



**Charles R. Drew University of Medicine and Science  
WSCUC Institutional Report**

*Submitted to*

**WASC Senior College and University Commission  
(WSCUC)**

*Submitted by*

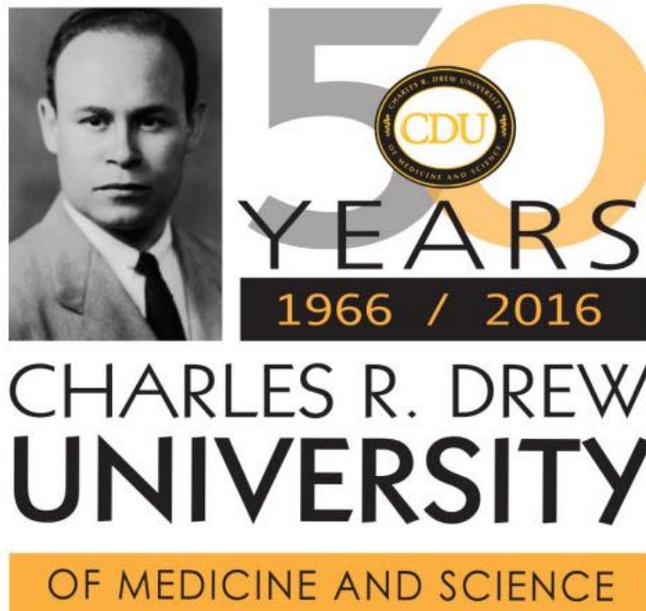
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**Excellence of performance will transcend artificial barriers created by man. - *Dr. Charles R. Drew***

**VISION STATEMENT**

Excellent health and wellness for all in a world without health disparities.

**MISSION STATEMENT**

Charles R. Drew University of Medicine and Science is a private non-profit student centered University that is committed to cultivating diverse health professional leaders who are dedicated to social justice and health equity for underserved populations through outstanding education, research, clinical service, and community engagement.

## TABLE OF CONTENTS

---

<b>CDU Vision and Mission Statements</b> .....	ii
<b>Table of Contents</b> .....	iii
<b>List of Cited Appendices</b> .....	v
<b>List of Cited CFRs</b> .....	vii
<b>I. Introduction to the Institutional Report</b> .....	01
A. History of the Institution .....	01
B. Academic Programs.....	03
C. Impact of the Institution.....	03
D. Accreditation History.....	04
E. Significant Changes since Last Visit .....	05
F. New Strategic Plan and CDU Brand.....	06
G. Degree Program and Enrollment Growth.....	08
H. Pipeline Partners and Programs .....	09
I. Capacity Preparedness for Growth.....	09
J. Self-study Report Chapters .....	10
<b>II. Compliance with WSCUC Standards and CDU Policy Audits</b> .....	11
A. Audit of CFRs under the Standards .....	11
B. Report Writing Teams and Vetting .....	12
C. Federal Compliance Audit.....	13
D. Financial Aid Compliance .....	15
E. Faculty Affairs Policy and Handbook.....	16
<b>III. Degree Programs</b> .....	18
A. Health Professions Program Standards .....	19
B. Institutional Learning Outcomes (ILOs).....	20
C. Faculty Focus Groups on MQID.....	21
D. Student Focus Groups on MQID.....	22
<b>IV. Educational Quality</b> .....	25
A. General Studies and Core Competencies .....	25
B. General Studies Assessment.....	26
C. Graduate Studies Assessment .....	31

## TABLE OF CONTENTS

---

<b>V. Student Success</b> .....	36
A. Aggregate Student Outcomes.....	36
B. Learning Modes and Student Services.....	40
C. Student Leadership and Governance .....	42
D. Research and Service Learning.....	43
E. Student Satisfaction Surveys .....	44
F. Student Success and Quality Improvement.....	45
<b>VI. Planning and Quality Assurance Improvement</b> .....	46
A. Academic Program Planning.....	46
B. Academic Program Review.....	47
C. Institutional Research and Effectiveness .....	48
D. Faculty Development and Assessment.....	49
E. Human Resource and Risk Management.....	51
F. CDU Policy and Procedure Audits.....	52
G. Infrastructure Plans and Quality Controls .....	53
H. Board of Trustees Quality Assurance .....	54
<b>VII. Institutional Sustainability</b> .....	56
A. Current Financial Status .....	56
B. Student Enrollment Plan .....	58
C. Research Enterprise and Pillars.....	59
D. Strategic Advancement.....	62
E. Institutional Sustainability.....	64
F. Community Faculty and Engagement .....	66
G. Institutional Learning and Improvement.....	67
<b>VIII. Conclusion</b> .....	68
A. Institutional Rejuvenation .....	69
B. Self-study Impact and Outcomes .....	70
C. Areas of Exemplary Performance .....	71
D. Future Plans .....	72
E. Improvement Initiatives .....	73
F. Leveraging the CDU Legacy .....	74

## LIST OF CITED APPENDICES (by page where first cited)

---

A.	<b>CDU Plans and Progress Relative to WSCUC 2015 Visiting Team Recommendations</b> .....	05
B.1	<b>CDU Values</b> (CDU Strategic Plan 2016-2020, page 8 excerpt) .....	06
B.2	<b>CDU Strategic Plan Themes</b> (CDU Strategic Plan 2016-2020, page 4 excerpt) .....	07
B.3	<b>CDU Advantage</b> (CDU Strategic Plan 2016-2020, page 18 excerpt) .....	07
C.	<b>LA County Department of Public Health 2017 Fact Sheet</b> (pages 4-8, 25 excerpts) .....	08
D.	<b>CDU Academic Strategic Implementation Plan</b> .....	08
E.	<b>CDU 2016-17 Sub-change Proposal Outcomes</b> .....	08
F.1	<b>CDU Pipeline Programs - Recent Articulation Agreements</b> .....	09
F.2	<b>CDU Pipeline Programs - Student Pathway Programs and Scholarships</b> .....	09
G.	<b>CDU Self-study Quarterly Forum Sample (December 2016)</b> .....	12
H.	<b>WSCUC Standards and Compliance with Federal Requirements Worksheet</b> .....	12
I.	<b>CDU Self-study Process Terms and Outcomes</b> .....	12
J.	<b>Department of Education 2016 Financial Aid Audit Results and CDU Responses</b> .....	15
K.1	<b>Faculty Focus Groups on MQID – Process and Selected Results</b> .....	18
K.2	<b>Student Focus Groups on MQID – Process and Selected Results</b> .....	18
L.	<b>Inventory of Relevant Specialized Accreditation and Licensing Agencies</b> .....	19
M.	<b>Revised CDU Institutional Learning Outcomes in Alignment with CDU Advantage</b> .....	20
N.	<b>Inventory of Educational Effectiveness Indicators</b> .....	25
O.	<b>Samples of General Studies Courses Adapted for Health Professions Education</b> .....	26
P.	<b>CDU Results and Rubrics on Assessment of WSCUC Core Competencies</b> .....	28
Q.	<b>School of Nursing Vignette on NCLEX- RN® Pass Rates</b> .....	35
R.	<b>Aggregate Student Outcomes Data</b> .....	36
S.	<b>Division of Student Affairs Tutoring Service Loads</b> .....	41
T.	<b>Student Satisfaction Survey Process and Selected Results</b> .....	44
U.	<b>COSH Program Organization Chart and Quality Assurance Model</b> .....	45
V.	<b>APRC Protocols and 2017 Self-study Process and Results</b> .....	47
W.	<b>Worker’s Compensation Experience Modification Rate Data</b> .....	52

X.	<b>CDU Policy Vetting and Approval Flow Chart Sample</b> .....	52
Y.	<b>Draft Consolidated Academic Program Dashboard</b> .....	55
Z.	<b>Consolidated Financial Systems, Metrics, and Performance Data</b> .....	56
AA.	<b>Office of Strategic Advancement Fundraising Results</b> .....	62
AB.	<b>Sample Case Studies on Regulatory Scans of Area Specialists</b> .....	66
AC.	<b>Brief Bio-sketches of Three Community Faculty Members</b> .....	66

## LIST OF CITED CFRs (by pages where cited)

---

CFR 1.1 .....	06
CFR 1.2 .....	12, 15, 18, 20, 25, 36, 49, 55
CFR 1.3 .....	11, 16, 17
CFR 1.4 .....	11
CFR 1.5 .....	06
CFR 1.6 .....	12, 13, 15, 36, 49, 55
CFR 1.7 .....	12, 15
CFR 1.8 .....	05
CFR 2.1 .....	11, 18, 19, 20
CFR 2.2 .....	13, 18, 20, 25
CFR 2.2a.....	11, 27
CFR 2.2b.....	26
CFR 2.3 .....	12, 20
CFR 2.4 .....	22, 25
CFR 2.5 .....	21, 23, 25, 34
CFR 2.6 .....	27, 36
CFR 2.7 .....	40, 47, 49
CFR 2.8 .....	12, 44, 50
CFR 2.9 .....	12, 17, 51
CFR 2.10.....	40, 44, 45, 49
CFR 2.11.....	12, 44
CFR 2.12.....	13
CFR 2.13.....	12, 41, 42
CFR 2.14.....	13

**LIST OF CITED CFRs (by pages where cited)**

---

CFR 3.1 ..... 12, 51

CFR 3.2 ..... 12, 17

CFR 3.3 ..... 12, 50

CFR 3.4 ..... 12, 57, 60, 62

CFR 3.5 ..... 09, 10, 12, 53, 54

CFR 3.6 ..... 03, 55, 65

CFR 3.7 ..... 12, 52, 55

CFR 3.8 ..... 03, 51, 56

CFR 3.9 ..... 54

CFR 3.10..... 11, 16, 17

CFR 4.1 ..... 12, 50, 52, 55

CFR 4.2 ..... 12, 49

CFR 4.3 ..... 12, 32, 33, 46, 47, 50, 67

CFR 4.4 ..... 12, 21, 27, 31, 45, 50

CFR 4.5 ..... 09, 11, 12, 21, 22, 47, 49, 55, 64, 65, 67

CFR 4.6 ..... 06, 09, 11, 12, 45

CFR 4.7 ..... 12, 47, 65, 67



## I. Introduction to the Institutional Report:

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### Institutional Context; Response to Previous Commission Actions

Born out of the ashes of the 1965 Watts Revolt, Charles R. Drew University of Medicine and Science (CDU) stands, today, at a critical inflection point with the deepest sense of history, a profound appreciation of its accomplishments, a clearer understanding of its challenges, and the highest level of collective enthusiasm and preparedness to embrace a more promising future. The University arrives at this juncture with a rich history, reflecting an institutional story of existential threat (with closure of the adjacent county hospital), resilience, restoration, renewal, and an un-mitigated sense of mission and commitment to its *raison d'être*. Encouraged by the commendations and recommendations of the WSCUC 2015 visiting team, CDU is determined to position itself as a major higher education institution nationally and especially locally. The strategic planning process which started in 2015 and ended in 2016, the University's celebration of its 50<sup>th</sup> anniversary in 2016 and the launching of the present self-study process in 2016, provided multiple opportunities for unprecedented institutional self-reflection and collective soul-searching. Emerging from these introspection opportunities, CDU embraces the theme of GROWTH as articulated in President Carlisle's [2016 State of the University Address](#).

CDU has embraced GROWTH as an urgent response to the challenges of rising health disparities in underserved communities and as a necessary next step to recent achievements. Growth, defined both as quantitative expansion and qualitative enhancement of operations (i.e., progressive excellence), has become an institutional mantra, as should be decipherable in this self-study report. Indeed, an essential question and welcome challenge before the University is how best to pursue growth and the necessary resources for sustainability.

#### A. History of the Institution

CDU is a community-inspired private, non-profit, non-sectarian medical and health sciences institution located in Los Angeles, California. The University was founded in 1966 after a report by the McCone Commission ("Violence in the City: An End or a Beginning" – Governor Edmund G. Brown) cited poor



## 2017 Institutional Report

health status and diminished access to quality education, healthcare, employment, and safety as key factors sparking the 1965 revolt in Watts and surrounding communities. Charles R. Drew University is



named in honor of the brilliant African-American physician, famous for his pioneering research in blood preservation and the establishment of blood banks for the American Red Cross. The emphasis of CDU on community service draws its inspiration from the life

of Dr. Drew, whose short 46 years were full of distinctive achievements, through learning, sharing, and applying medical knowledge to benefit humankind.

Founded as a post-graduate medical school, the evolution of the University can be aptly encapsulated in four phases of development. The initial phase over the first three decades featured establishment of a medical residency program in partnership with the adjacent Martin Luther King Jr. Community Hospital (MLK), and a joint medical education (MD) program with UCLA's school of medicine; the inaugural class of this flagship program graduated in 1985. During the next decade, the institution substantially expanded its scientific research funding and faculty scholarship, and its physical infrastructure and academic offerings by opening a new school of allied health. CDU sought and secured initial accreditation by WASC in 1995, in part to enable conversion of allied health certificates into degree programs.

Just over a decade later, in 2007, as the University was completing its first re-accreditation review, CDU faced an existential crisis due to the closure of MLK as a teaching hospital, which in part reflected weak leadership, planning, and quality assurance processes. Research revenues remained strong in this second phase of institutional development. However, by 2009 the full adverse impact of the loss of medical residency funding put the institution on the brink of financial insolvency; the resulting concerns over financial viability prompted WASC to place CDU on probation. Due to the resolve and resiliency of the campus community and a fundamental restructuring of operations by transitional leadership, the University quickly navigated a rebound from its nadir. July 2011 marks the turning point of this third phase of institutional history with removal of probation by WASC shortly after the appointment of Dr. David M. Carlisle as the new permanent president and CEO of the University. Total enrollment doubled within a few



## 2017 Institutional Report

years due to the rapid growth of a new school of nursing, and as evident in regional and specialized accreditation reviews since then, the top priorities and accomplishments of his administration during the next six years included leadership stability, financial sustainability, and the efficacy of academic and business operations. The present stage in the evolution of CDU is a critical inflection point, with continuing growth and institutional transformation in progress. (CFRs 3.6, 3.8; 2015 Recommendation #6)

### **B. Academic Programs**

CDU educational opportunities range across a continuum from pipeline (K-12) to postsecondary and continuing education programs. Pipeline programs have included Saturday Science Academy II, STEP-UP (Short-Term Education Program for Underrepresented Persons), and Project STRIDE (Students Training in Research Involving Disparity Elimination). Postsecondary programs are organized into three main academic units: (i) the College of Medicine (COM); (ii) the College of Science and Health (COSH); and the Mervyn M. Dymally School of Nursing (SON). All programs operate under the leadership of Dr. Steve O. Michael, the CDU Executive Vice President of Academic Affairs and Provost, and the three main academic units offer undergraduate and graduate degrees, and postgraduate certificates. The COM also hosts a continuing medical education (CME) program that is fully accredited with commendation, and in early 2017 the college secured institutional approval for re-activation of its graduate medical education (GME) eligibility. The first two MD residency programs to be re-instated as of summer 2018 include Psychiatry (with the [Kedren Community Health Center](#)) and Family Medicine (with the adjacent [MLK, Jr. Outpatient Center](#)). A consolidated residency affiliation agreement with the LA County Department of Health Services was approved on September 5, 2017. (CFR 3.8; WSCUC 2015 Visiting Team Recommendation #11)

### **C. Impact of the Institution**

CDU is the only designated minority-serving health sciences university in a county with a population of more than 10 million, 70% of whom are minority. The University earned designation as a minority-serving institution from the U.S. Office for Civil Rights, and is recognized by the Department of Education



## 2017 Institutional Report

under Title III, Part B as a Historically Black Graduate Institution (HBGI). CDU is also a member of the Hispanic Association of College and Universities ([HACU](#)), and of Hispanic-Serving Health Profession Schools ([HSHPS](#)), a national entity dedicated to improving the health of Hispanic people through academic and research initiatives and training opportunities.

The University has contributed significantly to the diversity of the healthcare workforce for over 50 years by graduating more than 550 physicians, 1,200 physician assistants, and hundreds of other healthcare professionals. Additionally, CDU has trained over 2,700 physician specialists through its sponsored residency programs. The school of nursing offers a master's degree in nursing, and since 2010-11 has some 900 graduates, including over 700 family nurse practitioners. More than 70% of CDU graduates since 2000 are racial/ethnic minorities, and more than 80% of alumni report that they are serving underserved communities. In addition to direct patient care, CDU graduates work in research centers, universities, and government settings to promote health equity and redress health disparities. Alumni, faculty, and research and clinical fellows have become local and national leaders in higher education, government service, research institutions, and clinical enterprises.

In the recently published [ALMANAC](#) of the Chronicle of Higher Education, CDU's stance in the nation has been recognized as having the second most diverse 4-year private non-profit college/university in the United States—a position we embrace with a deep sense of gratitude and responsibility as we continue to reflect the beauty and mosaic of humanity. This accomplishment follows the [Brookings Institution's](#) 2015 analysis of college/university student economic outcomes, which ranks CDU third in the nation in terms of four-year higher education institutions with the highest value-added with respect to earnings power.

### **D. Accreditation History**

CDU was first accredited in 1995 by WASC (now WSCUC or the Commission), following a process initiated in 1986. The Commission deferred re-affirmation of accreditation in 2000 and scheduled a special visit for 2002. This visit led to re-affirmation and the scheduling of a Capacity and Preparatory Review (CPR) visit in spring 2007, and an Educational Effectiveness Review (EER) visit in spring 2009. Following



## 2017 Institutional Report

the 2009 visit, the Commission placed CDU on probation, requested an interim report in March 2010, and scheduled a re-accreditation visit for February 2011. In July 2011, based on visiting team findings of demonstrated improvement and compliance with accreditation standards, the Commission: (i) removed CDU from probation; (ii) granted eight years of accreditation with a notice of concern; (iii) requested an interim report by March 2013 and a special visit by spring 2014; and (iv) scheduled a re-accreditation review for 2017-18.

Per the July 2011 Action Letter, the 2013 interim report focused almost exclusively on financial planning, management, and sustainability. In recognition of substantial progress evident in the 2013 interim report, the Commission asked the University to provide only a progress report on financial affairs in spring 2014, and moved the timing of its next special visit to spring 2015. (CFR 1.8) Based on findings documented in the 2015 special visit team report, WSCUC concluded that CDU had demonstrated substantial progress in four areas of prior concern: (i) student enrollment, retention, and success; (ii) organizational structure and shared governance; (iii) assessment and program review; and (iv) strategic planning and financial sustainability. The institution was also recognized for open communication channels both internally and with WSCUC. (CFR 1.8) Therefore, the Commission officially acted to: (i) receive the special visit team report; (ii) remove its formal notice of concern; (iii) set an off-site review for fall 2017; and (iv) set an accreditation visit for early 2018. The Commission also endorsed the 9 commendations and 12 recommendations of the visiting team and requested that CDU demonstrate progress on the visiting team recommendations as part of the 2017-18 re-accreditation review. (WSCUC 2015 Visiting Team Recommendation #12)

### **E. Significant Changes since Last Visit**

Significant institutional plans and progress in the past two years, relative to the twelve recommendations of the WSCUC 2015 special visit team, are detailed in [appendix A](#) and in the body of this self-study report. This includes: (i) a new strategic plan (ii) new academic implementation plan; (iii) new program delivery modalities; (iv) creation of an enrollment management division and enrollment



## 2017 Institutional Report

growth plan; (v) expansion of student support personnel and services; (vi) senior leadership stability; (vii) re-articulation of shared governance relations; (viii) multi-year faculty contracts; (ix) on-going review of faculty status and compensation terms; (x) clarification of non-compensated faculty rights and responsibilities; (xi) re-activation of clinical ties to the adjacent hospital and outpatient centers; and (xii) concerted efforts to embrace fully and document progress in fulfilling the WSCUC 2015 visiting team recommendations.

### F. New Strategic Plan and CDU Brand

The CDU president prompted an accelerated strategic planning process in June 2015 with formation of a planning committee led by the CDU provost and academic senate president. The planning process was designed to be inclusive, ensuring full representation of all major stakeholders of the University with multiple opportunities for community input at different stages of development. (CFR 4.6) The resulting five-year [Strategic Plan](#) (2016-2020) was approved by the Board of Trustees on February 8, 2016, and featured revised vision, mission, and value statements. CDU recommitted to its vision of “*excellent health and wellness for all in a world without health disparities,*” and more succinctly stated its mission as “*a private non-profit student-centered University that is committed to cultivating diverse health professional leaders who are dedicated to social justice and health equity for underserved populations through outstanding education, research, clinical service, and community engagement.*” (CFRs 1.1, 1.5; WSCUC 2015 Visiting Team Recommendation #1)

CDU also revisited and adopted a consolidated set of values to guide future institutional operations and serve as a framework for individual daily performance. These six values, known collectively as CLEDIC, include *community, leadership, excellence, diversity, integrity, and compassion* (see [appendix B.1](#) for full definitions of these values). While several of these values are commonly articulated by institutions of higher education, explicit commitments to community and to compassion reflect institutional intention and priority. They are uniquely expressive of the CDU vision and mission, and are reflected in eight strategic themes that guide planning efforts, resource allocation, and daily performance. The strategic



plan themes (which are presented in [appendix B.2](#)), and their affiliated rationales, goals, and objectives are aligned with the CDU mission, and speak to some facet of growth in academic programs and support services, capacity of academic infrastructure, or sufficiency of institutional resources as a student-centered university. A fundamental feature of the new strategic plan calls for building upon success in the research enterprise of the University with articulation of a unique common academic experience for all CDU students, whether at undergraduate or graduate levels of instruction, and irrespective of field of health professions specialization. The five cross-cutting curricular themes of this new unifying academic brand, known as the “CDU Advantage” include: (i) research experience with a graduate thesis or undergraduate project; (ii) social justice/cultural diversity education; (iii) global-international experience on comparative health disparities; (iv) experiential education with underserved community engagement; and (v) health policy education on socio-political-economic dynamics of health. These specific curricular themes and their supporting research pillars are not idiosyncratic. CDU is already an established leader in health disparities research in three of the five clusters: cancer, cardio-metabolic and HIV/AIDS. The University intends to offer new academic degrees and expand research programs for the other two pillars as well, in mental health and health policy research. As illustrated in [figure 1](#), health informatics provides the connective neuron between research pillars (also see [appendix B.3](#)).

In conjunction with restored GME residency programs in family medicine and psychiatry, the University is opening multiple training pathways with synergy across clinical practice, basic science, and public health fields of inquiry. These cross-cutting educational and translational research initiatives—whether established or emergent under the banner of the new CDU Advantage—reflect the most pressing health care delivery needs of communities

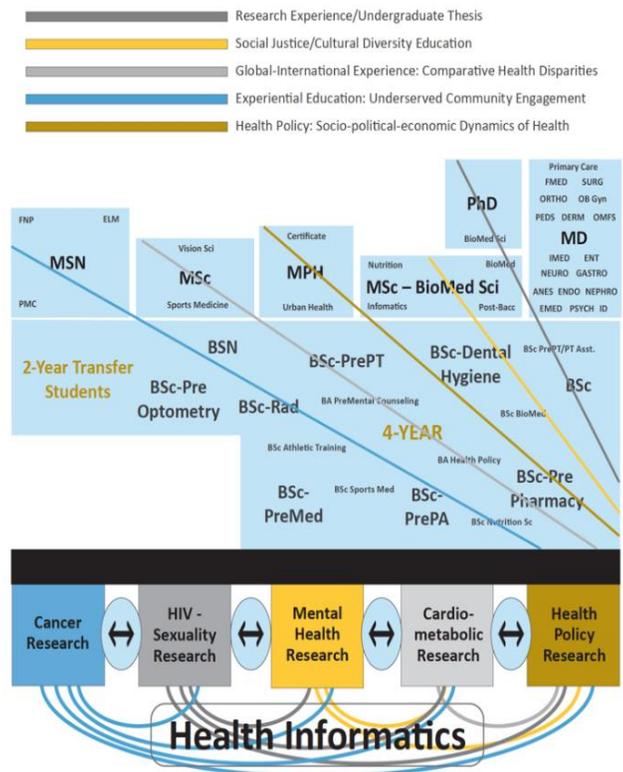


Figure 1



surrounding the campus, in Los Angeles County service planning area 6 (SPA6). For example, SPA6 fares worse than the other six service planning areas in death rates for four cancer domains and for all causes of mortality (see [appendix C for data source and details](#)). Accordingly, redressing specific health disparities of LA communities remains at the forefront of CDU teaching, research, and service programs.

### G. Degree Program and Enrollment Growth

The first theme of the new CDU strategic plan (2016-2020) calls on the institution to “*rebuild and rebrand as a comprehensive, midsize health professions and sciences university of excellence.*” This theme also drives the academic strategic implementation plan (see [appendix D](#)), and thus emphasis is placed on academic program and student enrollment growth. This is manifest in the lead objectives for the first theme of the strategic plan: (i) increase the number of undergraduate majors and graduate degrees leading to most of the health professions critically lacking in underserved communities; and (ii) increase enrollments to at least 2,000 students in the next 5 years. Therefore, in conjunction with the accelerated strategic planning process conducted during 2015, the provost convened a working group to explore options for new programs. The working group comprised of both academic and business officers met at least twice monthly to conduct SWOT analyses and set priorities for new program options. Resulting recommendations for three phases of growth were widely vetted with the academic senate leadership and faculty at large, the provost’s management team and council of deans, and the president’s executive management and senior leadership teams. Four new degrees were advanced for phase one feasibility study and sub-change review, primarily because each prospective program could highly leverage existing faculty and physical capacity. CDU submitted four sub-change proposals to WSCUC in 2016 and 2017, for phase one degrees. As summarized in [appendix E](#), approval was granted for three new programs: (i) a BS degree in nursing; (ii) an MS degree in biomedical sciences; and (iii) a BS degree in urban community health sciences. The sub-change review panel for the fourth new degree—a BS in radiologic science—requested a revised proposal, which upon resubmission was approved. All four new degree programs will open by fall 2017. ([WSCUC 2015 Visiting Team Recommendations #2, #4](#))



## H. Pipeline Partners and Programs

To prompt and prepare for academic program growth, the University is: (i) entering new articulation agreements with local high schools, high school districts, and community colleges; (ii) opening new scholarship programs for pipeline students; and (iii) re-organizing student enrollment and support services to better meet the needs of growing student numbers and diversity, especially of true first-time college students. (CFRs 4.5, 4.6) All of the articulation agreements signed since early 2016 (see appendix F.1) are equally expressive of the CDU mission and uniformly aim to increase student and workforce diversity in the health professions. The success of these pipeline programs depends on embedded rather than episodic collaboration among faculty, staff, and students of the partner institutions. Early outreach and student incentives are also critical. Prospective students are eligible for pre-college work-study and internship programs, and for several new CDU scholarships tailored to pipeline students. There are four new pathway programs for high school students, three of which feature scholarships to offset tuition costs (see appendix F.2, for a brochure on the four programs).

## I. Capacity Preparedness for Growth

With accelerating student enrollment, a core challenge moving forward is to maintain the identity of the institution and quality of its academic programs and support services. Infrastructure investment must proceed apace. Therefore, the second theme of the strategic plan is to “*expand and enhance resources and campus infrastructure to support a midsize health professions and sciences university.*” At present, campus infrastructure adequately supports 600 students, and can reasonably support up to 1,000 students. Growth beyond this number will undoubtedly require infusion of additional resources and new services. Sustaining educational effectiveness and financial viability in a growth mode depends on cohesive timing of infrastructure investment and deployment, efficiently “scaling up” to ensure capacity preparedness under the umbrella of the “one-university” model. (CFR 3.5; WSCUC 2015 Visiting Team Recommendation #1)

To build scalable capacity, the provost is recruiting subject matter experts and is leading expansion



## 2017 Institutional Report

and consolidation of academic program and student services infrastructure. This includes establishing new divisions with dedicated deans/directors in the areas of: (i) student services and student life; (ii) enrollment management services; (iii) pipeline and school partnership programs; (iii) international student programs and services; and (v) clinical and simulation education. For example, with less than 100 undergraduates historically, the University could rely on a relatively small admissions office to work with faculty and program administrators on student recruitment and intake. Given expanded use of nationally-based common application platforms, and several new local articulation agreements, CDU is now screening much larger pools of applicants, and is changing its philosophy and expectations for how best to manage student affairs from pre-admission to post-graduation. The student admissions function is now covered as one part of a comprehensive enrollment management service division (EMS). A new team of EMS staff with expertise in the full panoply of student communications, marketing, recruitment, and admission functions was assembled, and as of summer 2017 CDU is contracting with Ellucian to use its [CRM Recruit](#) platform to automate and streamline student outreach and recruitment processes. In early summer 2017, CDU also announced a new partnership with Collegiate Housing Services ([CHS](#)) to provide both communal and independent living arrangements for incoming and continuing students. CHS staff will also assist new and continuing students with the identification of independent housing options. (CFR 3.5)

### J. Self-study Report Chapters

With growth in academic program offerings and total student enrollment as an overarching embedded theme, the following narrative proceeds to address all required components of a self-study report for a WSCUC re-accreditation review. This includes chapters on: (i) an introduction to the history, impact, and strategic plan of the institution; (ii) compliance with the WSCUC standards and related federal requirements; (iii) the meaning, quality, and integrity of the degree; (iv) educational quality and effectiveness; (v) student success; (vi) quality assurance and continuous improvement; (vii) institutional sustainability and risk management; and a (vii) concluding statement on self-study reflections and institutional improvement plans.



## II. Compliance with WSCUC Standards and CDU Policy Audits:

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### Self-review Under the Standards; Compliance Checklist and Federal Requirements

CDU began its self-study process for regional re-accreditation in spring 2016 with formation of a steering committee comprised of faculty and senior academic and business officers. This initial planning and oversight group was briefed on the revised review framework under the WSCUC *2013 Handbook of Accreditation*, assigned to read prior accreditation reports, and charged to devise a strategy for conducting a systematic and inclusive self-study process. (CFRs 4.5, 4.6) These early and all subsequent sessions were led by the Provost and ALO, with presentations by other subject-matter experts on core facets of accreditation, such as alignment and assessment of student learning outcomes and data infrastructure for evidence-based inquiry. Ancillary benefits of these sessions included inter-professional development about accreditation standards and best practices beyond the learning that typically occurs in a self-study process.

#### A. Audit of CFRs under the Standards

Each resulting working group was tasked to conduct an audit of CDU compliance on one of the four WSCUC Standards and affiliated Criteria for Review (CFRs). No specific audit methodology was dictated, except for a requirement to end up with an evaluation of each CFR using the two review factors specified by WSCUC: a self-review rating (areas of strength to those needing significant development), and importance to address at this time (high to low priority). Every Friday morning (9am to noon) this past year was set aside for group meetings, with each group meeting separately for a few weeks to conduct initial audits of the CFRs. The Provost and ALO rotated among the various groups to ensure that timely progress was being made, and to answer questions and provide advice about what was expected as a product from the audit process. In addition to affirming the veracity of data concerning compliance with WSCUC standards, the results of the audit identified nine thematic clusters and several specific action items for continuous quality improvement that cut across the four Standards/CFRs, including: (i) revisit and consolidate academic freedom and diversity statements (CFRs 1.3, 1.4); (ii) enact structural reform of academic senate (CFR 3.10); (iii) secure resources for growth and build faculty capacity (CFRs 2.1, 2.2a);



## 2017 Institutional Report

(iv) reform ILOs and service learning requirements (CFRs 1.2, 2.3); (v) expand student support resources and programs and assess efficacy of student support services (CFRs 2.11, 2.13, 3.5); (vi) set faculty expectations and provide incentives for linkages of teaching, research, and service activities (CFRs 2.8, 2.9, 3.1, 3.2, 3.3); (vii) complete a long-range sustainability plan and ensure financial policy accountability (CFRs 1.7, 3.4); (viii) clarify delegation of decision-making authority, ensure rigorous academic and business unit review, and fully engage internal constituencies (CFRs 3.7, 4.1, 4.2-4, 4.6); and (ix) ensure public transparency, engage external stakeholders, and conduct environmental scans (CFRs 1.6, 4.5, 4.7).

Upon finalizing the audit findings (including synopses of the synthesis and reflections of each working group), the steering committee made several decisions: (i) adopt the standard WSCUC outline of report components (chapters); (ii) embed the theme of GROWTH throughout the self-study report rather than having a separate chapter on a special theme; and (iii) re-organize self-study participants into three report writing teams, each of which covers a subset of chapters. See [appendix G](#) for a sample of a quarterly forum presentation, and for details on the CFR audit see [appendix H](#) for the required [WSCUC Standards and Compliance with Federal Requirements Worksheet](#).

### B. Report Writing Teams and Vetting

By early December 2016, the three new writing teams were fully staffed with an assignment to cover two or more chapters of the self-study report. Each team was assigned a lead writer and lead reader; they were responsible for handling logistical matters, authoring/editing drafts, and securing and collating supporting evidence. With the common goal of articulating how “*our product fulfills our promise*,” each of the writing teams adopted tactical and substantive guidelines relevant to their assigned chapters, as shown in [appendix I](#) (which profiles the terms and outcomes of the self-study process). This phase of the CDU self-study process was completed by early summer 2017. In addition to preparing their own chapters, each group offered a summative statement on the strengths and weaknesses of the institution, what they learned during the self-study process, and what remaining gaps or risk factors require deeper analysis and remedial action by an academic or business unit of the University. The writing team members also



## 2017 Institutional Report

conducted the first round of final review and official vetting of a consolidated document. During the month of August 2017, the final draft of the report was released to faculty at large and underwent vetting through the official channels of CDU. Approvals to proceed were obtained from the academic senate, the president and provost and their respective management teams, and the academic affairs committee of the board of trustees. In preparation for their meeting of August 8, 2017, the full board of trustees conducted its review and offered feedback on the self-study report.

### C. Federal Compliance Audit

In addition to conducting a comprehensive self-review under the WSCUC standards, the institution audited its policies and procedures to ensure continued compliance with federal, state, and local regulations, including those for clinical and sponsored research programs. CDU's policies/procedures were reviewed to ensure that they: (i) are current and satisfy legal, regulatory and other external requirements; (ii) remain cohesive, aligned with each other and not duplicative or conflicting across units; and (iii) anticipate the needs of the future University, given the evolving complexities of growing enrollments and expanding educational environment. Regarding federal compliance, as mandated through regional accreditors by the US Department of Education, the University has explicit policies on credit hour equivalencies, transfer credits, and student complaints and grievances. These policies are documented in the CDU [catalog](#), a wide variety of informational and promotional materials tailored to students. This includes a [consumer information](#) disclosures webpage, which links to accreditation agency webpages and cites the Bureau for Private Postsecondary Education as a venue for review of a complaint. (CFR 1.6)

The audit findings led to revisions of CDU transfer credit and credit hour equivalency policies. The transfer credit policy was amended to include internal options for concurrent or accelerated sequential degrees. For example, the master's programs in bio-medical sciences, nursing, and public health, have identified the courses to cross-list as common to all three curricula, versus those courses that fulfill specialized accreditation standards for the second area of expertise. (CFRs 2.2, 2.12, 2.14) The need for a second set of policy changes also became evident during the sub-change review for the new BS degree



## 2017 Institutional Report

in radiologic science. Beginning January 2015, licensing candidates must have earned at least an AS degree before becoming certified and registered as a radiographer. Prior to that time, graduation from a certificate program could suffice for entry-level practice, and the programs could be based on clock rather than credit hours.

Per regulations of the US Department of Education, institutions can maintain clock hour programs but must package federal financial aid using credit hour definitions; this also applies to competency-based/direct assessment programs or any other variants of asynchronous on-line programs that do not have “seat time” requirements. Thus, effective this past July 1, 2016, CDU abides by revised regulations designed to streamline clock-to-credit hour conversions when evaluating transfer credit hour equivalencies for such programs. For example, institutions must determine an amount of student work for a credit hour that reasonably approximates three hours of student work for each credit hour; in a traditional 15-week semester system, the minimum is 37.5 total student work hours for one semester hour of credit. Such conversion factors only apply to traditional didactic or laboratory courses of instruction, not to clinical training hours, the terms of which are set by regulatory agencies. For example, relevant California regulations (§ 30421) for approved entry-level diagnostic radiologic technology programs require at least 1,850 clinical training hours. Students with radiography certificates from regional occupational programs can continue to practice, but may be interested in returning to school for a degree in a traditional or advanced imaging modality. CDU learned, for example, that there are over 7,000 certified technicians in the state of California alone who are eligible for an AS or BS radiography degree. Since radiography certificate programs are usually based on clock hours, the University is now positioned to accommodate transfer credits from such programs.

The institution abides by federal regulations on incentive compensation for student marketing and enrollment employees or third party entities. Information on degree program length, typical time to degree, overall costs of a degree, the kinds of jobs for which degree recipients are qualified, and actual employment of CDU graduates, is compiled and published by the office of institutional research and effectiveness. For



## 2017 Institutional Report

example, information presented as part of the student [portrait](#) in the CDU website—a dashboard created as a response to WSCUC policy in 2014—provides summary data on student retention, graduation, and licensure rates, plus data on student and faculty demographics, average class size, cost of attendance, and financial aid allocations. Also, certificate programs post a Gainful Employment disclosure per US Department of Education regulations (e.g., the nursing [PMC profile](#)), and comparable information on career pathways and employment prospects for degree program graduates is published in print materials and webpages on a program-by-program basis. For example, consider the closing item in the [FAQs](#) section of the web profile for the new urban community health sciences program. (CFRs 1.2, 1.6)

### D. Financial Aid Compliance

Since the start of the current CDU regional accreditation cycle in 2011, there was one compliance action item prompted by an annual report metric. In 2013, the WSCUC staff asked for additional information regarding the steps the University was taking to address a comparatively high student loan cohort default rate (at that time, a two-year default rate of 10.8% with an FY2010 base). CDU was already launching a financial literacy initiative, and cited its latest two-year default rate as evidence of substantial progress in addressing this concern. (CFR 1.7) Since 2013, the Department of Education (ED) certified the student cohort default rates of the University as far lower than compliance thresholds. As indicated in [figure 2](#) on 3-year cohort rates—which are the norm now rather than 2-year rates—the most recent certified CDU rate was 1.5%, versus a national rate of 11.3%. In March

2016, the University invited an analyst team from the ED Office of Federal Student Aid, to provide a deeper externally-validated analysis of financial aid systems. The analysts provided recommendations for improvements in nine areas warranting sustained attention by any institution, the terms and responses to which are detailed in [appendix J](#).

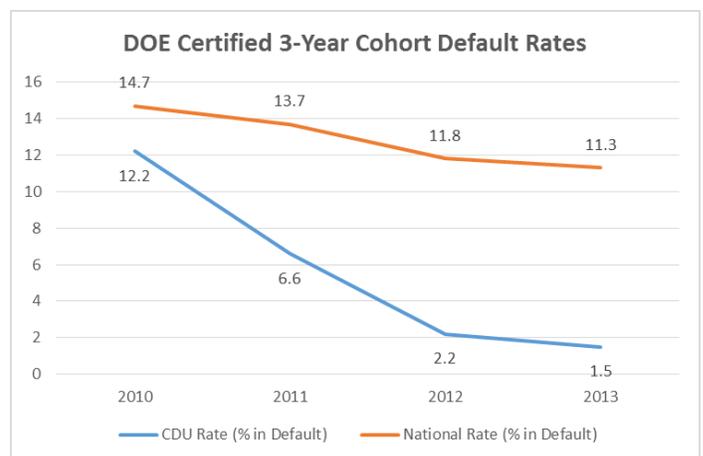


Figure 2



## E. Faculty Affairs Policy and Handbook

CDU has implemented the WSCUC 2015 visiting team recommendations, with the exception of integrating and consolidating all faculty affairs policies into a revised faculty handbook that covers all facets of the faculty relationship with the institution. In spring 2016, the provost convened a task force to address progress in responding to the 2015 visiting team recommendation to review faculty status and classification issues with a specific focus on non-compensated faculty. The task force consists of leaders of the academic senate and faculty governance council of each college/school, and was charged to: (i) review the current faculty hiring and separating policy; (ii) develop a new faculty separation policy/procedure for review and approval; (iii) develop a list of inactive affiliate faculty and identify those warranting separation; (iv) update the roster of faculty members; (v) develop a scheme for classifying faculty members; and (vi) develop the roles, responsibilities, and rights of faculty by categories.

By fall 2016, the work of the task force was assumed directly by the legislative council of the academic senate, with substantive and logistical support from the office of the provost. The original intent was to codify and publish the results of this and collateral faculty governance initiatives in three documents: (i) a revised constitution of the academic senate; (ii) a re-authorized MOA on faculty rights and responsibilities (CFR 1.3); and (iii) a new omnibus faculty handbook (CFR 3.10). The most fundamental revisions of the academic senate constitution included: (i) recasting the academic senate (a body of CDU faculty at large) as a faculty assembly; (ii) recasting the senate's legislative council (which is an elective body) as the academic senate; and (iii) streamlining the committee structure and moving to a consent agenda for academic senate and faculty assembly meetings.

Also, the leaders of each college/school faculty governance council were charged to collaborate with their respective deans to design and implement a faculty classification system that clearly distinguishes regular status faculty with assembly voting rights, from affiliate faculty who serve the institution on a voluntary basis, and from adjunct faculty who are employed on a term-limited basis; all faculty irrespective of classification status are expected to participate in some form of clinical or community service consistent



## 2017 Institutional Report

with the CDU mission). (CFR 3.10; 2015 Recommendations #9, #10)

As noted in the CDU 2015 special visit report to WSCUC (pages 10-11), the most fundamental changes impacting the overall status of CDU faculty since 2011 concerned redress of employment insecurity and payroll problems by: (i) offering contracts for faculty; (ii) removing faculty from an “at will” status as employees; and (iii) improving payroll processing with consolidation of faculty support services within the office of the provost. The most tangible signs of continuing progress in this area include—for the first time in CDU history—offering full-time faculty a multi-year (three-year) contract as of fiscal year 2017-18 (a one-year contract was implemented two years ago). (2015 Recommendations #8)

Another notable outcome is the elimination of systemic faculty short pay, due to new procedures initiated to ensure timely and accurate faculty salary disbursement. In the spirit of continuous improvement, the University continues to review and revise administrative processes to improve working relationships among academic affairs, human resources, finance, and sponsored research divisions in servicing the employment needs and interests of faculty. Most recently, a new tracking system was deployed to improve communication regarding bridge funding for research personnel, and to shorten the duration for hiring and onboarding of new research personnel. Such significant progress on faculty and senior management relations accelerated with the adoption of a new statement of the University on shared governance led by the board of trustees, faculty senate, and offices of the president and provost. The statement sets a framework for senior management/faculty interactions and a basis for updating and authorizing a new faculty handbook. Given the remarkable improvement in governance relations, CDU is now positioned to integrate the 2010-17 MOA on faculty rights and responsibilities into an all-inclusive faculty handbook, due to be completed by the end of 2017. (CFRs 1.3, 2.9, 3.2; 2015 Recommendations #7- #10)



### III. Degree Programs:

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#### Meaning, Quality, and Integrity of Degrees

The meaning, quality, and integrity of a degree at CDU are firmly grounded in accreditation standards, and are deeply informed by the mission and strategic plan of the University. For professional practice programs, national and state regulatory agencies establish student competency requirements by degree level, and often dictate specific curricular, pedagogical, and assessment elements of program design. These professional standards clearly define the knowledge, skills, and dispositions that students are expected to learn and the levels of quality assurance and integrity that programs are expected to maintain. As recognized by WSCUC, terms such as “meaning,” “quality,” and “integrity” have multiple definitions, the specific relevance of which depends on the context of usage. Documenting the meaning, quality, and integrity of a degree (MQID) is especially challenging, since, in addition to learning outcomes, process and satisfaction outcomes are also in question. Descriptive data on entrance and graduation requirements and direct evidence of aggregate student and program outcomes are covered in the following two chapters. This chapter focuses on broadly defined issues of degree coherence, per the WSCUC guideline to provide a *“broad, holistic view of the entire educational experience leading to a degree.”*

First, examples are presented on how professional degrees at CDU are circumscribed by regulatory agencies, and how they are aligned with institutional learning outcomes (ILOs). Then, indirect evidence is presented on how the mission of the University informs issues of degree meaning, quality, and integrity. (CFRs 1.2, 2.1, 2.2) Focus groups were held during mid-2017 with faculty and students to draw out perspectives on how facets of degree meaning, quality, and integrity unfold in ‘lived experience’ at the institution. This qualitative evidence is critical to understanding the distinctive nature and value of the educational experience at the University and what makes investment in CDU worthwhile. Selected faculty and student focus group outcomes are discussed below in sections C and D respectively; a detailed description of the focus group prompts and process plus selected results of the proceedings are presented in appendices K.1 (for faculty) and K.2 (for students).



## A. Health Profession Program Standards

Health profession accreditation and licensing agencies are quite prescriptive regarding the knowledge, skills, and dispositions (values, attitudes, and demeanors) that students must be able to demonstrate to become licensed for professional practice (see [appendix L](#) for an inventory of information on relevant specialized accreditation and licensing agencies). Each agency—in collaboration with related professional associations—also defines the minimum degree for entry-level employment in the field. For example, an Associate of Science degree in nursing (ADN) is sufficient in tandem with passing the NCLEX-RN® exam to become eligible for clinical nursing practice. CDU nursing program accreditation from the Commission on Collegiate Nursing Education (CCNE) requires alignment with the following professional standards and guidelines, which vary by degree level: (i) *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing - AACN); (ii) *The Essentials of Master's Education in Nursing* (AACN); (iii) *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN); and (iv) *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education).

Similarly, accreditation guidelines for degree level qualifications of radiography programs are based on the Radiography Practice Standards of the American Society of Radiologic Technologists (ASRT). An AS degree in radiography must provide students with the pre-professional knowledge and skills necessary for entry-level practice; general studies must enhance the content and application of the radiography curriculum with a focus on developing skills in communication, human diversity, scientific inquiry, and critical thinking. ASRT recognizes a baccalaureate degree as the professional level of radiography practice, and expects a BS curriculum to educate students in a broader knowledge base and skill set than entry-level programs. For example, the new BS program in Radiologic Science at CDU is designed to broaden clinical competency with an introduction to computed tomography. Expertise in this advanced imaging modality is not mandated by ASRT for entry-level employment, and thus the BS program curriculum does not include clinical rotations. ([CFR 2.1](#))



### B. Institutional Learning Outcomes (ILOs)

Regional accreditation agency requirements overlap in every fundamental respect with those of professional regulatory bodies. By also reflecting the mission of CDU, the ILOs of the University speak to issues of mission-driven value, especially regarding defining commitments to social justice and health equity in underserved communities. Until recently, there were four ILOs: (i) excellence in a chosen field of study; (ii) evaluating, using, and/or conducting research; (iii) compassion and cultural sensitivity with commitment to serving the underserved; and (iv) responsible, empathetic, and ethical professional behavior. Expanding upon existing ILOs, the Provost led the University to envision a new set of defining attributes of CDU degrees, now known as the CDU Advantage. In particular, he charged a taskforce in fall 2016 to translate the tenets of the academic brand into measurable ILOs. The task force faculty are well versed in Bloom's taxonomy, and they also used the [Degree Qualifications Profile](#) (DQP) approach advocated by the Lumina Foundation. The DQP was used to create learning proficiency benchmarks by degree level, in alignment with the mission of the University and new CDU Advantage. (CFR 1.2, 2.1; 2015 Recommendation #2).

The revised ILOs were ratified in fall 2017 (see [appendix M](#)), and by the time of the WSCUC campus visit in spring 2018, faculty will be transitioning assessment plans under the CDU Advantage umbrella. (CFRs 2.1, 2.2, 2.3) Per ILO 1, for example, the final course of the new BS degree in radiologic science (RAD402) features a culminating project requiring students to: (i) research an area of interest in pathology; (ii) identify radiological challenges; and (iii) prepare and present a best-practice "*Advanced Imaging Action Plan*" for that specific pathology. This serves as a signature assignment to consolidate content knowledge and gives students a chance to advance knowledge (via research projects). In addition to presenting their action plans, students may conduct a demonstration using an [Anatomage](#) table, the first 3D virtual dissection platform. This is a powerful new tool for simulation-based cross-sectional anatomy and radiography positioning skills, with pre-loaded CT and MRI scans in ultra-high quality.

A comprehensive description of the meaning, quality, and integrity of a health professions degree must



speak to specialized accreditation and licensing standards. MQID at this institution must also address the salience and resonance of the self-evident values that flow from the distinctive mission of University. Traditional assessment cannot capture how these guiding principles inform actual faculty and student behavior on an everyday basis. Thus, focus groups were conducted with faculty and students to provide authentic assessment of institutional efforts to define MQID at CDU.

### C. Faculty Focus Groups on MQID

To broaden institutional knowledge and open discussion on the meaning, quality, and integrity of a CDU degree program, a series of focus groups were held with faculty during spring 2017. (CFRs 2.5, 4.4, 4.5) A total of 19 full-time faculty participated in an hour-long session with other educators in their college/school (11 from SON, 8 from COSH). Selected results are summarized in appendix K.1, and suggest that full-time teaching faculty (irrespective of discipline) share the view that: (i) the imprint of the mission is evident across the curriculum and provides a unifying platform for defining the meaning of a degree; (ii) quality assurance mechanisms to ensure degree coherence and a rich learning environment are developed but not consistently applied; and (iii) assessment plans and feedback systems are developed but not consistently utilized. Faculty also tended to agree that the institution: (i) communicates better with internal than external audiences, including prospective students; (ii) engages better with graduate students than undergraduates about MQID; and (iii) is committed to defining MQID but is just figuring out how MQID factors into continuous improvement efforts.

These aggregate results mask some important differences in the perspectives of SON versus COSH educators. Nursing faculty were much more likely than COSH faculty to rate a factor as “developed,” and they emphasized that their 2016 self-study process for CCNE re-accreditation provided multiple opportunities for deep reflection on issues of degree meaning, quality, and integrity. They also concurred that MQID is less firmly established for the pre-licensure (ELM) versus the advanced practice (FNP) track of the MSN degree. ELM students are seen by SON faculty as more career oriented and as more competitive than FNP students. This is expected to some extent, since the former track is designed to



prepare students for entry-level practice in the field. In contrast, FNP students are working nurses already well grounded in the nursing profession, which includes team-based practice; they begin the MSN program with an inclusive “*community of practice*” mentality. One faculty member reasoned that overt competitiveness of the ELM students was due primarily to prior collegiate experience. She described how she goes about countering this mentality in the classroom, and concluded that “*the success of the program depends on the cohesiveness of the cohort.*” Her colleagues agreed that degree meaning is not in question; however, faculty efforts to secure degree program quality and integrity are more challenging for entry-level students, who often arrive ill-prepared for nursing as science- and team-based practice.

COSH faculty cited their graduate program experience as an MQID baseline, and were more likely than nursing faculty to rate MQID factors as emerging, especially for undergraduate programs. In recognition of the limits of their own experience in a primarily graduate institution, they expressed concern about how well they are defining the meaning of undergraduate degree options, and how well positioned CDU is to serve the needs of undergraduates. COSH faculty see (and select) their graduate students from the outset as attuned to the university mission, and as prepared for a fast-paced curriculum. Therefore, they want to ensure comparable MQID rigor as academic programs and student numbers grow. (CFR 2.4) COSH faculty tend to express confidence in close alignment between faculty member and graduate student expectations from program start to finish. They also emphasized the appeal to students of maintaining small class sizes and the importance of applied, high-impact learning, in research, community, and clinical service settings. By holding focus groups with students as well, the institution could validate the extent of convergence or overlap in faculty and student perspectives on MQID at CDU.

#### **D. Student Focus Groups on MQID**

During spring and fall 2017, focus groups were also held with students to discuss the meaning, quality, and integrity of their own academic program. They participated in one of several hour-long sessions, typically with true peers. (CFR 4.5) The results suggest that irrespective of their specific program or degree level, students widely concur that CDU has: (i) a deeply inspiring and integrative mission that permeates







## IV. Educational Quality:

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### Student Learning, Core Competencies, Standards of Performance at Graduation

Many CDU faculty members are formally trained in the articulation, alignment, and assessment of student learning outcomes (SLOs). They are chiefly responsible and accountable for: (i) defining course and program learning outcomes with degree level differentiation; (ii) ensuring the alignment of course and program with institutional learning outcomes and the standards of specialized accreditors and licensing boards; (iii) conducting assessments with evidence drawn for all competency domains and all degree and learning outcomes levels; and (iv) using results of assessment for program evaluation and continuous improvement purposes. In addition to the evidence presented in the required [Inventory of Educational Effectiveness Indicators](#) (see [appendix N](#)), this chapter provides several vignettes on general studies and graduate program assessment of CDU student learning outcomes.

#### A. General Studies and Core Competencies

CDU adopts the transfer credit model of the California state university (CSU) system, and thus its lower division general education SLOs are expressly and directly aligned with the five WSCUC core competencies. In contrast, upper division general studies courses feature higher-order learning outcomes specific to the healthcare professions, specifically through a Public Health Education (PHE) course series. [\(CFRs 2.4, 2.5\)](#) The general education requirements of the University, as detailed in the [CDU Catalog](#), are designed to develop and ensure student understanding and proficiency in the use of the five WSCUC core competencies, plus three value-added breadth requirements in the areas of scientific knowledge, intellectual perspectives of diverse disciplines, and cultural diversity in healthcare.

The resulting required courses of instruction for the CDU general studies program are clustered akin to the GE breadth subject areas that are standardized for transfer credit by the CSU system. [\(CFR 1.2, 2.2\)](#) The first 4 subject areas (A-D) at CDU are directly analogous to the transfer credit model, with an additional 8 units of breadth requirements beyond the public system minimums for each area. Instead of



## 2017 Institutional Report

the CSU breadth requirement of 3 units for Area E (on “*Lifelong Understanding & Self-Development*”), GE requirements at CDU entail two additional categories expressive of the mission and health professions niche of the University. These units may only be taken in-residence at the University, including 5 semester units in “*Diversity, Service and Community Health*” (E) and 3 semester units in “*Inter-disciplinary Approaches to Healthcare*” (F). All courses in these two value-added subject areas are tailored to core competencies within the context of health professions practice. Several Public Health Education (PHE) courses were designed by faculty to explore career pathways and experiment with wide-ranging applications of health professions competencies.

Requiring the 8 GE units of Category E and F to be completed in-residence enables CDU faculty to ensure that its students can demonstrate the breadth and depth of core competencies expected of undergraduates undertaking health professions careers. By introducing value-added, field-specific derivatives of GE courses even at the lower division level, students are more prepared for the rigor of upper division courses (see [appendix O](#) for examples of how general education courses are adapted for health professions emphasis). To ensure that students progressively move from general education breadth (at the lower division level) to health profession depth (at the upper division level), the pedagogical and assessment modes of faculty and academic support staff shift accordingly. For example, in lower division courses students can expect more traditional lecturing and evaluation modes with test material confined to what was covered in class or assigned readings. In upper level courses, a seminar format with a free flow of discussion and interaction is more common. At the graduate level—for master’s degrees and post-master’s certificates—students have options for self-tailored plans of instruction and learning, with assessments focused on applied experiential learning (or high impact practices) where problem solving, critical thinking, and collaboration skills are most relevant. ([CFR 2.2b](#))

### **B. General Studies Assessment**

With the publication of the WSCUC *2013 Handbook of Accreditation*, the general studies department



## 2017 Institutional Report

in the college of science and health (COSH) took the lead in reforming the approach faculty use for assessment of undergraduate student core competencies (CFR 2.2a). Every academic program at CDU (including pipeline programs) has clearly articulated student learning outcome benchmarks and systematic curriculum and assessment maps. Faculty are focused on deploying “signature assignment” maps to facilitate assessment across multiple levels (from course through program to institutional learning outcome levels). (CFRs 2.6, 4.4). This section offers a sample of instructive assessment vignettes for each of the five WSCUC core competencies.



▪ **Written Communication.** Based on assessments of GE writing courses, faculty feedback, and the needs of a changing student population, the process of redefining and realigning lower division undergraduate writing courses began in earnest with the introduction of ENG-099 (Fundamentals for College Writing) and reconfiguration of ENG-111 (English Composition). These are now broadly-based writing courses that go beyond a “topics and tasks” pedagogy (focused on explication of arguments) to a “critical engagement” pedagogy with a two-fold goal: (i) preparing students for university-level reading and critical writing; and (ii) introducing students to higher education discourse and academic life.

In alignment with second year and upper division general studies curricula, first year writing-intensive courses were modified to a curriculum model where students analyze a wide range of texts, engage in active discussion, and construct a variety of writing assignments that build towards mastery of advanced essay writing. In all courses reading is emphasized to engage fully a variety of texts—including scholarly and creative forms—to enable students to identify and to speak to and write about their content and form in ways that emphasize critical reading and writing, as well as skills critical to team-based practice. A comparative analysis of assessments from writing-intensive courses at the upper division level showed better outcomes in Humanities courses than English courses. The upper division Humanities curriculum emphasizes critical reading and writing skills with assignments designed around a discussion and summary analysis model of student work product.



## 2017 Institutional Report

By contrast, upper division English courses featured specialized health and public health “campaign” style assignments heavily focused on mastery of specific written forms; these courses were designed to give students training and practical experience in the types of professional writing that will be utilized in health career contexts. Faculty polls about the English curriculum found that students expected and wanted the upper division English course to be more like the upper division Humanities course, i.e., intensive writing and reading centered on improvement of individual writing skills. In response, the general studies faculty conducted a pilot curriculum in upper division English based on the same sort of intensive critical reading and writing skill development as the Humanities curriculum. The pilot was launched in academic year 2016-17; as indicated in [appendix P, table 1](#), initial results show stronger writing outcomes, and the pilot curriculum will continue in academic year 2017-18.



▪ **Critical Thinking.** As implied above, signature assignments often address more than one of the five core competencies specified by WSCUC. For example, critical thinking and written communication are separate general studies program learning outcomes (PLOs). However, to better inform assessment of the notion of critical writing, GE faculty created a rubric on critical thinking factors evident in textual analysis of writing samples. In this instance, both the aggregate class and disaggregated results indicated that students in two different courses scored equally well in exceeding faculty expectations for critical thinking skills. In addition to using a critical thinking rubric for direct assessment of textual analysis and cross cultural communication assignments, indirect evidence from course evaluations also indicated positive student sentiments about the two courses analyzed (for details see [appendix P, tables 2-3](#)).



▪ **Oral communication.** Assessment of undergraduate core competencies is also conducted by faculty for field-specific learning domains. For example, in alignment with the ILOs of the University on professional practice expertise and research competency, the Radiographic Technology program hosts an annual poster presentation on student research results. As indicated in the assessment rubric, both individual oral communication skills and group outcomes are assessed, and the



## 2017 Institutional Report

spring 2016 results show that students met performance expectations (see [appendix P, tables 4-5](#)). However, the disaggregated results also show uneven student performance on oral communication factors. The raw results indicate that radiography students scored uniformly well on the first six dimensions (only one person scored less than 10 on only one item – a 5 on the clinical application factor); this includes the group participation and oral communication factors, per se. In contrast, most of the students did not cite professional references (and thus scored 0 on that factor), and most students scored “good” with 5 points on both the audience engagement and solicited questions factors. The former is presumably easily fixed by simply pointing out the omission of professional citations, while the outcomes for the latter two factors deserve special attention. The challenge of generating a lively dialogue is considerable in any case, and exacerbated when technical/scientific topics are being presented by relative novices. Program faculty recognize that their performance expectations must remain sensitive to the degree level and former experience of their students; many students have transferred from a community college and reported that their previous general education courses did not include assignments or activities involving oral communication or scientific presentation skills.

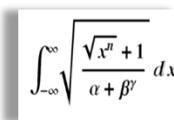


- **Information literacy.** Information literacy initiatives are aligned with the standards of the [Association of College and Research Libraries \(ACRL\)](#) and are coordinated by the CDU health sciences library. ACRL defines information literacy as the ability to "*recognize when information is needed and [to] have the ability to locate, evaluate, and use effectively the needed information.*" For the past four years, the library director has taught a university-wide course on information literacy and research methods (ILR). ILR course improvements were prompted by student evaluations and by a peer review assessment conducted by a faculty colleague from the department of general studies. For example, a new information literacy quiz was deployed for formative assessment in face-to-face courses; a class of students typically nets an average score in the range of 85-90%. Improved student performance was also evident due to adoption of a suggestion to give students a sample of a completed exemplary ILR project well in advance of their own research project. The creation of a distinct general



studies ILR course was prompted by difficulty in improving information literacy performance of students in basic science courses. For example, in Anatomy and Physiology-Part A (HLS-310), students are required to write a research article about new treatments for a selected disease. In 2012-13, health and life sciences (HLS) faculty conducted formative assessments of student skills in information literacy, by evaluating ability to: (i) retrieve information from PubMed® and other electronic on-line resources; and (ii) write a paper using end notes software to cite references. At that time, it was evident that students were not able to use PubMed® correctly, and that they did not carefully differentiate between fact and fiction. Only 70% of the students satisfactorily completed the assignment, based on information literacy rubric scores; the benchmark was set at 80% of the students with a score of accomplished or above on the rubric.

Since competency at the course outcome level was not met at that time, HLS faculty collaborated with general studies faculty to create a new, discrete course in information literacy and research methods. The new dedicated course (ILR-101) began in 2014. As one component of a four-year assessment plan, HLS faculty evaluated information literacy outcomes again in fall 2016 in the same course with the same type of assignment scored with the same rubric. The course-level objective was met, with 86% of the students scoring accomplished or above in being able to retrieve information from PubMed® and write a scientific research paper using end notes. The faculty concluded that the success of their own signature assignment was due in part to the collateral benefits from students having taken a dedicated rather than supplemental course in information literacy.



▪ **Quantitative reasoning.** Akin to assessment of critical thinking and information literacy, there are various general education and field-specific courses (beyond lower- and upper-

division mathematics) with explicit quantitative reasoning assignments. For example, the fourth PLO of the general studies program is that “students can use quantitative reasoning to analyze and solve problems.” For academic year 2016-17, general studies assessments of quantitative reasoning skills were conducted in the following two courses: (i) fall 2016: General Physics I (PHY-250); and (ii) spring 2017: Statistics for Research (MTH-150). A pre-selected set of final exam questions was analyzed, and since



mixed results were evident—with 73% of the PHY-250 students answering the test bank questions correctly versus 83% of the MTH-150 students. Corrective actions included: (i) the addition of two relevant problems to physics course homework assignments; and (ii) provision of direct links in the Blackboard site for tutoring services relevant to specific mathematics course assignments and assessments.

Quantitative reasoning is also directly assessed in bio-chemistry courses as part of the first PLO of the health and life sciences department: “*apply STEM science discipline to solve scientific problems.*” For academic year 2015-16, the benchmark objective was not met; only 60% of the students (rather than 80% or more) correctly answered 80% of a pre-selected set of final exam questions. The facets of the resulting action plan included: (i) replace an adjunct instructor with core faculty for teaching of bio-chemistry courses; (ii) restructure the course design to be more suitable for undergraduate students; (iii) provide more exercises analogous to those of the national test bank of bio-chemistry; (iv) work with the new instructor to establish criteria on the level of knowledge and skills that students must demonstrate to complete satisfactorily the course exam and meet or exceed quantitative reasoning expectations. The personnel and curricular changes were implemented for academic year 2016-17 and the initial results are encouraging.

### C. Graduate Studies Assessment

WSCUC does not define an analogous set of core competencies expected of students in graduate programs. However, as discussed in [Chapter III](#), most of CDU academic programs at the graduate degree level are held and must remain accountable to the standards of specialized accreditation and professional licensing agencies. Rather than attempting an exhaustive inventory of all pertinent graduate program proficiency requirements, the following provides a few instructive vignettes on assessment goals and outcomes in the three main domains of health professions education offered at CDU: (i) public health; (ii) basic science; and (iii) clinical practice. ([CFR 4.4](#))

- **Public Health: Urban Health Disparities.** The core competencies for public health programs and schools are dictated by the Council on education for Public Health ([CEPH](#)). At present, CDU has one CEPH-accredited program at the master’s degree level: an MPH in urban health disparities. Per CEPH



## 2017 Institutional Report

criterion 2.3, all students must complete sufficient coursework to attain depth and breadth in five core areas of public health knowledge. These core areas include: (i) biostatistics; (ii) epidemiology; (iii) environmental health sciences; (iv) health services administration; and (v) social and behavioral sciences. Accordingly, the first PLO of the MPH program at CDU is to “*apply core concepts of epidemiology to identify urban community health problems and ethnic/racial health disparities.*” This PLO is assessed at the end of the first semester of the program, with student scores on two objective exams in MPH-511 (principles of epidemiology) used as direct evidence. The benchmark/target outcome is established as “*at least 80% of students will score 80% or better on each exam.*” Based on exam results in fall 2014, the target outcome was not met: only 65% (11/17) and 59% (10/17) of students scored 80% or better on exams 1 and 2, respectively. Accordingly, the faculty established an action plan to improve exam scores for the next class offering (fall 2015), which included: (i) moving the small group discussion to the second half of each class session; (ii) allocating more discussion questions for [EpiVille](#) assignments; (iii) adding a lecture on critiquing articles right before the first exam, including a discussion of how to read tables and graphs; (iv) allowing a 2-sided study sheet for exams; and (v) conducting an additional make-up day session. (CFR 4.3)

The faculty implemented the action plan as scheduled in fall 2015, but the new cohort still did not achieve the benchmark outcome. However, improvements were evident in the quality of student work on the final paper (a critique of an epidemiologic study). The MPH faculty reasoned that much of the challenge is that students tend to enter the program with weaknesses in their analytical and math skills. To address these issues, the program faculty made two important modifications for fall 2016: (i) shift the exam structure to approximately eight mini-exams rather two long exams; and (ii) conduct most of the mini-exams on Blackboard, outside of class time. The rationale for these modifications was to provide students more frequent and more effective opportunities to engage with and assess their learning and attainment of the competency without sacrificing important class time.

- **Basic Science: Bio-medical Sciences.** The new MS bio-medical sciences degree is designed as an intensive research thesis program, and the inaugural cohort of twenty students completed the one-year



## 2017 Institutional Report

program in summer 2017 (all admitted students were retained). Students in the program are required to engage directly in research for 10 hours per week in the fall and the spring semesters and 20 hours per week in the summer semester; the resulting research project culminates with a written thesis document and oral defense. There is an extensive mandatory style guide for the thesis document, and the faculty created separate rubrics for evaluating the thesis document and oral defense presentation. The outcomes of course-level assessment are already prompting changes in program design and delivery. Notably, the faculty concluded that students would benefit from more hands-on experience in translational research methods. In particular, the faculty decided that the second cohort of students (starting fall 2017) would be trained in laboratory techniques such as Western blot, real-time PCR, and tissue processing to gain deeper skills before starting their own research projects. As a new feature of the second course on translational methods, faculty will also provide applied bio-statistics lectures that aim to equip students with the skills they need to successfully complete their research thesis. (CFR 4.3)

▪ **Clinical Practice: Physician Assistant.** The core competencies for physician assistant (PA) programs are dictated by the Accreditation Review Commission on Education for the Physician Assistant ([ARC-PA](#)). For example, the first year of didactic instruction must prepare students for their clinical rotations in the second year of the curriculum. Thus, the first year of didactic instruction should “*prepare students to be practitioners of evidence-based medicine, able to meet the growing need for primary care providers in a variety of medical settings.*” The inaugural cohort of the PA program will complete their graduation requirements by fall 2017. Given the fact of a new cohort starting each fall semester, the program faculty are focused on course-level assessment. The assessment methods and results for a course on gastroenterology (MPA-512) included formative assessment with in-class cases and a post-lecture Quizlet game, and immediate review and additional student learning opportunities based on results during class. Mid-point evaluation of instructors by students revealed that students felt that the cases and Quizlet exercise were beneficial; however, the volume of material was thought to be extensive. Regarding final course evaluations of instructors, students continued to evaluate formative assessment techniques



## 2017 Institutional Report

as helpful and reiterated that the volume of exam material was extensive. For the final exam, item analysis, difficulty index, discrimination index, and response frequency results were also reviewed by the instructor immediately following the exam; adjustments to the exam were made based on the faculty analysis and student feedback. Finally, as part of curriculum committee meetings at the end of each semester, all courses were reviewed utilizing the above assessment tools along with real time feedback from students and course instructors.

The outcomes for the gastroenterology course did not suggest the need for major curricular or pedagogical changes, or a cohort-wide student intervention. However, for any major exam in any course, a student score less than 73% requires individual remediation. Every student gets an academic progress report from their faculty advisor at the end of each semester. This report covers student medical knowledge, comprehension and application, professionalism and service learning participation, as well as more targeted academic performance indicators. (CFR 2.5) The results of systematic review of the first year curriculum revealed that the actual hours of in-class lecture time exceeded pre-assigned credit hours in a few courses. This prompted a proposed change to increase the didactic year curriculum by eight credit hours, from 93 to 101 total units. If this is approved internally and by WSCUC and ARC-PA, the revised curriculum would be effective as of fall 2018 for the third PA student cohort.

▪ **Clinical Practice: Entry-level Nursing.** A dramatic drop from 2013 to 2015 in the NCLEX-RN® examination pass rates of entry-level masters (ELM) students in the school of nursing prompted wide ranging academic policy changes and targeted program remediation interventions. In response to sanctions of nursing regulatory agencies, the board of trustees and president of the University mandated an immediate provost intervention to identify and rectify root causes, treat adverse symptoms, and halt and reverse the emergent adverse trend in RN licensure pass rates of ELM graduates. The provost immediately crafted and deployed a comprehensive intervention plan. The plan featured an “*Academic Progression Flowchart*” for the ELM program to describe and chart the pathways of student transitions from admission to graduation and eventual success with the nursing licensing exam. In turn, the school of



## 2017 Institutional Report

nursing faculty reviewed and revised the ELM curriculum with the goal of improving the content and sequencing of instruction within and across courses. Students who fell short on a diagnostic exit exam (HESI) were provided tutorial assistance for a maximum of one additional semester at no extra cost. Furthermore, all students eligible to take the NCLEX-RN® were offered an additional 8-weeks of comprehensive review with a consultant from the [Global NCLEX Review Center](#).

The contributing factors to the pass-rate declines, the terms of the resulting BRN (and subsequent CCNE) regulatory sanctions, and the responsiveness of the institution with demonstrated rapid turnaround of licensure pass rates, figured prominently in the CCNE re-accreditation review of the CDU nursing school in spring 2017. In the exit interview of the CCNE visiting team on April 5, 2017, the campus community was told that the school of nursing had met expectations for 27 of the 28 key elements of evaluation; the only compliance concern cited was the need to sustain recent progress in NCLEX-RN® pass rates. CDU anticipates that the BRN and CCNE warnings will be lifted when the pass rates of first-time test takers are certified as consistently above mandated thresholds for continuing accreditation (75% for BRN vs. 80% for CCNE). The leadership of the school and University are also optimistic, based on the findings of the spring 2017 CCNE visiting team, that both the FNP and ELM tracks of the MSM program will be granted full re-accreditation. The CCNE commissioners will review and determine the accreditation status of the school of nursing at their meeting in October 2017.

Indeed, the BRN representative to CDU was on campus in mid-July 2017 for a nursing program review and consultation and she indicated that the pass rate of 83.33% for the fourth quarter of academic year 2016-17 (April-June), when combined with the prior three quarters of results, will net an annual NCLEX-RN® pass rate of 84.62%, safely above the compliance thresholds of the BRN. Nevertheless, given the initial failure of the nursing program to monitor properly the preparedness of its ELM students for RN licensure through a rigorous assessment regimen—and the equally dramatic turnaround of the program through intrusive intervention by the senior leadership of the University—this vignette warrants and receives special extended consideration in [appendix Q](#).



## V. Student Success:

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### Student Outcomes and High Impact Practices, & Student Support and Campus Life Services

As codified in its vision, mission, and value statements, CDU is a unique higher education institution with a defining commitment to social justice and health equity. The University embraces the opportunity and obligation to recruit underrepresented students who want to serve underserved communities, and provides a rich set of academic programs to enable student success in the health professions. Aggregate student outcomes rates comprise conventional indicators of program success, and must be monitored to sustain the pace and quality of the growth projected for the next five years. Student success from a CDU perspective also entails other dimensions, well beyond conventional metrics. These value-added facets are based in “*high impact practices*” that flow from clinical simulation and rotations, basic and translational science research, and community service learning. This experiential learning opens opportunities for students to learn deeply and furnishes faculty with the opportunity to assess directly student skills in practical applications of general education and health profession competencies.

#### A. Aggregate Student Outcomes

Information presented as part of the [student dashboard](#) on the CDU website (created as a response to WSCUC policy in 2014), provides aggregate outcomes data on student retention, graduation, and licensure rates, plus data on student and faculty demographics, average class size, cost of attendance, and financial aid allocations. (CFR 1.2, 1.6, 2.6) As detailed in [appendix R, table 1](#) on fall 2016 demographic data, CDU enrolls high percentages of underrepresented students, reflective of its mission, location, and the shifting demographics of a diversifying California population; almost 90% of students self-identify as Black, Hispanic, or Asian. [Table 1](#) below provides retention, graduation, and licensure pass rates (as applicable). Graduate programs are more successful regarding retention and graduation rates, while the BS program in biomedical sciences has lower retention and graduation rates, both in absolute terms and relative to other CDU programs. A companion post-baccalaureate certificate in biomedical sciences also shows extremely low rates. Students were not necessarily seeking a



Table 1

CDU Student Success Indicators by Academic Degree Program					
Degree	Curriculum	Retention Rate *	Graduation Rate**	Licensing Pass Rate***	Note
AS	Radiologic Technology	96%	71%	76%	(First Time pass rate)
BS	Biomedical Sciences	78%	30%	NA	
MPH	Urban Public Health	93%	96%	NA	
MSN	Entry Level Master's (ELM)	92%	93%	61%	(First Time pass rate)
MSN	Family Nurse Practitioner (FNP)	94%	92%	90%	(Overall pass rate)
* AY 2012-15 (3 yr. average to 2nd year)*					
**AS: 2011-13; BS: 2009-11; MPH: 2012-14; ELM: 2011-14; FNP: 2011-14 (3 yr. avg. of 150% of Program Length)					
*** 2014-2016 (3 yr. average)					

degree or certificate, per se, since many were focused exclusively on applying to medical school; these students were obtaining credits as a means either to improve their grades (grade enhancers) or to satisfy pre-requisite sciences courses needed for subsequent medical education programs (career changes).

As indicated in [appendix R, table 2](#),

combining data on graduation rates with those still enrolled in the BS biomedical sciences program speaks to a positive trend due to recent changes in program design and delivery. To reinforce the identity and integrity of the biomedical sciences BS degree program, the upper-division courses of the degree program are now highly tailored to individual career goals, with six pre-professional tracks. In contrast, the post-baccalaureate certificate program now focuses only on admission prospects of students into medical school. The certificate program was moved in fall 2016 from COSH to the college of medicine (COM), and is now accepting a lower number of students to concentrate on quality and boost MD program placement rates (initial outcomes of the re-cast certificate program will be available by spring 2018).

The joint DREW-UCLA medical education (MD) program of the COM continues its distinction as the inaugural graduate program of the University. Each year, twenty- four students enroll in the MD program, plus an additional four students in the PRIME program; the latter provides an option to defer the final year of the MD program for students to also obtain a master's degree in a field that complements clinical practice medical education (both of these programs are registered by WSCUC in the UCLA degree array). The MD program has a 100% three-year retention rate, due to highly selective admissions, a strict cohort model, and rigorous student academic progression rules, especially in moving from didactic instruction



## 2017 Institutional Report

in the first two years to clinical rotations in the third and fourth years. COM continues to set the CDU standard for post-graduation student success as well. Graduate medical education (GME) matches of MD program graduates are comparable to any top-tier medical school, and the program typically exceeds national rates in primary care placements. (See [appendix R, figure 1](#) and [table 3](#)).

Another lagging indicator of CDU student success accrues from clinical licensure rates. As noted above in [Chapter IV](#), the pass rates of the entry-level master’s (ELM) program in nursing are addressed in detail as part of a special case study in [appendix Q](#). Historical data on the pass rates of radiographic technology students taking the ARRT licensure exam is shown in [Table 2](#). The lowest rate, which occurred in 2013, appears as an anomaly; rates have improved since

Table 2

ARRT Radiography Pass Rate Trend			
Year	Taken	1st time passed	Rate
2010	21	18	85.7%
2011	20	18	90.0%
2012	16	13	81.3%
2013	23	12	52.2%
2014	16	13	81.3%
2015	22	17	77.3%
2016	20	17	70.0%

2013 with average rates of 70% or higher since then. The resulting rolling three-year averages are in compliance with standards of the program’s national accreditor ([JRCERT](#)), and in April 2017, the agency reviewed an interim report of the program and confirmed its accreditation status through 2020. However, the California state agency that oversees radiography programs has a different formula for evaluating pass rate compliance. In June 2017, the director of the radiographic technology program received “a notice of deficiency in examination pass rates” from the California Department of Public Health (CDPH); per relevant state code regulations, a radiologic technology program must maintain a five-year credentialing exam average pass rate of at least 75%. The 2013 rate, with only 52.2% of the first-time takers passing the national certification exam hosted by the American Registry of Radiologic Technologists ([ARRT](#)), still factors into the CDPH formula. CDU is not waiting upon these results to cycle out of the formula as an assurance of compliance, with the provost leading a team to design and implement a systematic intervention analogous to the nursing pass rate remediation plan.

Given the citation by the state agency—which requires submission of a corrective action plan within



60 days—the president of the University charged the provost to accelerate and expand a proactive program intervention that was already in process. The institution recently completed construction of a “hot lab” and purchased an Anatomage table to support radiography simulation programs for student instruction and faculty professional development (also see [Section III.B](#)). Furthermore, there were recent changes in the academic and administrative personnel of the program, based on progressive investigation of: (i) deficient academic and business records; (ii) disaggregated ARRT exam results; and (iii) negative student feedback about faculty and staff performance. Details on the identified root causes and remedial actions taken in response, and additional information on the initial impacts of the provost intervention, will be available by the time of the WSCUC re-accreditation visit in spring 2018.

CDU used student alumni and employer satisfaction surveys to secure additional data on post-graduation student success. As shown in alumni survey data reported in [appendix R, table 4](#), for example, at least 73% of MPH students in a given cohort year were employed. Furthermore, for all three survey years (2013-2015), a majority of their employers reported being “very satisfied” or “extremely satisfied” with the worksite performance of MPH graduates. Similarly, as shown in [table 3](#), the results of a 2016 survey of recent graduates suggest that the vast majority of CDU graduates are successful in matriculating into another academic program,

*Table 3*

retaining employment, or obtaining a new job or promotion. Faculty are nonetheless re-doubling their efforts to acquire additional information by developing a new survey that will be distributed to employers identified by graduates in their exit and alumni surveys. Furthermore, since alumni surveys tend to yield low response rates, the offices of alumni relations and of institutional research and effectiveness are developing innovative ways of collecting employment and employer data.

<b>2016 Alumni Survey: Employment/Education</b>	<b>Count</b>	<b>Percentage</b>
Currently Employed	96	76%
Enrolled in an Educational Program	21	17%
Employed and Enrolled	2	2%
Unemployed and Actively Seeking Employment	5	4%
Not Seeking Employment or Education	3	2%
<b>Total Responses</b>	<b>127</b>	<b>100%</b>



## 2017 Institutional Report

The institution recognizes that self-report data alone will not suffice to demonstrate employment outcomes, much less rates of employment in underserved communities consistent with the mission of the University. Thus, CDU obtains aggregate data on employment and median earnings for graduates working in California (CA) from the state employment development department. For example, the data on MSN graduates (which were secured in January 2017) are presented in the first six columns of [appendix R, table 5](#). The employment outcomes of alumni who obtain or return to work in another state are not captured. Although the figures for “percent matched” thereby undercount rates of employment, an inference about overall outcomes can be drawn by accounting for the number of students who were admitted into the nursing program with a residential address in another state. Any post-graduation employment figure over 100% implies that some of the students who came from other states stayed and found work in CA within a year of finishing the MSN program. For example, only 66 of the 68 matched records for MSN-FNP graduates in the 2012-13 reporting year, originated in CA at the point of enrollment. This means that at least two of those nursing program alumni originated from another state but remained in CA to secure gainful employment, thereby contributing (albeit marginally in this example) to regional workforce expansion. This data can only be leveraged so far without access to individual identifiers, which can’t and won’t be released by the CA employment development department. [\(CFR 2.7, 2.10\)](#)

### **B. Learning Modes and Student Services**

CDU’s commitment to holistic life-long learning opens another area for evaluation of student success at the institution and beyond. The University aims to offer all students the opportunity for high impact learning and co-curricular experiences that motivate and foster intellectual curiosity, critical thinking, research skills, and ethical practice. Ideally, the resulting toolkit of knowledge, skills, and professional dispositions will equip and serve them well in all life domains, not just for success in another educational program or employment setting. Thus, the CDU Advantage envisions an educational enterprise that enables students to shape and successfully navigate their own personal and professional journey. The vision, mission, and values of the University come alive with real social impact when students are learning



## 2017 Institutional Report

about and acting upon issues and challenges of social justice, cultural diversity, comparative health equity, and community-based, action-oriented, and translational research. (CFR 2.13)

CDU is dedicated to creating a learning environment that works for all students. There are flexible structures for classroom instruction that meet the needs of working professionals who are returning to higher education for new or advanced training and certification. The options range from early morning and executive-style weekend shifts for clinical programs in nursing to evening classes for the MPH program. Accelerated hybrid programs that alternate between on-campus and on-line instruction are now available, starting with the new ADN-BSN program in summer 2017. This and other CDU clinical practice programs feature a strict cohort model, whereby students move from start to finish through a sequence of courses as a group; the curriculum is designed to move seamlessly between analytical and applied learning, both within courses and across the curriculum. (2015 Recommendations #3, #5)

The academic resource center (ARC) plays an integral part in the provision and quality of academic support services. The ARC coordinates provision of a variety of academic support services, including: (i) computer-assisted instruction in mathematics, writing, reading, and other undergraduate core competencies; (ii) tutoring in most subject areas on an individual and small group basis; and (iii) sample pre-admission placement and pre-licensure preparation exams. For example, peer-to-peer tutoring services enable alignment of student academic and skill development sessions through both predetermined programming and timely on-demand interventions. As the demand for individual and group tutoring continues to grow, the division is now tracking the areas and hours of tutoring services. (CFR 2.13) The fall 2016 data indicated a total of 155 visits and 308 service hours. As also indicated in appendix S, data collected for the spring 2017 semester show similar results.

To further consolidate provision of support services, a dedicated ARC manager was recruited in summer 2017, and under the dean of student affairs is charged with creating an environment that delivers support services across the University, including learning skills workshops, counseling services, and writing lab programming. Collaborations among faculty, students, and support staff are encouraged



through faculty referrals, academic advisor feedback, and leadership priorities. For example, seeking to increase student engagement, the division of student affairs collaborated with the academic leadership of each college/school to host several academic program appreciation day events throughout the fall 2016 semester. These events were well attended and appreciated, and CDU students have also embraced the publication of a monthly [student affairs newsletter](#). (CFR 2.13; 2015 Recommendation #5)

### C. Student Leadership and Governance

In 2016, a central student government was created with elected representatives from all three colleges/schools. The Charles R. Drew University of Medicine and Science student government (CDUSG) has three main objectives, to: (i) create a more socially and politically conscious student government; (ii) engage in strategic advocacy goals that promote the student body wellbeing; and (iii) encourage each student to stay informed as student government advocates throughout the school year. The central government meets on a regular basis with academic and student affairs officers—including the provost, who serves as a mentor and liaison to student leaders—to address student concerns. The widespread engagement of students in governance and their initiative, in concert with faculty, to build the co-curricular life of the institution, reflect fundamentally and favorably on the mission of the University to promote health profession leaders, not simply practitioners, to serve the underserved.

Consistent with the legacy of Dr. Drew and the mission of the University, CDU students routinely volunteer for campus and community service activities. Nursing students are active participants in the school's oaths & honors planning committee, nursing week events, search committees, global health initiatives, and an annual film festival on health disparities. They take the lead in the formation and governance of various clubs and organizations, such as chapters of graduate associates in nursing, men in nursing, and the nursing honor society. Each college/school has its own independent student governance body that is empowered to provide avenues for voice and prompt action. Recently, for example, the nursing school administration acted to strengthen student input and impact on all aspects of program development, management, and evaluation. A student leadership council serves as the



## 2017 Institutional Report

school-wide governance body through which students provide feedback to the faculty, and a special committee of the council was established to provide students the opportunity to participate formally with faculty in evaluation of the nursing program philosophy and learning objectives, clinical facilities, and curriculum, instructional, and assessment initiatives. The commitment of CDU to student participation in shared governance is perhaps best reflected in the annual appointment of a student as a full voting member of the board of trustees. The position rotates each year to a different college/school, and the student trustee engages regularly with the members of each student governance body to discuss issues of student concern for presentation at meetings of the board of trustees. The out-going student trustee is a student of the medical education program, and the position rotates to the college of science and health this fall 2017. The recent advances in academic affairs and student service operations are largely due to student feedback, leadership, and participation in the shared governance of the University.

### **D. Research and Service Learning**

The CDU research enterprise includes \$25 million in funding per year from the National Institutes of Health (NIH) for a variety of sponsored research projects conducted in key areas such as cancer, cardio-metabolic, and HIV; many are community-based translational studies. These research projects comprise the pillars of the CDU Advantage. Accordingly, students are afforded multiple opportunities to engage in research with several dimensions of high impact: on their learning (deeper), career prospects (better), and ultimately in service to specific communities of interest (nobler). Graduate programs like the MS in biomedical sciences offer opportunities to engage with CDU scientists and clinicians as part of their thesis requirement. In lieu of conducting a research study, the MPH program gives students an option to prepare a research proposal for submission to potential funders to fulfill its practicum requirement.

Undergraduate students can take advantage of several research and community service opportunities. For example, the Undergraduate Cancer Research Training Program (UCRTP) is a collaborative between CDU and UCLA that enables students to conduct laboratory cancer research on health disparities. The goal is to ensure that students acquire and can demonstrate the baseline



knowledge, skills, and attitudes necessary to becoming proficient cancer researchers. Students may participate in seminars/lectures focused on translational research outside of their academic program, and they must present their research findings at a professional conference/symposium. Comparable examples over the past several years of underserved community service learning include faculty and student participation in: (i) local flu clinics and HIV mobile van education drives in collaboration with Congresswoman Karen Bass; (ii) an Albert Schweitzer Fellowship program on post-partum depression among African Americans and Latinas in South Los Angeles; (iii) glucose and cholesterol screenings for the 15th annual KLJH Women's Health Forum at the LA Convention Center in 2015; and (iv) the Special Olympics World Games hosted in Los Angeles in 2015 by Maria Shriver. (CFRs 2.8, 2.11)

### E. Student Satisfaction Surveys

In spring 2017, the dean of student affairs sponsored a survey on student satisfaction with support services and campus life. There were 160 respondents (over 25% of the student body), and over half of the respondents were in the first year of their academic program; just over 94% were full-time students. (CFR 2.10) Respondents clustered into three distinct groups, either: (i) satisfied, those who tended to answer "agree" or "strongly agree"; (ii) dissatisfied, those who tended to answer "disagree" or "strongly disagree"; or (iii) disconnected, those who tended to answer "not applicable." Their results reinforce other sources of information on: (i) student affairs programming being aligned with the CDU mission; (ii) rigorous accelerated programs of study affording little time for co-curricular activities, especially for working professionals; and (iii) interpreting a response of "not applicable" as an indicator of being disconnected not necessarily being a sign of apathy. Rather, the latter responses may reflect circumstances that preclude students from being involved in campus life. For example, an MPH student wrote that *"I work full-time, and attend my full time program in the evening, therefore I cannot attend most activities. There were so many activities that I wanted to go to, but was unable due to my 8am-5pm work schedule. I think the University should try to include events for "us" evening students."* (For additional information see [appendix T](#) on the satisfaction survey process and selected results).



## F. Student Success and Quality Improvement

CDU has identified COSH as the primary growth center for new degrees and expanding enrollment. Thus, the college is poised to implement a unique programmatic identity that offers three distinct pathways for students: clinical practice, biomedical research, or public health sciences. Historically, there were fewer than 90 total undergraduate students at CDU at any given time and they had limited program options within the institution. As illustrated in [appendix U, figure 1](#), COSH now offers three BS degrees, which is especially consequential for first-time college students, such that they now have the option to explore their interests in more than one field of specialization before committing fully to a specific track in the college. To undergird these academic pathways with strong continuous quality improvement foundations, the college is also implementing a system of checkpoints for tracking and monitoring the progress of students from pre-admission through completion of their degree program. There are at least three critical junctures in this process. The first checkpoint is early diagnostic screening. This testing is being done for undergraduates in three competency areas: math, critical thinking, and reading/writing. The tests are administered by the general studies department, and are based on validated testing protocols (e.g., the on-line [Accuplacer](#) platform of the College Board). The initial evaluation stage is used in part to prepare a tailored plan of study, which is then monitored through intrusive student advising by faculty and qualified academic support staff. The third key checkpoint is triggered by an early warning system to detect and quickly counter emergent risk factors likely to affect adversely student learning if otherwise left unattended.

To ensure student success in both academic and student life domains, there is a need to supplement testing, advising, and early warning tools with a wider array of thematic and often time-sensitive checkpoints to cover all issues and phases of a student's educational experience (the details of this systematic process are presented in [appendix U](#)). The current quality assurance system of COSH will be built out progressively over time to create more robust feedback loops for ensuring timely identification and remediation of any obstacles to student success. (CFRs 2.10, 4.4, 4.6)



## VI. Planning and Quality Assurance Improvement:

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### Institutional Planning, Program Review, and Evidence-Based Improvement

The University continues to build on its processes to ensure the quality of academic programs and supporting infrastructure. Under a “one university” model, CDU has instituted a comprehensive set of evidence-based planning and improvement processes that have a significant impact on student and institutional outcomes. CDU has on-going strategic and academic planning processes and a strong process for academic program review and assessment of student learning outcomes. These processes are informed by evidence furnished by academic and business officers and validated by the office of institutional research and effectiveness. University officers work in concert to ensure a high degree of quality assurance, and to generate actionable options for improvement that can inform operational planning and resource allocation. When combined with specialized and regional accreditation reviews, CDU is engaged in multiple, concurrent planning, execution, and evaluation projects at any given time. (CFR 4.3; 2015 Recommendation #1, #2)

#### A. Academic Program Planning

Per the new strategic plan, expanding the number and types of CDU academic programs is the cornerstone of institutional growth. New programs also enhance existing program attractiveness by providing a broader range of electives and academic pathways. To achieve the goal of a mid-size comprehensive university, CDU expects to add 10-15 new degrees over the next several years. Planning for proposed new programs is overseen by a new program directors committee chaired by the provost. Following the recommendations of the WSCUC 2011 visiting team, proposed new programs are carefully assessed regarding student demand and job prospects, and they are planned to ensure financial and academic viability within their first few years of operation. “Break even” minimum enrollment levels for starting a new program were established, such that tuition/fee revenues would cover both direct costs and a 45% overhead rate, thereby ensuing program viability from the outset and the prospects of long-term sustainability.



## 2017 Institutional Report

The rigor of the new program feasibility process at CDU is designed to protect the institution and the students it intends to serve. The desire to grow is not being allowed to overextend institutional resources or compromise the quality of existing academic and business operations. For example, the new RN-BSN program was originally scheduled to start in January 2017. However, concerns over first ensuring the recovery of the ELM program and the emergent reorganization of enrollment management services, prompted delays in marketing and recruiting efforts for the new program. A decision was made to delay the start of the program until the following term so that expenses would only be incurred once the student demand and resulting tuition/fee revenue to cover those costs was assured. While this delays growth, it is a good example of fiscal prudence, which should contribute to institutional sustainability. (CFR 4.7)

### **B. Academic Program Review**

The original design of the CDU academic program review committee (APRC) was based on the good practices guide of WASC at the time, with its 2008 handbook of accreditation (see [appendix V](#)). Over the last seven years, all academic programs of the University have undergone comprehensive internal program reviews at least once. The APRC process played a critical role, for example, in early identification of problems in the nursing school's ELM program (although the eventual outcomes would have been better if the early warnings were heeded), and determination of specific significant changes in the post-baccalaureate program to improve its program quality, including its relocation to the college of medicine. Committee feedback also supported the allocation of resources to create a 'hot lab' for the radiologic technology program on campus, which was completed in summer 2017. The APRC also offers to review draft reports to external oversight agencies prior to submission to ensure accuracy and quality and enhance prospects for favorable results. For example, the 2014 APRC review of a nursing self-study for the California BRN led to an extension on their report due date and site visit to first address APRC findings. (CFRs 2.7, 4.3, 4.5)

The seriousness of CDU responsiveness to sub-change reviews was also reinforced in recent APRC reforms. All academic programs with sub-change reviews are now required to show progress responding



## 2017 Institutional Report

to resulting citations in their year-end reports to the APRC. For example, in its December 2016 report, the biomedical sciences faculty certified that all inaugural MS students were matched with appropriate research mentors by completion of the first term (fall 2016); this was considered imperative to the success of an intensive accelerated master's thesis program. Similarly, the executive director for faculty professional development and assessment designed and provided several training sessions for faculty and support staff on optimizing the use of Blackboard for synchronous distance learning. Given the technical challenges of the new RN-BSN program as the first truly hybrid program at CDU—which alternates between on-campus versus on-line instruction—and for other even more compelling reasons discussed in prior chapters, initial matriculation into the nursing program was deferred until summer term 2017. (WSCUC 2015 Recommendation #3; also see appendix Q.)

In a special summer 2017 session of the APRC, the ALO of the University facilitated a focus group of eight committee members on the overall performance of the committee. They used the WSCUC rubric for assessing the integration of student learning assessment into program review, and also discussed a set of criteria for evaluating program review design. The results of both self-study exercises were similar, and reflect a constant challenge: as one APRC member put it, “*we need to finish the process that was put in place.*” There was consensus that the purposes and components of the review process are clear and abide by best practices. However, it was emphasized that requiring is not the same as fulfilling a component of the preferred process; having a culminating action plan (MOU) with real incentives and consequences was singled out as a persistent gap in the overall APRC quality assurance process. The APRC self-study exercises resulted in six recommendations for improvement of committee operations and performance; full details on the APRC self-study process and results are provided in [appendix V](#). Currently, the provost is elevating the APRC role to ensure that program reviews are systematized, findings are made public, and review exercises result in concrete actions for program improvement.

### C. Institutional Research and Effectiveness

The CDU institutional research and effectiveness (IRE) officer secures, consolidates, and validates



## 2017 Institutional Report

evidence used for planning, review, and reporting purposes. In support of mandated compliance reporting, the IRE officer collects and analyzes a wide variety of campus data, ranging from faculty, staff, and student profiles to enrollment and revenue projections and classroom utilization rates. (CFR 2.10) The IRE officer maintains a data warehouse that supports reporting on key student outcomes data, and develops instruments to support planning and evaluation activities (e.g. strategic planning surveys, alumni surveys, residential program planning etc.). He serves as a permanent APRC voting member, and furnishes data packets to inform reflections on program design, quality, and learning outcomes. The packets include data on student diversity, enrollment, retention, graduation, and employment rates, course utilization and grading patterns, and faculty workload and budget trends. (CFR 1.2, 1.6, 2.7)

Institutional research services have improved dramatically in the last several years. However, the IRE officer has no support staff, which limits the volume of work that can be done, and introduces a risk of loss of institutional capacity if there is staff turnover. The provost is exploring additional staff support, and as a precautionary mechanism, an IT department analyst was granted backup access to the data warehouse to ensure that all manner of program review and regulatory reporting data remains accurate, secure, and nevertheless readily available to authorized personnel. (CFR 4.2) Examples of IRE officer work products that facilitate evidence-based planning and quality improvement include annual alumni surveys conducted since 2014 in collaboration with the alumni affairs office. The surveys help keep alumni engaged with the University, and, in return, helps the institution monitor post-graduation outcomes in employment, further educational endeavors, and sustained service to the CDU mission. (CFR 4.5)

### **D. Faculty Development and Assessment**

Recognizing the critical role of faculty in assuring academic program quality, and the need to assess learning outcomes at all levels, CDU recruited a full-time dedicated executive director of faculty development and assessment (FDA), in spring 2016. The explicit combination of assessment and faculty development provides a creative solution for faculty training on assessment. The FDA director provides vision and strategic leadership in establishing programs for faculty professional development, particularly



## 2017 Institutional Report

in the areas of curriculum design, pedagogical methods, and assessment of student learning outcomes. (CFRs 2.8, 3.3) The FDA officer facilitates continuous improvements in teaching and learning by providing a campus wide centralized platform for supporting instructional, research, and other academic affairs personnel. (CFR 4.4) In 2016, for example, attention was focused on development of nursing faculty knowledge and skills as clinical educators, since most of the nursing school's faculty are recruited from clinical practice rather than higher education settings. The FDA officer worked closely with nursing faculty to identify gaps that contributed to RN licensure pass rate declines, with a training series on curricular, pedagogical, and assessment matters. Nursing faculty were highly receptive to the programs, and the rapid recovery of RN exam pass rates is in part a reflection of the effectiveness of her timely interventions.

In the interest of building faculty capacity, the academic senate of the University created a new curriculum and assessment committee with consolidated authority. This was one component of structural reforms that aim to standardize and streamline protocols across the campus for academic program design and evaluation. The new committee reviews annual assessment reports from each academic program, evaluates assessment processes, and recommends improvement action plans. The report of the new committee serves as one of the key documents in comprehensive reviews conducted by the APRC. The structural reforms of the academic senate were replicated by the faculty governance councils of each college/school, and the FDA officer was instrumental in leading faculty efforts across the University and all governance levels to ensure calibration of the articulation and alignment of student learning outcomes with the new CDU Advantage. The resulting proposal for revision of institutional learning outcomes was vetted and approved by the curriculum/assessment committees of each college/school and ratified finally by the academic senate. (CFR's 4.1, 4.3, 4.4)

The FDA officer has developed a standardized form for documenting faculty workload performance and plans, and a system for monitoring faculty plans on an annual basis. The new system is hosted in a [Qualtrics](#) platform, and provides faculty members an opportunity to self-monitor teaching, research, and service productivity, and thus to self-regulate their own professional development plans and progress. This



## 2017 Institutional Report

also serves to assist conversations between faculty and their respective program directors, department chairs, and deans on related aspects of faculty roles and goal attainment. The initiative was prompted by faculty objections to applying staff performance appraisal protocols to faculty. As academic personnel, CDU faculty should be held accountable to a peer-driven rather than staff-based evaluation system, and the new faculty planning and reporting tool functions as a form of annual formative assessment. In contrast, periodic peer review serves as a form of summative assessment; comprehensive data collection and analysis is especially critical for career reviews, whether for initial appointment, a change in academic series or departmental home, or a promotion in rank. (CFR 2.9, 2015 Recommendations #9, #10)

### E. Human Resource and Risk Management

CDU planning and preparation for growth, and application of rigorous quality assurance mechanisms, extends well beyond the academic arena. The offices of human resources, risk management, compliance and audit, and legal affairs, collaborate to improve administrative processes in support of student success. This includes constant attention to personnel needs to ensure the sufficiency of faculty, staff, and senior leadership, and compliance with CDU workforce quality and diversity goals. (CFRs 3.1, 3.8) For example, the office of human resources (HR) completely revamped compensation and benefits file processes, with new job description, supervisor of record, and leave tracking electronic tools. HR also instituted training programs that are designed to improve operational workflow and employee/management relations. Some of these training programs are developed in-house, while others utilize third-party vendors. To further enhance support for institutional learning and growth, the HR department hired a dedicated employee development specialist. The specialist brokers or directly staffs the provision of training services in such areas as conflict resolution and interpersonal communication. The office also provides required training on sexual harassment and Title IX. Risk management activities sponsored by HR include an active shooter training program in cooperation with the Los Angeles county Sheriff's department.

In 2012, CDU recruited a full-time director of risk management. The director supervises facility, custodial, and security staff, provides OSHA-mandated occupational safety and injury prevention



## 2017 Institutional Report

programs, and brokers the insurance portfolio of the institution. The risk manager played a key role in significantly reducing insurance costs for the University, as well as uninsured losses. For example, his efforts enabled CDU to reduce its worker's compensation experience modification rate (EMR) to an all-time low in FY2015-16 (see [appendix W](#) for EMR trend data). Over a four-year term, CDU realized savings of over \$1 million in worker's compensation coverage, just one of 14 lines of insurance savings secured.

### F. CDU Policy and Procedure Audits

The general counsel of the University chairs the CDU policy committee. Under his leadership, the committee created a new university-wide schema for organizing and indexing policies, and a new standardized template for policy publication. An ancillary benefit of this work entailed a new master "*policy on policies*" that serves as a reference guide for all policy adoption, revision, and termination actions. As illustrated in [appendix X](#), new procedures are in effect to clarify how policies are created, vetted, and approved at CDU. **(CFR 4.1)** The University routinely conducts mandated and voluntary audits to ensure that academic and business affairs policies and procedures are up to date and best serve the needs of the institution. In 2011, CDU contracted with the global law firm [Seyfarth Shaw](#) to conduct an enterprise risk management review. The subsequent recommendations prompted multiple initiatives to reduce risk and liability. **(CFR 3.7)** The audit results included adoption of a comprehensive compliance matrix based on the standards of the higher education compliance alliance ([HECA](#)). This matrix details key federal regulations and laws governing colleges and universities in areas that are of greatest concern to the University. Also as a result, CDU recruited a full-time chief compliance officer (CCO) in January 2016. The CCO is a member of the CDU executive management team, and with appreciation for the imperative nature of his work, he reports directly to the president as well as trustees of the University via the board's audit and compliance committee. Since joining CDU, the CCO has developed monitoring and evaluation mechanisms that address the potential areas of risk articulated in the institution's compliance matrix. Some of the identified major areas of weakness included deficiencies in compliance with federal and state protections for students and employees in areas such as ADA, Title IX, and sexual harassment. In



## 2017 Institutional Report

response, CDU revamped its employee on-boarding process, new student orientation, and relevant policies. In January 2017, the COO released a comprehensive plan to restructure some 130 university-level policies from thirteen different units. Work on research-related policies is complete, and attention is now placed on reorganization of academic affairs policies. (2015 Recommendations #8, #9, and #10)

### G. Infrastructure Plans and Quality Controls

As CDU grows beyond 1,000 students, the infrastructure of the institution faces capacity challenges. Therefore, the University is also developing plans, conducting feasibility studies, and creating administrative quality assurance mechanisms to monitor the progress and manage the risks associated with rapid growth. In planning for growth, certain areas of administrative infrastructure were identified as requiring special attention for “scaling up.” (CFR 3.5) These include securing: (i) a customer relations management (CRM) system for integration of student marketing, recruitment, and enrollment services; (ii) an enterprise resource planning (ERP) system for integration of financial and human resource operations; (iii) a business continuity system for integration of disaster recovery resources; and (iv) capital planning systems for integration of facility, enterprise technology, and real estate acquisitions and construction. At present, for example, CDU’s business systems consist of several unrelated, loosely connected information systems that require significant manual efforts to integrate. A new ERP system that integrates student information, financial aid, human resources, payroll, and finance will increase efficiency, provide better data analysis capacity, and allows the institution to grow without having to increase staffing to maintain manual processes. To support envisioned enrollment growth, the formerly independent admissions and financial aid departments of the University were folded into a comprehensive enrollment management and services (EMS) division. Joining common application systems to broaden visibility of CDU programs was also implemented for several programs, such as [CASPA](#), [SOPHAS](#), and the [Common Application](#). These tools are already increasing application activity, and a new CRM system (Recruit by [Ellucian](#)) is being implemented to increase efficiency of recruitment activities and to facilitate effective management of the projected growth in student applications. CRM systems enable an institution to communicate more



## 2017 Institutional Report

effectively with prospective students, and to analyze seamlessly patterns in enrollment data to help efficiently target program admission prospects. CDU is also focused on managing growth and reducing risk by increasing the stability and security of information technology (IT) systems. Through new quasi-ERP systems, stronger electronic technology cyber protection and disaster recovery capacity, and proper utilization of existing tools, the IT infrastructure of the University is now more stable and secure than ever before. This allows the institution to shift from reactive activities to proactive planning for growth.

Importantly, CDU has always been a commuter campus, enrolling students almost exclusively from LA County (over 90%). Surveys of active and potential students demonstrated a significant demand for student housing. For example, there is growing interest of students who would otherwise attend an HBCU in the south or east, but these out-of-state students generally need access to student housing. Based on student surveys, market research, and references from other schools, the University entered a housing agreement with collegiate housing services ([CHS](#)), a commercial agency that contracts corporate-style apartment complexes for shared student housing. This contract was signed in May 2017, and housing will be available to all students beginning fall semester 2017. CDU will closely monitor the impact of the new housing program on recruitment of students from outside the greater Los Angeles region. ([CFR 3.5](#))

A long-range capital plan must address the need for CDU to directly develop student housing options either on or proximate to campus. This must be brokered within the context of area redevelopment plans by the Los Angeles county board of supervisors. In May 2017, for example, the county released its final Specific Plan for the Willowbrook Transit Oriented District ([TOD](#)). The terms of any such plan must be consistent with state government regulations and the general plan of the county; the overarching intent is to foster a healthy community by improving pedestrian linkages between Willowbrook/Rosa Parks Station, the Kenneth Hahn Plaza, MLK Medical Center, CDU, future mixed use areas, and existing neighborhoods.

### H. Board of Trustees Quality Assurance

Per WSCUC policy, the board of trustees of the University is an independent governing entity ([CFR 3.9](#)); its functions, structures, and practices are guided by a set of [bylaws](#), with operational oversight



## 2017 Institutional Report

conducted primarily through its committees and executive deliberations with the CDU president. Since its re-constitution in 2011 under the leadership of the CDU president, the board of trustees has evolved through several distinct phases. The first phase was squarely focused on fiduciary responsibility, securing solid financial foundations such that the institution will continue to live within its financial means. During the second phase, the board recruited new trustees with academic affairs expertise, and focused on issues of shared governance; this included adding a faculty and student trustee to the board with full voting rights. With the adoption of the new strategic plan as a guiding framework, the trustees are now focused on reform of their internal operating procedures and fund-raising on behalf of CDU.

The move from a reactive to proactive posture by the trustees reflects favorably on the vitality and viability of the University. Notably, at their most recent retreat—held in May 2017—the trustees adopted a new approach to managing the agenda for their general meetings. The primary impetus for the move to a consent agenda format is to afford more time for deeper dives into issues of special interest. For example, for its June 2017 meeting, the trustees requested and received: (i) a preliminary draft of a new academic program dashboard, which contains snapshot, trend and peer-program data on aggregate student outcomes (see [appendix Y](#)); and (ii) an in-depth presentation on the reconfiguration of the post-baccalaureate certificate program, given its move to the college of medicine and cap on enrollment to ensure success in preparing students for medical school admission. That trustees can now focus on internal quality assurance attests to the growth of excellence in operations since 2011.

CDU has established a solid foundation with the structural integrity to support the growth envisioned in its strategic plan. Well-established planning and quality assurance processes, in conjunction with constant attention to risk management/mitigation measures, will enable sustainable growth. All of this occurs with an inclusive transparent system of shared governance. On-going active engagement with a wide variety of internal and external constituencies will permit the University to plan effectively for its future within the context of an ever-changing higher education, regional workforce, and regulatory environment.

(CFRs 1.2, 1.6, 3.6, 3.7, 4.1, 4.5; WSCUC 2015 Recommendations #1, #7)



## VII. Institutional Sustainability:

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### Financial Viability; Preparing for the Changing Higher Education Environment

CDU continues its trajectory of progressively improving financial fundamentals, relative to baseline data in the WSCUC 2011 special visit report. This is due to establishment of strong, stable, and sustainable leadership and business practices. For example, the current full-time CFO has served in the finance office continuously since 2011. (CFR 3.8) Quality assurance processes allow the University to prepare effectively for the future, evaluate risks and benefits of proposed new programs, and align resource allocations with strategic plan priorities. The effectiveness of these processes is demonstrated on multiple financial fronts: through improved cash flows, liquid reserves, endowment returns, balanced budgets, and a steadily improving audit position. While secure today, CDU is nevertheless actively planning for a future of accelerating growth against the backdrop of a rapidly changing higher education ecology and social forces that directly or indirectly affect the health professions niche of the University (including along political, regulatory, demographic, economic, technological, and cultural fronts). Building on quality assurance processes described above, engaging a wide range of external community stakeholders in planning, evaluation, and support of CDU is critical to weathering exogenous shocks.

#### A. Current Financial Status

The current CDU financial position is very strong, and its dashboard indicators signal further progress on financial fundamentals. There were progressively positive outcomes from 2011-17 in balance sheet key measures such as net assets, cash liquidity, unrestricted investments, and investment returns on endowment funds. As shown in [appendix Z](#) (which provides full details on financial systems, metrics, and outcomes), the net assets of the University grew by over \$40 million since 2011, and the cash balance increased from \$5 million to over \$20 million by 2014. The University has maintained a cash balance exceeding \$20 million annually since then and the endowment funds of the University have grown steadily for more than a decade to over \$80 million at present. CDU has two major endowment categories: the first is a private endowment comprised of gifts and awards from individual donors, foundations, and



corporations (most of these contributions are designated to fund student scholarships); and the second is a research infrastructure endowment received from 2001-16 as a series of \$5 million grants from the National Institute of Minority Health and Health Disparities (NIMHD). (CFR 3.4)

Also as detailed in appendix Z table E, the budget results for fiscal year 2016-17 show that CDU stayed on target to achieve an unrestricted account net surplus of at least \$300,000. Revenues are closely monitored by the finance office and if unfavorable variances are evident immediate action is taken to control expenses commensurate with the expected shortfalls. Tuition was below budget due to the BRN-mandated reductions in the size of the entry level master’s program in nursing (capped at 20 students per entry cohort) and due to the CDU leadership decision to reduce enrollment in the post-baccalaureate program as it transitions to focus only on a pre-medicine pathway. Both of these changes were purposefully designed to improve program quality. Budget control processes were in effect to address revenue variances, and expenses were controlled accordingly so that the University would achieve its budgeted net surplus. This is a strong example of the positive returns that accrue from the quality assurance and risk management activities that support the annual budget process of CDU. Furthermore, for the first time in the history of the University, the budgeting process is transparent, inclusive, and in synch with academic planning.

Arguably, annual federal compliance audit findings comprise the best and most revealing measure of overall financial performance. As shown in figure 3, CDU achieved year-over-year improvement in external audit findings since just before the start of the current accreditation cycle in 2011. For the fiscal year ending 2016-17, there were zero audit findings; this

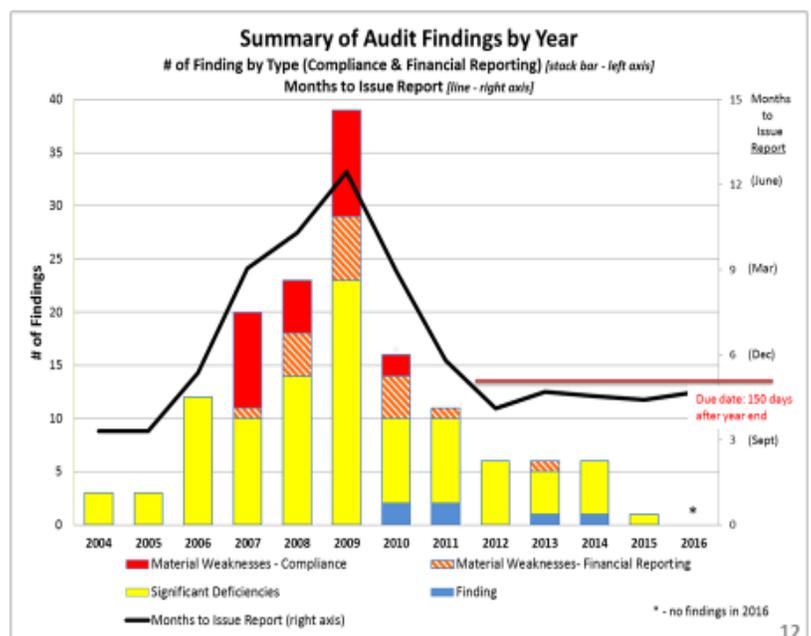


Figure 3



represents a rapid dramatic recovery from the peak of financial problems and attests to the rigor of control processes. CDU emerged from the financial challenges of 2009-11 as a much stronger organization. Since then, the institution continues to improve its financial position. However, proper positioning for rapid growth goes beyond having a strong financial base. There are several strategies in effect that are designed to assure fully that the University is positioned for the growth envisioned by the strategic plan: to a midsize institution with 2,000 students over the next several years. (2015 Recommendation #1)

CDU is maintaining effective quality assurance processes, and can now fully leverage its financial position to expand upon several infrastructure and extramural initiatives. Maintaining the financial viability of CDU as an on-going business entity depends on the institution continuing to live within its financial means. As the University implements its ambitious plans for student enrollment growth, tuition/fee revenues will increase accordingly. In addition to the overhead revenue that is generated by academic program growth, the institution is expanding the scope and diversity of other financial resources to support fully student success. Therefore, in addition to creating and deploying a new enrollment plan, the University is in the process of recalibrating how its research division and advancement office articulate with the tenets of the strategic plan and the new CDU Advantage in particular.

**B. Student Enrollment Plan**

To achieve the vision of a midsize university, the provost and the newly restructured enrollment management services division drafted an enrollment plan as required by the CDU strategic plan. Table 4 provides enrollment projections from fall 2017 to 2020,

and from 736 to 2,026 students (over 275% growth in 4 years), and table 5 provides the resulting net tuition/fees.

To achieve enrollment goals, the University is adopting a

number of enrollment strategies as illustrated in figure 4. Although not pursued in the order presented here, the first stage required major restructuring of the admissions office into an enrollment management services division with a change to a strategic recruitment philosophy.

Table 4

College	Fall 2017	Fall 2018	Fall 2019	Fall 2020
COSH	267	465	739	1148
SON	342	467	659	711
COM	127	127	127	127
<b>TOTAL</b>	<b>736</b>	<b>1079</b>	<b>1565</b>	<b>2026</b>



Table 5

College	Fall 2017	Fall 2018	Fall 2019	Fall 2020
COSH	\$6,197,335	\$10,384,310	\$17,035,168	\$27,324,429
SON	\$12,687,265	\$19,985,217	\$27,229,318	\$30,168,063
COM	\$406,492	\$410,832	\$428,656	\$437,200
<b>TOTAL</b>	<b>\$19,291,092</b>	<b>\$30,780,359</b>	<b>\$44,693,141</b>	<b>\$57,929,692</b>

The second phase entails development of new academic programs, which was done in three tiers based on centrality to mission, availability of existing capacity to implement, and cost of implementation. The first tiers have been

completed, while the third and fourth phases require development of partnerships with local school districts and community colleges, and restructuring the new pipeline and school partnership division to better link pipeline programs to newly developed undergraduate programs. The fifth and sixth phases entail introduction of residential opportunity for students (which is being pursued through a third party provider), and general marketing to improve community awareness. This last point is crucial because the University has always been known as a post-graduate or graduate school with few programs for undergraduate students.



(2015 Recommendation #4)

**C. Research Enterprise and Pillars**

Since 1995, CDU has received over 700 sponsored research awards with total funding over \$536 million. The University was recently rated in the top 10% of research institutions in the world (210/2540), and consistently ranks in the top three research-funded institutions with HBCU or minority-serving designations by the US government. CDU is already well-established as a leader in health disparities research in three clusters: cancer, cardio-metabolic, and HIV/AIDS. For example, the CDU-UCLA cancer center partnership has received continuous funding since 2009, with total funding of more than \$25 million, and active sponsored awards through 2019. Similarly, the UCLA clinical and translational science institute (CTSI) has received almost \$70 million in grant funding from the National Institutes of Health (NIH). CTSI is a research partnership of UCLA, CDU, Cedars–Sinai Medical Center, and the Los Angeles Biomedical



## 2017 Institutional Report

Research Institute. The prestigious consortium is one of more than 60 such partnerships established by the NIH to enhance biomedical research.

In addition to funding investigator-initiated research, NIH awards directly support students and post-doctoral fellows. (CFR 3.4) Notably, the research education core under the CDU-UCLA cancer center partnership funds four unique training experiences, including: (i) a short-term 8-12 week summer intensive research experiences for undergraduate-level students in basic, clinical, or community-based science; (ii) medium-term 1-year research internships for graduate and medical students and for post-doctoral and early stage investigators; (iii) long-term research experiences for post-doctoral and early stage investigators ranging from 3-5 years which supports the development of full careers in cancer disparities research; and (iv) community/academic research experience for community faculty. The research education core utilizes various tools to recruit participants and track program outcomes, such as social media (Facebook, Instagram, and Twitter), professional networks (LinkedIn, Research Gate) and direct contact (with local schools, colleges, professors, student clubs, and community organizations). At present, CDU supports 11 active student training programs on campus. In aggregate, these programs have trained more than 300 students, resulting in 181 student publications and 363 student presentations at professional conferences. The undergraduate cancer research training program alone has: (i) trained 121 students at all levels; (ii) and resulted in more than 61 student publications; and (iii) helped trainees secure more than \$263,000 in personal scholarships and grants.

Some of these student programs have been funded for the last ten years, while others were established just in the past few years. Notably, a program on student opportunities to advance research ([SOAR](#)), was created in response to the new CDU Advantage. Focusing on addressing health disparities to achieve health equity, the program is an interdisciplinary research training opportunity open to currently enrolled students in any of the three CDU colleges/schools. Student researchers must prepare a paper and present the findings of their research projects upon completion of the summer fellowship program; the first SOAR symposium was held in September 2016, and the second in June 2017. This program is among



## 2017 Institutional Report

the most recent innovations sponsored by the CDU Urban Health Institute (UHI). The mission of UHI is to build research capacity and infrastructure that maximizes efforts of the University to improve the health status of underserved communities. The institute manages the \$75 million research endowment noted above, with a major focus on the recruitment, development, and retention of research faculty. UHI faculty programs include emerging scientist awards, endowed professorship funds, faculty retention awards, bridge funding awards, and gap coverage (part of the multi-year contract plan). These programs provide faculty with reliable funding streams between extramural research projects (bridge funding), and thereby help ensure the employment stability and long-term retention of faculty. Furthermore, in regard to gap coverage, CDU faculty who are considered full time by the university are eligible to receive up to 17.5% coverage of their salary if their current grant support were to diminish during a 6-month time period. Since its inception in 2015, the endowment program has provided support to over 35 faculty through this funding mechanism. (2015 Recommendations #8, #9, #10)

In contrast to the cancer, cardio-metabolic, and HIV/AIDS research clusters, the remaining two pillars of the CDU Advantage are under-developed. Thus, the academic affairs and research divisions of the University are turning their attention to securing resources and supporting comparable programmatic footprints in the areas of mental health and health services and policy research. The return to GME residency programs in the areas of psychiatry and family medicine, and proposals in process for new degrees in mental health and health care administration provide the impetus and initial platform for building out the remaining two research clusters. (2015 Recommendation #11) Furthermore, the CDU center for biomedical informatics will play an expansive and increasingly critical role in supporting both new and existing research clusters and academic programs of the University. The faculty members of the CDU biomedical informatics center already provide several educational and research training services designed to improve the knowledge and skills of students and clinicians in this important field. This includes teaching an introductory course in master's degree programs and serving as mentors for the medical education (MD) student thesis program. The new CDU Advantage is designed to produce graduates with a distinctive



## 2017 Institutional Report

ethos; the knowledge, skills, and aspiration to work as leaders, advocates, and activists within and on behalf of underserved communities. Expertise in biomedical informatics is a necessary extension or counterpart to the pivotal role that information literacy plays in general in health professions education and scientific research. Training requirements in medicine, nursing and other clinical fields now explicitly include acquisition of biomedical informatics skills and knowledge. In addition, the demand for skilled workers in industry, government and academia who can apply biomedical informatics to real-world challenges in health care and medical science continues to grow. Indeed, the results of CDU faculty research in this field have directly impacted medical practice and public health policy in south Los Angeles. For example, a research team received a \$1.95 million R01 grant from NIH this past fall 2016 to fund the development of data-driven computational approaches for predicting diabetic retinopathy, a diabetes complication that is the leading cause of blindness in adults between 20 and 74 years of age.

### D. Strategic Advancement

The office of strategic advancement (OSA) is also performing an increasingly important role in the growth plans of the University, both by developing new resources to support growth and by limiting the risks that come with rapid growth. Since 2012, OSA has established a strong fundraising infrastructure for CDU. Supported by the development committee of the board of trustees, OSA has established and monitored two three-year cycles. In the first three-year cycle (FY2013-FY2015), the fundraising goal was \$8.3 million. At the close of that campaign the University exceed its three- year goal by roughly 10%, having raised approximately \$9.2 million in gifts and pledges, including \$4.35 million to support endowed scholarships (which help support plans for enrollment growth). In December 2015, a new three-year target of \$9.5 for set for FY2016-FY2018. (CFR 3.4) As suggested in [appendix AA](#), OSA is on track to achieve this goal. As of June 2017, over \$5.5 million was received/or pledged from alumni, trustees, corporations, foundations, and other individuals and partner organizations. These donations help to leverage the unrestricted operating budget of CDU and to fund directly special projects/new programs designed to enhance student success, improve campus facilities, and support the growth and/or implementation of



existing or new degree programs.

There have been significant increases in contributions from the CDU board of trustees and alumni since 2012, and the mission maker annual fund campaign comprises a significant part of annual fundraising activities. Contributions from “Mission Makers” are invested to support CDU students and faculty directly and to engage the community at large. Examples are: (i) “*Project Cardens/Gardening Community Mobilization Project*,” a collaboration between MPH students and two local elementary schools; (ii) CDU career day, an event sponsored by the student alumni network and the CDU pipeline and clerkship core to provide students with an up-close and personal view of health professions careers; and (iii) the nursing school’s global health initiative. Strengthening relationships with alumni is another key tactic pursued by OSA to promote the brand, publicize the impact, and foster the growth of the institution. Through one program, alumni mentors provided personal and academic guidance through frequent contact with assigned students for a period of one year. This voluntary program provided current students an opportunity for immediate connections with CDU alumni. The results of a student survey conducted following the one year mark of the program showed a satisfaction rate of 98%.

Sustained, targeted outreach to alumni and potential donors remains a top priority of the office of strategic advancement, which recently filled a new position, a director of communications and public relations. The director is leading a comprehensive revision of the university website and the creation of standardized templates for all manner of print and broadcast communication, including for social media platforms. A style guide released in summer 2017 sets standards for the formatting and use of the logo of the University, and for typography/fonts and primary and secondary color palettes. This will ensure, for example, that academic and administrative personnel present a uniform image in promotion of the CDU Advantage as the new academic brand of the University. Under the leadership of OSA, the University is also honing its ability to tell its story through multiple communication channels and events. The University remains a “*hidden gem*” amongst students and contributors alike. Recognizing that the institution is a gem that does not wish to be hidden, OSA has implemented several annual events to heighten awareness of



the University as an education anchor in south Los Angeles and to raise funds that support CDU students and pipeline programs. The events include: (i) the president's state of the university address held each October, to engage education administrators, elected officials, foundation and corporate leaders, and other individuals who are interested in university achievements and growth; (ii) an annual president's breakfast, to shed light on issues like what access to higher education means for African-Americans, Latinos, and other underrepresented students; (iii) the annual spring gala, to recognize legends and champions of CDU's Mission; and (iv) in October 2016 CDU was able to return a cherished community event, Jazz at Drew, following an eight year hiatus. Collectively, such outreach activities are positioning CDU as a leader of scholarly discussion and advocacy about persistent root causes of inequality, and the consequences of not redressing issues of higher education and healthcare accessibility and affordability. (CFR 4.5)

### E. Institutional Sustainability

WSCUC specifies three facets of institutional sustainability to address in a comprehensive review. The first facet, the financial sustainability of the University, remains challenging but is no longer a primary concern. The impact of strong leadership and sound business practices is evident in progressively improving financial fundamentals since the start of the current accreditation cycle in 2011. The strategic plan aims to ensure the second dimension of sustainability: alignment of resources with the vision, mission, values and operational priorities of the institution. CDU stakeholders clearly recognize and welcome the considerable challenges that lie ahead in maintaining alignment as academic programs and student enrollments grow. As demonstrated above, the University is diversifying its revenue streams and counting on extramural sources of support to increase along with tuition and fee revenues. The third dimension of institutional sustainability also poses ever-pressing challenges and opportunities. This facet entails diagnostic analysis of external factors, specifically the *"institution's ability to read the evolving higher education landscape and anticipate ways in which the institution itself may need to change."* University stakeholders both internal and external are keenly aware of the risks and threats posed by exogenous factors, and the institution's threat matrix and risk management resources are growing in tandem. CDU



## 2017 Institutional Report

academic and business officers routinely remain apprised of the changing ecology of health professions higher education. (CFR 3.6; WSCUC 2015 Recommendation #6)

CDU personnel maintain a large array of regulatory exchange and professional listserv platforms to monitor the regulatory ecology of the University. For example, the office of institutional research and effectiveness and office of strategic advancement routinely monitor regulatory listservs for the federal and state student aid commissions, IPEDS, and NACUBO to stay abreast of changes in higher education regulations. The chief compliance officer monitors regulatory notifications and professional training opportunities on ADA, Title IX, and sexual harassment. The risk manager works with the occupational health and safety committee to address new state and federal environmental rules. Even the library is engaged in keeping the University apprised of potential regulatory changes, such as recent legislation to modify copyright law. (CFR 4.7)

Professional conferences also afford regular opportunities to learn about the terms and implications of environmental changes. CDU personnel regularly attend conferences of: (i) regional and specialized accreditation agencies; (ii) the California association for institutional research; (iii) the national association of financial aid administrators; (iv) the national association of HBCU Title III administrators; and (v) the American association of collegiate registrars and admissions officers. Through participation in conference proceedings, CDU faculty and staff remain aware of changes to higher education regulatory environments. Direct engagement with government officials is also critical to monitoring and remediating regulatory risk and threats. For example, Dr. Mark Ridley-Thomas, the Los Angeles county second district supervisor, is a member of the CDU [board of councilors](#). Senior officers actively engage with many other government officials through regular visits to the state capitol and visits to Capitol Hill in Washington DC, and by hosting town-halls, health fairs and forums with public officials on campus. (CFR 4.5)

The University is not just a passive observer of the legal/regulatory environment. CDU is an active participant in the shaping of laws and regulations that impact its operations. Notably, the institution's public advocacy programs have facilitated changes to state law that were negatively impacting participation in



the Cal Grant Program administered by the California Student Aid Commission. Specifically, in October 2015, Governor Jerry Brown signed AB-25 authored by Assembly member Mike Gipson. The assembly bill: (i) requires the student aid commission to establish an appeal process for an otherwise qualifying institution that fails to satisfy the 3-year cohort default rate and graduation rate requirements; and (ii) authorizes the commission to grant the appeal for an academic year only if the commission makes a specified determination. Before AB-25, there was no appeal process for institutions with small numbers of full-time, first-time students, and CDU was negatively impacted due to a low number such students. Additional case studies on how officers remain abreast of how the changing regulatory ecology of health professions higher education impacts the institution are presented in [appendix AB](#).

### **F. Community Faculty and Engagement**

Consistent with its history as a community-founded institution, CDU is pioneering an academic-community partnership model in which community leaders become faculty members. Community faculty appointments enable a novel learning environment to train and educate future health professionals, and to support the development of appropriate educational, research, and service strategies for improvement of public health outcomes. Community faculty leverage interpersonal capital and organizational resources to fill gaps in educational, research, and clinical programs; they provide venues for student rotations and service projects; and they help recruit subjects for community-partnered participatory research and community intervention projects. In a literal sense, CDU personnel are embedded in the communities its mission calls to serve. Such direct connections furnish myriad avenues for understanding and anticipating how wider regional, state, national, and global factors affect local communities. The community faculty often serve on a voluntary basis to mentor students and junior investigators, to host and present at health education conferences, and to contribute to academic scholarship through acquisition of grants and peer-reviewed publications. See [appendix AC](#) for brief bio-sketches of three community faculty members.

The vision and implementation of the community faculty program is rooted in recognizing the value of knowledge from/within a community, under the principles of social justice, community participatory



research, and bi-directional knowledge exchange. Thus, community faculty already embody the CDU Advantage with cross-cutting contributions to the curricular brand elements of community engagement, social justice, and health disparities research. In support of community faculty program growth and quality assurance, a community advisory council meets quarterly with the CDU president and acts as a coordinator and catalyst for dialogue between higher education, healthcare, and social service providers. The council provides a reciprocal opportunity for the University and the community to learn about emergent issues of mutual concern and to become actively involved in each other's community advocacy and public service initiatives. (CFRs 4.5, 4.7; 2015 Recommendation #10)

### **G. Institutional Learning and Improvement**

CDU embraces the call by WSCUC for higher education institutions to become learning organizations. The challenge of “scaling up” analytically in support of institutional learning is analogous to moving from assessment of students and courses to program and institutional outcomes. In other words, the concept of continuous quality improvement applies equally well to multiple levels of analysis, irrespective of whether the subject of analysis is an individual, operational unit or team, or the institution in its entirety. (CFR 4.3)

This self-study report for re-accreditation review by WSCUC provides substantial evidence on how and how well the institution functions as a learning organization on an everyday basis. Preparing for the changing ecology of higher education is especially challenging at present for CDU on two fundamental fronts: the health professions niche and geographical location of the institution. As emphasized in this report, there is no shortage of healthcare needs to address in underserved communities adjacent to campus, and although the demographics of SPA6 have changed dramatically over the past several decades, the determinants of health disparity have not. Healthcare and immigration policy debates are among the most hotly contested issues facing the entire nation, and the most deeply consequential for the individuals, families, and communities that CDU as a mission-driven institution is compelled to serve.



## VIII. Conclusion:

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### Reflection and Plans for Improvement

The preceding story of challenges, achievements, and a disciplined plan to face an increasingly complex future and growing competitive higher education environment, describes four distinct stages of CDU's evolution. Prompted by the Watts Revolt of 1965, the community founded a university to address the seemingly intractable problem of social justice and health equity, specifically for underserved populations. At its inception, the institution operated solely as a postgraduate medical school to prepare medical doctors, in partnership with UCLA, to serve underserved communities. The closing of the county hospital as a clinical and teaching site for CDU faculty and medical residents, and subsequent loss of millions of dollars in revenue, brought the University to the second stage of its evolution (its nadir with a serious existential challenge).

The third stage of CDU evolution, characterized by a quick rebound from its nadir, reveals a period of strategic re-alignment of research enterprise, establishment of a new school of nursing, restructuring of academic programs, stabilization of finances, and notable progress with institutional accreditation. The current fourth stage is marked as a critical inflection point—a period for rapid strategic growth and institutional transformation. The strategic plan of the University envisions a comprehensive, midsize, research-intensive university of medicine and health sciences. In response to the increasing needs of the community it serves and to fulfill better its mission, the current CDU administration is undertaking a fundamental transformation from a small to midsize, commuting to residential, narrowly focused to comprehensive, and siloed to a more integrated institution. This fourth stage was prompted by a series of campus-wide introspections, first by an inclusive strategic planning process, followed by a 50<sup>th</sup> anniversary celebration, and then almost immediately by the self-study activities for re-accreditation. These exercises provided opportunities to refine the vision, mission, and values of the University, and culminated in the production and adoption of a visionary strategic plan. The current leadership of CDU has resolved to move the University from being a hidden gem to a well-known and recognized institution of excellence.



## 2017 Institutional Report

This iteration of self-study report exercises began with campus stakeholder reactions to and implementation of the WSCUC 2015 visiting team recommendations. With a fresh attitude toward external reviews, accreditation exercises, compliance, and data transparency, the administration of President Carlisle embraces excellence as the quintessential foundation for institutional growth. The University must grow quantitatively because the needs of the underserved population relative to health disparities have continued to grow and qualitatively because the population served by the institution deserves the very best there is to offer. CDU's mission underscores its reason for coming into existence in 1966, and the University continues to articulate its overarching objective now and as the campus anticipates and plans for its future. The institution is not merely training and dispatching excellent practitioners in clinical practice, basic/bench research, and public health and health policy. Its graduates are mission-driven leaders and change agents dedicated to their own individual careers as a means to a greater collective end. CDU recruits and educates students whose personal values and aspirations align with those of the University. The stakeholders of the institution work in concert to train and equip students who share a passion for achieving health equity and social justice. This is being accomplished through a variety of avenues, including a core curriculum (the CDU Advantage), expansive academic and personal support services, and a deep abiding obligation and commitment to the pursuit of excellence and success of every student.

### A. Institutional Rejuvenation

In 2015, CDU's board of trustees, president, provost, faculty and staff joined hands to embark upon a bold new strategy to advance the mission of the University. CDU is expanding from its founding as a small post-graduate medical school, combined with a highly competitive research enterprise, into an integrated mid-sized full range medicine and health sciences institution. Robust sustainable growth is the primary goal, moving from just under 600 students currently to 2,000 students within the next several years. In expanding academic programming and preparing undergraduates for medical school and other professional practice degrees, CDU draws lessons from several other institutions, notably among which is [Xavier University](#) in New Orleans, Louisiana. Xavier's impressive record of graduating African American



students who matriculate into medical school is worthy of emulation. CDU also draws lessons from [Western University of Health Sciences](#) in Pomona, California, given its success in healthcare professions and health sciences programming. The impulse for emulating such institutions is obvious – the methods they employ actually work in motivating and supporting student success.

### **B. Self-study Impact and Outcomes**

A wide and diverse cross-section of faculty, students, staff, and administrators participated in the formulation of the new strategic plan of the University, which was completed before and as a necessary precedent to the process of preparing this self-study report for WSCUC re-accreditation. CDU's faculty and staff shared experiences and offered insights about what makes the institution work well, and about what needs attention for continuing improvement. Engaging in a systematic far reaching self-study process enabled them to thoroughly appreciate expectations for regional accreditation and the role of each other's constituencies in moving the University forward to achieve its goals. CDU faculty and staff came to recognize that while they must continue to aspire to improve institutional performance (on behalf of the students and communities they serve), the campus also deserves to be proud of its past and current achievements. In the past seven years, CDU addressed recognized shortcomings in the shared governance experience for faculty and administration. A joint trustee, senior management, and faculty leadership task force was convened in fall 2014 following a university-wide retreat on shared governance. The institution rewrote its shared governance policy, and the latest climate surveys and other assessments of faculty, staff, and student sentiment indicate a rising sense of unity and commitment among all stakeholders. This outcome may be attributed in part to awareness of CDU accomplishments and the various strengths and areas for improvement identified through the self-study process.

The results of the self-study process as described or implied in this report include: (i) a better understanding of CDU's history and current plans among the faculty, students, staff, senior executives, and trustees of the University; (ii) a broader focus across CDU on learning outcomes and success of students; (iii) a tighter alignment of mission, strategic plan and academic plans (across the three



colleges/schools and administrative units) with resources and growth plans; (iv) a closer examination of accreditation and licensing agency recommendations; and (v) a deeper recognition and appreciation at all levels of CDU's unique contribution to the public good.

### **C. Areas of Exemplary Performance**

The University is well positioned to attract, train and dispatch students to serve underserved communities. This enables and encourages students—often themselves drawn from underserved communities—to be part of the health care solution in their home communities. CDU faculty and staff remain committed to continuous improvement of educational programs, student learning, and campus life services so that students are optimally prepared to lead the transformation of underserved communities. Areas of emphasis and accomplishment across the University include fuller awareness and purposeful implementation of its new academic brand, the CDU Advantage. Since the 2011 re-accreditation review by the Commission, CDU has continued to build out a “one university” model that promotes cross-functional integration and inter-professional synergy, consistent with the vision, mission, and values of the institution and its ambitious plans for growth.

Exemplary performance is evident in all areas of academic, business and external affairs, including: (i) stability of highly engaged trustee, senior executive, and faculty leadership within a system of shared governance; (ii) persistent collaborative engagement of CDU stakeholders focused on student success consistent with the vision, mission, and values of the University; (iii) ability to detect quickly and respond accordingly to emergent challenges and risks to the academic and business interests of the institution; (iv) transparent, inclusive, and rigorous evidence-based processes for planning and launching new academic degree and certificate programs; (v) a firmly established annual budget development process that features academic program and business unit presentations to inform resource allocations; (vi) recommitment of community leaders and partner institutions to the success of CDU and its students; and (vii) improved institutional learning that demonstrates leadership and faculty ability to listen to and act upon input from critical stakeholders with determination to achieve inclusive excellence and progressive transformation.



## D. Future Plans

GROWTH is the word that best characterizes CDU's present status and anticipated trajectory as documented and charted in the new strategic plan. The University has embarked upon a path that requires achieving and maintaining standards of excellence as it grows to triple its size in student population and double its size of physical plant. This excellence must be maintained throughout the period of rapid growth and beyond in four main areas: (i) academic programs, by moving forward with sub-change proposals for several additional new degrees, including in the fields of mental health, substance abuse counseling, healthcare administration, and genetic counseling; (ii) student enrollment and support services, by reaching out further to other neighboring educational institutions for additional student pathway and transfer articulation agreements; (iii) campus resources and capacity, by acquiring land proximate to the campus for construction of new buildings, increasing IT infrastructure to meet the communication, learning and security needs of an expanding campus, and expanding fundraising capabilities to meet the needs of the campus the institution will grow to become; and (iv) student success and community impact, by fulfilling the mission of the University to attract, train, graduate and dispatch mission-driven health and science leaders dedicated to delivering social justice and health equity to underserved populations.

The institution defines student success broadly to include performing beyond compliance with conventional metrics and specialized accreditation pass rate requirements, securing gainful employment in chosen fields of expertise, matriculating into medical school or other graduate education programs, and serving in and on behalf of underserved communities. Intrinsic to fulfillment of the CDU promise, the institution must ensure that the faces of the health care providers delivered to underserved populations look like the faces of the people receiving those services. CDU must increase the diversity of its students, faculty and staff until it matches that of the communities the University intends to serve and benefit. All stakeholders of the institution--including its board of trustees, faculty, administration and staff—and not merely its students, must embrace and commit to community service.



### E. Improvement Initiatives

CDU took the WSCUC 2015 visiting team's recommendations seriously, and with the implementation of the recommendations the University can embark on new student-centric initiatives in support of continuous improvement, program expansion, and institutional transformation. The overlap of strategic planning, 50<sup>th</sup> anniversary planning, and re-accreditation self-study exercises provided iterative opportunities to envision an institution that will become remarkably different in the next seven to ten years. Although the strategic plan had identified the broad direction and objectives for the University until 2020, the self-study crystalized the terms of the following eight major initiatives, which must guide campus thinking and operations over the coming years.

**1. Expansion of the campus beyond the current landscape.** CDU is located on an 11 acre property surrounded by county and Compton unified school district properties, and a few individually-owned homes. The location of the campus puts a limitation on the height of buildings given the aviation path to the airport. Consequently, CDU must make it a priority to acquire adjacent land and properties. To accommodate 2,000 students, the campus will double its current footprint to close to 22 acres.

**2. Expansion of campus physical infrastructure.** As outlined in the strategic plan, CDU must expand infrastructure commensurate with the changing profile of the student population. Infrastructure needs that will preoccupy the campus for the next several years include residential facilities, a student center, clinic/wellness center, and additional classrooms and laboratories.

**3. Creation of a true endowment.** CDU must supplement its research endowment success with an endowment that supports academic programming and student scholarship. Future progress depends on the development of true endowment funds that can be used as an alternative source of revenue or leveraged to advance academic programming.

**4. Creation of an undergraduate college.** CDU will continue to grow as a major graduate institution. However, it is anticipated that major future growth will occur at the undergraduate level. Consequently, and to better serve undergraduate students, the University will establish a college and appoint a dean of undergraduate studies. This college will house all undergraduate programs and sponsor the first year experience, core curriculum, learning communities, advising, and retention activities.

**5. Implementation of fully functioning research pillars.** At the conclusion of the strategic plan, the University proposed five major research pillars. Building on historical research accomplishments in cancer and HIV-AIDS clusters, CDU will expand the pillars to include cardiovascular, behavioral/mental health, and health policy research. Given its critical nature, health informatics is proposed as the neuron that connects the pillars with each other. Although the research clusters are proposed as discrete pillars, CDU anticipates that innovations will occur at their intersections.

**6. Full re-branding of the institution.** The CDU Advantage comprises a core curriculum in the areas of research, social justice/health equity, global health, community engagement, and health policy. The new academic brand produces three main attributes of CDU graduates: leadership, advocacy, and



## 2017 Institutional Report

activism. Given its recent adoption, the task before the University is to ensure that all academic programs and campus activities reflect this defining curricular experience.

**7. Academic program re-design to ensure accreditation.** CDU has experienced specialized accreditation challenges in the past, with two adverse state agency citations currently in the process of being resolved (i.e., the BRN warning on NCLEX-RN® pass rates and CDPH warning on ARRT pass rates). Although the history behind these program outcomes is long, ensuring accreditation compliance will become a chief priority henceforth. The academic affairs division is re-designing educational structures and programming to prevent adverse accreditation citations.

**8. Diversity plans.** CDU will develop and adopt a strategic diversity agenda to ensure that the demographics of its faculty, students, staff, and executives reflect the diversity of the communities surrounding the campus. Consistent with the expansive notion of diversity expressed in its definition as a core value of the University, the resulting plan must also address multiple other facets of diversity.

### F. Leveraging the CDU Legacy

CDU has made and continues to make significant progress toward achieving its broad goals and mission. This is evidenced by demonstrated success of students, many coming from underserved communities that the University intends to benefit; by the groundbreaking research of diverse faculty and students who pursue a pro-community perspective; and by increasing engagement with the local community and school districts. Of course, the most poignant voices that confirm the positive trajectory of the institution are those of its students who are prepared to pursue a personal and professional life driven by the mission to serve the underserved. The University recently held an MOU signing ceremony with many young high school students in attendance who can now dream legitimately of careers in the health professions. One speaker was a current student who spoke glowingly and persuasively about how her budding career in nursing is being well informed by her unique training. She observed that she did not waste time wandering around a large impersonal campus where students are forced to fight for positive attention. Proudly recommending CDU to the young high schoolers in attendance, she exclaimed with conviction, *“Here, I am not a number.”* She also affirmed that everyone on campus made her feel valued, and concluded with these words: *“They know my name!”* And, in due time, one can be certain the world will know her name. Indeed, through the testimonials of successful graduates of CDU like that young student, all will know the name and invaluable impact on the delivery of health equity and social justice by Charles R. Drew University of Medicine and Science.



## 2017 Institutional Report

The University appreciated this opportunity to tell its own story to the Commission, with confidence that the present self-study report will provide sufficient evidence for determination of whether CDU fulfills all requirements for WSCUC re-accreditation. Since the start of the current review cycle, progressive capacity preparedness and quality assurance improvements have occurred across all domains. The school of nursing, which opened in 2010-11, doubled CDU student enrollments in the space of a few years. This rapid growth was not free of stumbles, and the challenge moving forward is to maintain the identity and quality of CDU as it increases its enrollments two times over during the next few years.

Ms. Sylvia Drew-Ivie, the youngest daughter of the namesake of the University, along with her two sisters and their spouses, led a panel discussion on campus on April 14, 2017, about Charles R. Drew as a person and father. Their testimonials—about how the private and professional life of their family intersected to create a compelling life story with societal impact—reminds and instructs the members of the University that the legacy of the institution is also its future. The endeavor to secure health equity and social justice in underserved communities is simultaneously an effort to improve the health of the individuals and family members that live, work, and are educated within those communities. Such a holistic view of health is emblematic of the vision, mission, and values of the University, and serves as a core strand in the DNA of the institution. With no shortage of acute needs in underserved communities for accessible, affordable, and high quality healthcare, CDU can't afford to rest on its laurels. All members of the university community welcome the opportunity to continue working with and learning from WSCUC, which also embraces a deeply felt and unwavering commitment to student success in support of public health and well-being.