an opportunity to take the NBME Subject Exam for the subject area of the musculoskeletal system, after the students completed the course work and
exam one week earlier. The assessment handbooks set out an assessment cycle that includes collecting, analyzing and interpreting data; tracking learning results over time; using benchmark data from external sources; and improvement of student learning over time. Program review is referenced in the handbooks, but CUSM simply sets forth a list of criteria by which programs will be reviewed. (CFR 4.1)

New curriculum and program approval processes have yet to be developed, though the addition of new programs is included in strategic planning. CUSM has identified learning outcomes for the co-curricular programs and departments. The co-curricular program assessment process is still in development. CUSM should employ the processes already in place and continue to improve the ability to obtain data, analyze data, track learning results over time, use comparative data from external sources, perform program review, and assess student learning. Further, it should demonstrate improvement of structures, curriculum and learning results for both the MBS and MD programs. (CFR 4.1)

The process of data collection and analysis is in the initial stage and is performed by the Office of Accreditation & Continuous Quality Improvement and the Office of Assessment. In its institutional report, CUSM indicated that it would expand its institutional research capacity through the hiring of a data scientist. At the time of the visit, the position had been filled, but the new data scientist had not yet started. Plans to periodically review the institutional research function to ensure its effectiveness are not yet in place. Institutional research capacity needs to be increased so that data can be disseminated externally and internally, and incorporated in intuitional planning and decision making. (CFR 4.2)
Institutional Learning and Improvement

The team found that CUSM’s administration, faculty and staff expressed a strong commitment to improvement based on evidence and evaluation. It should be commended for building assessment capacity from the inception of the academic programs. Policies, processes and practices are articulated in assessment handbooks for both academic programs. Of those processes, CUSM has already disseminated and collected course evaluations from the first semester courses. However, the process has proved difficult, as the online platforms used initially were either not functional or did not suit CUSM’s needs. CUSM was on its third online platform for deploying these evaluations at the time of the visit. Response rates for the MBS courses were very low; only three of 34 students responded. While these indirect measures of student learning are important, CUSM will need to employ other measures to ensure achievement of learning outcomes and avoid over-reliance on indirect data from surveys. Providing students with the opportunity to take NBME Subject Exams after students completed the course work and exam are a good next step for gathering formative data. At the time of the visit, assessment of the co-curricular programs had not started, but the intention is to mirror processes articulated for the academic programs. CUSM will need to document assessment of teaching and learning, use the results for improvement and incorporate those results into institutional planning processes. (CFR 4.3)

Faculty have full authority over the curriculum and both degree programs have Curriculum Committees in place, as well as course-level curriculum committees. During the visit, both Curriculum Committees stated that there was no interference in curriculum content by the dean or the Board of Trustees. The assessment handbooks for both academic programs show that administrators and staff within the Office of Assessment and the Office of Accreditation &
Continuous Quality Improvement (OACQI) plan to collect assessment data and conduct the initial analyses of that data. Plans are in place to collect data longitudinally to learn how students are achieving outcomes over time, but those plans can only be put into action after students have moved through the programs. Faculty inquire into processes of teaching and learning primarily within their own courses, thus far mainly through end of the course evaluations. Faculty need to be more integrated into the assessment process. They should determine standards of performance and ensure those standards are achieved. Faculty should take responsibility for evaluating the effectiveness of teaching and learning and apply results to the improvement of pedagogy, particularly in the flipped classroom environment. (CFR 4.4)

Appropriate stakeholders for the very early stages of CUSM’s academic programs are regularly involved in the evaluation and alignment of its educational programs. Faculty govern the curricula and are involved in making improvements based on data gathered through course evaluations. Student feedback is taken seriously, as evidenced by changes to the classroom environment and the grading scheme after evaluations of the first semester of classes. Two students serve on each of the MD and graduate curriculum committees and are voting members. Clinical department chairs are regularly involved in the alignment of educational programs, though at the very early stage. CUSM has plans in place to engage alumni once it graduates its inaugural classes. (CFR 4.5)

The lines of communication around strategic planning are open, as demonstrated by the broad participation in the all-faculty and staff retreat the institution held shortly before the site visit to support longer term strategic planning. An early draft of the new strategic plan was provided to the team during the visit. CUSM should continue engagement in institutional reflection and planning processes that are based on examination of data and evidence. It should
complete the strategic planning process that is underway. The completed process should also include a pricing of the plan, as well as an identification of sources and uses of funds. (CFR 3.4, 4.6)

The development of CUSM as a new medical school was in direct response to changing needs for medical education. With its innovative curriculum, CUSM’s MD curriculum -- called the Global-Active Learning Curriculum, -- is based upon best pedagogical learning activities. It is a system-based, clinical presentation-driven curriculum in which the basic science and clinical disciplines are fully integrated with the clinical presentations of each organ system. The curriculum promotes the development of critical thinking and clinical problem-solving skills, while simultaneously establishing the foundation for lifelong studying and learning. Continuous feedback through formative and summative assessments will allow students to assess their progress and learning outcomes. (CFR 4.7)

*Overall, the team finds that CUSM, for Standard 4, to be in sufficient compliance for candidacy, with CFR’s still in the planning and initial execution stages. This is subject to the WSCUC Commission review and final determination regarding compliance with this Standard.*

**SECTION III. PREPARATION FOR ACCREDITATION UNDER THE 2013 HANDBOOK OF ACCREDITATION**

**Degree Programs: Meaning, Quality, and Integrity of Degrees**

The medical profession, more than many others, demands the highest quality of academic and clinical preparation. Faculty and students alike should be required to maintain very high standards to ensure respect for health professionals and safety of society. CUSM has pledged continuous improvement and focus on degree programs, educational quality, and sustainability.
In the time between accreditation and reaffirmation, CUSM has committed to the following specific processes to assure academic quality and a full accreditation:

Faculty committees will review each existing and new degree programs on an annual basis. According to the Program Assessment Handbooks for each of the current programs, the program reviews will be performed by the CalMed Assessment and Evaluation Committee. Summary reports of the reviews and recommendations will be developed in collaboration with the Office of Accreditation and Continuous Quality Improvement (OACQI). The summary report will then be shared with various groups (Deans of Assessment, Graduate Curriculum Committee and Program Directors, Graduate Admissions Committee and Associate Dean of Student Affairs and Admissions, Course Directors, Associate Dean of Student Affairs and Admissions, and the Deans of the schools). The reviews will include all aspects of the program (i.e., content, pedagogies, number of instructors, student feedback, student outcomes, alumni survey, survey of residency program directors/healthcare professional program directors, learning environment, support services). Each new program will develop its own program assessment handbook using those for MD and MBS programs as templates. The program assessment handbooks also will be reviewed during the program review process to update outcome measures and processes.

In addition, CUSM has committed to achieving and maintaining full accreditation by programmatic accrediting agencies to uphold the meaning, quality, and integrity of its programs.

**Sustainability: Preparing for the Changing Higher Education Environment.**

CUSM plans to monitor the demographic shifts that will inform decisions on what programs to add in the future. Additionally, the plan is to have scalability in its structure that can accommodate varying levels of needs (enrollment, residencies, etc.). It is also important that CUSM keep focused on matters such as high graduation rates, increased affordability and
accessibility, a clear value proposition, and alignment of resources with institutional priority, as it navigates the changing higher education environment. At this stage of its existence, CUSM’s focus is on “increasing postgraduate training slots to ensure . . . graduates have postgraduate training sites by way of creating new residency programs and affiliating with additional clinical sites.”

SECTION IV. INVENTORY OF EDUCATIONAL EFFECTIVENESS INDICATORS

CUSM has supplied a completed Inventory of Educational Effectiveness Indicators (IEEI) for each of its degree programs. It includes learning outcomes at all levels, and these outcomes are published in syllabi, the catalog, program handbooks and on the CUSM website. While complete, the plans are prospective and none have been put into action. Additionally, the IEEI reveals a nascent understanding of learning outcomes assessment.

For example, it is difficult to see how the Institutional Learning Outcomes (ILOs) can be assessed via academic program and co-curricular program review, both of which are in the planning stages, and CUSM does not articulate the process they will employ. There is no plan to examine or review student work to check that the ILOs have been achieved across both degree programs and in the co-curriculum. Similarly, CUSM does not articulate measures of achievement or how students can demonstrate achievement of the ILOs in the MD and MBS programs. The planned alumni surveys are a good and useful tool, but they are indirect sources of evidence and not an adequate replacement of direct measures of achievement.

The PLOs for the MD program are complex and difficult to assess. It is not clear from the IEEI that the measures listed can be used to assess all parts the complex learning outcomes.
The IIEI states that assessment in the degree programs is driven by administrators rather than faculty. Faculty appear to have played no role in the development of these processes or collection of data, though it is commendable that the Curriculum Committees will be involved in the interpretation of data collected. The review team recommends that CUSM involve the faculty in the assessment process, including setting standards of performance and gathering data.

The first goal of the assessment of the ILOs and PLOs is stated to be assessment of the efficacy of the learning outcomes. Instead, the primary focus should be to evaluate whether students are achieving outcomes at desired standards of performance through use of direct measures of student learning.

To date, course evaluations are the primary tool for assessing course and instructional quality. While the evaluations in the MD courses have been shared with the Curriculum Committee, the response rate in the MBS courses was too low for the evaluations to be useful. Changes made in the programs have been based primarily on student feedback and after the collection of early data. Due to the initial stage of the academic programs, CUSM was not able to demonstrate a data-driven decision-making process. The team recommends that CUSM employ the processes already developed and complete the development of the processes that are planned.

**SECTION V. FINDINGS, COMMENDATIONS AND RECOMMENDATIONS**

**Commendations**

The team commends CUSM for the following:

1. Consistent and enthusiastic dedication to the mission, vision and values across CUSM, including students, faculty, staff, administration, the Board of Trustees, as well as
Arrowhead Regional Medical Center clinical faculty, and County of San Bernardino partners.

2. The clear and pervasive passion throughout CUSM for putting students first.

3. Undertaking the accreditation review process with rigor and providing a well-written and comprehensive report that includes quality documentation and presentation of evidence.

4. Securing substantial start-up resources from philanthropic and community sources.

5. Effective stewardship of financial resources resulting in positive financial operations and clean financial audits for the past three years.

6. Significant commitment to achieving LCME accreditation and BPPE approval, and seeking WASC accreditation with evidence of substantial progress in a short time period.

Findings and Recommendations

The following presents the team’s findings on each of the CFRs and its recommendations for CFRs that are not found to be at the level of sufficiency for initial accreditation. For purposes of this report, “Insufficient Information” is used when the team did not have sufficient information to make an appraisal as to CUSM’s level of compliance with a particular criterion for review.

Standard 1

The team found the following CFRs to be sufficient for Initial Accreditation: 1.1, 1.3, 1.6, and 1.8.

The team found the following CFRs to be sufficient for candidacy, but needing more development to be sufficient for initial accreditation and recommends the following:
1.2: Candidacy: Regularly generate, evaluate and make public data about student achievement, including retention and graduation, and evidence of student learning. The institution needs to define what evidence it is going to use, collect and analyze and make public.

1.4: Candidacy: Develop a diversity plan and implement it.

1.7: Candidacy: Complete and implement policies and procedures that are currently at initial stages.

The team found the following CFRs do not meet this standard, needing more development to be sufficient for Candidacy and recommends the following:

1.5: Does Not Meet Standard: The team recommends a legal review of the Board of Trustees to examine the autonomy of the board, board membership, autonomy of the finances, independence of the faculty and the recruitment and retention of the faculty.

The team found that it had insufficient information to make an appraisal on the following CFRs: None.

Standard 2

The team found the following CFRs to be sufficient for Initial Accreditation: 2.2, 2.2a: N/A, 2.2b, 2.8, 2.12, 2.13, and 2.14.

The team found the following CFRs to be sufficient for candidacy, but needing more development to be sufficient for initial accreditation and recommends the following:

2.1: Candidacy: Recruit, hire and retain sufficient faculty for the curriculum offered.

2.3: Candidacy: Define standards of performance for student learning outcomes; increase resources for IT; plan advising, specialty choice and residency matching.

2.4: Candidacy: Faculty should create and the institution should widely disseminate standards of performance for the 3rd and 4th year of the medical program, when the summation
of student learning will occur. Finish developing the curriculum and demonstrate through assessment the achievement of these standards of performance.

2.5: Candidacy: Actively obtain student feedback, e.g. improve response rates to course evaluations; provide opportunities for students to practice, generalize, and apply what they learn, which will only happen over time.

2.7: Candidacy: Implement initial program review policies in place.

2.9: Candidacy: Conduct routine evaluation of the faculty to demonstrate scholarship.

2.11: Candidacy: Conduct assessment of the co-curricular programs and utilize results for improvement.

The team found the following CFRs do not meet this standard, needing more development to be sufficient for Candidacy and recommends the following: None.

The team found that it had insufficient information to make an appraisal on the following CFRs:

2.6: Insufficient information: The University is so new that graduation data is not yet available, as no students have graduated.

2.10: Insufficient Information: Completion and other student data are not yet available.

Standard 3

The team found the following CFRs to be sufficient for Initial Accreditation: 3.3, 3.5, 3.6, 3.7, and 3.10.

The team found the following CFRs to be sufficient for candidacy, but needing more development to be sufficient for initial accreditation and recommends the following:

3.1: Candidacy: Improve diversity among faculty and staff.

3.2: Candidacy: Implement faculty and staff evaluation processes.
3.4: Candidacy: While the institution produces positive results, there is still sufficient financial instability and unrealistic budgeting. Planning for the out-years should be tied more tightly to the strategic plan. Increase support for information technology/information security and research.

The team found the following CFRs do not meet this standard, needing more development to be sufficient for Candidacy and recommends the following:

3.8: Does not Meet Standard: CEO should be full-time and the CFO’s primary responsibilities should be to the institution.

3.9: Does not Meet Standard: The team’s concerns include that the founder donor is the chair of the BOT, the chair is able to self-select a membership on every committee, the members of the BOT can be relieved by the chair without cause, and that the Foundation can appoint 5 of the 9 board seats. The team recommends professional development for board training. Complete, implement and document the CEO evaluation process.

The team found that it had insufficient information to make an appraisal on the following CFRs: None.

Standard 4

The team found the following CFRs to be sufficient for Initial Accreditation: 4.5 and 4.7.

The team found the following CFRs to be sufficient for candidacy, but needing more development to be sufficient for initial accreditation and recommends the following:

4.1: Candidacy: Continue to improve ability to obtain data, analyze data, track learning results over time, use comparative data from external sources, perform program review, and assess student learning; demonstrate improvement of structures, curriculum and learning results for both the MBS and MD programs.
4.2: Candidacy: Increase institutional research capacity, disseminate data externally and internally, and incorporate data in institutional planning and decision making.

4.3: Candidacy: Document assessment of teaching and learning; use for improvement and incorporate into institutional planning processes.

4.4: Candidacy: Faculty should determine and ensure that standards of performance are achieved. Faculty should take responsibility for evaluating the effectiveness of teaching and learning and apply results to the improvement of pedagogy, particularly in the flipped classroom environment.

4.6: Candidacy: Continue engagement in institutional reflection and planning processes that are based on examination of data and evidence. Complete the strategic planning processes.

The team found the following CFRs do not meet this standard, needing more development to be sufficient for Candidacy and recommends the following: **None**.

The team found that it had insufficient information to make an appraisal on the following CFRs: **None**.

**APPENDICES**

Four federal compliance forms
FEDERAL COMPLIANCE FORMS

OVERVIEW
There are four forms thatWSCUC uses to address institutional compliance with some of the federal regulations affecting institutions and accrediting agencies:

1 – Credit Hour and Program Length Review Form
2 – Marketing and Recruitment Review Form
3 – Student Complaints Form
4 – Transfer Credit Policy Form

During the visit, teams complete these four forms and add them as an appendix to the Team Report. Teams are not required to include a narrative about any of these matters in the team report but may include recommendations, as appropriate, in the Findings, Commendations, and Recommendations section of the team report.

1 - CREDIT HOUR AND PROGRAM LENGTH REVIEW FORM
Under federal regulations, WSCUC is required to demonstrate that it monitors the institution’s credit hour policy and processes as well as the lengths of its programs.

Credit Hour - §602.24(f)
The accrediting agency, as part of its review of an institution for renewal of accreditation, must conduct an effective review and evaluation of the reliability and accuracy of the institution's assignment of credit hours.

(1) The accrediting agency meets this requirement if-
   (i) It reviews the institution's-
       (A) Policies and procedures for determining the credit hours, as defined in 34 CFR 600.2, that the institution awards for courses and programs; and
       (B) The application of the institution's policies and procedures to its programs and coursework; and
   (ii) Makes a reasonable determination of whether the institution's assignment of credit hours conforms to commonly accepted practice in higher education.

(2) In reviewing and evaluating an institution's policies and procedures for determining credit hour assignments, an accrediting agency may use sampling or other methods in the evaluation.

Credit hour is defined by the Department of Education as follows:
A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—

(1) One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or

(2) At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

See also WASC Senior College and University Commission's Credit Hour Policy.

Program Length - §602.16(a)(1)(viii)
Program length may be seen as one of several measures of quality and as a proxy measure for scope of the objectives of degrees or credentials offered. Traditionally offered degree programs are generally approximately 120 semester credit hours for a bachelor’s degree, and 30 semester credit hours for a master's degree; there is greater variation at the doctoral level depending on the type of program. For programs offered in non-traditional formats, for which program length is not a relevant and/or reliable quality measure, reviewers should ensure that available information clearly defines desired program outcomes and graduation requirements, that institutions are ensuring that program outcomes are achieved, and that there is a reasonable correlation between the scope of these outcomes and requirements and those typically found in traditionally offered degrees or programs tied to program length.

Rev 03/2015
# CREDIT HOUR AND PROGRAM LENGTH REVIEW FORM

<table>
<thead>
<tr>
<th>Material Reviewed</th>
<th>Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)</th>
</tr>
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</table>
| Policy on credit hour                           | Is this policy easily accessible?  X YES ☐ NO  
Where is the policy located?  On the institution’s website  
Comments:  Policies on credit hour requirements for both the MD and the MBS are clear and available. |
| Process(es)/ periodic review of credit hour     | Does the institution have a procedure for periodic review of credit hour assignments to ensure that they are accurate and reliable (for example, through program review, new course approval process, periodic audits)?  X YES ☐ NO  
Does the institution adhere to this procedure?  X YES ☐ NO  
Comments: Through the stated policies of the institution’s curriculum and assessment committees these reviews are expected to be frequent and reliable. |
| Schedule of on-ground courses showing when they meet | Does this schedule show that on-ground courses meet for the prescribed number of hours?  X YES ☐ NO  
Comments: The hours required by on-ground courses describing meeting times/length are clear and available to students, faculty, administrators and staff. |
| Sample syllabi or equivalent for online and hybrid courses  
*Please review at least 1 - 2 from each degree level.* | How many syllabi were reviewed?  MBS = 4 syllabi; MD = 4 syllabi  
What kind of courses (online or hybrid or both)?  Hybrid and in-person  
What degree level(s)?  Masters’ and Medical Doctor  
What discipline(s)?  Biomedical Sciences and Medicine  
Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded?  X YES ☐ NO  
Comments: The syllabi reviewed for both degrees were complete, student-focused, and clear. Learning outcomes were described, expectations for course completion and grading rubrics were included. A clear schedule was outlined in all syllabi. |
| Sample syllabi or equivalent for other kinds of courses that do not meet for the prescribed hours (e.g., internships, labs, clinical, independent study, accelerated)  
*Please review at least 1 - 2 from each degree level.* | How many syllabi were reviewed?  MD = 4 syllabi  
What kinds of courses? Labs, “journal club”, clinical skills, and “college colloquiums” as segments of larger, more comprehensive courses  
What degree level(s)?  Medical Doctor (MD)  
What discipline(s)?  Medicine  
Does this material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded?  X YES ☐ NO  
Comments: Hours of instruction, faculty, learning outcomes all described. |
| Sample program information (catalog, website, or other program materials) | How many programs were reviewed? Two: Medical Doctor (MD) and MBS (Masters in Biological Sciences)  
What kinds of programs were reviewed?  MD and MBS  
What degree level(s)?  Masters’ and Post Graduate (MD)  
What discipline(s)?  Medicine and Biomedical Sciences |
| Does this material show that the programs offered at the institution are of a generally acceptable length? | X YES ☐ NO |
| Comments: The MD program is congruent with general, nation-wide medical school requirements; the Masters’ program is also of an acceptable length given the goals of the program. | |

Review Completed By: Grace Miller  
Date: 03/11/19
**2 - MARKETING AND RECRUITMENT REVIEW FORM**

Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution’s recruiting and admissions practices.

<table>
<thead>
<tr>
<th>Material Reviewed</th>
<th>Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal regulations</strong></td>
<td>Does the institution follow federal regulations on recruiting students? XX YES</td>
</tr>
<tr>
<td></td>
<td>Comments:</td>
</tr>
<tr>
<td>Degree completion and cost</td>
<td>Does the institution provide information about the typical length of time to degree? XX YES</td>
</tr>
<tr>
<td></td>
<td>Does the institution provide information about the overall cost of the degree? XX YES</td>
</tr>
<tr>
<td></td>
<td>Comments: Information is provided via University Catalog, Enrollment Agreement, and Website</td>
</tr>
<tr>
<td>Careers and employment</td>
<td>Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? XX YES</td>
</tr>
<tr>
<td></td>
<td>Does the institution provide information about the employment of its graduates, as applicable? XX YES</td>
</tr>
<tr>
<td></td>
<td>Comments: CUSM describes the types of jobs those completing the MD may qualify for. MBS students are not necessarily prepared for a job, but for future graduate work in healthcare professions. Graduating information is provided via the required SPFS worksheet for BPPE; however, CUSM’s first MBS class will graduate in 2019 and MD class in 2022.</td>
</tr>
</tbody>
</table>

*§602.16(a)(1)(vii)*

**Section 487 (a)(20) of the Higher Education Act (HEA) prohibits Title IV eligible institutions from providing incentive compensation to employees or third party entities for their success in securing student enrollments. Incentive compensation includes commissions, bonus payments, merit salary adjustments, and promotion decisions based solely on success in enrolling students. These regulations do not apply to the recruitment of international students residing in foreign countries who are not eligible to receive Federal financial aid.

Review Completed By: Dave Lawrence
Date: 03/01/19
3 - STUDENT COMPLAINTS REVIEW FORM
Under federal regulation*, WSCUC is required to demonstrate that it monitors the institution’s student complaints policies, procedures, and records.

<table>
<thead>
<tr>
<th>Material Reviewed</th>
<th>Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)</th>
</tr>
</thead>
</table>
| Policy on student complaints | Does the institution have a policy or formal procedure for student complaints?  
XX YES  
If so, is the policy or procedure easily accessible? Is so, where?  
Formal policy for student complaints:  
MD Program: [https://www.calmedu.org/school-of-medicine/admissions/policies.php](https://www.calmedu.org/school-of-medicine/admissions/policies.php)  
MBS Program: [https://www.calmedu.org/programs/mbs/policies.php](https://www.calmedu.org/programs/mbs/policies.php)  
Online form for students to submit an anonymous report:  
The online form is available here: [https://forms.office.com/Pages/ResponsePage.aspx?id=ZVLvSZbwIuixn1iQoU5S2WvFahLw0hErYgSrbX9H5dUNzZGRVFVPjVjFjVURBOzUzQzUlk1Qi4u](https://forms.office.com/Pages/ResponsePage.aspx?id=ZVLvSZbwIuixn1iQoU5S2WvFahLw0hErYgSrbX9H5dUNzZGRVFVPjVjFjVURBOzUzQzUlk1Qi4u), and the students can also access this form from the “Suggestion Box” pages on their program Resources page on Canvas (needs log-in).  
“MD Resources” on Canvas: [https://calmed.instructure.com/courses/71/pages/suggestion-box](https://calmed.instructure.com/courses/71/pages/suggestion-box)  
Comments:  
The state regulatory agency, the BPPE, includes with its requirements for approval a process for accepting student complaints, documenting response, and maintenance of a record of actions taken. |
| Process(es)/ procedure | Does the institution have a procedure for addressing student complaints?  
XX YES  
If so, please describe briefly:  
The University has a no-wrong-door policy where students may approach any trusted CUSM administrator, faculty, or staff. A named or anonymous report may also be submitted to the Student Academic Standards and Promotion Committee through the associate dean of student affairs and admissions (as this role is temporarily suspended, students may initiate complaints with either the assistant dean of admissions or with the executive director of student affairs and admissions). Students also have an option to submit a written anonymous report through an online form. The complaint will be investigated, and appropriate measures taken to reach a resolution. CUSM has a no-retaliation policy.  
If so, does the institution adhere to this procedure?  
XX YES |
| Comments: |
| BPPE requires a log of received student complaints, and actions taken. |

<table>
<thead>
<tr>
<th>Records</th>
<th>Does the institution maintain records of student complaints?</th>
<th>XX YES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If so, where?</td>
<td>Office of Student Affairs and Admissions</td>
</tr>
<tr>
<td>Does the institution have an effective way of tracking and monitoring student complaints over time?</td>
<td>XX YES</td>
<td></td>
</tr>
<tr>
<td>If so, please describe briefly:</td>
<td>The Office of Student Affairs and Admissions utilizes the student complaint tracking form to track and monitor student complaints over time. The form includes sections for reporting number and frequency of complaints; complaint category; average time for review, referral and resolution; and recommendations for improvement.</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td>Students in both programs confirm that policies are clear, available, and followed.</td>
<td></td>
</tr>
</tbody>
</table>

*§602-16(1)(ix)*  
See also WASC Senior College and University Commission’s Complaints and Third Party Comment Policy.

Review Completed By: Lee Jones  
Date: 03/01/19
4 – TRANSFER CREDIT POLICY REVIEW FORM
Under federal regulations*, WSCUC is required to demonstrate that it monitors the institution’s recruiting and admissions practices accordingly.

<table>
<thead>
<tr>
<th>Material Reviewed</th>
<th>Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)</th>
</tr>
</thead>
</table>
| Transfer Credit Policy(s) | Does the institution have a policy or formal procedure for receiving transfer credit?  
XX YES  
If so, is the policy publically available?  
XX YES  
If so, where? |  
MD Program: [https://www.calmedu.org/school-of-medicine/admissions/policies.php](https://www.calmedu.org/school-of-medicine/admissions/policies.php)  
MBS Program: [https://www.calmedu.org/programs/mbs/policies.php](https://www.calmedu.org/programs/mbs/policies.php) |
| | Does the policy(s) include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education?  
XX YES |
| Comments: | The state regulatory agency, the BPPE, requires a disclosure statement addressing expectations for award of transfer credit. |

*§602.24(e): Transfer of credit policies. The accrediting agency must confirm, as part of its review for renewal of accreditation, that the institution has transfer of credit policies that--

(1) Are publicly disclosed in accordance with 668.43(a)(11); and

(2) Include a statement of the criteria established by the institution regarding the transfer of credit earned at another institution of higher education.

See also WASC Senior College and University Commission’s Transfer of Credit Policy.

Review Completed By: Deborah Panter  
Date: 03/01/19