

July 12, 2019

Dr. Paul Lyons
President
California University of Science and Medicine
217 East Club Center Drive
San Bernardino, CA 92408

Dear President Lyons:

This letter serves as formal notification and official record of action taken concerning California University of Science and Medicine (CalMedU) by the WASC Senior College and University Commission (WSCUC) at its meeting June 28, 2019. This action was taken after consideration of the report of the review team that conducted the Seeking Accreditation Visit 1 to CalMedU February 27-March 1, 2019. The Commission also reviewed the institutional report and exhibits submitted by CalMedU prior to the Seeking Accreditation Visit 1 and the institution's May 1, 2019 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues: Peter Eveland, Senior Associate Dean of Student Affairs and Admissions; Tsugio Seki, Associate Dean of Accreditation and Continuous Quality Improvement; and Moe Aboufares, Chief Financial Officer. Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

Actions

1. Receive the Seeking Accreditation Visit 1 team report
2. Grant Candidacy for a period of five years
3. Schedule a Seeking Accreditation Visit 2 in fall 2021 to review compliance with the Standards and Criteria for Review (CFRs) that the Commission determined were not sufficiently met for Initial Accreditation

The Commission commends CalMedU in particular for the following:

1. Consistent and enthusiastic dedication to the mission, vision, and values across CalMedU, including students, faculty, staff, administration, the Board of Trustees, Arrowhead Regional Medical Center clinical faculty, and County of San Bernardino partners.
2. The clear and pervasive passion throughout CalMedU 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 Liaison Committee on Medical Education (LCME) accreditation and California Bureau of Postsecondary Private Education (BPPE)

approval, and seeking WSCUC accreditation with evidence of substantial progress in a short time period.

The Commission requires the institution to respond to the following issues:

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

The Commission finds that CalMedU has demonstrated evidence of compliance with Standard 1 at a level sufficient for Candidacy. In order to demonstrate compliance at a level sufficient for Initial Accreditation, the following CFRs require additional attention and development:

- CFR 1.2: 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, analyze, and make public.
- CFR 1.4: Develop and implement a diversity plan.

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

- CFR 1.5: **See CFR 3.9 below.**
- CFR 1.7: Complete and implement policies and procedures that are currently at initial stages.

Standard 2: Achieving Educational Objective through Core Functions

The Commission finds that CalMedU has demonstrated evidence of compliance with Standard 2 at a level sufficient for Candidacy. In order to demonstrate compliance at a level sufficient for Initial Accreditation, the following CFRs require additional attention and development:

- CFR 2.1: Recruit, hire, and retain sufficient faculty for the curriculum offered.
- CFR 2.3: Define standards of performance for student learning outcomes; increase resources for IT; plan advising, specialty choice and residency matching.
- CFR 2.4: 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.
- CFR 2.5: 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.
- CFR 2.7: Implement initial program review policies in place.
- CFR 2.9: Conduct routine evaluation of the faculty to demonstrate scholarship.
- CFR 2.11: Conduct assessment of the co-curricular programs and utilize results for improvement.

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

- CFR 2.6: The University is so new that graduation data is not yet available, as no students have graduated.
- CFR 2.10: Completion and other student data are not yet available.

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

The Commission finds that CalMedU has demonstrated evidence of compliance with Standard 3 at a level sufficient for Candidacy. In order to demonstrate compliance at a level sufficient for Initial Accreditation, the following CFRs require additional attention and development:

- CFR 3.1: Improve diversity among board, administration, faculty, and staff.
- CFR 3.2: Implement faculty and staff evaluation processes.
- CFR 3.4: While the institution has produced positive financial results, there is still 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:

- CFR 3.8: CEO should be fulltime and the CFO's primary responsibilities should be to the institution. The Commission understands that since the visit this issue has been resolved with the hiring of a fulltime President and fulltime CFO.
- CFR 3.9: The Commission acknowledges that over the past four years, CUSM has taken steps toward enhancing the autonomy and independence of the Board as reflected in the University's most recent Restated and Amended Bylaws. These steps are outlined in information provided to the Commission after SAV1.

The SAV2 team will need clarification from the institution on the nominating structure for Board committees on which no more than 49% of membership can be "interested persons" per Art. IV 8. Persons affiliated with the Foundation are not included in the definition of "interested persons," and their role with the Foundation does not appear to factor into decisions regarding committee appointments. The Board will need to continue to enhance the autonomy and independence of the board in relation to the sponsoring Foundation as the university plans for its future development. As Board positions become open, further efforts to diversify membership should take place. The Commission recommends professional development for board members and implementation of the CEO evaluation process, both of which should be documented.

As CUSM develops further maturity in governance, best practices set forth in the WSCUC *Governing Board Policy Implementation Guide* should be taken into serious consideration, including a board chair's relationship to a related entity, the role of major

funderson serving as board members or chair, and nominating procedures not being dominated by a single person.

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

The Commission finds that CalMedU has demonstrated evidence of compliance with Standard 4 at a level sufficient for Candidacy. In order to demonstrate compliance at a level sufficient for Initial Accreditation, the following CFRs require additional attention and development:

- CFR 4.1: 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.
- CFR 4.2: Increase institutional research capacity, disseminate data externally and internally, and incorporate data in intuitional planning and decision making.
- CFR 4.3: Document assessment of teaching and learning; use for improvement and incorporate into institutional planning processes.
- CFR 4.4: 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.
- CFR 4.6: Continue engagement in institutional reflection and planning processes that are based on examination of data and evidence. Complete the strategic planning processes.

In keeping with WSCUC review protocols, the required subsequent review and Seeking Accreditation Visit 2 will focus primarily on those issues identified under each Standard (above) deemed to require additional development. (Please also reference the team report for additional context for the Commission’s findings.) In keeping with WSCUC values, CalMedU should strive for ongoing improvement with adherence to all Standards of Accreditation and their associated CFRs to foster a learning environment that continuously strives for educational excellence and operational effectiveness.

In taking this action, the Commission confirms that CalMedU has met all of the WSCUC Standards at a level sufficient to grant Candidacy. The Commission has scheduled the Seeking Accreditation Visit 2 for fall 2021

Institutions granted the status of Candidate for Accreditation must use the following statement if they wish to describe that status publicly:

California University of Science and Medicine has been recognized as a Candidate for Accreditation by WASC Senior College and University Commission (WSCUC), 985 Atlantic Avenue, Suite 100, Alameda, CA 94501, 510.748.9001. This status is a preliminary affiliation with the Commission awarded for a maximum period of five years.

*Candidacy is an indication that the institution is progressing toward Accreditation.
Candidacy is not Accreditation and does not ensure eventual Accreditation.*

Federal law requires that the WSCUC address and phone number appear in your catalog.

Institutions granted Candidacy are required to:

1. Submit an Annual Report in the format required by the Commission
2. Keep the Commission informed of any significant changes or developments. Any proposed new degree programs, off-campus sites, online offerings, and/or changes in governance or ownership require review and approval through the Substantive Change process.
3. Pay Annual Membership Dues prorated from the date of this action. An Annual Dues statement will be sent under separate cover.

In accordance with Commission policy, a copy of this letter will be sent to the chair of CalMedU's governing board. The Commission expects that the team report and this action letter will be widely distributed throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents.

Finally, the Commission wishes to express its appreciation for the extensive work that CalMedU undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



Jamiene S. Studley
President

JSS/ro

Cc: Reed Dasenbrock, Commission Chair
Tsugio Seki, ALO
Prem Reddy, Board Chair
Members of the Seeking Accreditation Visit 1 team
Richard Osborn, Vice President