DATA COLLECTION INSTRUMENT FOR ACCREDITATION SURVEYS FOR PROVISIONAL ACCREDITATION

Elson S. Floyd College of Medicine
Washington State University

Published July 2017
For Medical Education Programs with Provisional Accreditation Surveys in the 2018-19 academic year
STANDARD 1: MISSION, PLANNING, ORGANIZATION, AND INTEGRITY
A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

1. Provide maps illustrating the location of affiliated hospitals and regional campuses, if relevant.

The regional campuses for clinical education are located in Everett, Spokane, Tri-Cities and Vancouver (stars). Affiliated hospitals and clinics are located around regional campuses and in communities across the state (circles).
1.0 NARRATIVE RESPONSE

a. Provide a brief history of the medical school, noting key points in its development to date and describing relevant aspects of its setting (e.g., other schools/colleges on campus, regional campuses).

Founded in 1890, Washington State University (WSU) is Washington’s land-grant university with an overarching mission of improving the quality of life for all citizens. WSU is committed to excellence in each of its research, teaching and outreach missions. A focus on innovation, excellence, accountability, and continual enhancement of the quality, scope, and impact of research and educational endeavors are at the core of WSU’s strategic priorities.

A multi-campus system was developed in the mid-1980s under the guiding principle of “one university, geographically dispersed.” The regional campuses are located in Everett, Spokane, Tri-Cities and Vancouver. Each campus has developed programs that support the community and region in which they are located. The Spokane campus is designated the Health Sciences campus and hosts the Colleges of Nursing and of Pharmacy, as well as the Elson S. Floyd College of Medicine (ESFCOM).

Development of the medical school is truly a milestone in the history of WSU and Spokane. Spokane community leaders have made the medical school possible by combining the vision of the late WSU President, Elson S. Floyd and the WSU’s Board of Regents.

WSU has a long history of delivering medical education to undergraduate medical students. It has been a partner in the University of Washington School of Medicine (UWSOM) WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) program since 1971. For over 40 years, first year WWAMI students have received their education at WSU’s main campus in Pullman, taught entirely by WSU faculty. The WWAMI program in Pullman was directed by a WSU faculty member who had an administrative reporting line to the UWSOM. In 2008, the WWAMI program was expanded to the Spokane campus of WSU. From 2008 until 2013, 20 UWSOM first year medical students per year received their education at WSU Spokane from WSU faculty. In 2014, the WSU Pullman WWAMI program was consolidated with the WSU Spokane program, and all 40 WSU WWAMI medical students received their education in Spokane. At the same time, the program was expanded to include the second-year curriculum. As with the first-year medical students, the second-year students enrolled at WSU and the WSU WWAMI director administered the program.

The increased involvement in medical education and research at WSU Spokane led to the proposal for a new medical school. In the spring of 2014, WSU founded the College of Medical Sciences as a precursor to the ESFCOM. The new college recruited a diverse, nationally recognized faculty pursuing breakthrough research in a wide range of fields such as neuroscience of sleep, andrology, addiction, aging, and cancer. The College of Medical Sciences also inherited the well-established department of Speech and Hearing Sciences along with its highly productive research faculty and bachelors and masters degree programs. Later, the ESFCOM took on the Nutrition and Exercise Physiology program in order to expand interprofessional educational experiences.

On April 1, 2015, the governor signed the legislation authorizing WSU to operate a medical school offering the MD degree (Appendix 1-00-1). With this approval, WSU converted its College of Medical Sciences to the Elson S. Floyd College of Medicine with a vision to inspire people to solve problems in challenging health care environments. One of the key objectives of the ESFCOM is to increase the number of physicians practicing in communities across the state. After reviewing a number of successful medical education programs across the United States, ESFCOM chose a model of medical education that educates students during the first two years on the campus in Spokane and delivers the clinical years on the four regional distributed campuses that are already part of the WSU system.

In the spring of 2017, the ESFCOM recruited and appointed Associate Deans for Clinical Education (ADCE) at all four campuses. The ADCEs further the development of clinical affiliate partnerships, recruit clinical faculty, and administer the clinical education program at their respective regional campus locations.
Spokane Campus
Spokane is a major healthcare hub, serving as a tertiary referral center for patients drawn from across the Inland Northwest. Spokane offers the latest diagnostic and therapeutic care in all fields of medicine and boasts four major hospitals: Providence Health’s 644-bed Sacred Heart Medical Center; 272-bed Holy Family Hospital and Multicare Health System’s 307-bed Deaconess Hospital; and 123-bed Valley Hospital. Spokane also hosts the 84-bed Spokane VA Medical Center and the 30-bed Shriners Hospitals for Children-Spokane. Spokane also offers the St. Luke’s Rehabilitation Institute, the region’s largest medical rehabilitation facility. Four residency programs are based in Spokane, including specialties in family medicine, internal medicine, radiology, and psychiatry. The outpatient residency training clinic is at the Spokane Teaching Health Clinic located on the WSU Health Sciences Campus. The clinic opened in the summer of 2016 to support Graduate Medical Education in the region, and to support medical education at the ESFCOM.

Everett Clinical Campus
Everett is home to WSU’s newest campus and is a healthcare center for northwest Washington. Providence Regional Medical Center Everett is the largest hospital with 468 beds. Providence is a tertiary care referral center and offers every major specialty of care. Everett is also served by the Everett Clinic, a large physician practice group, that works in close collaboration with Providence. The community is also served by SeaMar, a Federally Qualified Health Center (FQHC) with locations throughout the region. The ESFCOM has an affiliation agreement with the Tulalip Tribe’s Karen I. Fryberg clinic which is located a few miles north of Everett.

Tri-Cities Clinical Campus
The WSU Tri-Cities campus is located in Richland, WA and has many programs with particular strengths in engineering and life sciences. It is home to the WSU Wine Science Center, and specialized programs in collaboration with Pacific Northwest National Laboratories. Kadlec Regional Medical Center is the largest hospital, with nearly 300 beds and all major specialties of care. Kadlec is home to a family medicine residency program. The Tri-Cities is also home to Lourdes Medical Center in Pasco and Trios Health in Kennewick. In addition, the ESFCOM has affiliation agreements with hospitals and clinics along the Yakima Valley adjacent to the Tri-Cities, providing opportunities for ESFCOM medical student clinical experiences.

Vancouver Clinical Campus
The WSU Vancouver campus is the largest of WSU’s regional campuses with an enrollment of over 4,000 students. Vancouver is served by two major hospitals; PeaceHealth Southwest Medical Center (450 beds) and Legacy Salmon Creek Hospital (194 beds). The Vancouver Clinic is a large physician practice organization that serves both hospitals and has several outpatient clinics in the city and neighboring communities. The PeaceHealth hospital in Vancouver is home to a residency program in family medicine. The ESFCOM also has affiliation agreements with SeaMar (FQHC) in Vancouver as well as a number of practice organizations.
1.1 STRATEGIC PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve programmatic quality, and ensure effective monitoring of the medical education program’s compliance with accreditation standards.

1.1 NARRATIVE RESPONSE

a. Provide the mission and vision statements of the medical school.

**Mission**
The Elson S. Floyd College of Medicine will be a unique resource for the State of Washington, converging on solutions to the health care triple aim of improving the patient experience of care, keeping populations healthy, and decreasing the cost of care, all while improving the work life of health care providers. Through a culture based on valuing the individual, we will be resourceful, agile, inventive and generous in serving the people of the state and beyond, to develop healthier populations through research, innovation, interprofessional education and patient-centered care.

**Vision**
Inspiring people to solve problems in challenging health care environments.

**Goals**
The Washington State University ESFCOM will:

1. Be informed by the communities and populations we serve to enhance our educational, research, and clinical missions.
2. Increase the number of physicians serving in Washington State’s workforce.
3. Attract students interested in taking care of patients in challenging health care environments, including rural and underserved populations.
4. Develop educational pathways that facilitate access to medicine as a profession for local and regional residents.
5. Develop a culture of entrepreneurship for faculty, staff and students.
6. Develop leaders through training and experiential opportunities.
7. Advance and apply the practical knowledge and scholarship of our faculty and students through research efforts focused on “sustaining health”.
8. Develop a curriculum aligned with future health care needs, including the promotion of wellness and population health.
9. Align our education, research and clinical service missions to converge on solutions to the health care triple aim of improving the patient experience of care, keeping populations healthy, and decreasing the cost of care.
10. Foster interprofessional learning across the health sciences colleges and clinical training sites in innovative and transformational ways that produce better care and improve the work life of health care providers.
11. Create and sustain a College of Medicine community that is diverse, inclusive and equitable.
12. Be recognized for efficiency, excellence and innovation in medical education.
13. Develop a health care practice where innovative care models prepare the next generation of medical students for success in their profession while improving patient outcomes.
14. Develop and operate a technology incubator company that brings new and innovative technologies to bear on the unique problems of delivering healthcare to rural and underserved communities.
15. Operate in a fiscally responsible manner using the diverse resources of our students, college, university, state and other external funding sources.
b. Describe the process that was or will be used by the medical school to develop its strategic plan. Note if the strategic plan was/will be developed independently by the medical school or in collaboration with the university.

The ESFCOM operates under the guidance of a strategic plan that is monitored quarterly and updated annually (appendix 1-01-1). The plan is designed by ESFCOM leadership in collaboration with associate deans, basic science and clinical department chairs and faculty members. The plan is informed by a strategic planning and culture building event that is held in December of each year. The event gathers input from faculty, staff, and community representatives regarding the overall direction of the ESFCOM.

At the foundation of the plan are six themes: Accreditation, Clinical Care, Community Engagement, Infrastructure, Research, and Academic Programs. There are activity-based plans under each theme designed to achieve the objectives of the ESFCOM. The plan directs staffing, funding and activities of the ESFCOM and aligns its institutional planning and priorities to its mission and to the WSU Strategic Plan (appendix 1-01-2). The strategic plan is subject to the Continuous Quality Improvement program, which prescribes a quarterly review (for example, see appendix 1-02-3) and annual refinement of the plan.

c. Describe how and by whom the outcomes of the school’s strategic plan will be monitored.

The Office of Accreditation, Assessment and Evaluation produces a quarterly status report of the strategic plan which is reviewed by the Dean and communicated throughout the ESFCOM. On a semi-annual basis, the plan is discussed by the Dean’s Cabinet. The 12-month plan is dynamic in nature given the rapidity of change in the academic and medical industry environments. Fundamental changes to the strategic plan are made based on information gathered from an annual strategic planning event. The Vice Dean for Administration, Accreditation, and Finance (VDAAF) reviews the progress of the plan on a quarterly basis in order to identify any areas that represent challenges. Outcomes as reported by the respective units are collected and analyzed by the Office of the VDAAF. At the end of the academic year, the Dean completes an annual report which contains performance outcomes of the ESFCOM relative to the objectives of the strategic plan (appendix 1-01-4).

d. Describe the processes that will be used and the personnel and other resources available for quality improvement activities related to the medical education program. For example, is there or will there be an office or specific staff at the medical school or university to support quality improvement activities?

Under the auspices of the VDAAF is the Office of Accreditation, Assessment, and Evaluation. This office has the information technology, analytic and performance evaluation resources needed to engage in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate a systematic review of the medical education program’s mission, goals, and outcomes. The result is continuous improvement in program quality and demonstration that the ESFCOM is effectively pursuing its mission and meeting the educational needs of students and goals for research impact and high quality care for patients. This programmatic approach to continuous quality improvement is accomplished through the Standards Based Continuous Quality Leadership (SBCQL) teams and processes.

The ESFCOM has established 12 standards based continuous quality leadership teams (appendix 1-01-5). Each team consists of faculty, staff, students and community representatives chosen by specialty topic. Teams identify expected outcomes, establish appropriate measures, assess the extent to which the ESFCOM achieves outcomes, and provides evidence of improvement based on analysis of the results in each area of compliance. The SBCQL teams are engaged as appropriate to create solutions, recommend allocation of resources, and implement corrective actions based on adverse trends.
The SBCQL program is led by the VDAAF with ongoing support of all department chairs and senior administrators. Funding for this initiative is included in the annual budget planning cycle. The VDAAF consistently interacts with faculty, chairs, students and administrators and utilizes a discretionary budget to support institutional effectiveness related activities. Compliance with standards is monitored using data warehouse and web-based visualization technology to continuously assess compliance and implement changes when necessary to improve performance.

The following diagram describes the continuous quality improvement cycle employed by the ESFCOM:

![Diagram of the continuous quality improvement cycle](image)

1. Which elements are being or will be monitored (e.g., all elements, a subset of elements)?
2. How often will compliance with elements be reviewed (mid-cycle, yearly, at some other interval)?
3. What data sources are or will be used to monitor compliance?
4. What individuals or groups will receive the results?

1. **Which elements are being or will be monitored?** As a part of the continuous quality improvement program developed by the ESFCOM, each LCME element is monitored. Performance measures for each element have been developed and data collection has begun where applicable. The SBCQL teams review and monitor each standard and element in order to design a performance measure that is predictive in nature.

2. **How often will compliance with elements be reviewed?** Each element has a unique frequency for review based on the source and type of data being collected. No element is to go longer than 1 year without review. Many elements are to be reviewed monthly and quarterly.

3. **What data sources are or will be used to monitor compliance?** The ESFCOM has developed an information system that provides visualization of compliance of each LCME element. Many different data sources are used to assess compliance and may include; AAMC surveys, Student performance data, NWCCU documentation, internal documentation, WSU documentation and data from peer institutions. These data sources are associated with the performance metrics established by the SBCQL teams.

4. **What individuals or groups will receive the results?** Results and monitoring of the Standards Based Continuous Quality Improvement Program are available to all stakeholders including members of SBCQL team members, ESFCOM administration, faculty and staff, and ESFCOM advisory board members. Compliance with standards is evaluated and reported in a transparent manner. An example of the performance measure dashboard is in appendix 1-01-6.
1.1 SUPPORTING DOCUMENTATION

1. The strategic goals and objectives of the medical school.
   Appendix 1-01-1 ESFCOM Strategic Plan

   Appendix 1-01-1 ESFCOM Strategic Plan
1.2 CONFLICT OF INTEREST POLICIES

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

1.2 NARRATIVE RESPONSE

a. Place an “X” next to each unit for which the primary institutional governing board is directly responsible:

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<tbody>
<tr>
<td>X</td>
<td>University system</td>
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<tr>
<td>X</td>
<td>Parent university</td>
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<tr>
<td>X</td>
<td>Health science center</td>
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<tr>
<td>X</td>
<td>Medical school</td>
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<td></td>
<td>Other (describe below):</td>
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</table>

b. If the institutional primary board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

There is not a subsidiary board for the medical school. The WSU Board of Regents is the university's governing body whose responsibilities are to supervise, coordinate, manage and regulate the WSU system, as defined under the Revised Code of Washington (RCW), RCW 28B.30.100 (appendix 1-02-1). The WSU Board of Regents consists of 10 members (appendix 1-02-2) appointed by the governor with the consent of the senate, one of whom is a full-time student in good standing at WSU. The term of each appointment is six years, except for the student whose term is one year.

c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

The medical school is not part of a for-profit, investor owned entity.

d. Place an “X” next to each area in which the medical school or university has a faculty conflict of interest policy:

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<tbody>
<tr>
<td>X</td>
<td>Conflict of interest in research</td>
</tr>
<tr>
<td>X</td>
<td>Conflict of private interests of faculty with academic/teaching/responsibilities</td>
</tr>
<tr>
<td></td>
<td>Conflict of interest in commercial support of continuing medical education</td>
</tr>
</tbody>
</table>

An office of Continuing Medical Education is being developed. A conflict of interest policy in support of continuing medical education is to be created with the development of this office.
e. Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

1. Governing board members
2. University and medical school administrators
3. Medical school faculty

The Ethics in Public Service Law, RCW 42.52.020 (appendix 1-02-3), establishes a single code of ethics applicable to all state officers and state employees. WSU faculty members are state employees and are subject to the ethics law and rules, as well as any WSU ethics policies. The basic provisions of the state ethics law are described in the WSU faculty manual (appendix 1-02-4). The basic principle of the law is that public employment may not be used for personal gain or private advantage (RCW 42.52.900; appendix 1-02-5). The law prohibits state employees from having a financial interest or engaging in business activities that are in conflict with the proper discharge of official duties. In addition to this general prohibition, the law prohibits a number of specific activities where one might receive improper private benefit as a result of state employment.

WSU publishes a conflict of interest policy (Executive Policy #27), including management provisions, that is applicable to all members of the WSU community (appendix 1-02-6). The WSU board requires the establishment of a Conflict of Interest Review Committee (COIC). The COIC reviews all pertinent documentation, disclosures of significant financial interests, and conflict of interest resolution plans for potential or actual conflicts cases based on federal and state law and university policy. The COIC has the responsibility and authority to (1) assess whether a conflict of interest exists, (2) assess the extent of the conflict, and (3) manage, reduce or eliminate the conflict of interest before approving research projects. Research administrators and faculty are required to complete a disclosure form (appendix 1-02-7) annually, or whenever applying for federal grant funding, regarding potential conflicts of interest. Individuals are also required to self-disclose and file a form at any time a potential conflict is identified. The employee, in collaboration with the COIC, must develop a suitable management strategy for an identified conflict. The management plan may include monitoring or a retrospective review and a mitigation report pursuant to federal regulations. The COIC establishes bylaws that govern its procedures.

Within the ESFCOM, the areas for conflict of interest are unique and more common for faculty and administrators in a medical school. These include, but are not limited to the following common potential conflicts of interest:

- Teaching (UME, GME, CME) where promotion of treatments and/or devices could financially, or otherwise, benefit a faculty member.
- Clinical service where personal gifts from pharmaceutical/device/other companies can influence choices of treatment.
- Research where ownership stakes in commercial applications of research could unduly influence outcomes of experiments or clinical trials.

The ESFCOM has developed several conflict of interest policies: Conflict of Interest Presentation Policy (appendix 1-02-8), Admissions Conflict of Interest (appendix 1-02-9), Student Evaluation, Promotion and Awards Committee Conflict of Interest (appendix 1-02-10). The ESFCOM draws on best practice policies from medical schools that have strong records of regulating conflicts of interest, including the schools of medicine at Stanford University, University of Wisconsin, the Johns Hopkins University, and others.

Procedures have been developed for disclosing conflicts of interest and to manage and mitigate real conflict of interest situations. For example; the Admissions Committee obtains signed copies of conflict of interest documents and archives them. A signed conflict of interest form is required of all Admissions Committee members. When a committee member abstains from voting due to a conflict of interest, the minutes reflect that action by noting the committee member’s name and that they declared a conflict of interest and left the room while the committee discussed and voted on the applicant. Additionally, if an Admissions Committee member indicates a conflict of interest at any stage, prior to the Admissions Committee meeting, they contact the Associate Dean for Admissions, Recruitment and Inclusion directly and a note is made so that they are not assigned the applicant for screening.
1.2 SUPPORTING DOCUMENTATION

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, administrators, and faculty (including recusal from discussions or decisions if a potential conflict occurs).

Appendix 1-02-6 EP#27 WSU Conflict of Interest Policy

Appendix 1-02-7 Significant Financial Interest Disclosure Form

Appendix 1-02-8 Conflict of Interest Presentation Policy

Appendix 1-02-9 Admissions Conflict of Interest Policy

Appendix 1-02-10 SEPAC Conflict of Interest Policy

2. Documentation, such as minutes illustrating relevant recusals or affirmations, which illustrate that conflict of interest policies are being followed.

Appendix 1-02-11 Admissions Committee Minutes from 10/19/2018
1.3 MECHANISMS FOR FACULTY PARTICIPATION

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

1.3 SUPPORTING DATA

Table 1.3-1 | Standing Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Reports to</th>
<th>Total Voting Members</th>
<th>Total Faculty Voting Members</th>
<th>Membership Selection (A/E/B)</th>
<th>Authority (R/A/B)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Faculty Council</td>
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<td>9</td>
<td>E</td>
<td>R</td>
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<tr>
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<td>B</td>
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<td>Student Evaluation, Promotion and Awards</td>
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<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Faculty Rank, Promotion and Tenure</td>
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<td>B</td>
<td>R</td>
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<td>Dean</td>
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<td>16</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Equity</td>
<td>Dean</td>
<td>12</td>
<td>12</td>
<td>B</td>
<td>R</td>
</tr>
</tbody>
</table>

1.3 NARRATIVE RESPONSE

a. Comment on whether the list of committees above represents the final committee structure of the medical school. Are there committees that have not yet been formed or anticipated changes in existing committees?

The above list of committees represents the final committee structure of the medical school. The ESFCOM does not anticipate new committees or changes to existing committees. Elections and appointments for membership to standing committees were completed in May 2018.

b. Summarize how the selection process for faculty committees ensures that there is input from the general faculty into the governance process. How are individuals whose perspectives are independent from that of departmental leadership or central administration included? Note whether committees include elected members and/or members nominated or selected through a faculty-driven process (e.g., through a “committee on committees”).

As outlined by the procedures in the ESFCOM Faculty Bylaws, the selection process for faculty committees is broadly inclusive of faculty input into the governance process of the ESFCOM. Article III, Section A, of the Bylaws states that “Each standing committee will include members elected by the Faculty Council and may include one voting member appointed by the Dean”. The majority of all committee members are elected by the faculty, without influence of the Dean, department Chairs, or other administrators.
The process for election and appointment of standing committee members is articulated in Article III, Section B, of the bylaws:

**Article III, Section B. Appointment of Standing Committees**

1. Nominations to the committees may be made by the faculty at large, the committee chairs, or the Dean.
2. The FCEC, in conjunction with standing committee chairs, will review and approve nominees.
3. Non-appointed members of the standing committees will be elected by the Faculty Council.
4. Terms of appointment and composition vary on each committee as described in these bylaws.
5. A person may serve as chair of only one standing committee at a given time.
6. All appointees will receive written notice of their appointment.
7. A committee member may resign by submitting a letter of resignation to the chair of the committee.
8. A member of a standing committee may be removed by the chair of the committee if the member has missed more than 50% of the scheduled meetings in an academic year.
9. If a committee seat becomes vacant during the course of a term, the chair of the committee, in consultation with the Dean, may appoint a replacement who will serve out the remainder of the term.
10. The chair of a committee may be removed from the chair position by a two-thirds vote of the full committee.

Members of the faculty in all three tracks (tenure, clinical, and research) are eligible to vote and together constitute the faculty council. The Faculty Council Executive Committee (FCEC) is an elected body representing the entire faculty council. The FCEC consists of two members from each department and a member at large. Each department elects two members to the FCEC and the entire faculty council elects a member at large. This structure ensures there is input from the general faculty into the governance process.

c. Describe how faculty are made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained. Describe some recent opportunities for faculty to provide such input.

Department chairs, and the chair of the FCEC, or a member of the FCEC attend the meetings of the Dean’s Executive Cabinet, providing an important mechanism of faculty representation with college leadership. The department chairs and FCEC chair are expected to inform members of the faculty regarding initiatives and issues under discussion by ESFCOM leadership. In addition, the Dean holds regular meetings with senior administrators and department chairs in order to support communication within the respective functional areas. The FCEC also arranges the annual meeting of the Faculty Council (last held in April 30, 2018), solicits faculty input prior to the meeting, and creates an open forum for faculty concerns and discussion.

Faculty are made aware of policy through the approval process which requires a two week posting of policies before formal approval. Policies are sent to all faculty members in the form of an online survey. Faculty are prompted to provide narrative feedback which is then reviewed with the team responsible for the content of the policy. Feedback is received anonymously, however, faculty are prompted to leave contact information if they would like to discuss their feedback further in depth. An example of faculty feedback for the approval of the Admissions Criminal Background Policy is provided in appendix 1-03-1.

d. Describe the mechanisms (such as faculty meetings, written or electronic communications) that are used to inform faculty about issues of importance at the medical school and note how often these mechanisms are employed.

ESFCOM faculty are made aware of policy and other types of changes in the medical education program through direct contact at department meetings, email, and internal communications via secure website. The Faculty and Staff Reference Guide (appendix 1-03-2) is updated regularly and is published on the website. The internal communications website provides notice of special meetings, focus groups, and town halls to inform the faculty and staff of items of importance.
1.4 AFFILIATION AGREEMENTS

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment
### Table 1.4-1 | Affiliation Agreements

For each inpatient clinical teaching site that is being used and/or will be used for the inpatient portion of required clinical clerkships, provide the page number in the current affiliation agreement where passages containing the following information appear. Add rows as needed.

- Assurance of medical student and faculty access to appropriate resources for medical student education.
- Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students.
- Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching.
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury.
- Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.

<table>
<thead>
<tr>
<th>Clinical teaching site</th>
<th>Date agreement signed</th>
<th>Page Number(s) in Agreement that Address the Following Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence Sacred Heart Medical Center &amp; Children’s Hospital</td>
<td>3/3/2017</td>
<td>1,3</td>
</tr>
<tr>
<td>Providence Holy Family Hospital</td>
<td>3/3/2017</td>
<td>1,3</td>
</tr>
<tr>
<td>VA Medical Center</td>
<td>10/31/2017</td>
<td>3</td>
</tr>
<tr>
<td>MultiCare Deaconess Hospital</td>
<td>2/26/2018</td>
<td>1,3</td>
</tr>
<tr>
<td>MultiCare Valley Hospital</td>
<td>2/26/2018</td>
<td>1,3</td>
</tr>
<tr>
<td>St. Luke’s Rehabilitation Institute (Providence)</td>
<td>3/3/2017</td>
<td>1,3</td>
</tr>
<tr>
<td><strong>VANCOUVER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PeaceHealth Southwest Medical Center</td>
<td>4/11/2016</td>
<td>1,3</td>
</tr>
<tr>
<td>PeaceHealth St. John Medical Center</td>
<td>2/14/2017</td>
<td>1,3</td>
</tr>
<tr>
<td>Legacy Salmon Creek Hospital</td>
<td>8/15/2017</td>
<td>4,8</td>
</tr>
<tr>
<td><strong>EVERETT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swedish Medical Center</td>
<td>11/5/2015</td>
<td>1,2</td>
</tr>
<tr>
<td>Providence Regional Medical Center Everett</td>
<td>3/3/2017</td>
<td>1,3</td>
</tr>
<tr>
<td><strong>TRI-CITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kadlec Regional Medical Center (Providence)</td>
<td>3/3/2017</td>
<td>1,3</td>
</tr>
<tr>
<td>Our Lady of Lourdes Hospital at Pasco</td>
<td>9/7/2017</td>
<td>1,5</td>
</tr>
<tr>
<td>Trios Health</td>
<td>8/16/2017</td>
<td>1,3</td>
</tr>
<tr>
<td>PMH Medical Center</td>
<td>12/19/2017</td>
<td>1,3</td>
</tr>
</tbody>
</table>
1.4 NARRATIVE RESPONSE

a. If all affiliation agreements are not complete, describe the status of completing those affiliation agreements with clinical sites that will be used for the inpatient portions of required clinical clerkships for the charter medical school class.

All affiliation agreements with inpatient clinical teaching sites necessary to deliver our curriculum have been executed, there are 68 clinical sites at this time. Additional affiliate hospitals for expanding teaching opportunities in communities surrounding each clinical campus continues to be a focus of the Office of Academic and Community Partnerships.

1.4 SUPPORTING DOCUMENTATION

1. As available, the signed/executed or drafted affiliation agreement for each clinical teaching site at which students will complete the inpatient portions of required clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives.

Note: Each affiliation agreement should be saved as a separate document and named according to the following convention: 1.4._AA_Site Name.

1.4_AA_Legacy Salmon Creek Hospital
1.4_AA_Multicare Health System Hospitals
1.4_AA_Our Lady of Lourdes Hospital
1.4_AA_PeaceHealth Southwest Medical Center
1.4_AA_PeaceHealth St. John
1.4_AA_PMH Medical Center
1.4_AA_Providence Hospitals
1.4_AA_Swedish Medical Center
1.4_AA_Trios Health
1.4_AA_VA Northwest Network
1.5 BYLAWS

A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, medical students, and committees.

1.5 NARRATIVE RESPONSE

a. Provide the date when the bylaws that apply to the medical school were or will be approved and the date of the last update, if one has occurred.

The original ESFCOM Faculty Bylaws were developed, reviewed by the faculty, and ratified by a vote of the full faculty council on February, 18, 2016. The ESFCOM Faculty Bylaws were revised by the Faculty Council Executive Committee (FCEC) and ratified by a vote of the full faculty council on April 30, 2018 (appendix 1-05-1).

b. Describe the process for changing bylaws, including the individuals and groups that must approve changes.

Suggested changes to the bylaws are submitted to the chair of the FCEC, by the Dean, the chairs of the standing committees, or a working group consisting of at least 5 members of the faculty council. All proposals for bylaws changes must contain the specific changes with the reasons for the changes. The chair of the Faculty Council brings the proposals to the FCEC which reviews and decides whether or not to send on to the full Faculty Council for approval. The chair of the Faculty Council delivers the decision to the Dean, who forwards the amended bylaws to the chair of the Faculty Senate. Amendments to the bylaws become effective upon approval by the Faculty Senate.

The voting faculty of the ESFCOM consists of all full-time and part-time full professors, associate professors, assistant professors, and instructors. Faculty may be on tenure-track, clinical track, or research track as defined in the WSU Faculty Manual, Sections III.E. and V.C. Voting faculty includes those, as well as those with the title of Emeritus.

c. Briefly describe how the bylaws are or will be made available to the faculty.

The ESFCOM Faculty Bylaws are distributed to the faculty through several communications channels. Bylaws are housed on the ESFCOM website and a link is emailed to all faculty. Faculty receive the bylaws as part of onboarding. Additionally, contents of the faculty bylaws are covered during faculty orientation following initial appointment to the medical school.

1.5 SUPPORTING DOCUMENTATION

The full bylaws that apply to the medical school should be available in the survey team’s home room during the survey visit. The survey team should have online access to the bylaws prior to the survey visit.

Appendix 1-05-1 ESFCOM Faculty Bylaws

*ESFCOM Faculty Bylaws can be found at: https://s3.wp.wsu.edu/uploads/sites/1506/2018/05/ESFCOM-Faculty-Bylaws.pdf
1.6 ELIGIBILITY REQUIREMENTS

A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body by either the medical school or its parent institution.

1.6 SUPPORTING DATA

1. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

The ESFCOM is chartered/legally authorized to offer the MD degree in Washington State. Final approval to offer the MD degree was approved by the Regents of WSU in May of 2017 (appendix 1-06-1).

2. Place an “X” next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

<table>
<thead>
<tr>
<th>Accrediting Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle States Association of Colleges and Schools</td>
</tr>
<tr>
<td>New England Association of Schools and Colleges</td>
</tr>
<tr>
<td>North Central Association of Colleges and Schools</td>
</tr>
<tr>
<td>X Northwest Commission on Colleges and Universities</td>
</tr>
<tr>
<td>Southern Association of Colleges and Schools</td>
</tr>
<tr>
<td>Western Association of Colleges and Schools</td>
</tr>
</tbody>
</table>

3. Provide the current institutional accreditation status and when the school will be/was reviewed for candidate status.

WSU is accredited by the Northwest Commission on Colleges and Universities (NWCCU). In July 2018 WSU’s accreditation was reaffirmed by the NWCCU for a seven-year period, following a campus visit in April 2018 (appendix 1-06-2). WSU has now been continuously accredited by its regional higher education authority since 1918.

In June of 2016, in advance of the NWCCU accreditation visit, the WSU Provost submitted an application for approval to offer the MD degree to a subcommittee of the NWCCU. The NWCCU assessed the proposed curriculum content and delivery model and, in February of 2017, rendered a positive judgement on the ability and readiness of WSU to offer the MD degree (appendix 1-06-3).