REPORT OF THE WSCUC VISITING TEAM

SEEKING ACCREDITATION VISIT 2

Kaiser Permanente Bernard J. Tyson School of Medicine

November 19-22, 2024

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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 nonprofit, private medical school located in Pasadena, California. The school was created by the Kaiser Permanente (KP) system and leverages the assets of the Kaiser Foundation Health Plan and Kaiser Foundation Hospitals (KFHP/H) to accomplish its mission of educating medical students. First approved by the KP Board in 2015, the founding dean, Mark Schuster, was hired in 2017. The first cohort of 50 students was enrolled in 2020 and the matriculation of four classes totaling 199 students was realized in 2023. The new Dean, John Dalrymple, was appointed in 2024. The first class of students graduated on May 13, 2024.

The KPSOM Board has 18 members—7 are KP-affiliated and 11 are not. KPSOM Board members are appointed by the KP "parent" Board. The curriculum is based on 3 pillars— biomedical sciences, clinical sciences, and health systems sciences. KPSOM received provisional accreditation from BPPE in 2020 (full accreditation requires WSCUC approval) and full accreditation from LCME in 2024. KPSOM was determined to be WSCUC accreditation eligible in 2017 and was granted candidacy status after the first SAV in 2021.

B. The Institution's Seeking Accreditation Visit Report: Quality and Rigor of the Review and Report

The Seeking Accreditation Visit 2 Report was well organized and clearly written. The report accurately portrayed the extent to which KPSOM complies with Standards for Initial Accreditation, and the visit reinforced the extent of school-wide involvement in the review and report preparation. The school was inclusive of both faculty and staff and self-reflective in its

compliance reporting on the Standards. Data and evidence supported the claims made by the school to address compliance with Standards and CFRs, and led to a greater understanding of its effectiveness, systems of quality improvement, and student achievement. The school clearly identified areas of strength and needed improvement. The school was quickly able to provide additional documents and make available personnel to inform the visit. The visit clearly showed that all staff and faculty were included in activities and discussions that helped inform report writing, strengths and needed improvements, and future directions. As a result, the team was able to gauge progress toward each Standard not yet in compliance from a prior visit, as well as compliance with all Standards and CFRs Criteria for Review (CFR).

B. Response to Issues Raised in Past Commission Letters

The Commission made four recommendations, one from each of the four standards, at the conclusion of the SAV1 review process which established Candidacy for KPSOM. KPSOM faculty and staff put substantial effort into addressing each of the recommendations; this has advanced the mission of the school and supported impressive outcomes for student success and the graduation of the first MD class in May 2024.

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.

Responsive actions were taken by the KPSOM board including participation in a structured workshop in June 2024 in which various scenarios were discussed to ensure the Board's independent authority. At the June 2024 KPSOM Board meeting, directors engaged in an exercise to explore structures and processes in the event of board misalignment. Various scenarios were explored; solutions focused on the "infrastructure currently in place to ensure the

KPSOM Board's authority". Suggestions included focusing on the KPSOM and KFH strategic plans to guide resolution of disagreements; leveraging "interested" KPSOM directors to advocate for the school; and emphasizing the importance of ongoing communication. Since the first visit, one KPH Board member has joined the KPSOM Board and serves as a liaison. The commitment to the School by the KP leadership and the KP Board remains very strong. The KPSOM Board communicates effectively with the KP Board; all members of both Boards are clear that the decision-making for education and curriculum rests solely with the school. Both KP and KPSOM recognize the need for ongoing conversations with potential board members to ensure advocacy for the school's needs.

CFR 2.2b Further develop policies and procedures for dual degree (MPH, MBA, etc.) programs and clarify how they will be incorporated into the students' learning experiences and career pathways.

Although there have been efforts to promote dual degree programs to KPSOM students, to date, only one student has pursued this option. Efforts are underway to establish dual degree programs with partner institutions and KPSOM will continue to promote this option for phase three MD students.

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.

KPSOM has recruited additional basic science faculty in the biomedical sciences department and now has achieved a full complement of generalist instructors who work alongside clinical

faculty to deliver a comprehensive curriculum resulting in excellent outcomes for phase 1 and phase 2 on licensure examinations.

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.

Mechanisms are now in place to assess the effectiveness of the curriculum, milestones, CLOs, and EPOs with appropriate feedback to continually improve the educational experience for students.

Section II – Evaluation of Institutional Compliance with WSCUC Standards

Standard 1: Defining Institutional Purposes and Ensuring Educational Objectives

CFR 1.1

The mission of KPSOM ("provide world-class medical education that ignites a passion for learning, desire to serve, and an unwavering commitment to improve health and well-being of patients and communities") is appropriate and widely communicated to stakeholders.

CFR 1.2

Educational program objectives, called program learning outcomes (PLOs), are well-defined and widely available to students and faculty. PLOs are reviewed with students annually and prior to each course; and are reviewed in faculty orientation.

Outcomes are good with Step 1 pass rates of 98% (cohort 1) and 100% (cohort 2); step 2 pass rates of 100% (both cohorts); and a 100% match rate in 2024. A deceleration rate (one year leave of absence) of 21% is noted for the first cohort—all but one was due to students wishing to enrich their experience (and match competitiveness) by pursuing a research experience.

CFR 1.3

Appropriate faculty and student policies are widely available, including grievance policies and policies about use of social media.

CFR 1.4

KPSOM maintains a strong focus on EID (equity, inclusion and diversity) with appropriate policies; an Office of EID; an EID Advisory Committee (with faculty, staff and students); pipeline programs; holistic admissions; affinity groups; and EID experts on search committees.

Campus climate surveys are performed biannually, and include surveys of faculty, staff, and students. Examples of how the results are used to shape improvements were provided.

CFR 1.5

During SAV1, concern was raised about the relationships between the KPSOM Board and the KFHP/H "parent" board, especially how potential future misalignments would be managed. WSCUC requested exploration of structures and processes that could address this concern.

Since SAV1, the KPSOM met and explored strategies (including a formal session with scenario planning) that help ensure alignment with the "parent" board and that could be leveraged if issues developed. In addition, one director is now appointed to both the KPSOM board and the "parent" board and serves as a liaison between the two.

KPSOM's sole corporate member is Kaiser Foundation Hospitals (KFH). KFH established the school and has authority to approve changes to the KPSOM bylaws, approve KPSOM Board members, and approve high-level actions such as debt issuance and acquisition of property. KFH has a rolling financial commitment to support the school and has provided a letter of intent to support KPSOM in perpetuity. A long-term academic affiliation agreement with Southern California Permanente Medical Group and the Permanente Federation includes an acknowledgement of the school's authority over education. The majority (11 of 18) of KPSOM Board members are non-affiliated ("disinterested") with KFH; 7 KPSOM Board members are affiliated with Kaiser entities. One of the directors serves on both boards.

The KPSOM budget is first approved by the KPSOM Board and then approved by the KFH Board. Documents emphasize the education function is managed solely by KPSOM and its

faculty (i.e., that the school is responsible for the curriculum). Some services (e.g., internal audit, risk management) are shared by KPSOM and the "parent".

The strong commitment of the KP "parent" board (and senior KP leadership) to KPSOM and the success of its students was clear during this visit.

CFR 1.6

Policies to ensure fairness to students are in place (e.g., code of conduct, grievance policy, disability access). Full disclosure of financial issues is made and financial advising is provided.

Human subjects in research approvals are under the oversight of the KP Human Research Protection Program. KP-based research applications are considered by the KP IRB, while KPSOM-based research is reviewed by the Kaiser Permanente Interregional IRB.

CFR 1.7

There is appropriate transparency in KPSOM operations. Appropriate policies are in place. Audits are done by KPMG and to date all have been unqualified or unmodified independent financial audits.

CFR 1.8

Good communication with accreditors has been maintained. All WSCUC-required annual reports have been submitted.

Standard 2: Achieving Educational Objectives through Core Functions

CFR 2.1

After being granted Eligibility on February 22, 2017, KPSOM underwent a review as part of the Seeking Accreditation Visit 1 and received Candidate status with WSCUC in June 2021. The first class of MD students was admitted in June 2020 and that class graduated on May 13, 2024 with a 100% match rate for residency programs. In addition to the MD program, KPSOM has partnered with the California Institute of Technology (CalTech) in establishing an MD-PhD program that currently enrolls 13 students.

As of June 2024, the MD program is now fully accredited by the Liaison Committee on Medical Education (LCME), having satisfied that accrediting body's criteria for academic rigor and standards of performance. LCME granted the longest possible accreditation term and will conduct its next site visit for KPSOM during the 2028-2029 academic year.

The academic program employs a case-study approach that revisits foundational content during the entire four years and deepens knowledge that is applied to the practice of medicine in the treatment of patients. The Reflection, Education, Assessment, Coaching, and Health and Well-Being (REACH) course along with access to psychological and academic support and a wellness-focused education supports an environment that values and supports student health and wellness.

The MD-PhD program is available to those students who are interested in expanding their medical training by engaging in research and "bridge gaps to advance healthcare". Students enrolled in the MD-PhD program, after completing their first two years of MD training, enter the

PhD program and are expected to complete and successfully defend their dissertations within the next four years. Following completion of their PhD requirements, MD-PhD students return to KPSOM to complete their last two years of clinical training and fulfill the remaining requirements of the MD program.

MD students may also complete an optional Master's program (an option that was in development at the time of the SAV1 visit). To date, this path has been slow to gain traction with only one student taking advantage of this option at the time of the SAV2 visit.

CFR 2.2

The faculty has continued to develop the curriculum for the four-year MD program built around the pillars of biomedical science, clinical science, and health systems science. Each of these pillars incorporates the five Accreditation Council for Graduate Medical Education (ACGME) competencies (patient care, medical knowledge, interpersonal and communication skills, systems-based practice, and professionalism) and KPSOM has added three competencies of their own (community and population health, interprofessional collaboration, and life-long learning). The establishment of pillars supported by the ACGME and KPSOM competencies, provides a coherent philosophy that guides the program and supports the organization's mission.

Admission to KPSOM requires successful completion of a bachelor's degree from an accredited institution in the United States or Canada that includes prerequisite courses and taking the Medical College Admission Test (MCAT). Students are selected based on a range of criteria by a faculty-driven committee that emphasizes critical thinking skills, compassion, commitment to EID, and a passion to be change agents and leaders in their profession. Classroom instruction focuses on small-group interactions with peers and instructors with interactive instruction

delivered both in-person (70%) and remotely (25% synchronous; 5% independent and asynchronous). Lectures are supplemented with simulations and laboratory exercises. Successful graduation from KPSOM must be completed within six years for students not pursuing the MD/PhD with students passing didactic and clinical classes, all electives, and clinical knowledge licensure exams, along with achievement of KPSOM's educational program outcomes. All requirements are clearly defined in the Student Manual for Assessment and Promotion.

CFR 2.2a

There are no undergraduate programs at KPSOM and none are planned.

CFR 2.2b

The MD program has EPO domains and competencies that align with other accrediting bodies for medical school programs (e.g., LCME, ACGME, AAMC, PCRS) and graduating medical students. The curriculum and instruction are sound and allow students to develop the necessary skills to be successful physicians, including critical analysis of current literature that supports life-long learning and evidence-based practice. An important distinction of KPSOM is that its curriculum focuses on health system science (HSS) throughout its four-year curriculum.

CFR 2.3

At the time of the SAV1 visit, KPSOM was developing an optional dual degree program that would allow MD students to also pursue a master's degree. At the time, this program was underdeveloped and led to a recommendation that KPSOM "further develop policies and procedures for dual degree (Master's) programs and clarify how they will be incorporated into the students' learning activities and career pathways." In the time since the SAV1 visit, progress has been slow to develop with only one student completing a Master's program in Clinical

Information Management at Stanford University and that degree was independent of KPSOM's programming as the student completed that degree while on leave. KPSOM continues to take steps to support students interested in dual degrees, but to date, there has been little interest from students in pursuing dual degrees. In the meeting with the department chairs, it was learned that discussions are underway at Stanford and Pepperdine about future possibilities for dual degree programs for KPSOM students, to complement current dual degree programs offered with UCLA and USC.

KPSOM employs a competency-based curriculum that is broken down into three phases over the four years with detailed outcomes and milestones for students as they progress through the program. Multiple assessment methods are used to assess outcomes and are mapped onto the curriculum including coursework, clerkships, clinical experience, EPOs, and corresponding milestones. Students are supported through various mechanisms including academic advising, library resources, skill-building workshops, and peer tutoring through the Office of Medical Education and the Office of -Assessment and Evaluation. The REACH curriculum is specifically designed to provide students with resilience skills, goal-setting, and professional identity formation, and supplements the Office of Student Affairs in career advising and assistance in residency applications and the match process. Student workload and KPSOM's credit hour policy are standardized, consistent with best practices and boundaries established by creditors and is tracked by the Office of Assessment and Evaluation.

CFR 2.4

The EPOs are used by the faculty to develop and revise the curriculum with each course learning outcome (CLO) mapped onto an appropriate EPO and specific milestones. CLOs are mapped onto session session-level learning objectives that collectively constitute the curriculum

map. Outcomes and milestones are transparent and made available to students, faculty, and staff through a variety of outlets including syllabi, websites, and academic performance coaching. They are used in the student promotions decision-making process. Outcomes are assessed through committees at the course, phase, and program level and required courses are evaluated annually with the CEP chair and responsible faculty member reviewing assessment data and making recommendations for continual improvement. Key recommendations are relayed to the appropriate CEP subcommittees and the course director reports on progress toward achieving those recommendations the following year. The curriculum, either a specific phase or the entire curriculum, undergoes a comprehensive review annually with a focus on individual EPOs and milestones. Program effectiveness is assessed at the cohort level to assess overall effectiveness.

CFR 2.5

KPSOM's programs build on students' prior knowledge and develop life-long learning experiences through a challenging curriculum with high standards of performance. Students are provided appropriate feedback on their performance. Students have access to analytics dashboards and academic performance coaching, are provided with written feedback on formative and summative assessments; they participate in formative simulations on communication and physical exam skills with standardized patients. Feedback is provided in the form of score reports as well as verbal feedback from preceptors, clinical assessment specialists in the first two years and from attending physicians and residents during four-week rotations in years three and four of the program. As a remediation measure, students not meeting the minimum thresholds for assessment receive individualized feedback and coaching that may include video review of their performance. The KPSOM Simulation Center is a mainstay of the program and simulation-based learning is incorporated into the curriculum throughout the four

years. Clinical skills are practiced through simulated patient encounters with the assistance of

Physical Examination Teaching Associates who are specially trained to work with students on

developing and refining their skills. More advanced skills utilize mannequins in hybrid scenarios

ensuring a learning environment for students while ensuring patient safety. Clinical skills are

assessed using check lists for both simulations and real-life patient encounters through

summative Objective Structure Clinical Assessments (OSCE) and these assessments are used to

design and refine milestones and program outcomes to track student learning trajectories.

CFR 2.6

KPSOM has established learning outcomes and standards of performance that ensure

graduates achieve levels of performance consistent with the school's standards and goals. The

standards are used by the faculty to evaluate student work and provide an infrastructure that

effectively assesses student learning at both the program and institution levels. The Student

Progress and Performance (SPP) Committee oversees the advancement and graduation of

medical students through a process that is outline in both the Faculty Handbook and the Student

Manual for Assessment and Promotion. A three-step process that involves reviewing student

portfolios to determine attainment of key milestones, addressing significant conduct and

professionalism issues, and a holistic review involving grades, licensure exams, and overall

performance is used to make performance decisions. Readiness for graduation follows a

comparable process and students must meet graduation milestones for each EPO, adhere to

technical and Student Code of Conduct standards, earn at least a conditional pass in all

coursework, and pass the Step 1 and Step 2 United States Medical License Examination

(USMLE). Student performance for promotion and graduation is achieved through the use of

student-facing learning outcome dashboards with progress to date mapped onto assessments and

CLOs. Course reviews consider the overall student experience and are used to compare cohorts both within the same course and in other courses in the same phase.

CFR 2.7

KPSOM programs undergo systematic program review that focuses on student achievement of the program learning outcomes, retention and graduation rates, passing both phases of the USMLE, and successful placement into residency programs. The overall review process is the responsibility of the Curriculum and Education Policy (CEP) Committee, and each phase of the MD program receives a separate review, cycling every three years. The Phase 1 review was completed in September 2021 with subsequent reviews of Phases 2 and 3 occurring in November 2022 and October 2023, respectively. A review of the full program was conducted in November 2024 during a retreat that involved key stakeholders including faculty members, assessment specialists, CEP subcommittees, department chairs, the Student Curricular Board, the dean, and others. Assessment and outcome data will be used to make recommendations to the CEP Committee. The CEP Committee will evaluate the recommendations and will make determinations about those that will be accepted (with final acceptance made by the dean who will consider impacts on resources and the strategic direction of the institution). Once approved, the implementation of these changes will be the responsibility of the Senior Associate Dean for Medical Education and will be monitored by an Assessment and Curricular Evaluation and Improvement (ACEI) Subcommittee.

CFR 2.8

KPSOM fosters an environment that supports research, creative activity, and scholarship for its students and faculty. The effort is supported by a dedicated Office of Research and Scholarship (ORS). Students are required to complete a faculty-mentored scholarly project prior

to graduation. Students receive substantial support for these projects to help ensure successful completion, with the goal of further developing students' critical thinking skills and understanding of evidence-based medicine. Students are encouraged to disseminate their findings either through presentations or peer-reviewed publications and the inaugural class gave 103 presentations and produced 28 peer-reviewed publications. ORS also provides support for additional research opportunities for those students who may want them. The ORS also supports research by faculty members from each of the three academic departments and leverages its support through KP's eight regional research networks. The Southern California Permanente Medical Group Department of Research and Evaluation is located adjacent to the KPSOM Medical Education Building and is a key resource for students and faculty seeking research collaborations. Faculty expectations for scholarship, including research, teaching, assessment, and advising, vary by rank with promotions that take into account an array of possibilities for dissemination of their accomplishments and findings. Prescriptive requirements are in place for faculty holding educator or investigator appointments beginning at the Assistant Professor level; faculty holding clinical appointments are expected to disseminate findings consistent with an appointment in the Clinical Professor series. Faculty accomplishments are documented in their CV's and on a publicly available website. KPSOM has recently developed the Health Equity Research Core that will inform students how health equity can be incorporated into research projects.

CFR 2.9

KPSOM fosters an environment that promotes linkages between scholarship, teaching, assessment, student learning, and service. Faculty from all three departments, both within their unit and collectively, play a crucial role in the integration of these efforts. Both full-time and

part-time faculty members are engaged in teaching at KPSOM and are hired, in part, for their

content expertise and their ability to assess student learning in those areas. In addition to formal

teaching, faculty are involved in mentoring, clinical teaching and supervision of students and are

expected to provide meaningful feedback to students on their performance. Faculty members

participate in service primarily through their work on numerous committees and KPSOM has

eight standing committees where faculty can participate. Selection of membership on these

standing committees is overseen by the Faculty Advisory Council with other ad hoc committees

appointed by the dean. Extramural service is encouraged at the regional, professional, and

national levels, thus giving KPSOM an external perspective on best practices for medical

education and community health advocacy efforts. Integration of research and scholarly activity

into the classroom is valued and supports the concept of evidence-based practices in medicine.

CFR 2.10

KPSOM has established mechanisms to ensure timely progress toward the completion of the

MD degree and the MD-PhD degree. The school collects and analyzes data in a disaggregated

fashion and tracks student achievement, surveys student satisfaction, identifies the characteristics

of students and uses information to facilitate student success. The first eligible class graduated in

May 2024 with 79% graduating on time and 21% decelerated but on track to graduate. Two

students of the two hundred admitted to the program to date have left resulting in a 99%

retention rate for all students. Disaggregated student learning data for students who are under-

represented in medicine, socioeconomic status, and first-generation status have been produced

for grading in both Phase 2 clerkships and USLME Clinical Knowledge scores. Using this data,

differences for some groups of students have been identified and are being used to inform

institutional strategies for addressing these differences. There are currently 13 students enrolled

in the MD- PhD program with the first class now in their 3rd year of study in the PhD program at CalTech. Students expressed satisfaction with the program and are making acceptable progress with the first cohort successfully advancing to degree candidacy.

CFR 2.11

Co-curricular programs are aligned with the school's academic goals and programs and support students' personal and professional goals. Students have numerous opportunities to engage in student organizations, committees, and learning communities. The array of opportunities fosters an environment that promotes student well-being and a positive learning environment. Sixteen special interest groups allow students to engage in leadership related to specialties of interest and engage in networking opportunities. The Student Council provides a mechanism for students to represent the interests of KPSOM students to the Office of Student Affairs and campus leadership and to promote opportunities for outreach with undergraduates. Through the REACH course, students engage with a physician-coach at the start of medical school and participate in six to eight required coaching sessions each year. Coaches are trained according to International Coaching Federation principles. Two REACH coaching group meetings are held each academic year for each learning community across all four years of the program.

CFR 2.12

Prospective and current students have access to current information about KPSOM programs that is readily available on the school's website and in the school's catalog. In addition to receiving information that is available online and in the catalog, applicants have time to interact personally with KPSOM deans, faculty, staff, and students to answer questions regarding the curriculum, student support, and other requirements. Accepted students sign an enrollment

agreement and have access to a student portal that provides them with information on academic requirements and advancement. Cohort-level orientation sessions are given each year for Phase 1, Phase 2, and Phase 3 students.

CFR 2.13

KPSOM provides academic and other student success opportunities for students through the Office of Student Affairs. Five separate offices provide students with support in key areas including academic support and advising, disability access, enrollment support services, student psychological services, and student engagement. The school is continuing to waive tuition and fees for the first six cohorts with students only responsible for a $100 matriculation fee and the partial costs for personal living expenses. All students must meet with a financial aid counselor at the beginning of the program. Career planning is geared towards preparing students for residency programs with students working with faculty advisors and physician mentors. Career advising is integrated over the four years and along with the sixteen special interest groups provides students with opportunities to develop leadership skills. At the end of phase 3, students take a culminating Residency Immersive Course that ensures readiness for the residency process. Students have ready access to mental health resources and two full-time clinical psychologists are on-site for individual therapy, crisis services, and workshops.

CFR 2.14

KPSOM does not accept transfer credit from other graduate medical institutions as is stated in the school's published transfer policy. Students are also informed that coursework earned at KPSOM may not transfer to other institutions and that those decisions are up to that institution.

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

CFR 3.1

The school employs faculty, staff, and administrators sufficient in scale, professional qualifications, and background to achieve the school's educational and student success objectives, to propose and oversee policy, and to ensure the integrity of its academic, student support, and co-curricular programs and services and administrative processes.

The school employs faculty and staff with substantial and continuing commitment to the institution. The faculty and staff are sufficient in number, professional qualification, and diversity and to achieve the school's educational objectives, establish and oversee academic policies, and ensure the integrity and continuity of its academic and co-curricular programs.

The school has hired three additional basic science faculty members since the SAV1 visit. The team was informed that the basic science department is now fully staffed. Additionally, the students' course test results have been very high and students have demonstrated a strong performance on national licensing exams, indicating that a quality education has been taking place.

CFR 3.2

Faculty, staff, and administrator recruitment, hiring, and orientation practices and workload expectations are aligned with institutional mission and priorities. The school examines the extent to which its climate supports faculty, staff, and administrators and acts on its findings.

Faculty and staff recruitment, hiring, orientation, workload, incentives, and evaluation practices are aligned with institutional purposes and educational objectives. Evaluation is consistent with best practices in performance appraisal, including multisource feedback and appropriate peer review. Faculty evaluation processes are systematic and are used to improve teaching and learning.

There are a few interim and unfilled faculty, administrator and staff positions which are either being recruited or are scheduled to be filled with permanent KPSOM personnel. There is no staff assembly which would provide a voice for the staff. It will be important that KPSOM continue to focus on faculty, administrative leader, and staff development, including filling interim positions, succession planning, providing expanded personal and professional development opportunities, and consideration of creating a staff assembly.

CFR 3.3

The school provides professional development opportunities and evaluation for faculty, staff, and administrators.

The school maintains appropriate and sufficiently-supported faculty and staff development activities designed to improve teaching, learning, and assessment of learning outcomes.

KPSOM faculty, administrative leadership, and staff are provided with opportunities to attend various outside organizations conferences and workshops to enhance their professional development. KPSOM plans to continue to focus on faculty and leadership development, including filling interim positions, succession planning, providing expanded personal and professional development opportunities, fostering cross-department knowledge.

CFR 3.4

Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources. Resource allocation is aligned with evidence-based educational and student success objectives consistent with operational and strategic planning.

The school is financially stable and has unqualified independent financial audits and resources sufficient to ensure long-term viability. Resource planning and development include realistic budgeting, enrollment management, and diversification of revenue sources. Resource planning is integrated with all other institutional planning. Resources are aligned with educational purposes and objectives.

KPSOM is financially dependent upon the financial support from Kaiser Foundation Health Plan, Inc and Hospitals (KFHP/H), which have been committed to financing the operating needs of KPSOM. This was documented in its founding documentation which included an initial 10-year operating budget that showed for the first five years of operations there would not be any tuition charged to the students and after the fifth year the tuition would be at a 50% rate. As KPSOM is entering into its sixth year, KFHP/H has agreed to an additional tuition free year and has indicated that future tuition forbearance could be reconsidered upon the review of the new Strategic Plan, which is currently being finalized. Discussions with the Chairman and CEO of the KFHP/H Board of Trustees indicated that the subsidized amount of KPSOM is immaterial to the KFHP/H total budget and that KFHP/H is fully committed to the success of KPSOM. This was further confirmed by both the Board of Trustees for KPSOM and the Senior Vice President and Corporate Treasurer of KFHP/H (Treasurer). The discussions with the Treasurer indicated that

the full subsidized yearly amount is significantly below the 1% level at the KFHP/H operational level. This current and on-going support removes concerns regarding the financial sustainability of KPSOM.

KPSOM is currently exploring and developing an advancement structure. KPSOM expects to hire an individual to oversee the Advancement efforts, which will begin with identifying the specific areas that Advancement can raise funds to support. The current expectation for Advancement is that the needs and organization will be operational within 18 months, and its priorities will be defined by the new KPSOM strategic plan.

The team found strong financial resources available to KPSOM, especially the continuing commitment from KFHP/H, which are used to advance all aspects of the mission, including student support and faculty resources.

CFR 3.5

The school is financially stable and has resources sufficient to ensure long-term sustainability. The school has unqualified or unmodified independent financial audits.

The school provides access to information and technology resources sufficient in scope, quality, currency, and kind at physical sites and online, as appropriate, to support its academic offerings and the research and scholarship of its faculty, staff, and students. These information resources, services, and facilities are consistent with the institution's educational objectives and are aligned with student learning outcomes.

KPSOM is in the process of implementing a new Student Information System. The implementation is expected to take approximately 18 months and is expected to provide

enhanced capabilities for KPSOM. Currently the school's information and technology resources provide KPSOM with the required information technology for KPSOM operations.

CFR 3.6

All levels of leadership stressed the importance of including students in the conversation and using data to make change for each new cohort. The visit emphasized shared vision, collective responsibility, and the respect that all levels had for each other's role in student success.

CFR 3.7

KPSOM has established clear reporting and feedback pathways that support effective decision making. The visit showed that the school was well aware that rapid growth and interim appointments have prompted the collective desire to revisit organizational structure and operational capacity now that the school has implemented all four years of the curriculum.

CFR 3.8

The board members have a range of backgrounds, knowledge, and skills to carry out their responsibilities.

The school has a full-time chief executive officer and a chief financial officer whose primary or full-time responsibilities are to the institution. In addition, the school has a sufficient number of other qualified administrators to provide effective educational leadership and management.

KPSOM hired its current Dean (chief executive officer) as of July 1, 2024. He replaced the previous Dean who retired. Prior to the hiring of the Dean (chief executive officer), a number of key administrative positions were staffed by "Interim" administrators, including the chief financial officer. The hiring of a permanent KPSOM CFO and other key administrators was

intentionally delayed pending the hiring of the new chief executive officer. The process to replace and/or hire the "Interim" administrators with permanent KPSOM personnel has now resumed, given that the new Dean has now been hired.

As KPSOM transitions out of start-up mode, focus on leadership, staff, and faculty development should be prioritized, including filling interim positions, succession planning, providing expanded personal and professional development opportunities, fostering cross-department knowledge, and considering creating a staff assembly.

CFR 3.9

The school has sufficient and qualified leadership capacity at all levels, characterized by integrity, appropriate responsibility, high performance, and accountability.

The school has an independent governing board or similar authority that, consistent with its legal and fiduciary authority, exercises appropriate oversight over institutional integrity, policies, and ongoing operations, including hiring and evaluating the chief executive officer.

The KPSOM Board is independent and has authority consistent with its fiduciary responsibilities. It demonstrates this through its meetings of the full board and its associated committees which are documented by written minutes. The Board approves the annual budget, reviews operating results, meets with its auditors. It selected and hired the new Dean of KPSOM.

CFR 3.10

KPSOM has a Faculty Handbook that clearly outlines faculty roles and responsibilities, and policies on appointments, promotion, and school governance (faculty assembly). The school maintains both full-time and part-time faculty. Most full-time faculty are classified as

"educator" or "investigator" with the percent of teaching and research agreed upon at the time of appointment and reviewed annually. Most part-time faculty are classified as "clinical".

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

The school provides evidence of engaging in sustained, evidence-based, and participatory analysis and self-reflection on ways to advance their educational objectives. Institutional inquiry, research, and data collection practices have been deployed to identify priorities and support a climate of continuous improvement to enhance institutional effectiveness.

CRF 4.1

There is evidence to support the school's utilization of deliberate quality assurance (QA) processes in academic and non-academic areas including: curriculum and program approval processes, periodic program review, assessment of student learning, and on-going evaluation. The QA processes at KPSOM are designed and utilized to collect, analyze, and interpret data; track results over time; use comparative data; and inform cycles of continuous improvement. These processes are organized to effectively collect, analyze, and interpret data and are tracked over time. Since the SAV 1 visit, QA elements have been deployed across all aspects of the curriculum and across non-academic units. The school has established dashboards to make data accessible to stakeholders and has recently created clearly defined CQI and SOP policies. Mechanisms are in place to collect data from students, faculty, and staff with tracking and mitigation processes established. The Senior Leadership Team noted common understanding of

QA systems and processes and a genuine commitment to advancing the mission of the institution.

CRF: 4.2

The school has maintained institutional research (IR) capacity consistent with its purposes and characteristics. Data is disseminated internally and externally in a timely manner and accessible for analysis, interpretation, and planning. IR data is integrated into institutional reviews and decision-making processes. The Office of Assessment and Evaluation and the Accreditation and Continuous Quality Improvement unit provide operational leadership to support various work units and committees. Conversations with the Associate Dean for Assessment and Evaluation and the Senior Director of Accreditation and Strategy reaffirmed the team's interpretation that IR is coordinated and effective at supporting QA processes at KPSOM. The school's team indicated a sense of adequacy of resources to fulfill their responsibilities.

CRF 4.3

Institutional leadership, at all levels, demonstrated a commitment to continuous improvement that is informed by the results of inquiry, analysis of evidence, and evaluation. The school has clear, well-established policies and practices for gathering, analyzing, and interpreting information and has fostered, and nurtured, a culture of evidence-based improvement. The school tracks quality improvement actions and provided evidence that the findings have been used to make decisions. This commitment to continuous improvement was evident in our conversations with the Senior Leadership Team and the Dean. The school has established robust systems committed to generating, analyzing, and using data needed to support change and growth.

CRF 4.4

The school 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 school are being achieved. Conversations with the Dean and Academic Leadership indicated a commitment to significant faculty involvement in ongoing inquiry into the processes of teaching and learning, and the conditions and practices that ensure that academic standards are achieved. Recent work in launching the strategic planning cycle has identified "faculty and staff development" as one of the pillars and commitment to growth of personnel was reiterated by multiple stakeholders throughout the visit. Teaching and learning performance indicators are essential elements of faculty and staff standards of performance and faculty development initiatives. Faculty's role as contributors and leaders in educational program evaluation processes was affirmed by both the department chairs and basic science faculty.

CRF 4.5

The institution engages appropriate stakeholders in the assessment and alignment of education programs. The institution recently graduated their first cohort of students and has initiated planned alumni surveys in partnership with the American Association of Medical Colleges (AAMC). Data from this survey will be leveraged through educational program reviews to support continuous improvement. Alumni and Residency Readiness surveys are planned for 2025 to contribute to an assessment of how well KPSOM graduates are prepared for their graduate medical education (GME) roles. Throughout the visit, the team heard from multiple stakeholders regarding opportunities for engagement in the assessment of educational programs. The feedback systems are robust and include significant opportunities for student voice and input.

CRF 4.6

Policies and practices are in place for the institution to reflect and plan based on the examination of data and evidence. Evidence of processes for engaging KPSOM's multiple constituencies to support the assessment of the institution's strategic position, priorities, and alignment to its purposes, core functions, and resource allocation was affirmed. The curriculum as developed appears to not only meet the standards set by professional bodies but to be on the cutting edge of medical education. There is a clear sense of pride in the educational product being delivered and a strong commitment to continuous improvements. Students echoed support of the curriculum and the opportunities available to them to give feedback on the curriculum in a spirit of continuous improvement. Students indicated that curricular and co-curriculum student supports and resources are adequate to meet their learning needs.

CRF 4.7

The school, within the context of its mission and structural and financial realities, considers changes that are currently taking place and those that are anticipated to take place in the institution and higher education more broadly as part of its planning, program development, and resource education. The school has maintained robust QA and IR processes to support continuous improvement initiatives and key stakeholders are active participants in the medical education community. It was noted in the report that "several curriculum leaders and department chairs are past or present leaders of national-level organizations and have a pulse on changes that are currently taking place in medical schools and are anticipated to take place at the national level in medical education". The school has created a 30-member artificial intelligence (AI) student interest group to explore the role of AI in medical education, with plans underway to integrate and adopt learning modules related to AI during the 2025-2026 academic year.

Presenting Issues, Analyzing Evidence and Formulating Conclusions.

The team analyzed all evidence and investigated and got clarification on unaddressed questions during the site visit. The only other unfinished business noted is that KPSOM completed its application for Title IV Funding in November 2024 and filed the application together with the applicable documentation to the US Department of Education. It is currently waiting for a response from the Department of Education. One of the items required as an attachment to the application was two years of audited financial statements, issued under the Reporting Requirements of Governmental Auditing Standards. KPSOM's auditors reissued their audit report on the FY2022 year in accordance with GAAS (generally accepted auditing standards) and GAS (governmental auditing standards), so that KPSOM could include them with their application to the Department of Education. There were no number changes between the financial statements issued under the two sets of standards.

No further issues were identified beyond the commendations and recommendations made in this report. As with any new institution, KPSOM has undergone enormous growth and change since SAV 1, including the retirement of its founding dean, recent hiring of a new dean, and conferral of medical degrees to its first class. Evidence shows that the organization has learned from its experiences to date and adapted positively for its students, faculty, and staff. While the initial mission and vision remains the same, the school used student interest and time to degree concerns to reconsider the extent of its efforts toward developing dual master's degrees noted in SAV 1. With student interest growing for more research opportunities, the school has also begun to place more emphasis on expanding its partnership with Cal Tech to increase joint research and MD-PhD opportunities.

KPSOM is poised to launch a new strategic plan and associated business plan developed via an inclusive and iterative processes. The school leadership understands and actively engages with the students and is excited to use existing and newly available student learning assessment findings to enhance and redesign curriculum and student supports, including longitudinal trends, MD-PhD, and residency preparation and placement data. There is a school-wide desire to expand and grow KPSOM's research identity, strategy, and infrastructure to achieve intended goals with an eye to leveraging KPH's existing research reputation and connections. Finally, now that the rapid growth and the adjustment period caused by implementing curriculum and needed processes is behind them, the school can turn its focus to stabilizing and supporting its faculty, administrative leaders, and staff through professional development and community building.

Section III. Commendations and Recommendations

Commendations

The team commends KPSOM for:

1. Exemplary commitment to and alignment with the mission, vision, and values of KPSOM by the boards, school leadership, faculty, staff, and students (Standard 4.5)

2. Ongoing commitment to an innovative curriculum that emphasizes equity, service-learning, scholarly project, and population health with clear passion for these educational approaches demonstrated by leadership, faculty, staff and students along with a commitment to ongoing iterations based on feedback (Standards 2.1, 2.2, 2.11);

3. Ongoing commitment to equity, inclusion and diversity (EID) that is central to their mission and inculcated throughout all parts of the organization, including strategic planning, admissions, curriculum, assessment, and program evaluation (Standard 1.4);

4. Strong financial resources available to KPSOM, especially the continuing commitment from KFH, which are used to advance all aspects of the mission, including student support and faculty resources (Standard 3.4);

5. Strong ethos of continuous quality improvement across the institution through systematic use of student learning and success assessment across the school to optimize student achievement (Standard 4.3); and

6. Impressive student success outcomes with strong performance on national licensing exams and match rates (Standard 2.7).

Recommendations

The team recommends KPSOM:

1. Complete and launch the new strategic plan and associated business plan, including the plans for advancement (Standard 4.6).

2. Continue to use student learning assessment findings to enhance and redesign curriculum and student supports, including longitudinal trends, MD-PhD, and residency preparation and placement data (Standards 2.6, 2.10).

3. Expand and grow KPSOM's research identity, strategy, and infrastructure to achieve intended goals (Standard 2.8).

4. Focus on leadership, staff, and faculty development, including filling interim positions, succession planning, providing expanded personal and professional development opportunities, fostering cross-department knowledge, and considering the establishment of a staff assembly (Standards 3.2, 3.3, 3.6, 4.1).

Appendices

Federal Compliance Forms - KPSOM

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) and Program Length - §602.16(a)(1)(viii)

The institution has established a credit hour policy [see 2.0.3.D] that addresses the federal definition of credit hour. This policy has been deployed in the creation and maintenance of the curricula and sufficiently engages faculty and staff in the utilization and implementation of the policy. The policy has been adopted for all courses and programs at the institution. There are systems in place for systematic review of the policy application to assure that credit hour assignments are accurate, reliable, and consistently applied.

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 ☐ NO
	Where is the policy located? Academic Catalog
	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 ☐ NO
	Does the institution adhere to this procedure? ☒YES ☐ NO
	Comments: 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.
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 ☐ NO
	Comments: The class schedule is created and maintained by the Office of Medical Education.
Sample syllabi or equivalent for online and hybrid courses *Please review at least 1 - 2 from each degree level.*	How many syllabi were reviewed? Three
	What kind of courses (online or hybrid or both)? hybrid
	What degree level(s)? doctoral
	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 ☐ NO
	Comments:
	How many syllabi were reviewed? Three

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.*	What kinds of courses? Integrate Sciences 1; Longitudinal Integrated Clerkship; Critical Care Selective
	What degree level(s)? Doctoral
	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 ❑ NO
	Comments:
Sample program information (catalog, website, or other program materials)	How many programs were reviewed? One
	What kinds of programs were reviewed? MD
	What degree level(s)? Doctoral (MD)
	What discipline(s)? MD
	Does this material show that the programs offered at the institution are of a generally acceptable length? ☒YES ❑ NO
	Comments: Institution has partnership affiliations that allow MD students to complete Master or PhD program concurrently. Students apply separately to the affiliated institutions

Form Completed By: Brian Clocksin
Form Reviewed By: Amy Wallace
Date: January 2, 2025

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	Does the institution follow federal regulations on recruiting students? ❑X YES ❑ NO
	Comments:
Degree completion and cost	Does the institution provide information about the typical length of time to degree? ❑X YES ❑ NO See Catalog, page 60 https://medschool.kp.org/content/dam/kp/som/homepage/student-life/KPSOM%20Catalog.pdf
	Does the institution provide information about the overall cost of the degree? ❑X YES ❑ NO Catalog, page 34 https://medschool.kp.org/content/dam/kp/som/homepage/student-life/KPSOM%20Catalog.pdf

	Comments:
Careers and employment	Does the institution provide information about the kinds of jobs for which its graduates are qualified, as applicable? ❒X YES ❒ NO Catalog, page 46-47 https://medschool.kp.org/content/dam/kp/som/homepage/student-life/KPSOM%20Catalog.pdf
	Does the institution provide information about the employment of its graduates, as applicable? ❒X YES ❒ NO
	Comments:

*§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.

Form Completed By: Christopher Oberg
Form Reviewed By: Amy Wallace
Date: January 2, 2025

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? ❒ X YES ❒ NO
	If so, is the policy or procedure easily accessible? The form is readily available in the catalog Is so, where? Catalog, page 20 https://medschool.kp.org/content/dam/kp/som/homepage/student-life/KPSOM%20Catalog.pdf
	Comments:

Process(es)/ procedure	Does the institution have a procedure for addressing student complaints? ❏X YES ❏ NO If so, please describe briefly: Student Grievances policy (KPSOM.SA.025) establishes the guidelines and standards for student grievances not covered elsewhere (e.g., Non-Discrimination, Harassment-Free Environment and Non-Retaliation Policy, Prohibition of Sexual Misconduct, Sex Discrimination, Sexual Harassment, and Retaliation Policy, etc.). Operating procedures for informal and formal grievances are linked within the policy.
	If so, does the institution adhere to this procedure? ❏X YES ❏ NO The procedure is defined within the policy
	Comments:
Records	Does the institution maintain records of student complaints? ❏X YES ❏ NO If so, where? Student file
	Does the institution have an effective way of tracking and monitoring student complaints over time? ❏X YES ❏ NO If so, please describe briefly: All complaints received via the Student Grievances policy are tracked in the Registrar's Office, including outcomes. These data are compiled into a dashboard that is used for reporting purposes.

Form Completed By: Christopher Oberg
Form Reviewed By: Amy Wallace
Date: January 2, 2025

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? ❏X YES ❏ NO
	If so, is the policy publicly available? ❏X YES ❏ NO If so, where? Catalog, page 59 https://medschool.kp.org/content/dam/kp/som/homepage/student-life/KPSOM%20Catalog.pdf
	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 ❏ NO Not applicable – KPSOM does not accept transfer credits

	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.

Form Completed By: Christopher Oberg
Form Reviewed By: Amy Wallace
Date: January 2, 2025

Distance Education Review-Team Report Appendix

Institutions must have WSCUC approval to utilize distance education in the delivery of any of its programs in any amount, and are required to seek WSCUC approval for programs where 50% or more of the program can be completed through distance education. The institution's use of distance education in the delivery of its programs is reviewed as part of a comprehensive evaluation of the institution including an Accreditation Visit or Seeking Accreditation Visit.

Distance Education is defined as:

Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor or instructors and to support **regular and substantive interaction** between the students and the instructor or instructors, either synchronously or asynchronously. The technologies that may be used to offer distance education include:

- The internet;
- One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband, fiber optic, satellite, or wireless communication devices;
- Audioconference;
- Other media used in a course in conjunction with any of the technologies listed in this definition

In keeping with federal expectations, WSCUC requires institutions that utilize distance education in the delivery of programs to demonstrate "Faculty-Initiated Regular and Substantive Interaction" and"Academic Engagement" as defined by the federal regulations (see Code of Federal Regulations §600.2).

Regular and Substantive Interaction is engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

(i) Providing direct instruction;

(ii) Assessing or providing feedback on a student's coursework;

(iii) Providing information or responding to questions about the content of a course or competency;

(iv) Facilitating a group discussion regarding the content of a course or competency; or

(v) Other instructional activities approved by the institution's or program's accrediting agency.

An institution ensures regular interaction between a student and an instructor or instructors by, prior to the student's completion of a course or competency -

(i) Providing the opportunity for substantive interactions with the student on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency; and

(ii) Monitoring the student's academic engagement and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student.

Academic Engagement requires active participation by a student in an instructional activity related to the student's course of study that –

(1) Is defined by the institution in accordance with any applicable requirements of its State or accrediting agency;

(2) Includes, but is not limited to -

(i) Attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;

(ii) Submitting an academic assignment;

(iii) Taking an assessment or an exam;

(iv) Participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;

(v) Participating in a study group, group project, or an online discussion that is assigned by the institution; or

(vi) Interacting with an instructor about academic matters

Please complete either Section A for institutions that offer distance education programs approved by WSCUC or are 100% distance education institutions OR Section B for institutions that utilize distance education in the delivery of programs that do not rise to the level of a WSCUC approved distance education program.

Institution:

Type of Visit: Seeking Accredication Visit 2

Name of reviewer/s:

Date/s of review: Nov 20-22, 2024

Section Completed: __ A OR _X_B

A completed copy of this form should be appended to the team report for all comprehensive visits and for other visits as applicable. Teams can use the institutional report to begin their investigation, then, use the visit to confirm claims and further surface possible concerns. Teams are not required to include a narrative about this in the team report but may include recommendations, as appropriate, in the Findings and Recommendations section of the team report.

SECTION A: Institutions with Approved Distance Education Programs

1. Programs and courses reviewed (please list)

2. Background Information (number of programs offered by distance education; degree levels; FTE enrollment in distance education courses/programs; history of offering distance education; percentage growth in distance education offerings and enrollment; platform, formats, and/or delivery method)

3. Nature of the review (material examined and persons/committees interviewed)

Observations and Findings

Lines of Inquiry	Observations and Findings	Follow-up Required (identify the issues)
Fit with Mission. How does the institution conceive of distance learning relative to its mission, operations, and administrative structure? How are distance education offerings planned, funded, and operationalized?		
Connection to the Institution. How are distance education students integrated into the life and culture of the institution?		
Quality of the DE Infrastructure. Are the learning platform and academic infrastructure of the institution conducive to learning and interaction between faculty and students and among students? Is the technology adequately supported? Are there back-ups?		
Student Support Services: What is the institution's capacity for providing advising, counseling, library, computing services, academic support and other services appropriate to distance modality? What do data show about the effectiveness of the services?		
Faculty. Who teaches the courses, e.g., full-time, part-time, adjunct? Do they teach only online courses? In what ways does the institution ensure that distance learning faculty are oriented, supported, and integrated appropriately into the academic life of the institution? How are faculty involved in curriculum development and assessment of student learning? How are faculty trained and supported to teach in this modality?		

Curriculum and Delivery. Who designs the distance education programs and courses? How are they approved and evaluated? Are the programs and courses comparable in content, outcomes and quality to on-ground offerings? (Submit credit hour report.)	5	
Faculty Initiated Regular and Substantive Interaction. How does the institution ensure compliance with the federal expectation for "faculty-initiated, regular and substantive interaction"? How is compliance monitored? What activities count as student/instructor substantive interaction"?		
Academic Engagement. How does the institution ensure compliance with the federal expectation for "Academic Engagement"? How is compliance monitored? What activities contribute to academic engagement?		
State Licensure Requirements. Describe, as appropriate, the institution's process for disclosing to students how state licensure requirements are met by distance education programs, whether licensure requirements are not met by programs, or whether the institution has not determined where licensure requirements are met by the programs.		
Student Identification Verification and Privacy. What is the institution's process for student verification, e.g., a secure login and pass code; proctored examinations; other technologies or practices that are effective in verifying student identification? What precautions are taken by the institution to protect technology from cyber security intrusions on its or outsourced systems? Are additional student charges associated with the verification of student identity disclosed at the time of registration or enrollment?		

Retention and Graduation. What data on retention and graduation are collected on students taking online courses and programs? What do these data show? What disparities are evident? Are rates comparable to on-ground programs and to other institutions' online offerings? If any concerns exist, how are these being addressed?		
Student Learning. How does the institution assess student learning for online programs and courses? Is this process comparable to that used in on-ground courses? What are the results of student learning assessment? How do these compare with learning results of on-ground students, if applicable, or with other online offerings?		
Contracts with Vendors. Are there any arrangements with outside vendors concerning the infrastructure, delivery, development, or instruction of courses? If so, do these comport with the policy on *Agreements with Unaccredited Entities?*		
Quality Assurance Processes: How are the institution's quality assurance processes designed or modified to cover distance education? What evidence is provided that distance education programs and courses are educationally effective?		

SECTION B: For Institutions Without Approved Distance Education Programs

BACKGROUND: In the Doctor of Medicine program, all students have a small portion of their four-year degree program completed by distance education modality. Over 70% of curricular sessions are delivered in person, either in the classroom, clinic, or community. About 25% are virtual and synchronous, using platforms like Zoom and Microsoft Teams, while 5% are independent, online, and asynchronous. Most prework, including readings, videos, assignments, and assessments, is online. Faculty undergo mandatory educator development, including training on curricular technology and platforms like Elentra (KPSOM's online learning management system), Osmosis, and Poll Everywhere. Students are oriented to these technologies during a two-week Early Immersive Experience at the start of medical school. Faculty and students interact electronically during virtual sessions and asynchronously through email, discussion boards, and the LMS.

1. Courses reviewed (as appropriate; please list)

Materials, rather than courses, were reviewed, since KPSOM doesn't offer a complete course in a distance education modality

2. Nature of review (material examined and persons/committees interviewed)

Assigned readings and instructional videos; the videos are not actual teaching but rather homework that is required for the in-person and synchronous remote instruction.

Nature of Online Learning Courses. How do faculty use distance learning options in face to face courses e.g., blended learning, hybrid learning, hybid flexible (hyflex), flipped classroom, or other instructional strategies that allow student/instructor separation? How extensive is distance learning in the curriculum?	The curriculum is primarily small group active learning with a flipped classroom approach in which students complete prework (readings, videos, modules) prior to synchronous face-to-face active learning sessions in small groups (8-10 students with 1-2 faculty). In order to increase student flexibility, faculty include occasionaly (up to 12 hours per course) of remote, instruction with the faculty and students interacting online via Zoom or Teams.	None

Faculty and Student Preparation for Distance Education. What training is offered to faculty who incorporate distance learning in their courses? Can students request a distance learning option for onsite courses? How is their placement in the option determined? What orientation to distance education do students receive?	Faculty are prepared to provide distance learning through the school's faculty development and curriculum design programs. Students may not take courses using entirely distance-mediated methodologies.	None
Quality of the Distance Education Infrastructure. Are the learning platform and academic infrastructure of the institution conducive to learning and interaction between faculty and students and among students? Is the technology adequately supported? Are there back-ups?	Yes, the school has a learning and curriculum management system which hosts and links to the curricular content students need to prepare for class and allows facutly and students to interact online via discussion boards and assessment feedback. The school also gives students access to numerous 3rd party online learning platforms such as Boards and Beyond and Osmosis to support students preparation for class. The school uses both Zoom and Teams for live remote sessions. The technology is well-supported by a dedicated information technology team for the school, as well as a team of instructional designers and educational technologists.	None
Faculty Initiated Regular and Substantive Interaction. How does the institution ensure compliance with the federal expectation for "faculty-initiated, regular and substantive interaction"? How is compliance monitored? What activities count as student/instructor substantive interaction"?	KPSOM has no fully or predominantly online courses or programs. However, the materials provided and accessed remotely are then used in faculty-initiated interaction during instructions sessions.	None

Academic Engagement. How does the institution ensure compliance with the federal expectation for "Academic Engagement"? How is compliance monitored? What activities contribute to academic engagement?	KPSOM has no fully or predominantly online courses or programs. Students must engage with faculty during instructional sessions for which materials were provided remotely; there are no "independent" learning sessions – accordingly, there is always academic engagement in the follow-up instruction.	None
Student Identification Verification and Privacy. What is the institution's process for student verification, e.g., a secure login and pass code; proctored examinations; other technologies or practices that are effective in verifying student identification? What precautions are taken by the institution to protect technology from cyber security intrusions on its or outsourced systems? Are additional student charges associated with the verification of student identity disclosed at the time of registration or enrollment?	Students access the learning/curriculum management system, 3rd party resources, and video conferencing tools (Teams and Zoom) with their school ID and password. Platforms are housed behind single sign on with multi-factor authentication to promote an additional layer of security. The school is supported by a dedicated Information Techology team with additional resources from Kaiser Permanente's broader Information Technology organization, with staff dedicated to cyber security. Vendors are required to undergo a thorough technology risk evaluation with the school's information technology teams prior to onboarding to ensure that they have sufficient controls in place to ensure privacy and security.	None

Quality Assurance. What processes are in place to collect data from courses that use some type of remote learning? How are the findings used to improve instruction?	Because the distance education modality is not used for course <u>teaching</u> per se but rather for the provision of educational materials, there is no independent evaluation of the remote provision of the materials related to instruction. Rather, the full course is evaluated as part of the school's periodic program and course review.	None

Form Completed By: Joe Gayk
Form Reviewed BY: Christopher Oberg
Date: December 29, 2024

Revised April 2023