

REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 1

For Institutions Seeking Candidacy

To Kaiser Permanente Bernard J. Tyson School of Medicine

April 13–16, 2021

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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 Kaiser Permanente Bernard J. Tyson School of Medicine (KPSOM) is a non-profit medical school located in Pasadena, California. The institution offers two programs: Doctor of Medicine (MD) and Doctor of Medicine-Doctor of Philosophy (MD-PhD), the latter conducted jointly with the California Institute of Technology (Caltech) and with Caltech conferring the PhD degree. In their second or third year, students can apply to a Master of Healthcare Systems Engineering program at Loyola Marymount University; a Master of Public Health program at the University of California, Los Angeles; or a Master of Health Administration program at the University of Southern California. The KPSOM mission is to provide innovative medical education, advance diversity and inclusion in the medical workforce, increase medical access in underserved and disadvantaged populations, promote health across the country, and foster well-being among the future physicians it educates.

KPSOM is the offspring of the Kaiser Permanente Foundation Health Plan, Inc., and Kaiser Foundation Hospitals (KFHP/H), which have provided the school with financial support, infrastructure, clinical sites, physical resources, and the values upon which the school is founded. At the time the institution's report was written, there were 517 faculty and staff (399 faculty and 138 staff), a number expected to increase to 965 in the next four years.

In 2010, Kaiser Permanente leaders began to explore the feasibility of starting a medical school. In March 2015, the board received a formal plan for the proposed school that became the first strategic plan. In December 2015, the KFHP/H Board of Directors approved creation of the school. The school is led by an independent board of directors with eighteen members, eleven from outside the KP network and seven from within. The dean/CEO reports directly to the board.

The dean and other senior officials are well-qualified and experienced leaders in the field of medical education. After Mark A. Schuster, MD, PhD, arrived in October 2017 as the founding dean and chief executive officer (CEO), a revised strategic plan was approved for the years 2018 – 2023. The first cohort of fifty students entered the school on July 27, 2020, and over the next four years student enrollment is expected to reach approximately two hundred in the MD program and six in the MD-PhD program.

Because it offers an MD degree, KPSOM is responsible to three accreditors:

1. The California Bureau for Private Postsecondary Education (BPPE). Provisional approval from BPPE was received in March 2020, allowing KPSOM to admit and enroll its first cohort of students. This provisional approval will continue until KPSOM obtains initial accreditation through WSCUC, after which the school expects to gain full approval from BPPE.

2. The Liaison Committee on Medical Education (LCME). Preliminary LCME accreditation was granted in February 2019 and the school hopes to achieve provisional accreditation status by October 2022. To receive full LCME accreditation, a new independent medical school must have been given at least Candidacy status by its regional accreditor. KPSOM is striving to receive full LCME accreditation in early 2024, before its first cohort of students graduates.

3. The WASC Senior College and University Commission (WSCUC). On October 20, 2016, KPSOM submitted to WSCUC an application for eligibility. Eligibility was granted on February 17, 2017. On May 24 2017, KPSOM submitted an application for accreditation. In April 2020, KPSOM submitted an addendum to eligibility for approval of the MD-PhD program with Caltech, which was approved. KPSOM submitted its Seeking Accreditation Visit Report 1 (SAV1) on February 9, 2021.

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 KPSOM's SAVI Report (February 9, 2021) to be consistent with its Letter of Intent (May 24, 2017).

2. Quality and Rigor of the Review and Report

KPSOM spent a year preparing its SAVI Report, which was clear and informative, with extensive documentation in appendices. There was wide participation in preparing the report and in the Zoom site visit. Three campus committees were involved in KPSOM's report preparation: a WSCUC Working Committee, consisting of 14 KPSOM faculty and administrators; a WSCUC Senior Leadership Steering Committee, made up of deans and department chairs; and a WSCUC Executive Approval Committee, which included the institution's executive leadership and gave the report final approval. Several board members participated in the Zoom site visit. Students were not involved in preparing the report because the first class entered on July 27, 2020, but eleven students did attend the Zoom site visit session.

Both the report and the site visit seemed accurate, transparent, and thoughtful. The report was organized around WSCUC Standards. It was supplemented by extensive documentation in appendices. The school was responsive to requests for further information. The site visit was also well organized and informative. During the visit the team found that leaders, faculty, staff, students, and board members are all deeply committed to building an excellent and distinctive medical school. A particular strength of KPSOM's report is the synthesis/reflections sections following presentation of each Standard. KPSOM has created an effective assessment infrastructure that seems to have buy-in from faculty and administration. Data from the first assessments is being analyzed and leading to improvements in the curriculum. There is an ethos of critique and constant improvement at the school that is a point of pride at the institution.

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

In its February 21, 2017 letter granting KPSOM Eligibility, the Eligibility Review Committee encouraged the school to pay special attention to three areas: (1) development of an assessment plan for student learning, (2) creating a faculty governance model that includes both full-time and adjunct faculty, and (3) recruiting, accepting, and fostering students from underrepresented groups. The team finds that the institution has made considerable progress in each of these areas.

(1) KPSOM has invested extensive time and effort into creating a multilevel assessment infrastructure and plan. There is a faculty Curriculum, Education and Policy Committee (CEP) and a Program Evaluation, Assessment, and Improvement (PEAI) Committee. There is an associate dean for assessment and evaluation and an office of assessment and evaluation. At the course level, assessment tools for the first year curriculum were developed by course directors and approved by the faculty PEA I and CEP Committees. Assessment tools for student performance in years two through four are in development. There are multiple benchmarks, including comparisons across other medical schools, for assessing student success.

(2) The faculty's role is primarily academic: designing the program, teaching, assessing student work, and evaluating and improving the overall institution. An "extensive faculty governance structure" has recently been created that is admittedly in a "nascent phase." The faculty assembly meets annually to receive a state of the school address from the dean and receive a report from the Faculty Advisory Council (FAC). The FAC advises the dean. There are eight additional faculty standing committees, all of which, with the exception of the Admissions Committee, are advisory to the dean.

(3) To foster equity, inclusion, and diversity (EID), the KPSOM board has approved and the school has implemented an EID strategic plan. A senior associate dean for admissions and equity, inclusion, and diversity and an associate dean for equity, inclusion, and diversity are responsible for implementing the plan. An Equity, Inclusion, and Diversity Advisory (EIDA) Committee advises the dean and the Office of Equity, Inclusion, and Diversity supports students, staff, and faculty in meeting EID goals. The Office of Admissions, led by the senior associate dean for admissions and equity, inclusion, and diversity, works with the Admissions Committee to identify qualified underrepresented in medicine (URiM) applicants. These efforts are achieving success. Of the first incoming class, 22% identified themselves as first-generation college attendees (national average 15%) and 36% were designated as URiM (national average 17%), per data presented in the institutional report p. 53.

SECTION II – EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC’S STANDARDS

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

Institutional Purposes

Kaiser Permanente Bernard J. Tyson School of Medicine is a recently established School with a clear institutional statement of purposes that defines the mission, values, and character of the organization. The board-approved mission and values are forthrightly stated and were updated to highlight a commitment to equity, inclusion, and diversity. These statements are readily available to students, faculty, staff and the public on the KPSOM website. Faculty, staff, and students consistently articulate and endorse the mission and values of the school. (CFR 1.1)

The educational objectives are written as PLO’s (program learning outcomes) and are divided into learning domains, with milestones for each PLO. Faculty map the course material to the objectives; these are then approved by CEP/PEAI. The Office of Medical Education

generates overview reports. An Office of Assessment and Evaluation is in place. As a new school, curriculum assessment tools for years 2-4 are still in development. The educational objectives and indicators of student achievement are published in the academic catalog for internal and public access. The published objectives and indicators of success align with ACGME, AAMC and PCRS professional accreditation standards. The faculty are continuing to develop the curriculum and the team encourages ongoing focus on this work. Plans to gather and disseminate student achievement metrics are in place.

A noteworthy administrative infrastructure helps support the assessment process, and KPSOM has clearly emphasized these activities. However, with only one semester completed to date, this process is understandably still early in development. The team encourages continued attention to use of the assessment results in refining the student experience. While recognizing that the faculty are engaged with curriculum development, the team also urges that faculty be supported in the use of the assessment results to “close the loop” and thus continuously improve the curriculum. The team also notes that the methods by which student outcomes (when available) will be communicated to the public need to be clarified. (CFR 1.2)

Integrity and Transparency

Academic freedom policies are laid out on the KPSOM website, in the faculty handbook, and in the academic catalog, and are thus available to both internal stakeholders and the public. Faculty voiced support of the policy and stated that they felt free to publish “controversial” opinions. Faculty and student grievance policies are established and communicated. (CR 1.3)

Through its mission, vision, values and purpose statements, KPSOM is clearly committed to prioritizing policies supporting equity, inclusion, and diversity (EID). The policies are available on the internal website and to all constituent groups including the public in the academic catalog. An Office of EID as well as an EID Advisory Committee are in place. There is

an EID curriculum group. Practices reflecting the EID commitments include pipeline programs, holistic admissions, student affinity groups and search committee training in EID and unconscious bias. In addition, KPSOM is “tuition-free” for at least the first five cohorts, which is hoped will further increase enrollment of students from diverse backgrounds. Faculty and staff diversity demographics appear to lag behind the student diversity. It is noted that the core teaching faculty demographics reflect more diversity than that of the larger clinical faculty (mostly recruited from the KP system). Plans to enhance faculty and staff diversity should continue to be emphasized. (CFR 1.4)

KPSOM is a non-profit, public benefit corporation. The statement of context establishes the relationship between KPSOM, KFH, and the Permanente Medical Groups (PMG). The KPSOM and KFH boards have agreed that the education function is to be conducted solely by the school, and that the educational mission is governed by the school and the faculty. The Related Entity Certification form states “KFH controls KPSOM” and commits to compliance with all standards. KFH has agreed to a rolling commitment of financial support for the school and has expressed intent for support in perpetuity. KFH is the sole corporate member and has the authority to change bylaws, approve KPSOM Board members, and issue debt. The KPSOM budget is first approved by the school and then rolled into the consolidated KP budget where it must be approved by the KFH board.

The majority (11/18) of KPSOM board members are “disinterested”; the remaining members are KFH-affiliated or PMG-affiliated. At this point, there is clear alignment of the KPSOM board and the Kaiser “parent” board, and the two leadership teams, including a passionate commitment by KFH to the success of the school. Any issues are resolved through the strong interpersonal relationships and trust that currently exist. Going forward, the team recommends that attention be given to defining how the autonomy and success of the school will

be ensured if any misalignments between the two entities emerge and how any future disagreements will be resolved. An interim agreement by the Permanente physician group states that adequate faculty time will be ensured for education responsibilities. The fact that faculty time is fully reimbursed by KPSOM appears to attenuate potential conflicts of commitment (clinical vs. educational). The team notes that a final agreement needs to be documented (CFR 1.5)

Policies related to students have been developed by KPSOM and are available to the internal constituents and to the public; the policies are published on the website, in the student handbook, and in the academic catalog. (CFR 1.6)

KPSOM has appropriate policies and procedures to ensure operational integrity. Faculty, student and staff grievance procedures are established and communicated internally and to the public. There is a clearly defined commitment to continuous quality improvement throughout the strategic plan. Ongoing attention to quality improvement will be key to the successful evolution of KPSOM. (CFR 1.7)

The institution has worked diligently to communicate openly and extensively with WSCUC. Written materials supporting the accreditation process were provided in a timely manner. There was open and honest communication and the process was well planned and taken seriously by KPSOM. (CFR 1.8)

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 1 at a level sufficient for Candidacy, while recognizing that at this early stage it will be important for KPSOM to clarify the relationships with KFH and KP, and to focus on ongoing planning and execution. 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

Teaching and Learning

On February 22, 2017 and based on a strong application supported by serious planning for the new medical school, KPSOM was granted Eligibility with the understanding that the first MD class would begin in August 2019 and graduate in June 2023. In fact, the first class was admitted in July 2020 with an anticipated graduation date for those students in June 2024. At the time of the evaluation for Eligibility, WSCUC found sufficient evidence for serious planning and specificity of evidence consistent with the development of academic programs to support moving forward with the further development of a robust curriculum to support the training of holistic-oriented physicians supported by evidence. The academic programs are well designed and appropriate in content and the faculty are qualified to deliver the curriculum. In its first year of curriculum delivery, KPSOM offers two programs: a four-year MD program that serves the majority of enrolled students and an MD-PhD program that combines the four-year MD with a stand-alone PhD coordinated between KPSOM and California Institute of Technology (Caltech). In the first year, the faculty have begun to develop and document a curriculum for the full four years that is aligned with the institution's mission and values. In response to the initial review for Eligibility, KPSOM developed both a structure and process for curricular development that has been created by the faculty with student learning outcomes (SLOs) and mechanisms for assessment. The educational components combining both core courses and clinical experiences are appropriately case-based and emphasize student health and well being. This is particularly true in the REACH course that provides both academic and psychological support. The core basic science curriculum is currently co-delivered predominantly by the faculty members from the Biomedical Science department that constitutes just ~3% of the total faculty at KPSOM and

nine clinical faculty members. Regardless of department, faculty serve several roles to support the educational mission that are determined by the department chairs. A faculty governance structure has been developed with faculty having oversight of the curriculum. (CFR 2.1)

There are no undergraduate programs supported by KPSOM and none are planned. (CFR 2.2a) Admissions requirements and the application process for students interested in the MD degree are clearly defined and articulated on the KPSOM website and academic catalog. An application checklist is available to applicants outlining the requirements with a timeline for submission of materials and relevant deadlines. Applicants must possess a bachelor's degree from either the United States or Canada and take a minimum number of required courses and the Medical College Admissions Test (MCAT).

The pedagogy is fundamentally sound and uses multiple modes to enhance student learning. Particular emphasis is placed on recruiting a diverse class of critical thinkers with leadership potential who embrace the ideals of equity, inclusion, and diversity. The MD-PhD program, which currently enrolls three students, has a more involved application process that involves an initial screening by KPSOM faculty followed by interviews and recommendations for admission by Caltech faculty. The MD degree program has well-defined learning objectives and outcomes. MD students are required to complete a scholarly project before earning their degree. In contrast, MD-PhD students fulfill their scholarly project requirement through their doctoral dissertation requirement at Caltech. Dual-degree master's programs that will be taken by some students usually between their third and fourth years of the standard curriculum are being planned with other higher education institutions but these have not yet been completely established. (CFR 2.2b)

The curriculum is competency-based and is well developed with appropriate scaffolding between courses and years. Because this is the first year of the program, curricular maps

throughout the four years are not yet developed. However, a curriculum map for the first semester was provided and the student learning outcomes for those courses are reasonable. Assessment is a key component of instructional design at KPSOM and a variety of assessments were described that will be used to inform best practices in providing an appropriate educational experience that is aligned with the institution's mission and values. (CFR 2.3)

Course learning outcomes are based on Bloom's Taxonomy, with course learning outcomes (CLOs) aligned with program learning outcomes (PLOs). Five faculty committees and one work group oversee all aspects of curricular development and assessment. Faculty, administrators, and staff play key roles on these committees, but more details regarding the qualifications for members of these committees and workgroups should be provided. While the assessment group clearly has the expertise to provide valuable assessments of courses and student learning, professional development for faculty members related to the creation of SLOs in future years is still needed. (CFR 2.4)

The current curriculum for the first-year MD students is appropriately engaging and provides feedback through a variety of assessments that include rubrics and skills checklists. Both formative and summative assessments are in place to provide feedback to students and instructors. The KPSOM simulation center provides ongoing opportunities for students to practice skills beginning in Phase 1. (CFR 2.5)

A manual for assessment and promotion details the processes used to evaluate student success. A number of metrics are used for assessing student success and mechanisms are in place to oversee institutional effectiveness. Students are evaluated using traditional metrics including pass rates on examinations, course repeat rates, graduation rates, and residency match rates. In addition, data will be collected on student satisfaction with their residency match outcome and achievement of educational program outcomes. Dashboards for administration and faculty will

be used to track progress at student and cohort levels. Student dashboards still need to be developed and should be a major focus going forward as the curriculum is further developed.

(CFR 2.6)

The KPSOM programs will regularly review SLOs, collect retention and graduation data, and will provide regular internal and external reviews. Plans are already in place for a systematic program review that focuses on curriculum, co-curricular programs, and non-curricular programs. Internal reviews are planned on an annual basis with external reviews occurring every five years with timing corresponding to accreditation by LCME. (CFR 2.7)

Scholarship and Creative Activity

KPSOM has invested considerable effort into supporting scholarship and creative activities through the scholarly research project that is required of all MD students and the doctoral dissertation generated by MD-PhD students at Caltech. An Office of Research and Scholarship is in place to oversee aspects of scholarship and research. The KPSOM Office of Research and Scholarship is supported by Kaiser Permanente research efforts throughout the nation. Currently, an interim senior associate dean supports that office and a newly hired senior associate dean for research and scholarship will fill this role beginning in June. (CFR 2.8)

Faculty are evaluated for both their teaching and their effectiveness as instructors with evidence of student learning. Faculty members are engaged in some level of professional development although these opportunities should evolve as assessment data becomes available. Faculty reported that they are aware of the importance of evaluation for improving teaching and learning and there is a high degree of commitment from KPSOM and the Office of Assessment and Evaluation to provide timely feedback as the curriculum continues to develop into clinical experiences. (CFR 2.9)

There has been considerable effort in establishing mechanisms to assess student learning and student success. Although the current students have only completed one semester of instruction, plans are underway to establish metrics and developmental benchmarks for students as they progress through the program. As instruction and clinical experiences move into the second, third, and fourth years, it is anticipated that data collected from assessments will be used to further improve instruction for future classes. (CFR 2.10)

KPSOM is structured around two forms of co-curricular activities: learning communities and experiential learning experiences. Both of these afford students with opportunities for student and faculty engagement. The learning communities are well designed and are evaluated under the four themes of belonging, leadership, mentorship, and well being. In addition to student leadership opportunities embedded within the learning communities, opportunities exist for students to participate in professional development activities, including support to participate in national medical organizations. (CFR 2.11)

Student Learning and Success

KPSOM provides crucial information to students including information on admission and requirements of the program once students have been accepted into the program. Faculty have oversight over the admissions process and, along with the deans, are involved in answering questions and actively participate in interviews. (CFR 2.12)

The Office of Student Affairs offers students a range of services to meet their needs while they are enrolled at KPSOM. During the interview the team was told that the KPSOM Board has agreed to extend waiving tuition and fees over the entire four years that a student is enrolled for the first five classes. Students are responsible for living expenses and are required to attend financial aid counseling in their first year. Merit and need-based scholarships are available to cover living expenses. Academic advising, with staff and faculty working together with students,

promote successful habits for learning in the unique KPSOM environment, including preparing them for licensing requirements that are required for graduation. Some faculty members also play important roles as REACH coaches and specialty career advisors who together provide valuable professional development opportunities that prepare students for a career in medicine. (CFR 2.13)

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 2 at a level sufficient for Candidacy, with CFRs still in the planning and 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 KPSOM's development, its commitment to diversity and adequacy of qualified faculty to support its current curricular and co-curricular requirements is critical. The institution has focused its immediate attention on the quality of its personnel. KPSOM embarked on an aggressive hiring program to fill vital faculty and staff roles to support the expanding infrastructure. The faculty are appointed to one of three academic departments: Biomedical Science, Clinical Science, or Health Systems Science. Of these, 36 (9.5%) are employees of the institution (most of whom are full-time basic science faculty members or faculty members who hold administrative titles); the vast majority of the remaining faculty members are employed by the Permanente Medical Groups (and their salaries for their part-time educational activities are reimbursed by KPSOM to the Permanente Group). The institution is striving to hire diverse faculty with expertise and academic preparation, along with highly qualified and diverse staff members. KPSOM is in the third year of a ten-year plan for hiring

faculty and staff, with 80% of employees already hired. The team commends KPSOM for its intentional efforts and results in recruiting diverse core teaching faculty and staff. Due to the key role played by the basic science faculty, the team recommends that the school assess the size and characteristics of the basic science faculty needed to consistently deliver a high-quality curriculum and to further develop plans to recruit and retain these faculty. (CFR 2.1, 2.2b, 3.1)

The Office of Human Resources provides formal guidance to ensure that the recruitment, hiring, and evaluation of faculty and staff are aligned with its mission. Awareness of equity, inclusion, and diversity practices were confirmed to be included in all of these processes. The faculty recruitment, hiring, and promotion processes are detailed in the faculty handbook. All new faculty and staff participate in an orientation program, which also calls attention to the employment policies found on the intranet. (CFR 1.7, 3.2, 4.3, 4.4)

Faculty and staff development are integral to the sustainability of the institution. To this end, the Office of Medical Education is responsible for assisting faculty in improving their teaching and assessment skills. The director of faculty educator development works directly with faculty to provide faculty development programming. The academic career advisor from the Office of Academic and Community Affairs provides professional skills-based programming. Programs, such as the KPSOM HR Academy, provide training and professional development for staff, and tuition remission of up to \$3,000 per year is available to eligible faculty and staff. (CFR 2.1, 2.2b, 3.3, 4.4)

Fiscal, Physical, and Information Resources

KPSOM's primary source of funds is Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals. KPSOM has strong financial resources available, especially the rolling financial commitment from KFHP/H that is used to advance all aspects of the mission, including tuition and financial aid for students. KFHP/H has committed to fund the operation and capital

expenses of the school through 2028, and then with an additional year of funding added each year to keep the funding horizon at ten years. The team reviewed the ten-year business plan, which includes funding to support tuition scholarships, the hiring of staff and faculty, improvements in educational technology, and additional in-house services. The team also reviewed the unaudited financial statements for November 2020 YTD that show that the school has the appropriate revenue to cover its expenses.

The SAV1 report explains that KPSOM implemented a school-wide budgeting process starting in 2019. The finance office works with each department, office, or unit. The dean and senior administrators review and adjust the budget to align with current initiatives, and then the budget is presented to the Finance Committee of the board. This committee then presents the budget to the full board to ensure it aligns with the ten-year business plan and for approval. KPSOM is hoping to diversify revenues by developing a philanthropic function to fund projects and initiatives outside the funds received from KFHP/H. The team commends KPSOM for this plan and supports the hiring of a vice president for development.

KPSOM is housed on a three-building campus in Pasadena, California, with sufficient facilities to support the institution's functions. (CFR 1.1, 1.2, 2.10, 3.4, 4.6, 4.7)

KPSOM recognizes that training in information technology for faculty and staff is critical to competing in higher education and to the wider business community. The school has an in-house information technology (IT) unit that provides full-service technical support and training for all students, faculty, and staff. The IT unit manages multiple databases, and KPSOM has priority access for support infrastructure from the KP IT unit. The IT unit also ensures business continuity and supports a variety of educational technologies. The KPSOM library participates in an interlibrary loan service and provides training to students on information literacy. (CFR 1.2, 2.1, 2.2, 3.4, 3.5)

Organizational Structure and Decision-Making Processes

The evidence gathered from the SAVI report and during the visit indicates that KPSOM'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 equity, inclusion, and diversity, leadership excellence, and values that align with the mission, vision, and values of the school. (CFR 3.6, 3.7) The founding dean/CEO is a medical doctor who also holds a PhD. All members of the leadership team are full-time employees of KPSOM, with the exception of the interim senior associate dean for research and scholarship. A permanent, full-time senior associate dean for research and scholarship will begin work in June 2021. The school is deemed to have a sufficient number of qualified administrators to provide effective educational leadership and management. (CFR 3.8)

KPSOM currently has an independent governing board of 18 members, the majority of whom are "disinterested" directors (those not associated with Kaiser Permanente entities). The board holds a minimum of three regular meetings annually, and in most years has held five meetings. The bylaws of KPSOM define the legal and fiduciary authority of the board over KPSOM, the committee structure of the board, and the board's processes for oversight over institutional integrity, policies, and ongoing operations (including hiring and evaluating the chief executive officer). The board has six standing committees: Academic and Student Affairs, Compensation, Executive, Finance, Fiscal Audit and Compliance, and Nominating and Governance. The team commends KPSOM for assembling a board whose members are diverse and have suitable qualifications to govern the affairs of the school, and who so clearly believe in the institution's mission. (CFR 1.5-1.7, 3.9)

KPSOM's faculty exercise appropriate leadership over the development of the curriculum and have already acted to make changes based on early feedback from students. The institution's faculty governance system includes: The Faculty Assembly; The Faculty Advisory Council (FAC), led by a Faculty Executive Committee; and eight additional faculty standing committees. The Faculty Assembly is composed of the voting faculty and is responsible for electing members to representative positions on the FAC. The FAC serves as the general representative body of the medical faculty and advises the dean. The faculty standing committees serve in an advisory role to the dean, with the exception of the Admissions Committee. Structures for shared governance are in place. (CFR 3.10)

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 3 at a level sufficient 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

Quality-assurance (QA) processes are in place to collect, analyze, and interpret data; track results over time; use comparative data; and make improvements. Most aspects of KPSOM have been included in its comprehensive QA program, including parameters such as network downtime and board outcome measures. The QA processes are organized to effectively collect, analyze, and interpret data and are tracked over time. Selected elements have been developed over several years, while others, particularly in various areas, including the academic area, are more limited to the first and second academic years. Of consequence, the students (and staff and faculty reports) cited numerous improvements made in response to data gathered. Students were

impressed by the changes implemented by faculty and staff. The team expects that the program will continue to become more robust over time, focusing on admissions outreach and strategy, design of school-wide analytics and the institution's overall operational capacity as the last three academic years are implemented. (CFR 4.1)

The team judged that sufficient institutional research (IR) capacity is in place; data are disseminated and incorporated in planning and decision-making; and IR effectiveness is assessed. Data gathered through QA processes is disseminated internally and externally and findings are used in institutional review, planning and decision making. The Office of Assessment and Evaluation and the Accreditation and Continuous Quality Improvement unit provide operational leadership and support for various work units and committees. Thus, the work remains coordinated and effective. Plans have been made to continue to employ Elentra as well as user-created data sets (CFR 4.2)

Institutional Learning and Improvement

“Leadership at all levels, including faculty, staff and administration, is committed to improvement based on the results of inquiry, evidence, and evaluation.” KPSOM is dedicated to a culture of “evidence and improvement.” The commitment to improvement is evident throughout all levels and departments within the institution. An Office of Assessment has been created and six high-level policies have been developed. The teams seem to interact and to use the processes to discuss and implement change. Seven significant changes, based on evaluative data, were made by the institution during the year and a half leading up to the team visit. (CFR 4.3)

“The institution, including significant faculty involvement, engages in ongoing inquiry into the processes of teaching and learning, and the conditions and practices that ensure that the standards of performance established by the institution are being achieved.” Teaching and

learning are the priorities of KPSOM, which brings it to the heart of the work of the faculty and the standards of performance of the faculty and staff. Institutional learning drives quality improvement, curriculum development, faculty development and decision-making: it is not an “add-on” but a primary focus. (CFR 4.4)

“Appropriate stakeholders, including alumni, employers, practitioners, students, and others designated by the institution, are regularly involved in the assessment and alignment of educational programs.” If one regards the Kaiser network, KPSOM has a plethora of stakeholders; in other considerations, it has relatively few. It will be at least three years before KPSOM adds alumni, employers, and “colleagues” to the list of stakeholders. That said, preceptors, board members, faculty and others who engage the students are involved in the assessment of the educational programs (CFR 4.5)

“The institution periodically engages its multiple constituencies, including the governing board, faculty, staff, and others, in institutional reflection and planning processes that are based on the examination of data and evidence.” In March 2015, the KFH board approved a formal plan to proceed with development of a school of medicine. An impressive amount of high-quality work has been accomplished in the intervening six years. Of key importance, KPSOM developed two long-term plans. The most recent, covering 2018 to 2023, assisted in assuring additional funding and resources through 2023. (CFR 4.6)

“Within the context of its mission and structural and financial realities, the institution considers changes that are currently taking place and are anticipated to take place within the institution and higher education environment as part of its planning, new program development, and resource allocation.” The institution is just now completing the first year of its primary program. Despite that limitation, the institution has a number of faculty and staff previously and currently engaged in organizations relevant to national, regional and local health professions

education. The curriculum as it is being developed appears to not only meet the standards set by professional bodies but to be on the cutting edge. The faculty and staff are considering dual MD-master's programs to complement its MD program. Given data to support this kind of program (along with the known financial, research and clinical resources available), this could prove to be yet another distinguishing characteristic for KPSOM.

KPSOM is allocating effort and funds to developing faculty and staff expertise to strengthen both IR and QA capacity. KPSOM is an unusually accomplished institution for its age. It not only has QA and IR processes, but it embraces them. It looks at its work with candor and without "rose-colored" lenses. (CFR 4.7)

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 4 at a level sufficient for Candidacy. This is subject to the WSCUC Commission review and final determination regarding compliance with this Standard.

SECTION III. FINDING, COMMENDATIONS AND RECOMMENDATIONS

COMMENDATIONS

The team commends KPSOM for the following:

1. A robust foundational focus on equity, inclusion and diversity (EID) that is inculcated throughout all parts of the organization, including strategic planning, admissions, curriculum, assessment, and program evaluation;
2. Strong financial resources available to KPSOM, especially the rolling ten-year commitment from KFH, which are used to advance all aspects of the mission, including tuition and financial aid for students;

3. Commitment to an innovative curriculum that emphasizes equity, service-learning, and population health with clear passion for these educational approaches demonstrated by leadership, faculty, staff and students;
4. Strong infrastructure and plans for assessment, and an ethos of continuous quality improvement across the school.

RECOMMENDATIONS

Standard 1

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 1 at a level sufficient for Candidacy, recognizing that only the WSCUC Commission can make a final determination. The team has identified the following recommendations for on-going and future efforts:

CFR 1.5: Explore structures and/or processes that could be implemented in case of a future misalignment between the KPSOM Board and the KFH “parent” Board.

Standard 2

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 2 at a level sufficient for Candidacy, recognizing that only the WSCUC Commission can make a final determination. The team has identified the following recommendations for on-going and future efforts:

CFR 2.2b: Further develop policies and procedures for dual degree (Master’s) programs and clarify how they will be incorporated into the participating students’ learning experiences and career pathways.

Standard 3

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 3 at a level sufficient for Candidacy, recognizing that only the WSCUC Commission can make a final determination. The team has identified the following recommendations for on-going and future efforts;

CFR 3.1: Further assess the size and characteristics of the cadre of basic science faculty needed to consistently deliver a high-quality curriculum and further develop plans to recruit and retain these faculty.

Standard 4

Overall, the team finds that KPSOM demonstrated evidence of compliance with Standard 4 at a level sufficient for Candidacy, recognizing that only the WSCUC Commission can make a final determination.

The team has identified the following recommendations for on-going and future efforts:

CFR 4.4: Advance the plans for assessment of teaching and learning, especially the use of the findings to make changes that improve the curriculum and educational outcomes.

1 - CREDIT HOUR AND PROGRAM LENGTH REVIEW FORM

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the Comments sections as appropriate.)
Policy on credit hour	Is this policy easily accessible? YES
	If so, where is the policy located? The KPSOM Credit Hour Policy is located in the Academic Catalog and published in the policy library .
	Comments:
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)? YES
	If so, does the institution adhere to this procedure? YES The institution's Curriculum Education and Policy (CEP) Committee is charged with reviewing the curriculum on an annual basis and adjusting the credit hours as required. The CEP Committee also reviews and approves new courses.
	Comments:
Schedule of on-ground courses showing when they meet	Does this schedule show that on-ground courses meet for the prescribed number of hours? YES
	Comments: The class schedule is created and maintained by the Office of Medical Education. Students and faculty can access this schedule within the learning management system, Elentra, or on MS Teams .
Sample syllabi or equivalent for online and hybrid courses <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? Three syllabi were available in the SAV1 report. [Note: All completed course syllabi are maintained by the Office of Medical Education.]
	What kind of courses (online or hybrid or both)? Hybrid
	What degree level(s)? AA/AS BA/BS MA Doctoral X
	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? YES
	Comments:
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) <i>Please review at least 1 - 2 from each degree level.</i>	How many syllabi were reviewed? [Note: All completed course syllabi are maintained by the Office of Medical Education]
	What kinds of courses? Longitudinal Integrated Clerkship, Service-Learning
	What degree level(s)? AA/AS BA/BS MA Doctoral X
	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? YES
	Comments:
Sample program information (catalog , website , or other program materials)	How many programs were reviewed? Two – MD, MD/PhD
	What kinds of programs were reviewed? MD, MD/PhD
	What degree level(s)? AA/AS BA/BS MA Doctoral X
	What discipline(s)? Medicine

	Does this material show that the programs offered at the institution are of a generally acceptable length? YES
	Comments:

Review Completed By:

Date:

2 - MARKETING AND RECRUITMENT REVIEW FORM

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

Material Reviewed	Questions and Comments: Please enter findings and recommendations in the comment section of this table as appropriate.
**Federal regulations	<p>Does the institution follow federal regulations on recruiting students? YES</p> <p>20 U.S.C. 1094(a)(20): The institution will not provide any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the award of student financial assistance, except that this paragraph shall not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal student assistance.</p> <p>Comments:</p>
Degree completion and cost	<p>Does the institution provide information about the typical length of time to degree? YES</p> <p>Length of time to degree can be found on the KPSOM website and in the Academic Catalog. This information is also provided to students in their enrollment agreement.</p> <p>Does the institution provide information about the overall cost of the degree? YES</p> <p>The overall cost of the degree can be found on the KPSOM website and in the Academic Catalog. This information is also provided to students in their enrollment agreement.</p> <p>Comments:</p>
Careers and employment	<p>Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? YES</p> <p>This data is provided to students in the School Performance Fact Sheet, which is distributed during first registration of the academic year and accompanies the enrollment agreement.</p> <p>Does the institution provide information about the employment of its graduates, as applicable? YES</p> <p>This data is provided to students in the School Performance Fact Sheet, which is distributed during first registration of the academic year and accompanies the enrollment agreement.</p>
	<p>Comments:</p>

*§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:

Date:

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.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Policy on student complaints	Does the institution have a policy or formal procedure for student complaints? YES
	If so, is the policy or procedure easily accessible? Is so, where? The student grievance policy is available on the Student Portal and within the policy library.
	Comments:
Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? YES If so, please describe briefly: See student grievance policy .
	If so, does the institution adhere to this procedure? YES
	Comments:
Records	Does the institution maintain records of student complaints? YES If so, where? Office of Student Affairs
	Does the institution have an effective way of tracking and monitoring student complaints over time? YES If so, please describe briefly: Data from written course surveys and focus groups fall into three groups – learning environment, individual faculty teaching, and other course issues. The Office of Medical Education is responsible for identifying concerns about the learning environment and mistreatment and communicating these to Office of Student Affairs within 2 days. Department Chairs review data on faculty teaching and respond as appropriate. Other course issues are identified and analyzed as part of a structured course review process. In the structured course review process student feedback is analyzed with underlying issues considered, and opportunities for quality improvement recommended to the Curriculum and Education Policy Committee (CEP). The CEP produces a written report, including its recommendations for quality improvement. This report, along with supporting data, is sent to the Dean who makes the final decisions regarding quality improvement and ensures the availability of resources to support necessary improvements.

	Comments:

*§602-16(1)(1)(ix)

See also WASC Senior College and University Commission's Complaints and Third Party Comment Policy.

Review Completed By:

Date:

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.

Material Reviewed	Questions/Comments (Please enter findings and recommendations in the comment section of this column as appropriate.)
Transfer Credit Policy(s)	Does the institution have a policy or formal procedure for receiving transfer credit? YES
	If so, is the policy publically available? YES If so, where? Policy is included in the Academic Catalog .
	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? YES The KPSOM does not accept transfer credit towards requirements in the Doctor of Medicine program. This policy is published in the Academic Catalog, which is available on the public website and is also referred to on the Admissions FAQ page .
	Comments:

*§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:

Date: