# Elson S. Floyd College of Medicine

# ELSON S. FLOYD
# COLLEGE OF MEDICINE
# INSTITUTIONAL SELF-STUDY
*For Provisional Accreditation 2019*

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## INTRODUCTION

**Preliminary Accreditation Update**

In June of 2016, the Elson S. Floyd College of Medicine (ESFCOM) hosted the Liaison Committee on Medical Education (LCME) for a three-day survey of the medical education program planning to date. The outcome of that visit resulted in preliminary accreditation, granted on October 18, 2016. The findings of the survey team were positive; however, the ESFCOM was asked to monitor 11 elements in 7 standards. On April 3rd 2017, the ESFCOM submitted a report which resulted in a request by the LCME to continue to monitor 4 elements in 4 standards. On April 2nd 2018, the ESFCOM submitted a second report and received a positive response removing all but one element out of monitoring status. Below is a history of all elements that have been in monitoring, along with the responsive actions taken by the ESFCOM.

*Element 1.3*: This element was unsatisfactory in the June 2016 LCME response. The LCME noted that the faculty bylaws described nominations to standing committees as originating solely with the dean. On March 30th 2017, the ESFCOM responded by ratifying new faculty bylaws with changed language to include an election process for selection of committee members and committee chairs. In June of 2017, this element was determined to be satisfactory by the LCME.

*Element 1.4:* Affiliation agreements were previously cited as unsatisfactory by the LCME. At the time of the preliminary site visit, the ESFCOM did not yet have signed and executed affiliation agreements for each clinical teaching site at which students would complete clinical Longitudinal Integrated Clerkship (LIC). By April of 2017, the ESFCOM was able to provide 11 signed affiliation agreements, all of which use the AAMC template agreement. The June 2017 LCME response indicated this element was satisfactory with a need for continued monitoring. The ESFCOM continues to pursue additional clinical affiliates which are provided to the LCME, as acquired. The April 2018 LCME response to the ESFCOM indicated that the requirements of this element have been met and do not need continued monitoring.

*Element 2.4:* This element was determined to be unsatisfactory by the LCME in June of 2016. The first ESFCOM self-study task force recommended increased senior administration to support the development of the medical education program. The ESFCOM responded by outlining additional administrative positions and by reducing the number of administrators with multiple duties. In June of 2017, the LCME indicated that these actions brought the ESFCOM into compliance on this element.

*Element 5.8:* In June of 2016, the LCME determined this element to be unsatisfactory due to the need for expanded library hours available to medical students. The ESFCOM responded by giving students 24/7 access to the library on the Spokane campus. In June of 2017, this element was determined to be satisfactory with a need for monitoring to ensure appropriate access at each instructional site in the medical education program. Further information regarding the regional campuses was provided to the LCME in April of 2018 and was determined to be compliant with the requirements of this element.

*Element 6.2*: Standard 6 was determined non-compliant by the LCME in 2016 because the level of student responsibility for each patient type and clinical encounter during required clinical experiences was not appropriately defined and mapped. The ESFCOM provided this information in the April 2017 response to the LCME and was determined to be satisfactory.

*Element 6.3:* This element was determined to be unsatisfactory in the June 2016 LCME response. The citation by the LCME indicated that students would not have enough hours available during a typical week to complete self-directed learning and independent study activities. The response from the ESFCOM called for the revision of the Academic Workload Policy to include language ensuring that students have sufficient time for self-directed learning and independent study. In June of 2017, the LCME determined this element was in compliance, with a need for monitoring. Based on the ESFCOM report to the LCME in April of 2018, the LCME determined that the programmatic changes in this element brought it into compliance.

*Element 8.2:* This element was initially cited as unsatisfactory by the LCME. At the time of the June 2016 preliminary site visit, the ESFCOM had not yet finished linking course and Longitudinal Integrated Clerkship (LIC) learning objectives to the educational program objectives. This detailed linkage was provided to the LCME in April of 2017 and was considered to be compliant.

*Element 8.3:* In June 2016, this element was cited as unsatisfactory. In the early development of the medical education curriculum, the ESFCOM had not yet completed learning objectives for each component, particularly the research and service-learning elements. The learning objectives and their linkage to program objectives were provided to the LCME in April of 2017 and this element was brought into satisfactory standing.

*Element 9.5:* The initial citation by the LCME for this element was that there were no clearly defined plans to provide narrative assessment to students before the LIC phase of the curriculum. Assessment planning has confirmed that each Foundational Medical Science (FMS) and Leadership in Medicine and Healthcare (LMH) course will provide narrative assessment. This element was determined to be satisfactory with a need for monitoring based on the June 2017 response from the LCME. In June 2018, the LCME determined that this element is satisfactory but deserves focused attention for the provisional site visit in February of 2019.

*Element 12.3:* In June 2016 this element was cited for insufficient confidentiality for students seeking personal counseling services. The location of counseling services has been relocated outside of the main Spokane Academic Center to provide a discrete waiting area for students seeking care. This element was considered satisfactory by the LCME in the June 2017 response to the ESFCOM.

*Element 12.5*: Previous plans to keep student immunization records within the Office of Student Affairs was considered non-compliant in June of 2016. The ESFCOM has since moved the management of student immunization records to a third party vendor to ensure compliance with student confidentiality. This element was then determined to be in compliance with LCME standards.

**Additional Planning**
While the ESFCOM has made significant gains in its planning since its inception, there are some areas that will require continued attention. The ESFCOM will use the earlier stated history to monitor elements that were once non-compliant to ensure they remain in compliance.

**Summary of Self Study Activities**
In January of 2018, the ESFCOM initiated the self-study by convening a meeting with executive leadership and Associate Deans of Clinical Education for each distributed clinical campus. Initial planning included the development of self-study participant invitation lists and an overview of timeline of activities and final reporting procedures. In March of 2018, the ESFCOM invited community affiliates and stakeholders to review the self-study website (https://medicine.wsu.edu/esfcom-self-study/) to determine to which LCME standard they could best contribute their expertise. Individuals were then given an estimated time-request and invited to attend a live event, on one of four distributed clinical campuses, for discussion with other community members.

The ESFCOM hosted events at the Vancouver, Tri-Cities, Everett and Spokane Campuses on May 9th, May 17th, May 21st and May 30th 2018, respectively. Contributors were asked to review the March 2018 draft of the Data Collection Instrument (DCI), the February 2018 Independent Student Analysis (ISA) and the previous ESFCOM self-study conducted in September, 2015. Each event had a 12 table set-up, based on the 12 LCME Standards. Participants were pre-assigned to a discussion table based on their response to the self-study RSVP. Each table was asked to discuss the questions posed in the *LCME Guide to the Institutional Self-Study for Provisional Accreditation*. A representative from ESFCOM was at each table to encourage discussion and answer questions.

Following each regional event, participants were sent a detailed electronic survey via Qualtrics. The surveys included all questions in the *LCME Guide to the Institutional Self-study for Provisional Accreditation;* optional narrative feedback boxes were provided for each section. Surveys were available for one month following the last self-study event and responses were compiled into a detailed report (see appendix) upon which the following self-study is based. Across all four campuses, 160 individuals participated in the regional events. The ESFCOM received 68 returned surveys, as well as numerous narrative feedback via email. Participants also kept discussion notes at each event which were included in the feedback review and report compilation.

In July of 2018, the Executive Self-Study Task Force convened to review the initial draft of the self-study summary report which was compiled by the Office of Accreditation, Evaluation and Assessment. The compilation strategy included the review of the self-study survey responses, the March 2018 DCI draft, the ISA and the 2015 ESFCOM self-study. Any feedback specific to the DCI was given to the appropriate accreditation team to incorporate into the next update of the document. In August of 2018, the Executive Self-Study Task Force completed the self-study summary report and issued its recommendations to the ESFCOM.

The ESFCOM strategically planned the self-study to take place several months before the final accreditation package submission and site visit. The purpose of an early timeline was to support the school in determining what institutional planning needed timely attention. The outcome of the self-study was disseminated to the many internal and external stakeholders. It was also used to target enhancement of the Continuous Quality Improvement Program.

The below response is organized by LCME element and is designed to address each specific question in the *Institutional Guide to the Self Study for Provisional Accreditation* – issued by the LCME.

## STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY

**Institutional Planning**
The ESFCOM engages in a quarterly review and annual refinement of its Strategic Plan upon which all college activities are based. The strategic plan is a direct reflection of the college's mission and vision and is also aligned with the parent institution at Washington State University (WSU). The ESFCOM has launched a comprehensive program of evaluation which includes a team approach to monitoring each accreditation standard. Individuals specializing in specific LCME topics have formed accreditation teams which are responsible for documentation review and program recommendations. The institution is engaged in thoughtful planning and continuous quality improvement that allows concerns to be anticipated and responses planned and implemented.

Self-study participants agree that the school has engaged in effective institutional planning and measurable outcomes development that are aligned with its mission. Feedback from participants indicated that institutional planning is monitored and effective.

**Compliance Monitoring**
The Office of Accreditation, Assessment and Evaluation, in coordination with the accreditation teams, has developed a robust system of compliance monitoring for every LCME element. The ESFCOM has 12 Continuous Quality Improvement (CQI) teams who have developed a performance measure for each element. In collaboration with the Information Technology team, ESFCOM uses a unique system which allows for consistent measurement, reporting and widespread communication of compliance at any given time. The dash-boarding system is monitored by the accreditation teams and responsive action is assigned by the Office of Accreditation, Assessment and Evaluation.

Self-study participants found that the ESFCOM has demonstrated an effective monitoring system for compliance with LCME standards.

**Conflict of Interest**

The ESFCOM has structures, policies and other safeguards in place to prevent or identify and address conflicts of interest at the levels of the governing board, medical school administration and faculty. The ESFCOM has developed conflict of interest policies in admissions, faculty presentations and student promotion. All policies have gone through a vigorous policy approval and distribution process which includes: draft and review by standing committees, two week posting for all-faculty comment, and final approval by the Dean's Cabinet. Policies are made available on the ESFCOM website. The governing board of WSU is required to sign a statement on an annual basis stating they have read, understand and will comply with the University's Conflict of Interest Policy.

The previous self-study, conducted in 2015, recommended a policy regarding commercial support of continuing medical education (CME). The CME program is in its early stages of development, but will develop this policy based on the requirements of the CME accrediting agency. Further policy development for CME is monitored by the Office of Continuing Medical Education.

Self-study participants found that all conflict of interest policies are strong but that developing a system to assess policy effectiveness would be beneficial. The Office of Compliance provides monitoring for any issues that arise in relation to conflicts of interest.

**Direct Faculty Involvement**

According to faculty bylaws, the faculty consists of full-time and part-time Full Professors, Associate Professors, Assistant Professors and Instructors within the ESFCOM. The faculty is the legislative body of the college and oversees all academic matters including curriculum, admission and graduation standards. The Faculty Council holds annual elections to available seats in the Faculty Council and its standing committees.

The standing committees in the ESFCOM include: Faculty Council Executive Committee (FCEC), Admissions Committee, Curriculum Committee, Equity Committee, Faculty Rank, Promotion, and Tenure Committee (FRP&T), Scholarship Committee, and the Student Evaluation, Promotion and Awards Committee (SEPAC). Each committee is comprised of and elected by faculty members from each regional campus. At this time, the ESFCOM does not have plans to expand the number of standing committees.

Each standing committee is responsible for writing and approving college policies and procedures. The Office of Accreditation, Assessment and Evaluation distributes policies to all ESFCOM faculty and collates all narrative feedback before formal approval. Policies, procedures and the review schedule are made available on the public website.

The self-study revealed that opportunities for faculty to participate in decision-making is sufficient based on the processes that are in place. Feedback from the self-study also indicates that faculty have appropriate opportunities to participate in committees.

**Affiliation Agreements**

The ESFCOM has current affiliation agreements with clinical partners involved in required inpatient clinical experiences. The institution regularly pursues additional agreements with the intention of broadening student's available clinical experiences which will begin in the fall of 2019. Most affiliation agreements are in the AAMC Uniform Clinical Training Affiliation Agreement template to ensure that the language in this element is contained in the agreements.

AAMC affiliation agreement templates have language to ensure that the ESFCOM is ultimately responsible for the medical education program, academic affairs, and assessment of medical students. The ESFCOM also has responsibility for the appointment and assignment of faculty members who will be teaching students. Any affiliation agreements that are not on the AAMC template expressly state these key commitments required in the LCME standards.

Self-study participants agree that affiliation agreements are in place and contain the required language that is specific to this element. Feedback also indicates that agreements clearly ensure that the educational program for students remains under the auspices of the ESFCOM faculty.

**Bylaws**
The ESFCOM Bylaws are clear, comprehensive and support an effective governance structure for the institution. The bylaws describe how all faculty are given the opportunity for participation in decision-making within the ESFCOM. "The Professoriate" section of the bylaws describes the qualifications of faculty and their jurisdiction, as well as appointment and tenure requirements. The bylaws assign responsibilities and requirements of each standing committee and serve as the general rules of the organization. The broad delegation of faculty members throughout standing committees support a governance structure that has demonstrated effectiveness.

According to the ESFCOM Bylaws, the Faculty Council Executive Committee (FCEC) is composed of two faculty members from each academic department and one faculty member-at-large. Members are elected by faculty from their respective departments and serve for a three-year term. The varied composition of the FCEC is indicative of the availability to participate in the governance of the ESFCOM. This structure allows each department to be represented appropriately in decision-making for the school.

The responses from self-study participants show that the ESFCOM Bylaws are clear and comprehensive in their description of responsibilities and privileges of members of the medical school. Self-study participants also agree that ESFCOM Bylaws support an effective governance structure.

**Eligibility Requirements**
Washington State University is the ESFCOM's degree-granting authority as approved by the Washington State Achievement Council (WSAC). WSU received authorization to offer the MD degree by the Northwest Commission on Colleges and Universities (NWCCU) during its most recent accreditation review and approval in April of 2017. Results of the accreditation review commended WSU for its pursuit of research in the areas of sustaining health, sustainable resources, opportunity and equity, smart systems, and national security. WSU also received a recommendation to continue the planning and expansion among all WSU campuses, activities of which will continue to support the mission of the medical school.

The ESFCOM is a complete and independent medical education program within the United States and has received degree-granting authority. Any LCME elements that were previously considered noncompliant achieved satisfactory performance within the allotted two-year timeframe. The ESFCOM has met eligibility requirements for initial accreditation as specified in the *LCME Rules of Procedure*.

Self-study participants agree that the ESFCOM is in the process of meeting, in a timely manner, the eligibility requirements for provisional accreditation.

## STANDARD 2: LEADERSHIP AND ADMINISTRATION

**Authority of the Governing Board for Appointment of Administrators**
The Board of Regents is the governing board of WSU and is responsible for appointing the President of the university. The President has delegated administrative responsibility for the medical education program to the Dean of the ESFCOM. Therefore, the Dean is the administrative head of the ESFCOM and thus responsible for the appointment of medical school administrators and faculty. The Dean holds the right and responsibility of delegating activities of the institution at his discretion. The ESFCOM in conjunction with WSU plan and complete necessary appointments to support the medical education program.

Responses from the self-study indicate that the ESFCOM has provided clarity on its process for appointing medical school administrators, and that the process has been appropriately delegated.

**Qualifications of the Dean**
Dr. John Tomkowiak has a wide range of education and administrative experiences which makes him a highly qualified leader in the areas of medical education, accreditation and administration. His medical education experience includes positions such as: Director of Second Year Curriculum, Director of Geriatric Education, Education Director for Psychiatry, Director of Third and Fourth Year Curriculum, Associate Dean of Education, Director of Simulation, Facilitator for Strategic Planning, Interim Dean, Dean, Vice President for Clinical Affairs and President of Rosalind Franklin University Health Systems. These previous experiences have led to the Dean's development of expertise in the four main areas of the ESFCOM mission which include education, research, community engagement and clinical care.

He has seen several medical schools through full accreditation and won numerous awards in the areas of medical education, leadership and community engagement.

There is broad agreement among self-study participants that the Dean is well-qualified to provide leadership in the mission of the medical school.

**Authority and Responsibility of the Dean**
As the Dean of the ESFCOM, Dr. Tomkowiak is the chief academic officer and has ultimate responsibility for the medical education program. He is responsible for all areas of the medical school including, vision, strategic planning, finance, facilities, human resources and cooperation with WSU.

ESFCOM Bylaws describe how the Dean is involved with the medical education program administration in the following ways: The Dean, in conjunction with department chairs, is involved in the appointment and promotion process for faculty. The Dean reserves the right to call out-of-schedule meetings of the Faculty Council or other standing committees as needed. The Dean has also assembled a cabinet from which he receives recommendations from the leaders of each department in the ESFCOM.

Self-study participants agree that the authority and responsibility of the Dean has been clearly defined.

**Dean's Access to University Officials**
Dr. Tomkowiak reports directly to the WSU Provost and has regular meetings with WSU leadership to discuss matters related to the medical education program. The Dean also meets regularly with the Spokane Campus Chancellor to discuss matters related to local needs of the medical school. WSU has clearly defined the Dean's role in the medical education program as the central administrator.

Feedback from the self-study indicates that the Dean has appropriate access to university officials and that he has received the appropriate support to carry out his defined responsibilities.

**Administration Staffing**
Significant progress has been made in administrative staffing since the initial ESFCOM self-study and preliminary accreditation site visit. The 2015 self-study task force recommended additional administrative staffing to support the college, as well as to reduce the number of individuals with additional duties or those acting on an interim basis. This has largely been accomplished with the exception of the following positions: Associate Dean of Curriculum (intended hire date January 2019), Associate Dean for Faculty Affairs (intended hire in spring of 2019) and Assistant Dean for Pathway Programs and Inclusion (under negotiation at the time of this study).

Feedback from the self-study indicates that senior administrative staff have adequate time to fulfill their responsibilities. Self-study participants responded generally positively that the ESFCOM administration is fully and sufficiently staffed. Participants also agree that there is sufficient leadership to support the development of the medical school and to carry out its mission.

**Student Satisfaction: Accessibility of Leadership**
According to the Independent Student Analysis (ISA) conducted in February of 2018, students are generally satisfied with the accessibility of medical school administration and faculty. More than 90% of students find ESFCOM faculty and staff available, accessible and approachable. Students noted a positive response for the school's overall responsiveness to student feedback regarding the educational program. The ESFCOM Office of Student Affairs received positive results for the awareness and responsiveness to student problems as well.

Self-study participants reviewed the ISA and agree that students are satisfied with the accessibility of the medical school leadership.

**Department Chair Positions**
The ESFCOM has completed the staffing of Department Chairs in the areas of: Biomedical Sciences, Medical Education and Clinical Sciences, Nutrition and Exercise Physiology and Speech and Hearing Sciences. There are no further intended Department Chair position needs.

Self-study participants agree that all department chair positions within the ESFCOM have been filled.

**Conduct and Quality at Regional Campuses**
As a distributed campus organization, the ESFCOM operates on four campuses: Spokane, Everett, Tri-Cities, and Vancouver. While the Dean is responsible for conduct and quality at each campus, he is supported by the Vice Dean of Academic and Community Partnerships in this endeavor. On each campus there is an Associate Dean for Clinical Education (ADCE), all of whom report directly to the Vice Dean of Academic and Community Partnerships. The ADCEs are responsible for administering the medical education program at their campus.

Results from the self-study indicate that the medical school has an effective governance model to ensure that the Dean is administratively responsible for the conduct and quality of the medical education program at each regional campus. The self-study also revealed that this governance model is fostering an effective relationship between the ADCEs and the Dean. Further clarity on the reporting relationships has been recommended by the group that reviewed standard 2.

**Faculty Integration at Regional Campuses**
The ESFCOM has methods in place to support the functional integration of faculty within departments and across the medical school, including those at regional campuses. For each discipline in the medical education program, there is a Clinical Education Director who is the main proponent of comparability in their discipline across all clinical sites. This is achieved by regular meetings and communications along with a vigorous orientation and training system for onboarding faculty.

Faculty participate in a centralized reporting system for outcomes at clinical sites which is supported by the Office of Curriculum. In addition, the Chair of the Department of Medical Education and Clinical Sciences convenes a monthly meeting for all-faculty who have the option to attend in-person or via videoconferencing.

Lastly, faculty across the medical school participate in decision making for the school by providing feedback on policy development and by participating on standing committees.

Responses from the self-study reveal that these activities allow for adequate faculty integration across the medical school and includes those at regional campuses. A small number of participants were unsure that comparable faculty integration exists at regional campuses.

# STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

**Required Clinical Experience**

The planning for LIC indicates that each medical student will have the opportunity to complete a required clinical experience where they interact with residents. There are ACGME accredited Family Medicine Residencies at all four regional campuses which allows each student exposure to residents beginning in their third year.

Self-study participants expressed concern that regional campus LIC sites, excluding Spokane, only offer resident exposure in family medicine. The team recommended the inclusion of specialties in the areas of internal medicine, ob-gyn, pediatrics, psychiatry and surgery at each LIC site. While ESFCOM recognizes this valuable feedback, residency exposure is utilized in this setting to prepare students for their next level of responsibility as residents rather than to focus on exposure to each specialty. Specialty exposure is the focus of later LIC exposure.

**Scholarly Environment**

The medical school has created a scholarly environment for students by creating the requirement of engagement in a research project during their undergraduate medical education. Students must choose a mentor, complete a project and present it. At the time of this study, students have chosen a focus for their scholarly project in the areas of clinical sciences, biomedical sciences, medical education, global health, public health, rural and remote initiatives, community engagement, arts and humanities or technology and innovations. Students are granted flexibility with the focus of their project and when it is completed and are assured full resource support from monies set aside by the ESFCOM. Students choose from faculty mentors who are active researchers and have access to a database in the learning management system that facilitates the selection of scholarly projects.

Scholarly activity for faculty is supported primarily by the Office of Research. Senior faculty members are involved in the mentoring of junior clinical faculty and new tenure track faculty in their research endeavors. Faculty development opportunities are vital to the success of clinical faculty research projects.

Data collected from the Independent Student Analysis and the self-study indicates that students are unaware of, or not supported in their research endeavors. It is important to note that when the ISA was conducted in February of 2018, students had not yet chosen their scholarly project. By May of 2018, students received information and instruction regarding their scholarly project which is likely to impact further feedback collection regarding research and scholarly projects. Ongoing program evaluation informs availability of research projects to students, as well as addressing students concerns.

**Diversity and Inclusion**

The ESFCOM prioritizes the promotion of diversity in the medical education program. The ESFCOM defines diversity as: A range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, ability or attributes, religious or ethical values system, national origin, and political beliefs. In May of 2017, the ESFCOM has approved and enacted the formal Diversity and Inclusion Policy which commits the college to the practice of diversity and inclusion among students and staff. The Equity Committee, as a standing committee of the ESFCOM, is responsible for this policy as well as advising leadership on best practices in diversity and inclusion.

Comments received from the self-study revealed that promotion of diversity is a very strong quality of the ESFCOM. However, students noted in the ISA that they are not satisfied with the diversity of faculty and staff. ESFCOM will continue to implement recruitment strategies to target populations that are aligned with the medical school's mission.

**Recruitment and Retention**

The main activities that support diversity and inclusion has been transferred to the Associate Dean of Admissions, Recruitment and Inclusion with the support of the Equity Committee. In addition, successful recruitment has been completed for an Assistant Dean of Pathway Programs and Inclusion expected to start in September of 2018. Strategic planning for admissions includes efforts to target populations that are aligned with the college mission

of bringing medicine to rural and underserved areas. Similar recruitment strategies are used to secure a diverse pool of faculty and staff.

Self-study feedback indicates that recruitment and retention efforts are aligned with the ESFCOM mission of diversity and inclusion.

**Pathway Programs**
Current expansion and focus on pathway programs has broadened the applicant pool for both students and staff. Efforts are placed on developing pathway programs for populations that are underrepresented in medicine. Additional focus areas for pathways include recruitment of Native Americans, as well as populations in the Columbia Basin, which boasts ethnic diversity well above the national average.

Self-study participants agree that the development of pipeline and pathways programs are contributing to the diversity of the medical school

**Anti-Discrimination Policy**
In May of 2017, the ESFCOM formally approved the Anti-Discrimination Policy. The policy was written and reviewed by the Equity Committee who provide support for identifying, reducing and responding to instances of discrimination. The policy statement indicates that the ESFCOM will closely abide by the written WSU policy and it directs victims of discrimination to the Office of Equal Opportunity for resources.

Self-Study participants found that the policy is clear in its definitions and intent. Regular review of the policy will continue to ensure compliance and awareness across the college.

**Professional Behaviors in Education and Assessment**
The medical education program includes education and assessment related to the professional behaviors that students are expected to acquire. Formal policies regarding professional behavior have been approved by the ESFCOM. The Professionalism and Student Use of Technology Policy clearly states the expectations ESFCOM has in relation to student use of technological resources. In the Attendance Policy, students are given the professional responsibility to communicate needs for missing portions of required courses. Students are also given the professional responsibility to manage any extended periods of leave.

The Office of Student Affairs has made the student handbook easily accessible on the ESFCOM website. "Professionalism in the Curriculum", which was approved by the Curriculum Committee, outlines professional practices that are expected of students in all four years of their medical education. Objectives have been developed in the areas of: professional demeanor, honesty, transparency, and integrity and practice management. Assessment of professional behaviors takes place in narrative assessments, standardized tests and Objective Structured Clinical Examinations (OSCE).

The self-study revealed that the ESFCOM has successfully documented the professionalism requirements that students are expected to acquire. Requirements have been communicated to students via learning objectives.

**Clinical Affiliates Role in Professional Behavior Education and Assessment**
In the clinical environment, AAMC uniform affiliation agreements dictate that the responsibility for the learning environment is shared between the ESFCOM and the clinical affiliate. Shared responsibilities between ESFCOM and clinical affiliates includes: maintaining an environment of high quality patient care, providing competent individuals for instruction and assessment, collaboration on the details of clinical placements and maintaining an environment free from discrimination. Additionally, affiliation agreements state that both parties are responsible for maintaining an environment that educates students on professional standards.

The self-study participants agree that the affiliation agreements clearly communicate the responsibility for the learning environment.

**Student Mistreatment**

Identifying and preventing the incidence of student mistreatment is of the utmost importance to the ESFCOM. For that reason, a formally approved policy on student mistreatment was enacted before students matriculated in August of 2017. The student mistreatment policy states: "It is the ESFCOM policy to ensure that the learning environment is free from ridicule, exploitation, sexual or other forms of harassment, physical harm and threats so that students can learn, conduct research and scholarly projects, and train for clinical care in a supportive environment that promotes learner well-being. The ESFCOM will not tolerate learner mistreatment."

Data from the ISA indicates satisfaction with the student mistreatment policy. Students also feel that the ESFCOM has placed emphasis on preventing instances of student mistreatment. Several procedures exist for reporting and monitoring student mistreatment. Students may wish to report mistreatment and remain anonymous and can do so via course evaluations, direct reporting or web submissions. Faculty and staff are encouraged to report any witnessed student mistreatment, including mistreatment involving discrimination. All reported incidences are reviewed and investigated by the ESFCOM Office of Student Affairs. ISA feedback indicates that students feel safe to expressing opinions to administration which may include instances of mistreatment.

Self-study participants found the student mistreatment policy to be clear and enforceable. Respondents also agree that the appropriate procedures are in place to prevent and respond to student mistreatment.

**Code of Professional Conduct**

The ESFCOM Office of Student Affairs has developed a Code of Professional Conduct that all medical students are expected to abide by. The Code of Professional Conduct can be found on the student affairs website and places an emphasis on areas including: ethical and moral standards, accountability, response to societal needs and demonstration of a life-long commitment to excellence. Students are made aware of this code by the Office of Student Affairs upon matriculation. Violations to the code of professional conduct are addressed by the Office of Student Affairs.

The self-study found that procedures are clear to ensure medical students are familiar with the school's Code of Professional Conduct and that students receive sufficient information about the mechanisms to report violations of professional conduct.

## STANDARD 4: FACULTY PREPARATION, PRODUCTIVITY, PARTICIPATION, AND POLICIES

**Faculty**

The ESFCOM has made significant faculty hires since the initial self-study in 2015. The ESFCOM employs a variation of faculty with qualifications such as: MD, PhD, nurses, nurse practitioners, and those specializing in the biomedical sciences, as well as specialists in family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry and surgery – among others. Any faculty who are employed over 50% time are considered full-time faculty.

Based on presented information, the self-study group reviewing this standard was unable to determine if the number of faculty is adequate to support the medical school. Further review is recommended to ensure that the ESFCOM is sufficiently staffed to handle a full four-year cohort of 320 students. Similar results were received when asked if the faculty employed by the ESFCOM is an appropriate mix. Narrative feedback from the group reviewing this standard indicates that ESFCOM would benefit from more basic scientists on the faculty. The administration will take this recommendation into consideration when reviewing faculty needs.

**Scholarly Productivity of Faculty**

ESFCOM faculty are expected to engage in original research and scholarly activity. The ESFCOM places goals on faculty to produce research that is high quality, innovative and can be widely disseminated. The ESFCOM is

committed to promoting entrepreneurial and commercialization activity among its faculty. Faculty promotion guidelines recognize a faculty members' intellectual property as part of their review process as a means to measure productivity.

Self-study participants have targeted faculty research as an area for improvement. The self-study recognized Speech and Hearing Sciences as a high-producing research department but noted a lack of information from other departments. Narrative feedback received from the self-study also indicates that increased research productivity is an expectation once the ESFCOM has fully launched the medical education program. At the time of this study, the standard 4 accreditation team had not yet received information from other research-producing departments to be included in the DCI. The clear absence of information from these other departments was noted by the executive self-study team and addressed for the final draft of the DCI.

In response to the narrative feedback received, the Self-Study Executive Task Force along with the Office of Research provided the standard 4 accreditation team with further information regarding researchers in other departments to be included in the DCI. Researchers throughout the ESFCOM have a proven record of productivity, with grant a contract revenue exceeding $23M during FY2017-2018.

**Faculty Appointment, Promotion and Tenure Policy**
The ESFCOM has developed a formal Faculty Appointment Policy to ensure an appropriate fit with the unique needs of the college. Additionally, separate guidelines have been prepared by the Faculty Rank, Promotion and Tenure (FRP&T) Committee which specify the unique promotion requirements for research faculty, clinical faculty and tenure-track faculty. Each faculty-related policy and guideline was written in alignment with WSU policy. Due to the broad array of faculty members, information regarding responsibilities, benefits and remuneration are communicated during the orientation process.

Self-study responses indicate that the policies on faculty appointment, promotion, tenure and dismissal are clearly communicated and followed. Self-study respondents noted an area for improvement is in the dissemination and availability of these materials. Continued communication will take place annually to ensure faculty are clear on policies and procedures.

**Feedback to Faculty**
Faculty receive annual feedback during their regularly-scheduled evaluation as established by WSU. Faculty are given ample opportunity to build their teaching portfolios and to discuss progress made during the previous year. Faculty are recognized for activities in teaching, research, scholarship, creative activity and service. Faculty may undergo a performance review in three ways: an abridged review, a comprehensive review or an intensive review. The status of tenure indicates which review will be required of the faculty member.

There is agreement among self-study participants that the ESFCOM guidelines are clear with regards to promotion and tenure. Responses received indicate that policies are in place to provide faculty with timely feedback on academic performance and progress toward promotion. Respondents recommend further policy development for addressing grievance with the promotion process. This feedback will be taken into consideration through the annual review process of the ESFCOM guidelines on promotion.

**Professional Development**
The ESFCOM has demonstrated the many opportunities for professional development to enhance the teaching, assessment, evaluation and research skills of faculty in their disciplines. Initial recommendations by the self-study task force in 2015 have been carried out to expand ESFCOM-specific faculty development rather than sole reliance on the WSU system. To meet the unique faculty development needs of the ESFCOM, the department of Faculty Talent, Recognition and Enhancement has been fully launched and includes two director-level positions headed by the Vice Dean of Student and Faculty Experience.

The professional development program is available to faculty at each regional campus. This is accomplished through the use of in-person training, online modules and video communications.

Responses from the self-study indicates that those at regional campuses (Everett, Tri-Cities, Vancouver) are either unaware of, or do not have the same faculty development opportunities available as faculty located in Spokane. The self-study group recommends further surveying of regional campus faculty to determine if development opportunities are sufficient. To address this need, the ESFCOM will continue to enable internal communications tools to include faculty across the entire organization.

**Policymaking Process**
The ESFCOM bylaws have clearly indicated the governance structure for policymaking. Each standing committee, as defined in the bylaws, is responsible for writing and approving policies that are specific to their discipline. Once the committee approves the policy, it is reviewed by all ESFCOM faculty and receives final approval by the Dean's cabinet. The Dean reserves the right of final approval in policy discussion.

The self-study indicates that the policymaking process is clearly written and utilized throughout the organization. The ESFCOM has demonstrated that the Dean and a committee of faculty determine the governance and policymaking processes of the ESFCOM.

## STANDARD 5: EDUCATIONAL RESOURCES AND INFRASTRUCTURE

**Adequacy and Sustainability of Financial Support**
The ESFCOM receives funding from a diverse portfolio of sources. Total revenue is derived from the following: The State of Washington, WSU, Student Tuition and Fees, Sponsored Research, Philanthropy and Clinical Revenue. From these sources, the ESFCOM had $32 million to operate its 2017-2018 academic year. WSU provided $9 million in-kind support in FY 2017, with plans to decrease steadily to $0 by FY 2022. WSU Spokane Campus provided $7.3 million in-kind support for FY 2017 and will continue to do so through FY 2022.

Student tuition and fees will assist with the provision of sustainable financial support for the ESFCOM but will not be a sole source of funding. Once the ESFCOM is fully operational at 4 classes of 80 students, (totaling 320 students) the overall revenue from tuition will still not exceed 17%. This is due in part to diverse sources of financial support as indicated positively in the self-study.

The ESFCOM is launching a philanthropic campaign to continue to raise scholarship money for each medical student as successfully accomplished in the charter year. This continued philanthropic support will contribute to the Dean's fund, as well as scholarship and operating funds. A further source of planned revenue is through the faculty practice plan due to launch in AY 2018-2019. The practice plan is intended to provide interprofessional clinical environments for faculty to practice their discipline while training medical students.

The ESFCOM business and finance office produces quarterly reports on the college's financial performance. This process provides foresight into potential concerns and allows for ESFCOM to respond quickly.

The responses from the initial self-study indicated a sufficient financial support model for the medical school. The current self-study feedback also supports that the ESFCOM is adequately and sustainably supported and that funding will remain sufficient to carry out the mission of the medical school.

**Dean's Financial and Personnel Resources**
The Dean is the Chief Academic Officer and has been determined by self-study participants to have sufficient financial and personnel support for planning, implementing and evaluating the medical education program. The Dean plays an active role in the development and implementation of the annual budget and is able to closely monitor the needs for personnel resources. As the WSU budget is developed, the Dean is consulted to ensure that the ESFCOM budget is consolidated with its needs.

The previous self-study indicated a need to monitor the Dean's participation in the budgetary cycle for WSU as he was not able to contribute in earlier planning. Current self-study responses indicate that the Dean was clearly able to participate in the last budget cycle; therefore, this area does not require further monitoring.

**Pressures to Generate Revenue**
Tuition and fees represent less than 20% of the college's total annual revenues and will remain at that level for the first 10 years of operations. The medical school planned its class size based on available faculty, space and other resources. The class size will expand once the charter class is in the LIC phase of the curriculum. At that time, program planning will be completed and fully operational. Budget development has taken into account this planned expansion and has deemed it appropriate growth for the institution.

Previous self-study participants found no institutional pressure to generate revenue; however, the current self-study revealed that pressures to generate revenue could affect the conduct of the medical education program. Participants responded to this concern with regards to the budgeting challenges of the parent university and suggest further planning to become self-sustaining. The college administration has worked with the university to ensure adequate resources to stand up the medical school and meet accreditation standards.

**Facilities**
The ESFCOM has made significant improvements in the use and availability of Spokane campus facilities since its inception in 2015. The first self-study recommended additional library hours to accommodate medical students: in August of 2017, students were given 24/7 access to the library on the Spokane campus. The initial self-study also recommended increased small group study spaces in the library. Space for this has been identified and plans for renovation finalized. This renovation is scheduled to be completed when the 2nd class of medical students' matriculate in August of 2018. Additional small group study space on the Spokane campus will be restricted to medical students only.

Both students, and self-study participants found that research space is adequate for the students' needs at this time. Students are satisfied with the amount of space that is available for classroom activities but express dissatisfaction with lounge and study space, both are being actively adjusted at the time of this study. Available space for projected class-size growth has been accounted for as well. ESFCOM administration and teams have dispersed throughout the Spokane campus to accommodate the need for additional faculty and administrative offices within respective groups.

**Resources for Clinical Instruction**
Throughout the medical education students have a large mix of patient types and experience in inpatient, ambulatory and community health teaching sites. Each clinical site is closely assessed for its ability to accommodate the number of assigned learners and to meet the objectives for clinical education. Each site is also evaluated for sufficient teaching, study and information resources by the Vice Dean of Academic and Community Partnerships, each campus Associate Dean of Clinical Education, and the ESFCOM Information Technology department. Each clinical site is assessed for resources for clinical instruction in family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry and surgery.

Resources for clinical instruction received positive results from the self-study. The number of clinical sites has now expanded to 64 practices across the state of Washington. Significant planning has gone into the determination of clinical sites to ensure an adequate number and type of patients for students to work with in each discipline. Continual assessment and monitoring is managed by the LIC Director in conjunction with the ESFCOM Curriculum Committee to ensure that desired clinical encounters are developed.

**Security Systems**
Campus-employed security is available at each regional campus or there are contracts with local police to provide safety during regular classroom hours and outside of regular campus hours. Each campus participates in an alerting system to communicate directly with students and staff of major events related to safety. Students also have access to any training offered by WSU which includes topics in emergency planning, emergency response

and communication. Additionally, each campus has policies in place that prohibits weapons, alcohol and drugs of any kind on campus.

The ESFCOM Office of Student Affairs has developed a crisis management plan that is available to students via the Student Handbook. The plan links to the AWARE Network where students can report a concern for their own, or another student's safety. Students also have access to a crisis service hotline for hours outside of when counseling services are offered. For other safety related emergencies, the ESFCOM adheres to the specified campus plans. All plans are made available to students in the Student Handbook.

Self-study participants agreed that the institution has engaged in appropriate and comprehensive emergency and disaster planning. Student feedback from the ISA indicates that students are very satisfied with the safety and security on campus both during and after campus hours.

**Library Resources and Staff Support**
The ESFCOM has demonstrated sufficient library resources and support staff. The library on the Spokane campus now offers 24/7 access for students. Students also have access to staff who are well trained in evidence-based literature include the Library Director who is a voting member of the Curriculum Committee. The Library Director is highly involved in the maintenance of accreditation standards in relation to the library.

This self-study found that library resources and support staff are adequate and have the appropriate expertise. Feedback also indicated that library staff are responsive to the needs of students and faculty and others in the medical education community. According to the ISA, students feel that the access and quality of library services are adequate.

**Information Technology Resources and Staff**
The ESFCOM Information Technology (IT) team received overwhelmingly positive results from both the self-study and the ISA. At this time, the IT team is comprised of 5 highly trained technicians led by the Director of Education and Information Technology. A few services offered by the IT team include classroom setup, iPad maintenance and event support. Program feedback collected from multiple sources indicates that this team is a notably strong component of the medical education program.

Self-study participants agree that the ESFCOM has demonstrated adequate information technology resources and support staff who have appropriate expertise. Information technology staff was rated positively in their responsiveness to the needs of students, faculty, and others in the medical education community.

**Visiting and Transfer Students**
The ESFCOM does not plan on accepting visiting and transfer students; therefore, resources for already-enrolled medical students will not be diminished.

Self-study participants found this both clear and agreeable.

**Student Study Space**
The ESFCOM values providing the appropriate space for students to engage in studying and group activities. The previous self-study indicated that small group study space for students was a concern worth addressing before the students arrived. As a result, the Spokane campus redesigned a space for medical students in the basement level of the Spokane Academic Center to provide group study space. Feedback received from students throughout the charter year indicated a need for additional study space. As a result, the ESFCOM has identified, funded and planned for additional small group space near the library. This renovated space is planned to be ready for student use before the 2nd class matriculates.

Self-study participants were confident that plans to increase study space would address the current issues.

**Lounge and Relaxation Space**
There are many areas on the Spokane campus that are designed for lounge and relaxation. Medical students are encouraged to utilize lounge space throughout the campus to encourage interprofessional interactions. However, the nature of a busy health sciences campus has made lounge and relaxation space a concern for many of the medical students. Approximately 1/3 of charter class students were dissatisfied with the space they are offered for lounge and relaxation.

Self-study participants noted that in the ISA students had concerns with lounge and relaxation space, the group reviewing this standard recommends addressing this issue before the 2nd class of students arrive. Regular feedback is solicited from students regarding their needs and ESFCOM administration continues to work with Spokane Campus leadership to make necessary adjustments.

**Secure Storage Space**
Students are offered secure storage space on the Spokane campus. Anatomy labs and OSCE labs provide personal storage spaces with locks so that students can have the key to their personal locker.

Both students and self-study participants found secure storage space that is offered on campus to be sufficient. Further inquiry into the availability of secure storage space at clinical affiliate sites is recommended by the group that reviewed standard 5.

**Plans to Increase Class Size**
The medical school has developed plans to increase the class size from 60 students during the first two years, to 80 students thereafter. At full operation, the school plans to accommodate 4 classes of 80 students, for a total of 320 medical students.

The self-study indicated that this has been clearly communicated to stakeholders and the accrediting body.

## STANDARD 6: COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

**Educational Program Objectives**
Educational program objectives have been developed and are stated in outcome-based terms. Objectives are also linked directly to the competencies that are expected of a physician. The Director of Curriculum, Accreditation and Management, in coordination with the Associate Dean of Accreditation, Assessment and Evaluation and the Curriculum Committee, have linked the general competencies to outcome measures for the medical education program.

Both formative and summative assessment is used throughout the program to measure the competencies that students are expected to acquire in each learning objective. The Evaluation and Assessment Subcommittee of the Curriculum Committee provides recommendations for ensuring that outcome measures are selected to allow sufficient assessment of medical education program objectives. The subcommittee is in place to allow specialization of assigning assessment methods to learning objectives.

Educational program objectives and learning objectives of individual courses are shared with medical students in the form of course syllabi and course orientation. Students have access to program and learning objectives before they decide to accept their offer of admission. Students also have continued availability of objectives via the medicine website, student handbook and learning management system.

Educational program objectives and learning objectives are shared with faculty who are responsible for teaching and assessing students. Faculty receive this information from faculty development sessions and from meetings/discussions with course and component directors. Each course director is responsible for ensuring the

communication of learning objectives to any teaching faculty. Each respective Associate Dean of Clinical Education will provide program objectives to residents who will be teaching students.

Feedback from the self-study indicates that the ESFCOM has defined program objectives in outcomes based terms, and linked them to competencies expected of a physician. According to self-study participants, program objectives are clearly being used for the assessment of medical students. The ESFCOM has demonstrated that both program and learning objectives are effectively shared with medical students.

**Clinical Skills and Patient Encounters**
The ESFCOM has completed the process of defining patient types and clinical conditions that students will encounter as well as the clinical skills they will be expected to perform. Faculty with specialties in the areas of family medicine, internal medicine, pediatrics, obstetrics/gynecology, psychiatry, emergency medicine and surgery have provided a comprehensive list of clinical conditions that students will encounter, along with the skills, clinical setting and level of student responsibility.

The self-study participants confirmed that this mapping has been completed. Participants recommend the completion of linkage between clinical experiences and relevant clerkships to be utilized in the 3rd and 4th year of the curriculum. The ESFCOM will be using a longitudinal integrated clerkship (LIC) model for the clerkship year and not a block clerkship model, therefore specific required clinical experiences cannot be linked to any particular clerkship. The required clinical experiences for Years 3 and 4 have now been identified and the DCI has been updated. The required clinical experiences for Years 1 and 2 (patient encounters and procedures) are currently being collated and will be complete by October 1, 2018.

**Self-Directed Learning Experiences**
Self-directed learning experiences in the pre-LIC phase of the curriculum allow students to acquire and demonstrate lifelong learning skills. Objectives in the foundational medical sciences courses and the leadership in medicine and healthcare courses provide for self-directed learning experiences. Activities that require self-directed learning include: case-based learning, large and small group discussions, journal club, research and other scholarly project work. The time allotted for independent study allows students to develop lifelong learning skills. The medical education curriculum limits the time students are required to be in class to 28 hours or less per week to allow for independent study time. The course schedule also allows for a 10-minute break in-between required sessions.

Feedback from the ISA indicated that students feel they do not have enough out-of-class time. Feedback from self-study participants agree that this is an area for improvement. The Curriculum Office in conjunction with the Curriculum Committee, has undergone a review of the time available for self-directed learning to ensure there is sufficient white-space available to students.

**Inpatient and Outpatient Experiences**
Planned inpatient and outpatient experiences in the curriculum meet the objectives of the medical education program and individual LICs. The Associate Dean for Clinical Education at each campus, along with the LIC Director and Clinical Education Directors, monitor the time that students spend in inpatient and outpatient experiences to ensure that objectives of LICs are met.

Self-study participants note that this is not clearly described in the data collection instrument and recommend elaboration. This is being addressed in the DCI by the standard 6 accreditation team.

**Electives**
The curriculum allows sufficient time for electives that supplement required learning experiences. The overall medical education curriculum is 157 weeks long and requires 16 weeks of electives, at a minimum. Students are immediately engaged in career counseling through the ESFCOM Office of Student Affairs where they are advised on gaining exposure in varied specialties when choosing electives. Responses from the ISA reveal that students are satisfied with the career counseling they receive.

The previous self-study recommended a formal policy be written and enacted to provide oversight on the number of electives that students should take in each specialty in order to ensure experience in a wide range of specialties. At the time of the 2nd self-study, this has not been accomplished. The self-study continues to recommend the development of a policy on elective oversight. The Office of Accreditation, Assessment and Evaluation initiated the draft of this policy in August of 2018 and estimated final approval by October, 1 2018.

**Service-Learning/Community Service**
The medical school supports service-learning and community service and regularly provides information about opportunities to medical students. Medical students are required to complete an interprofessional service-learning experience of at least 12 hours during their first year of studies. The ESFCOM has established relationships with many local organizations to provide opportunities for students to participate in service-learning and community service activities. The ESFCOM gathers feedback from students regarding the availability of service-learning and community services activities and builds the program accordingly.

The Associate Dean of Student Affairs regularly communicates with student regarding upcoming activities and opportunities for service-learning. Students can also find opportunities posted on the college website, Slack communications, or WSU campus/internet postings. Additionally, the ESFCOM development team supports students in their service-learning and community service endeavors by developing grants that are specific to these opportunities. Students also receive regular communications from the Component Director for Community Based Learning Selectives regarding opportunities to fulfill requirements.

Both students and self-study participants agree that students have adequate opportunities and time to participate in service-learning and community service. Respondents also agree that the ESFCOM is supportive and provides sufficient information to medical students about service-learning and community service opportunities.

**Interprofessional Educational Opportunities**
The Spokane Health Sciences campus allows the interaction of medical students with learners in other professions in the areas of nursing, pharmacy, Speech and Hearing Sciences, Nutrition and Exercise Physiology and varied researchers. Other professionals include graduate students, residents and physicians who are engaged in continuing medical education.

Medical students plan, implement and collaborate in service-learning opportunities, along with professionals from other health disciplines. Students are required to design their own experiences and encouraged to work with students in other health professions.

The self-study found that this environment is conducive to interprofessional educational opportunities for ESFCOM medical students.

**Medical Education Program Length**
The medical education program consists of at least 130 scheduled weeks. Year 1 consists of 38 weeks of instruction and year 2 consists of 36 weeks of instruction. The LIC (year 3) begins in June of the second academic year, and includes 46 weeks of instruction. In year 4, students are required to complete 9-4 week clinical rotations. The total program length is 157 scheduled weeks.

Responses from the self-study indicate that the medical education program exceeds the minimum requirements for program duration.

# STANDARD 7: CURRICULAR CONTENT

**Biomedical, Behavioral, Social Sciences and Medical Ethics**
The medical education curriculum consists of themes from the biomedical, behavioral and social sciences and medical ethics. Broad curriculum themes include: biochemistry, biostatistics and epidemiology, genetics, gross anatomy, immunology, microbiology, pathology, pharmacology, physiology, behavioral science and pathophysiology. All of these themes are considered to be integrated throughout the medical education in all four years.

Self-study participants agree that sufficient representation of biomedical, behavioral and social sciences are included in the medical education curriculum, but found that the presentation of this information is too vague to offer an appropriate determination of compliance. A revision of the DCI is underway to improve clarity. Results from the self-study indicate there is a clear inclusion of medical ethics in the medical education curriculum.

**Levels of Care and Phases of Human Life Cycle**
The medical education curriculum has been designed to cover organ systems, life cycle, primary care, prevention, wellness, symptoms, signs, differential diagnosis, treatment planning and impact of behavioral/social factors in each phase of the human life cycle. The pre-LIC courses offer in-depth education on each level of care and students will practice learned skills during the LIC phase of the medical education.

Feedback gathered from the self-study indicates the desire for clarification of all themes that are included in the curriculum. Self-study participants suggested more details be made available regarding specific curriculum for the different phases of human life including pediatric and adult care. Consistent documentation and monitoring of these requirements for gaps is recommended, as well as additional language in the DCI to provide clarity that the curriculum does include themes from pre-natal to end-of-life.

**Scientific Method and Clinical and Translational Research**
Medical education planning ensures that students have opportunities to apply the scientific method and to become familiar with the basic principles of clinical and translational research. Students are required to complete a scholarly project as a graduation requirement. Evidence Based Medicine (EBM) Journal Club courses are a main component of the first year of the medical education as well. Students participate in Journal Clubs in order to gain skills in finding and interpreting clinical and translational research. These themes are integrated throughout the remainder of the medical education.

Previous self-study responses indicated that the scientific method was a notable strength of the medical education program. However, feedback from the ISA indicated students were unaware of research and other scholarly opportunities. It is important to note that the ISA was conducted before students had opportunities to choose research and scholarly projects. Follow-up evaluation should be conducted to determine students understanding and satisfaction with this area. Feedback from the self-study indicates that students clearly have the opportunities to apply the scientific method and that they are led by clinical faculty and foundational sciences researchers.

**Problem-Solving and Evidence-Based Clinical Judgment**
The medical education curriculum includes experiences to ensure that students develop skills in medical problem-solving and evidence-based clinical judgment. As a part of the Foundational Medical Sciences (FMS) courses, students participate in the Evidence Based Medicine (EBM) course which focuses on weighing evidence, testing hypothesis, interpreting results and making rational decisions. Students are taught to weigh clinical evidence in order to make a diagnosis and recommend intervention. Students also learn and utilize these skills in Case-Based Learning (CBL).

As a part of the Art and Practice of Medicine (APM) course, students practice the application of clinical reasoning and problem solving in uncertain clinical encounters. Students are also required to complete a scholarly project during their medical education. They are supported by a research faculty and build skills in critical thinking and reasoning.

The self-study reveals that the curriculum provides sufficient experience in evidence-based clinical judgment and medical problem-solving.

**Common Societal Problems**
The medical education curriculum has mechanisms in place to prepare students to recognize and address the medical consequences of common societal problems. Standing committees have approved five common societal problems that the State of Washington is experiencing. Those problems include: trauma informed care, persistent pain and opioid dependency, malnutrition and obesity, access to care in rural communities, cost and quality of care. Detailed objectives and assigned courses have been designated for each of these areas.

Reviewers of this standard agree that the curriculum prepares students to recognize and address common societal problems in healthcare. Self-study participants provided narrative feedback indicating that students should have a focus on navigating the healthcare system and incentives for healthcare providers. The self-study participants suggested that students should also understand how the environment and environment changes might affect the health of their patients. This suggestion is under consideration with the standard 7 accreditation team.

**Communication Skills**
Various aspects of the medical education curriculum are designed to teach students to communicate appropriately with patients and others in the medical community. Communication skills are taught in each course and focus on interactions with colleagues, patients, families of patients, physicians and other healthcare providers (non-physicians). Students have opportunities to practice appropriate communication in the classroom setting and clinical settings early-on in their education. Additionally, students receive regular feedback from teachers in the classroom and clinical environments regarding professional behaviors.

The self-study has determined that students will be appropriately prepared to communicate effectively by the end of their medical education.

**Medical Student Recognition of Personal Biases**
Students will participate in preparation courses to help them recognize their own biases while providing care to a diverse population of patients and their families. In APM, students will learn to work with patients from a variety of backgrounds. The ESFCOM curriculum has a distinct focus on understanding cultural competence and how to respond appropriately to individuals who may have a different background than the student. In the foundational courses, students learn about social determinants of health, population health, epidemiology, history of bias, communicating with interpreters, empathy, professionalism and respect. The application of these skills is vital when learning to work with patients from diverse backgrounds.

The results of the self-study indicate that the teaching of cultural competence is well planned and executed.

**Objectives Related to Collaborative Team Care**
The medical education curriculum requires students to participate in interprofessional sessions during their time in the foundational medical sciences courses. These sessions are in a clinical setting or group discussion setting and allow students to build communication skills with other health professionals. As a part of planned sessions, students participate in Interprofessional Collaborative Skills (IPCS) modules to gain specific competencies. Each module is accompanied by specific learning objectives and students are expected to complete a pre-assignment, and participate in the modules.

Feedback from the self-study indicates that the medical education curriculum and objectives, includes preparation to work collaboratively in health care teams. Participants also agree that students will have sufficient experiences in the curriculum to meet objectives related to collaborative team care.

## STANDARD 8: CURRICULAR MANAGEMENT, EVALUATION, AND ENHANCEMENT

**Responsibilities of the Curriculum Committee**
The Curriculum Committee has the responsibility and authority for overseeing and approving the design, management and evaluation of the curriculum, as well as ensuring its coherence, coordination and integration. The Curriculum Committee oversees four subcommittees that specialize in the following areas: Foundational Sciences, Clinical Experiences, Evaluation and Assessment, and IT/Library Resources. Each subcommittee contains one voting member of the Curriculum Committee and is responsible for issuing recommendations to the Curriculum Committee in each specialized area.

The responsibilities of the Curriculum Committee are outlined in the faculty bylaws. The bylaws indicate clearly that the Curriculum Committee has "full and centralized responsibility and authority" for all things related to the design and management of the curriculum.

Self-study feedback revealed that there is sufficient evidence that the Curriculum Committee has appropriate authority and that it will be appropriately exercised as the school completes the initial planning stages. The group reviewing this standard recommend clarity of this committee's responsibilities for years 3 and 4.

**Program Objectives as a Guide to Curriculum Planning**
Educational program objectives are used to guide curriculum planning. Overall curriculum planning is based on the linkage to professional objectives. The Curriculum Committee subcommittees also use the program objectives to map the curriculum for continued quality improvement and to write course objectives. Course directors and the LIC Director use the program objectives to assess if there are gaps or redundancies in the curriculum.

The Evaluation and Assessment (E&A) Subcommittee, in coordination with the Office of Accreditation, Assessment and Evaluation is responsible for the evaluation of program outcomes. The E&A subcommittee uses the program objectives to design assessments for students and evaluation tools for faculty sessions, course performance and program improvement.

Feedback from the self-study positively indicated the use of program objectives to guide curriculum planning, evaluation and revision.

**Linkage of Course Objectives to Educational Program Objectives**
In order to determine the sufficiency and placement of content, and to guide program evaluation, course objectives have been linked to educational program objectives. The ESFCOM has outlined six main program objectives and has linked each learning objective to a program objective. This has been completed for both the pre-LIC and the LIC years of the curriculum.

Feedback from the self-study indicated that linkage requirements have been completed.

**Faculty Participation in Curriculum Design**
ESFCOM faculty have sufficient opportunity to participate in the design, implementation and evaluation of the curriculum. Development of objectives for courses and LICs are completed by the Curriculum Committee, Education Directors, LIC Director and Component Directors. Identification of appropriate teaching and assessment methods is completed by the LIC Director, reviewed by the Associate Dean for Curriculum, the Associate Dean for Accreditation, Assessment and Evaluation, and approved by the Curriculum Committee. Course evaluations are used to inform curriculum change and are designed and managed by the Associate Dean for Accreditation, Assessment and Evaluation and approved by the Curriculum Committee.

Faculty receive teacher evaluations for any session(s) they deliver (large group or small group teaching). Faculty are asked to review evaluations to provide feedback or context on the reports before they are forwarded to the

department chair at the end of the course. Faculty are evaluated on the overall quality of their sessions and on how well the session helped students meet the session learning objectives.

Responses from the self-study indicate that faculty are appropriately involved in curriculum design, implementation and evaluation. Respondents also note the value of student feedback as it is currently being used to modify the curriculum as appropriate.

**Curriculum Review Schedule**
Required courses in the pre-LIC phase of the curriculum will be reviewed yearly by the Foundational Sciences Subcommittee of the Curriculum Committee. Course evaluation reports, provided by the Evaluation Unit, compile evaluations from students, faculty, staff and course/component directors. Student outcome data also provides information about the performance of the curriculum. Required courses in the LIC years will be reviewed on an annual basis by the Clinical Experiences Subcommittee of the Curriculum Committee. All course evaluation reports are presented to the Curriculum Committee for appraisal and recommendations.

ESFCOM uses EFlo MD as its learning management system which serves as a curriculum database. Both faculty and students have access to the resources on EFlo MD which allows for broad dissemination of information related to each course and session. The database provides for objectives mapping as well as instructional and assessment methods throughout the course. The Curriculum Committee is provided with reports that are intended to identify any gaps or redundancies in the program. The ESFCOM has chosen to engage in consistent review and adjustment of the curriculum.

Results from the self-study show that the ESFCOM has a clear and appropriate method of curriculum review.

**Program Evaluation**
The ESFCOM has implemented a program of evaluation that provides the college with information about how the program is performing and whether educational program objectives are being met. Data will come from a variety of sources including: course and program evaluation surveys, USMLE score results, student scores on internally developed exams, assessments of clinical skills, student advancement and graduation rates, AAMC GQ responses, NRMP match results, specialty choices of graduates, residency performance, licensure rates, practice types and practice location of graduates.

During the first several years of full operation of the medical school, some of the previously listed data points will not be available, which is where internal anticipatory measures will be of value. The ESFCOM program of evaluation informs curriculum and program change. All course evaluations are reviewed by the Evaluation and Assessment Subcommittee who propose recommendations to the Curriculum Committee.

Courses are currently evaluated by students and inform programmatic change. For example; in the charter year, there were some aspects of the histology/pathology component that did not perform well from the perspective of the students. Feedback collected from teacher and course evaluations as well as the ISA informed the changes that the Curriculum Committee approved for the next round of this particular course.

Self-study participants found that the system in place is effective and will continue to be once data can be collected with longevity.

**Student Feedback**
The ESFCOM has developed a thorough system to collect student feedback on courses and LICs, as well as individual faculty, residents and others who teach, supervise and assess medical students. Student feedback on courses and the program are collected via formal online surveys, Slack feedback channels, web forms and regularly scheduled town hall sessions with the students. All feedback is compiled into a formal course or program evaluation report and presented to the appropriate subcommittees as well as the Curriculum Committee. Feedback is also collected on individual teachers and individual teaching sessions, including: large group sessions, small group sessions, preceptorships, and laboratory sessions. Feedback on individual teachers is

collected using standardized teacher evaluation forms (developed by the Evaluation and Assessment Subcommittee), Slack feedback channels, web forms and through regularly scheduled town halls.

The responses collected through the various channels is compiled into a teacher evaluation report and sent to the teacher, course director, component director and the Associate Dean of Accreditation, Assessment and Evaluation. All participating faculty and staff receive evaluations within 2-3 weeks of delivering their session. At the end of the course each department chair receives the teacher evaluations for its respective faculty members.

To ensure that reliable data is collected, all survey tools are developed and vetted by the Evaluation and Assessment subcommittee. To reduce survey burden and maximize response rates, the class is divided into three groups with each group receiving evaluations for only certain sessions. The entire class receives course and program evaluation surveys. The data and feedback collected in course evaluations are reviewed by the appropriate stakeholders, the relevant subcommittees and the Curriculum Committee and are used to inform quality improvement and to measure performance of the curriculum.

The ESFCOM also takes into account the valuable data provided from the ISA. The ISA task-force worked closely with the Office of Accreditation, Assessment and Evaluation to carry out their survey and provide a final report of their findings. Areas of targeted improvement identified by the ISA were sequenced and addressed by ESFCOM administration and are reported out to students via the student council. The Office of Accreditation, Assessment and Evaluation has also worked with students to ensure student feedback is collected from formal sources such as surveys, web-based feedback, focus groups and town halls.

Responses provided by self-study participants show that the system to collect feedback from students is adequate, and provides valid and reliable data that informs program review and improvement.

**Monitoring Clinical Encounters**
The ESFCOM has a planned process for monitoring medical student clinical encounters both at the department level, by the education directors, and centrally, by the LIC Director and Curriculum Committee. The learning management system, EFlo MD, will be used to track clinical encounters during LICs. EFlo MD shows students and faculty the required clinical encounters and tracks completed encounters. Students and faculty can see their live progress in meeting clinical encounter requirements. The Education Directors are responsible for the identification and remediation of any identified gaps in clinical encounters.

Any identified gaps are addressed by the Associate Dean of Clinical Education at each campus along with the LIC Director. Additionally, the preceptor, resident or physician students work with are expected to meet regularly with students to discuss the skills they have practiced and whether they are performing adequately. The LIC Director reviews the feedback that students receive in order to identify any concerns or gaps in knowledge.

Self-study participants identified the monitoring of clinical encounters procedure as a strong plan, but note that the process will require consistent evaluation to ensure the system is functioning as predicted.

**Comparability across Courses and Clerkships**
The ESFCOM has processes in place to ensure comparability of education and assessment across individual courses and LIC. The ESFCOM deploys one LIC that is distributed across all regional campuses. Faculty development focuses on integration of courses and LIC throughout the medical education curriculum. Clinical Education Directors are responsible for the integration across campuses and accomplish this by regularly meeting with new and existing faculty. Faculty also use a common clinical encounter reporting system to track strengths, weaknesses and integration at each clinical site.

The Office of Accreditation, Assessment and Evaluation and the Evaluation and Assessment Subcommittee monitor the experiences and the quality of the LIC education through surveys that have been developed using the appropriate benchmarks.

Self-study participants noted that the type of data to determine comparability across individual courses and LICs have not yet been clearly identified. However, the LIC Director, along with the Associate Dean of Accreditation, Assessment and Evaluation, have the responsibility of identifying the type of data to be collected. Once data is identified and collected, the ESFCOM has mechanisms in place to address inconsistencies in matters across the sites. The Associate Dean of Accreditation, Assessment and Evaluation conducts any required investigation of inconsistencies.

**Required Clinical Clerkship Hours**
The ESFCOM has a formal policy in place for the amount of time students spend in required activities in LICs. The Clinical and Education Work Policy (Duty Hours) was approved by the Curriculum Committee on August 8, 2017 and will be reviewed for the matriculation of the second class of medical students. The policy dictates that the amount of duty hours in a week, will not exceed 80 hours, including on-call time. Students are expected to report violations of duty hours to Education Directors or Associate Deans of Clinical Education at their respective campus.

During the LIC, students will be surveyed every three months to monitor time spent in clinical settings. The Associate Dean of Clinical Education at each campus, along with the Associate Dean of Curriculum and the Curriculum Committee mange the outcome of data collected.

Feedback from the self-study indicated that the policies for LIC hours are clear and effective.

## STANDARD 9: TEACHING, SUPERVISION, ASSESSMENT, AND STUDENT AND PATIENT SAFETY

**Preparation of Non-Faculty Instructors**
The ESFCOM has adequate methods to provide residents and other non-faculty instructors with course objectives in order to prepare them for their teaching and assessment roles. During the pre-LIC phase of the curriculum, all instructors are considered faculty and will not be assessing students. Therefore, there is no planned preparation for non-faculty in the pre-LIC years of the medical education curriculum. Of note, the first ESFCOM self-study identified that any physician who is assessing a medical student must have a faculty appointment. Processes have been put in place to ensure faculty appointments are complete. Continued monitoring is recommended and will be carried out by Faculty Affairs within the Office of Student and Faculty Experience.

There is significant planning of activities that will ensure residents are prepared for teaching and assessment during LICs. The Office of Faculty Talent, Recognition and Enhancement will work in conjunction with the Graduate Medical Education Office to provide appropriate faculty development to prepare faculty at each clinical campus for teaching and assessing medical students.

There is agreement among self-study participants that the ESFCOM will appropriately prepare residents for their roles in teaching and assessment during LICs.

**Clinical Supervision of Medical Students**
Each physician that is supervising a medical student during years 3 and 4 of the curriculum will be appointed to ESFCOM as faculty. The LIC Director, with assistance from the Associate Dean of Clinical Education at each regional campus, will identify faculty physicians. The ESFCOM Business Services Office will monitor faculty appointment status and issue appointment letters. The process of writing and distributing faculty appointment letters has been revamped to improve clarity and a shared understanding of expectations.

To ensure that medical students receive appropriate supervision from faculty when engaged in patient care activities, the Business Services Office completes a background check which includes: degree completion, residency training, board certification, and maintenance of certification, practice license and any history of action

against a license. A thorough orientation of new faculty is provided by each campus Associate Dean of Clinical Education. Additionally, the ESFCOM has written and enacted a formal policy stating that students will not perform patient-care activities unless under the supervision of an ESFCOM faculty member. The same language can be found in all active affiliation agreements.

Self-study participants found that the ESFCOM requirements provide assurance of appropriate supervision when medical students are in their LICs. Respondents recommend continued monitoring of appropriate supervision which is completed by the Associate Deans of Clinical Education and the Business Services Office.

**Assessment of Clinical Skills**
The medical education curriculum utilizes several methods to assess student attainment of knowledge, cognitive skills, clinical skills, attitudes and behaviors specified in the educational program objectives. Attainment of knowledge is determined in written exams. Clinical skills, attitudes and behaviors are observed in Workplace-Based Assessments, work product deliverables (oral presentations, etc.) and OSCEs in the form of clinical field notes and patient presentations. The assessment unit compiles a monthly report of these assessments which is provided to each student and their Portfolio Coach for discussion of progress.

There has been significant planning to ensure that students' core clinical skills will be observed throughout their LICs. During year three, students receive both formative and summative assessment in the following areas: standardized patient assessment, clinical field note, direct observation, patient encounter logs, and written assignments, oral presentations, 360° assessments, simulation, OSCE and mini-clinical examination.

Both the ESFCOM and self-study participants found that there is no limitation in the school's ability to ensure that the clinical skills of all students will be appropriately assessed.

**Timely and Effective Feedback**
Assessment in the MD program is centralized with oversight for the implementation and the performance of the assessment plan lying with the Associate Dean of Accreditation, Assessment and Evaluation, in conjunction with the Evaluation and Assessment subcommittee. These parties are responsible for setting the assessment schedule to ensure that students are receiving formative feedback at the appropriate intervals within the course and the program. The assessment schedule was also developed to ensure fair and timely summative assessment so that students are receiving appropriate feedback to support their learning. The Associate Dean of Accreditation, Assessment and Evaluation monitors the timing of formative and summative assessments, as well as the functioning and performance of the tools being used in the assessment plan. Regular performance reports are a standing item at each Curriculum Committee meeting.

Self-study participants strongly agree that the ESFCOM has an effective system to ensure that students receive comprehensive and timely assessments during the pre-LIC phase of the curriculum.

**Narrative Assessment**
Throughout the medical education curriculum, students will receive narrative assessment in every course where this type of feedback is permitted. There are 12 courses in the pre-LIC phase of the medical education curriculum; all of which include narrative assessment of student's performance. The tools used to provide narrative assessment include workplace-based assessment, course-specific assignments, OSCEs and portfolio-based assignments.

Self-study participants appreciate that each course provides valuable narrative assessment.

**Formative Assessment**
Formative feedback is provided to students early and often to allow students to identify strengths and gaps in their learning. Formative feedback is provided in all assessment modalities, including weekly exams, workplace-based assessments, course deliverables and portfolio assignments. ESFCOM policy dictates that students will receive formative feedback before mid-course. Monitoring of the feedback schedule is the responsibility of the Evaluation

and Assessment Subcommittee. In the ISA, students expressed satisfaction with the amount and quality of formative feedback they received during their first year of the medical education program.

Feedback from the self-study also indicates that the formative assessment system is effective and that students will clearly benefit in their training by this type of assessment.

**Summative Assessment**
The ESFCOM assessment plan is designed as a continuum of low-stakes to high-stakes assessment moments where all high-stakes decision points, such as end-of-course decisions, require multiple data points to inform the decision. To achieve this, ESFCOM has incorporated more frequent lower-stakes assessments to ensure students are provided with quality feedback intended to promote individualized student learning and to better identify and support students in academic difficulty. Students receive summative feedback through written exams (weekly exams, monthly mastery exams and pin-tests), workplace-based assessments and OSCEs during their first two years.

Responses from the self-study show that the ESFCOM has an effective system to ensure comprehensive and timely summative assessment during the pre-LIC phase of the curriculum.

**Setting Standards of Achievement**
Standards of achievement for courses and LICs are set by faculty who have appropriate knowledge and expertise. The Curriculum Committee is comprised of members of varied expertise and has the focused responsibility of managing the curriculum. The LIC director is responsible for planning experiences and standards which are approved by the Curriculum Committee. Course design and standards of achievement travel through the approval process and are terminally approved by the Provost of WSU. Student achievement is then monitored by the Evaluation & Assessment Subcommittee, the Curriculum Committee and the Student Evaluation, Promotion and Advancement Committee (SEPAC).

Self-study participants found that the current program of assessment provides reliable inter-rater systems and appropriately standardized measurement.

**Student Advancement**
The ESFCOM has implemented a single standard for promotion and graduation and has applied it across all instructional sites for the core curriculum. The SEPAC has formally approved a policy to ensure a singular process of determining promotion, dismissal and graduation of medical students. The SEPAC meets three times per year to review academic progress of students and will have ad hoc meetings as needed. The medical education curriculum requires that students complete each year successfully before being promoted to the next year.

SEPAC may take the following actions: recommendations for promotion and graduation, academic warning, probation, remediation, repetition or dismissal. All areas of the students' performance are considered when determining satisfactory performance in the program. Notices of concern and violations of the Professional Code of Conduct are taken into account when SEPAC is discussing student promotions. SEPAC also reviews academic issues, grades of incomplete and test failures when determining if the student will be promoted.

As a result of failing grades or Professional Code of Conduct violations, SEPAC may issue an academic warning or suggest probation or that a student not be promoted. Students must return to good academic standing in order to be promoted or to graduate. If a student is unable to meet promotion standards, the SEPAC will vote for dismissal.

Participants of the self-study indicate that the ESFCOM has clearly defined a single standard for promotion.

**Due Process**
Medical students are given three opportunities to appeal adverse rulings from the SEPAC. Students have a 10-day period following an adverse ruling to file a formal appeal. The Associate Dean of Student Affairs, the SEPAC

chair and a member of SEPAC will use another 10-day period to issue a decision. The student being reviewed may be asked to appear before this ad hoc committee. A secondary appeal must be written by the student within another 10 days and is reviewed by the Dean of the medical school. The Dean will provide a response within 20 days. Within 15 days the student may write a third appeal to the Graduate School Dean who makes a final decision regarding the student's promotion.

Self-study participants strongly agree that the ESFCOM has employed a clear and fair system of due process.


## STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

**Criteria for Admission**
Applications to the medical education program are carefully reviewed and validated in the context of the mission and vision of the ESFCOM. To be considered for admission, students must have completed premedical course requirements in biology, organic chemistry and physics. Students are provided with a list of preferred premedical coursework as well. All requirements for admission are determined and reviewed annually by the Admissions Committee.

Students are only considered for admission if they meet the following requirements: US citizen or permanent resident, legal Washington resident (or has ties to Washington), AMCAS received all letters of evaluation, and GPA/MCAT threshold combinations have been met. Two screeners, who are trained in holistic review, appraise each applicant's complete packet. Scoring from the two screeners determines if an individual is eligible to be granted an interview.

Applicants who are invited to interview for admission participate in Multiple Mini-Interviews (MMI) in which they have a limited time to react to scenarios in the following areas: ethical decision making, critical thinking, communication skills, and current healthcare and societal issues. MMI reviewers are responsible for presenting the candidate to the Admissions Committee based on their rubric scores. Final review by the Admissions Committee determines the ranked list in which offers of admission are made.

The ESFCOM has a formally approved Technical Standards Policy that was written and approved by the SEPAC and Admissions Committees. The Technical Standards are publicly available on the ESFCOM website and are included in information applicants receive before their secondary application is submitted. The Technical Standards Policy is reviewed on an annual basis.

Responses from the self-study indicates that the medical student selection process is validated by its mission and that criteria for admission is widely disseminated to potential applicants.

**Authority of Admissions Committee**
The charge of the Admissions Committee is clearly outlined in the faculty bylaws and well understood by self-study participants. The Admissions Committee is made up of 11 ESFCOM faculty members, 1 WSU faculty, 1 Medical School Administrator, 2 medical students and 1 community member. This composition shows that admissions is a faculty responsibility that has been delegated to the Admissions Committee.

The Admissions Committee has policies and procedures in place to ensure that there is no conflict of interest, or external influence on the admission process. According to formal policy, anyone who is involved in any manner in admissions must report any real or perceived conflicts of interest. Each committee member must participate in annual training where they also receive updated materials such as admissions handbooks and conflict of interest forms.

Self-study participants found that this training is sufficient but recommended broader inclusion on the Admissions committee to include faculty from other campuses and other community members who are stakeholders. The self-

study executive task force recommends providing more details of the specific composition of the Admissions Committee including those from other campuses and community member stakeholders.

**Attributes of Applicants**
The ESFCOM has identified the personal attributes of applicants that are being considered during the admission process. In a broad sense, the Admissions Committee seeks applicants who have demonstrated through their experiences that they have a motivation for service to others and their communities, particularly in rural and underserved areas of the state. Further, the Admissions Committee seeks students from rural backgrounds, as well as those from a socioeconomic disadvantaged backgrounds, with a history of balanced employment, who are first generation college graduates and those who have served in the military. While this is not an exhaustive list of attractive applicants, the Admissions Committee employs a holistic review of the applicant pool to offer admission to those who will enable the ESFCOM to achieve its mission.

Self-study participants identified a strength of the ESFCOM being the identification of personal attributes of applicants that are being considered during the admissions process.

**Preparation of Admission Interviewers**
Application reviewers and admissions interviewers are offered extensive and frequent training to ensure consensus among admissions teams that assess the attributes of applicants. Any individual participating in the admissions process receives training that covers each personal attribute that is sought after in an applicant. Reviewers document personal attributes and experiences on a rubric that was built to include information from AMCAS application and letters of recommendation.

Clinicians and professional leaders are invited to participate in the MMI process. They receive required training in the form of a workshop and receive feedback on their scoring at the end of the interview season. Interviewers also receive written feedback which is provided to the Admissions Committee for review.

Feedback from the self-study indicated that admission interviewers are well prepared and trained for the interview and admissions process.

**Recruitment Materials**
The ESFCOM has engaged in branding for marketing and communications materials in order to appeal to applicants with desired attributes. Once the ESFCOM received preliminary accreditation, it began its marketing campaign and released a brand with the goal of communicating its mission to the community and the state. All recruitment materials contain the school's mission, vision and values, as well as admissions selection criteria. The ESFCOM employs an internal marketing and communications team who regularly release updated information and materials and reviews the materials for accuracy. Recruitment materials are made available to students via the web, promotional brochures and presentations to specific groups.

Self-study participants identified the availability of selection criteria to prospective students as an area for improvement. Continuous monitoring of the ESFCOM website for updates will help to identify areas that require updating.

**Transfer Students**
The Admissions Committee approved a formal policy for transfer students on April 25, 2017. The policy indicates that, due to the unique nature of the medical education curriculum, the ESFCOM will not be accepting transfer students. This policy is not subject to revision until its regularly scheduled review in April of 2020. Self-study participants expressed no concern over the clarity or messaging of this policy.

**Visiting Students**
The ESFCOM is not, and has no current plans to accept visiting students. At this time, policies and processes are not necessary to ensure that the presence of visiting students will not detract from resources for currently enrolled medical students. Requirements, qualifications and credentials of visiting students will be verified if there comes a

time that the ESFCOM decides to accept visiting students. Self-study participants found that this policy is clearly communicated.

**Assignment to Instructional Sites**
The ESFCOM makes a fair attempt at assigning students to the regional campus of their choice. Students are asked to rank their preference of regional campus on their secondary application. Upon matriculation, students work with the Office of Student Affairs to determine if that campus is still the first choice. Students are assigned their first choice whenever possible and are made aware of the final results of regional campus assignment by the middle of July before they begin classes.

Students have the opportunity to appeal a decision of regional campus assignment. Students will work with the Associate Dean of Student Affairs to determine if another student can switch site assignments. If a switch is not feasible, the Associate Dean of Clinical Education can determine if an additional student will affect the learning community already formed. Once classes have started, students are still able to switch sites but will require a formal written request and a final appeals process that lies with the Dean.

Self-study participants agree that the ESFCOM has a fair process for assignment of students to instructional sites and that the process to request an alternate assignment is in place.

## STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

**Academic Advising**
The ESFCOM has established a system for early and ongoing identification of students in academic difficulty. Students experiencing academic difficulty are identified in the early months of the MD program. This is accomplished by the review of monthly reports that are produced by the Assessment Unit and include performance on low-stakes weekly exams, higher stakes monthly Mastery Exams, OSCEs, workplace-based assessments, course deliverables and Notices of Concern. In order to ensure a personalized approach to learning, progression within the program and remediation, the Associate Dean of Accreditation, Assessment and Evaluation reviews monthly assessment reports and works with students and faculty directly.

In addition to working with the Associate Dean of Accreditation, Assessment and Evaluation, students in years 1 and 2 are paired with an Academic Portfolio Coach with whom they meet twice per course to discuss their overall progress. Portfolio Coaches have no formal part in the assessment of their students' performance.

Tutoring, counseling and individualized learning assistance are also available to students through each WSU campus. To date, there has been necessary remediation but no students were withdrawn or dismissed from the medical education program. In the Independent Student Analysis (ISA), students express mostly positive experiences with the school's academic advising and support programs.

Self-study respondents agree that the academic difficulty identification system as well as the counseling and remediation plans in response to academic difficulty, are effective. Additionally, participants agree that the appropriate individuals have been selected to provide support for students in academic difficulty.

**Career Advising**
The ESFCOM has created an effective system for career advising. Each student is connected with the AAMC Careers in Medicine Program to help identify specialties they may be interested in pursuing. Students then begin to engage in one-on-one meetings with the Assistant Dean of Outreach and Career Development to review self-assessments and discuss career opportunities. Students are not required to participate in this program but are strongly encouraged to do so.

Once students travel to their distributed learning communities in years 3 and 4, they have access to additional mentors in career advising to help them prepare for application to residency. At each campus, available activities for career advising include residency coaching, interview preparation, residency application training and direct mentorship. Activities are supported by each Associate Dean for Clinical Education, along with the Assistant Dean for Outreach and Career Development.

**Preparation and Release of MSPE**
The ESFCOM Office of Student Affairs is responsible for consolidating the Medical Student Performance Evaluation (MSPE) and submitting them electronically. The MSPE is initiated by the Associate Deans for Clinical Education at the appropriate clinical campus. The ADCEs work with the student's Portfolio Coaches, Assessment Unit and Assistant Dean for Outreach and Career Development to complete the MSPE. The Associate Dean of Student Affairs is responsible for monitoring the standardization all MSPEs including data on completion of competencies and EPAs. If students are dissatisfied with who is writing their MSPE, they may submit a written request for a new writer to the Office of Student Affairs.

Responses received from the self-study indicate that the ESFCOM clearly has plans for effective preparation and release of the MSPE.

**Oversight of Extramural Electives**
The medical education curriculum requires one sub-internship, emergency medicine and either rural or underserved medicine. Students are required 6 additional electives/rotations in order to graduate. To apply for an elective, students must be in good academic standing. To determine if an elective meets graduation requirements, the student must gain clearance from the Curriculum Office for their elective choice. Once approved by the Curriculum Office, students work with the Office of Student Affairs to ensure other requirements, such as immunizations and travel capabilities, are met. Once the elective is approved, the Office of Student Affairs sends a letter of attestation to the host organization.

When students return from an extramural elective, they are required to complete an evaluation form to the Assessment Unit to determine if the elective is appropriate for future students. The ESFCOM ensures student safety in electives by assessing the availability of emergency care, possibility of natural disasters, political instability and exposure to disease. Monitoring will also ensure students have an appropriate level and quality of supervision and are not breaking the code of medical ethics that have been adopted by the ESFCOM. The Assessment Unit is currently completing performance assessments for extramural electives.

Self-study participants agree that this is an appropriate plan, but that it is still in development. Participants expect that this will be completed in time for intended use.

**Student Records**
The ESFCOM has policies in place to protect the confidentiality of student records. ESFCOM has published a formal policy that adopts the policies of FERPA and WSU with regards to access to student records. Faculty and staff may submit a request to view student records, but the decision to release information lies with ESFCOM Student Affairs. If the Office of Student Affairs is unable to fulfil a request, they are directed to the WSU registrar. Any education records that contain personally identifiable information require a release consent from the identified student. All new faculty and staff with access to student records receive formal FERPA training.

Students are provided timely access to their own records as indicated in ESFCOM policy. FERPA-trained individuals within the Office of Student Affairs manage the written requests for students to view their records. WSU must provide the student their records within 45 days of the request; however, it is typically fulfilled in less than 2 weeks.

If a student wishes to challenge anything contained in their educational record, they must submit a request to the Associate Dean of Student Affairs who will convene an ad hoc committee to discuss the appeal. If they wish to appeal that committee's decision, they may appeal to the Dean who makes a final decision.

Self-study feedback indicates that the ESFCOM policies in place protects the confidentiality of student records and that students have appropriate access to their own records.

## STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

**Student Debt**
As part of the services offered by the Office of Student Affairs, students are educated on ways to minimize student debt. Housed within the Office of Student Affairs is a certified financial planner who meets regularly with students and is responsible only to the medical students enrolled in the ESFCOM. Students meet with the counselor in their first year to discuss student loan programs and financial aid and are encouraged to continue regular meetings. Financial aid management personnel are available to students at each distributed clinical campus as well.

Debt management information that is made available to students includes: AAMC's Education Debt Manager for Matriculating Medical School Students, AAMC's Financial Information, Resources, Services and Tools, AAMC's MedLoans Organizer and Calculator, SALT programs, Expenses and Loan Planner, Identity Theft Protection Steps and monthly posts on social media.

The ESFCOM has committed to raising $250,000 for scholarships annually. In addition, WSU contributes $100,000 annually for scholarships for the first four classes of medical students. The ESFCOM development team is working to build endowments to replace the University commitment when it ends.

Self-study responses indicate that the ESFCOM has effective plans to help students minimize debt by providing financial aid and debt management counseling services.

**Tuition Refund Policy**
The ESFCOM abides by a formally approved policy on tuition refund. The policy provides a schedule of tuition refund for students who voluntarily withdraw. The percent of tuition refunded decreases based on the week of the course the student withdraws. The policy also clearly dictates the process for tuition refund in the event of a student death.

Self-study participants found that the policy was clear and reasonable.

**Personal Counseling Programs**
The counseling services offered to medical students are designed to offer support for those experiencing a wide range of life challenges. The counseling center on the Spokane campus is discretely located and contains entrances and exits that provide for full confidentiality. Professionals who are providing counseling support have no part in the assessment of student performance. Data from the ISA indicates that students are satisfied with the quality, availability and confidentiality of personal counseling services.

Consistent feedback from the self-study indicates that the level and quality of personal counseling and well-being programs needs to be equal on each campus. The responses indicate the need for monitoring in this area to ensure students are appropriately and fairly supported on each regional campus.

**Preventive and Therapeutic Health Care Services**
There are several preventive and therapeutic health care services that medical education students have access to in their first two years on the Spokane campus. Students have access to a newly renovated fitness center, Wellness Collaborative activities on campus, and a subsidized gym membership to two local gyms. ESFCOM Office of Student Affairs also offers various wellness initiatives that are available for optional participation.

The ESFCOM recommends that students have health insurance upon matriculation. They are provided with the appropriate information to choose an insurance plan if they do not already have one. Students are then provided with a list of clinics and hospitals that are near each campus. The Student Handbook is continuously updated with health services information as well. WSU Spokane has a contract with the local healthcare provider system – Multicare Rockwood Clinic, to provide limited primary care and urgent care services to students.

There are currently no student health clinics on the Everett or Tri-Cities campuses. The ESFCOM is exploring opportunities for partnerships to provide primary care and urgent care services. Students in Everett and Tri-Cities learning communities will not be required to pay the student health fee that covers primary care and emergency health. Students are provided with clinics and hospitals that are near each campus where they will be able to utilize their own health insurance to receive care as needed. The WSU Vancouver campus has a student Health Services Clinic on campus where students may receive basic health care services at no cost. Students also have access to a 24-hour nurse advice line.

Self-study participants found that health services are unequal when compared to the Spokane campus. Continued work and monitoring for equality and availability of preventive and therapeutic health care services on regional campuses is ongoing.

**Health and Disability Insurance**
The State of Washington does not allow for the medical school to require health, liability or disability insurance. However, before students can engage in patient contact, affiliated hospitals and clinics require that students have health care coverage and personal liability insurance. Therefore, the ESFCOM recommends to students that they purchase and maintain health and professional liability insurance throughout the medical education program. ISA data indicates that students are not satisfied with the availability of health insurance. The response of the ESFCOM is to provide more information to students about health insurance options and to include this topic in meetings with the Director of Financial Education.

For the charter class, the ESFCOM purchased disability insurance to provide to students at no cost. Data from the ISA indicated students were dissatisfied with the accessibility and communication of availability of disability insurance. Disability insurance is recommended, but cannot be provided by the ESFCOM. For future classes, the ESFCOM will purchase a group policy and students must choose to opt in at an additional cost.

**Immunizations Policies**
The ESFCOM formally approved a policy on Immunizations in May of 2017. The policy dictates that the ESFCOM will set standards for required immunizations and tuberculosis screening as recommended by the Centers for Disease Control. Students are required to submit documentation of required immunizations before they begin the medical education program. Failure to comply with requirements will result in a medical student's inability to begin patient care activities.

The ESFCOM employs a third party vendor to manage student immunization records to ensure confidentially of student health information. Student feedback provided mixed reactions to the usability of the third party vendor but correlate this to onboarding process in general.

Some self-study participants recommend further clarity on the policies regarding student immunizations. Other responses indicate clarity on the immunization policy. The ESFCOM has clarified the onboarding process and will continue to monitor the immunization policy to address any concerns.

**Non-Involvement of Providers in Student Assessment**
The ESFCOM has published a formal policy on the process to ensure that a health professional who provides health services to a medical student will have no role in that student's assessment or promotion decisions. The ESFCOM provides medical students with information about providers who are not involved in academic

evaluation of the student. Students are made aware of this policy via orientation, the student handbook and their assessment package.

Clinical faculty are informed directly and repeatedly of the non-involvement of providers policy. Faculty are also checked against the master list of providers who have agreed to see patients as a part of their contract. At each regional campus, the Associate Dean of Clinical Education is responsible for the appointment of faculty to be aligned with this policy. Any breaches of this policy are reported to the Chair of Medical Education and Clinical Sciences and the Associate Dean for Accreditation, Assessment and Evaluation who will identify a new individual to provide assessment for the student.

The self-study indicated that the non-involvement policy appropriately protects student health records and activity.

**Exposure to Infectious and Environmental Hazards Policies**
Medical students enrolled in the ESFCOM are made aware of the training requirements on universal precautions and biohazards. Formal policy is made available to students during orientation and further education continues throughout clinical learning experiences. The policy requires that all students become familiar with precautions and infection control methods for pathogens and environmental hazards prior to patient contact.

Students also receive, as a part of orientation, the policy on post-exposure care. The policy indicates that the ESFCOM will provide the infrastructure and support for students to take immediate action after an exposure or incident. Students are instructed to seek any medical care they should require in the first 2-24 hours and report the incident to Student Affairs.

The self-study responses indicated the policies and procedures that are in place are effective to prevent and treat student exposure to infectious and environmental hazards.

## SELF-STUDY SUMMARY

**Program Strengths**
The results of the self-study exercise were exceedingly beneficial to the medical education program. Valuable feedback from stakeholders indicated several areas of program strengths that are worth mentioning. While the following areas are deemed as strengths, they will not be excluded from programmatic monitoring and evaluation for the assurance of compliance and pursuit of excellence.

All of Standard 1 received high marks from the self-study participants. The ESFCOM has clearly demonstrated strength in institutional planning and compliance monitoring. The Dean's qualifications and responsibilities as delineated in element 2.2 also received a positive result indicating that the leader of the ESFCOM is aligned with the mission and vision of the institution.

Self-study participants targeted diversity, inclusion and anti-discrimination policies and practices as very strong characteristics of the ESFCOM. The continued support for these programs will be beneficial for the medical education program.

It is important to note that self-study participants determined, with the information available at the time of the study, that the ESFCOM has displayed a diverse and therefore effective source of financial support. The ESFCOM is part of a state-funded university which makes all matters of financial information available for public consumption. The transparency of financial information is important to allow for continued support from stakeholders and community members.

There are several areas of student services that received noteworthy commendations. Feedback indicated high remarks for the internal Information Technology support team in particular. Students and self-study participants were also clearly satisfied by the planned clinical experiences for students which includes the availability of

experiences and the appropriate supervision during those experiences. The policies and processes the Student Evaluation, Promotion and Awards Committee (SEPAC) engages in were clearly identified and considered fair by stakeholders.

The ESFCOM places extraordinary importance on the performance of the medical education curriculum and student support services. These program strengths will require continued monitoring for the assurance of excellence.

**Areas to Monitor**
There are several areas of the medical education program that were found to be adequate but will benefit from continued monitoring as students' progress through the program.

*Required Clinical Experience:* Self-study participants would like to see the expansion of exposure to residents during clinical experiences. The focus of the LIC will be on family medicine but further expansion will be considered during LIC planning.

*GME/CME Policies:* Self-study participants would like to see the development of Continuing Medical Education and Graduate Medical Education policies. The required policies for these programs are dictated by separate accrediting bodies but the completion and dissemination of the policies should be monitored by the Office of Accreditation.

*Finance*: At this time, the ESFCOM has not displayed a pressure to generate revenue to self-finance. However, due to the financial constraints of the parent university, self-study participants deemed this as an area worth monitoring. In addition, all conflict of interest policies should be monitored and tracked for compliance.

*Opportunities for Research:* Self-study participants noted that the availability of research and scholarly projects was noted as a concern by students. At the time this study was completed, all students have chosen a scholarly project and supervisor. Continued monitoring is likely to display that students have a better understanding of research expectations at the time of this self-study. Further data should be collected to ensure students have gained an understanding of both the requirements and availability of their own scholarly activity.

*Clinical Encounters*: Recommendations from the self-study indicate a monitoring system for clinical encounters, physician assessment of medical students, extramural electives and any gaps in the curriculum. The ESFCOM has a system in place to track required clinical encounters. The system shows learners the status of meeting experience requirements and is reviewed by the student's supervisor and the LIC Director. This system is currently in place and used for preceptorships, but students will fully utilize this tool in their third and fourth years during the LIC phase of the curriculum. Monitoring for efficiency should be reassessed as the system is implemented.

**Targets for Improvement**
The feedback received from the self-study indicated some areas that the ESFCOM could improve upon as students' progress through the program.

*Conflict of Interest Policies:* Self-study participants recommended the development of a system to assess the effectiveness of Conflict of Interest Policies. The system should include the tracking of occurrences and the action taken to reduce and respond to conflicts of interest.

*Faculty*: Upon review of DCI documentation, feedback indicated the urgency to complete the hiring of administration and faculty to support all four years of full cohorts. As more faculty is hired, clarity in reporting relationships among leadership is recommended. Self-study participants, with the information that was available at the time of the study, would like to see more information on scholarly activity from all departments. Feedback also indicates that the onboarding and orientation process for faculty should be improved to communicate information to those on each clinical campus.

*SEPAC:* Self-study participants recommend the development of a policy for students to address any grievances with promotion and graduation decisions.

*Space*: Both the ISA and the self-study revealed the need to pursue additional space for student use on the Spokane campus. Students felt they needed additional relaxation space and the self-study supported the notion that it should be dedicated to medical students. Additionally, self-study participants recommend the inclusion of secure storage space assessment when determining new clinical affiliates.

*Curriculum:* Self-study participants recommend the completed linkage between clinical experiences and relevant LIC in the 3rd and 4th years. Participants also find it necessary to develop a policy on the oversight of electives. Participants found that the curriculum did not clearly include pediatric care and recommended revision to the DCI to clarify. As an addition to the curriculum, feedback was received that students should receive education on navigating the healthcare system and educating patients on how to do the same.

*Regional Campuses*: The self-study has identified some areas of the medical education program that require comparability across all regional campuses. Feedback has indicated that clinical experiences, research and scholarly opportunities, healthcare and disabilities services for students are not of the same availability at each campus. In addition, the self-study revealed that continuity of faculty preparation at regional campuses should be addressed. Faculty orientation, committee participation, and scholarly activity are a few of the areas to assess for comparability among campuses. Concerns regarding comparability between regional campuses was noted in the ISA and were promptly addressed. Students at the Vancouver campus had concerns with the coordination of clinical experiences, classroom activities and clinical experiences. However, these issues were largely resolved with the addition of administrative personnel to support the students at that site.

*MSPE:* Self-study participants noted that there is no procedure clearly documented for students to address any grievances with their MSPE. Respondents recommend a grievance procedure be written and disseminated to students.

**Recommendations**

The self-study proved to be a valuable experience for determining the strengths and needs of the ESFCOM. The program strengths will be maintained by the continued monitoring and oversite of program activities. The Continuous Quality Improvement program at the ESFCOM is the predictive component that will allow for swift alert of any concerns. Pressing problems are sequenced and addressed by the owner of the issue along with the full support of ESFCOM leadership. Below are the major recommendations for future action as well as any actions that have already been taken.

The self-study team recommends building out an Office of Compliance to include the immediate hire of a Compliance Officer. This office should function as a regulatory entity which is responsible for monitoring and responding to conflict of interest issues. Additional responsibilities include the creation of a monitoring system to track any conflict of interest issues and the action taken to reduce the instances.

Feedback from the self-study indicate that scholarly activity should be appropriately represented throughout the DCI. At this time, a revision of the DCI is underway and will include this recommendation. Final documentation will include scholarly activity of all departments within the ESFCOM.

Self-study participants were unaware of the grievance procedures that are in place with regards to student evaluation, promotion and awards. The grievance procedure is available to students in the Student Promotion, Dismissal and Graduation Policy which was approved on 8/8/2017. This study recommends the annual review of the Student Promotion, Dismissal and Graduation Policy as well as a system to track grievances.

Space needs have been a concern for the charter class of students which this self-study recommends immediate action on. At the time of this study, construction is underway for additional group study space near the library.

This space is intended for use by medical students only. Additional plans are underway to carry out an expansion of classroom space in the Spokane Academic Center to provide more appropriate space for both large and small group activities. The self-study task force recommends the development of a comprehensive list of space needs to present to WSU administration which will educate a plan for additional space needs.

Self-study participants identified the need to complete the linkage of the required clinical experience to relevant clerkships in the 3rd and 4th years. ESFCOM will be using a longitudinal integrate clerkship model rather than a block clerkship model; therefore the specific required clinical experiences cannot be linked to a particular clerkship in this model. The self-study task force recommends an amendment of the DCI to provide clarity on the LIC model that is being implemented in order to provide clarity on the objectives of the clinical experiences in the 3rd and 4th years. Additionally, this task force recommends the development of formal policy for extramural electives which is being developed at the time of this study. Intended finalization of the policy is planned for October of 2018.

Self-study participants expressed concern about the variation between campuses in clinical experiences, research and scholarly project opportunities. The Associate Deans for Clinical Education at each campus are responsible for ensuring this comparability. Additional monitoring of services at each campus are recommended. Additional feedback from self-study participants indicated the need for enhanced faculty onboarding at each regional campus to ensure continuity of faculty development. The self-study task force recommends strict monitoring of the faculty onboarding process to ensure comparability across campuses.

This self-study found that the process for developing, writing and submitting the MSPEs is unclear. The ESFCOM plans for each Associate Dean of Clinical Education to develop and write the MSPEs for the students who are in their learning communities. The Associate Dean of Student Affairs will be responsible for reviewing the MSPEs for clarity and consistency across all sites. This task force recommends in-depth training for each Associate Dean of Clinical Education as well as a table of the 13 Entrustable Professional Attributes (EPAs), to ensure comparability between the writing of all student's MSPEs.

All recommendations from this task force are to be monitored by the Dean and his executive leadership team along with the appropriate offices that are responsible for action. The value of the self-study exercise is acknowledged by the task force and recommendations have been distributed throughout the ESFCOM with clarity.

# APPENDIX

**Self-Study Executive Task Force**

| | |
|---|---|
| *John Tomkowiak* | ESFCOM Founding Dean |
| *Mark Beattie* | Vice Chancellor, Academic Affairs, Everett |
| *Dawn Cooper* | Associate Dean for Accreditation, Assessment and Evaluation |
| *Daryll DeWald* | Spokane Campus Chancellor |
| *DawnElise DeWitt* | Associate Dean for Clinical Education, Spokane |
| *Chelsea Fogle* | Accreditation Project Manager |
| *Jim Hupp* | Vice Dean, Student and Faculty Experience |
| *Kevin Murray* | Associate Dean for Clinical Education, Vancouver |
| *Ken Roberts* | Vice Dean for Academic and Community Partnerships |
| *John Roll* | Vice Dean for Research |
| *Lawrence Schecter* | Associate Dean for Clinical Education, Everett |
| *Farion Williams* | Associate Dean for Clinical Education, Tri-Cities |
| *Jim Zimmerman* | Vice Dean of Administration, Accreditation and Finance |

| Standard 1 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Megan Baker | ESFCOM | Vancouver |
| Jeffrey Bell | ESFCOM | Spokane |
| Brady Cass | Regence | Spokane |
| Dan Dixon | Swedish | Everett |
| Bob Drewel | Snohomish County | Everett |
| Colin Hastings | Pasco Chamber of Commerce | Tri-Cities |
| Lauren O'Hanlon | Eastern Washington University | Spokane |
| Garth Reed | US Department of Energy | Tri-Cities |
| June Robinson | WA Legislation | Everett |
| Lane Savitch | Kadlec Medical Center | Tri-Cities |
| Mike Sells | WA Legislation | Everett |
| Sharon Wylie | WA Legislation | Vancouver |

| Standard 2 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Bob Bolerjack | City of Everett | Everett |
| Mark Brault | Grace Clinic Online | Tri-Cities |
| Don Britain | City of Kennewick | Tri-Cities |
| Ted Chauvin | ESFCOM | Spokane |
| Brian Newberry | WSU Spokane | Spokane |
| David O'Brien | Multicare | Spokane |
| Patrick Pierce | Economic Alliance | Everett |
| Paul Pitre | WSU Everett | Everett |
| Jaswinderpal Sandhu | PeaceHealth | Vancouver |
| Gary Stokes | KSPS | Spokane |
| Kim Williams | Providence | Everett |
| Kirk Williamson | Benton-Franklin Health District | Tri-Cities |
| Louise Jenkins | Stroke Center | Vancouver |

| Standard 3 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Michael Baumgartner | WA Legislation | Spokane |
| Ken Berger | Lourdes Health | Tri-Cities |
| Brian Cooper | Tulalip Tribes | Everett |
| Robin Fenn | Verdant Health | Everett |
| Brian Ivie | Skagit Regional Health | Everett |
| Martin Klotz | WSU Tri-Cities | Tri-Cities |
| Weimin Li | ESFCOM | Spokane |
| Bruce Lisser | Skagit Regional Health | Everett |
| Jennifer Mullins | SeaMar | Vancouver |
| Hope Murray | SeaMar | Vancouver |
| Emma Noyes | WSU Spokane | Spokane |
| Gloria Ochoa-Bruck | WSU Spokane | Spokane |
| Neil Rawlins | Kadlec Medical Center | Tri-Cities |
| Saira Tandon | Kadlec Medical Center | Tri-Cities |
| Brian Thrall | PNNL | Tri-Cities |
| Phil Tyler | Gonzaga University | Spokane |

| Standard 4 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Sarah Bennett | Retired Teacher | Vancouver |
| Gary Castillo | Chaplaincy Health Care | Tri-Cities |
| Neva Cottam | ESFCOM | Tri-Cities |
| Per Danielson | Swedish | Everett |
| Jamie Green | ESFCOM | Spokane |
| Jasdip Matharu | Lourdes Health | Tri-Cities |
| George Novan | ESFCOM | Spokane |
| Joanne Pavel | Swedish | Everett |
| Joanne Roberts | Providence | Everett |
| Karin Rodland | PNNL | Tri-Cities |
| Chris Thoming | Legacy Health | Vancouver |
| PJ Watters | INWCF | Spokane |

| Standard 5 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Karen Diller | WSU Vancouver | Vancouver |
| Lindsay Fiker | WSU Everett | Everett |
| Debbie Hamilton | Pacific NW National Laboratory | Tri-Cities |
| Lacey Harper | Snohomish County | Everett |
| Ron Kathren | BMI Net | Tri-Cities |
| Pat McClain | City of Everett | Everett |
| Marcelo Morales | ESFCOM | Spokane |
| Carol Moser | Greater Columbia Accountable Com. | Tri-Cities |
| Henry Mroch | ESFCOM | Spokane |
| Jeffrey Philips | Rosauers | Spokane |
| Beth Thew | Labor Council | Spokane |
| David Vance | Lourdes Health | Tri-Cities |
| Don Wick | WSU Everett | Everett |
| Patricia Wooden | PeaceHealth | Vancouver |


| Standard 6 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Joe Alonzo | Cocoon House Non-Profit | Everett |
| Barbara Atwood | Richland Internal Medicine | Tri-Cities |
| Carrie Bauer | SeaMar | Vancouver |
| Erin Dodge | Multicare | Everett |
| Craig Fischer | ESFCOM | Spokane |
| Steve Grossman | ESFCOM | Spokane |
| Chuck Morrison | Providence | Spokane |
| Amy Person | Benton-Franklin Health District | Tri-Cities |
| Kevin Pieper | Kadlec Medical Center | Tri-Cities |
| Mike Rohrenbach | Everett Clinic | Everett |
| Tony Stupski | SeaMar | Vancouver |
| Kim Tucker | Columbia Basin College | Tri-Cities |

| Standard 7 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Mark Beatty | Snohomish Health District | Everett |
| Greg Belenky | ESFCOM | Spokane |
| Susan Campbell | Columbia Basin College | Tri-Cities |
| Chris Davis | ESFCOM | Spokane |
| Jose Echaiz | Kadlec Medical Center | Tri-Cities |
| Jessica Gerdes | ESFCOM | Vancouver |
| Gregory Hallas | ESFCOM | Vancouver |
| Laura Hollister-Meadows | WSU Tri-Cities | Tri-Cities |
| Zachary Litvack | Swedish | Everett |
| John Matheson | Kadlec Medical Center | Tri-Cities |
| Vijay Reddy | ESFCOM | Spokane |
| Jeffrey Snell | Camas School District | Vancouver |
| Tom Stonecipher | Providence | Everett |

| Standard 8 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Nicole Austin | Benton Franklin County Medical | Tri-Cities |
| Steve Bradley | | Spokane |
| Todd Green | Providence | Spokane |
| Kevin Hodges | Benton Franklin County Medical | Tri-Cities |
| Steve Lampa | ESFCOM | Spokane |
| Adriana Linares | PeaceHealth | Vancouver |
| Nella Ludlow | WSU Everett | Everett |
| Vanessa McLaughlin | Welcome Home Health | Vancouver |
| Debbie Nalty | Providence | Everett |
| Heather Phipps | Trios Health | Tri-Cities |
| Barb Richardson | ESFCOM | Spokane |
| Sandeep Sachdeva | Swedish | Everett |
| Chi-Gang Yen | St. Johns Hospital | Vancouver |

| Standard 9 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Maggie Bates | WSU Vancouver | Vancouver |
| Jeffrey Blackwell | Everett Clinic | Everett |
| Jayson Brower | Inland Imaging | Spokane |
| Kathy Coffey | Leadership SC | Everett |
| Bonnie Davis | Lourdes Health | Tri-Cities |
| Rick Emtman | WSU Spokane | Spokane |
| Reuben Grothaus | Kadlec Medical Center | Tri-Cities |
| Basir Haque | Kadlec Medical Center | Tri-Cities |
| Quinton Harold | SeaMar | Vancouver |
| Jon Hartinger | Providence | Vancouver |
| Randall Howerton | Ideal Options | Tri-Cities |
| Matt Layton | ESFCOM | Spokane |
| Tara Nysoe | Providence | Everett |
| Michael Olds | Spokane ENT | Spokane |
| Christina Steele | Providence | Everett |
| Hassan Tehrani | Multicare | Spokane |
| Hui-Juan Zhang | Kadlec Medical Center | Tri-Cities |

| Standard 10 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Frank Andersen | Providence | Everett |
| Jean Anderson | Providence | Everett |
| Michael Dunn | ESFCOM | Spokane |
| Madeleine Geraghty | Multicare | Spokane |
| MaryLou Hatcher | Everett Clinic | Everett |
| Jennifer Letourneau | Legacy Health | Vancouver |
| Jon Lobdell | Richland School District | Tri-Cities |
| Toni Lodge | NATIVE | Spokane |
| Natalia Luera | Kadlec Medical Center | Tri-Cities |
| Mark Mulholland | Kadlec Medical Center | Tri-Cities |
| Gary Petersen | TRIDEC | Tri-Cities |
| Gail Spolar | Evergreen School | Vancouver |
| Jingru Sun | ESFCOM | Spokane |
| John Vassall | Qualis Health | Everett |

| Standard 11 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Ruben Alvarado | City Council | Tri-Cities |
| Mark Beattie | WSU Everett | Everett |
| Jim Davis | Tri-Cities Community Health | Tri-Cities |
| Kate Dewein | Evergreen School | Vancouver |
| Robert Ellis | Kaiser Permanente | Vancouver |
| Jon Espenscheid | ESFCOM | Spokane |
| Dennis Kelly | Mercy Watch | Everett |
| Kate McAteer | WSU Tri-Cities | Tri-Cities |
| Kathryn Pence | Vancouver Clinic | Vancouver |
| Marcus Riccelli | WA Legislation | Spokane |
| Gail Wellenstein | Archbishop Murphy High School | Everett |


| Standard 12 Reviewers | | |
|---|---|---|
| Name | Community Affiliation | Regional Campus |
| Barbara Aston | WSU Spokane | Spokane |
| Sherri Beasley | ESFCOM | Spokane |
| Shane Dunaway | SeaMar | Vancouver |
| Vicki Gordon | Pasco Commission | Tri-Cities |
| Ciera Graham | WSU Everett | Everett |
| Levente Kapas | ESFCOM | Spokane |
| Wes Luckey | Greater Columbia Accountable Com. | Tri-Cities |
| Chris Meiers | WSU Tri-Cities | Tri-Cities |
| Camis Milam | Compass Health | Everett |
| Victoria Miles | WSU | Everett |
| Kay Olson | WSU Tri-Cities | Tri-Cities |
| Ponrat Pakpreo | Providence | Spokane |
| David Seydlitz | VA Administration | Vancouver |