2015-2016 DATA COLLECTION INSTRUMENT
FOR PRELIMINARY ACCREDITATION

www.medicine.wsu.edu
BACKGROUND INFORMATION

Provide a brief history, to date, of the development of the medical school.

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

WSU has a current enrollment of approximately 29,000 undergraduate, graduate, and professional students and approximately 6,300 faculty and staff. WSU offers 95 undergraduate degrees, more than 60 Master’s and professional degrees, and has more than 40 doctoral degree programs which are offered through 11 colleges and guided by the Graduate School.

WSU provides exceptional education for undergraduate and graduate students within a caring and engaged community. The liberal arts and sciences have an important place in the curriculum, along with business, communication, education, architecture, pharmacy, nursing, and the traditional land-grant disciplines of agriculture, engineering, and veterinary medicine.

A multi-campus system was developed in the mid-1980s under the guiding principle of “one university, geographically dispersed.” This means one set of academic standards supporting a common curriculum, one faculty system-wide, and one student body. In addition to the main campus in Pullman, urban campuses around the state are located in the Tri-Cities (Richland, Pasco, and Kennewick), in Vancouver, in Everett, and in Spokane. The latter was designated by the WSU Board of Regents as the Health Sciences Campus, which hosts the nationally renowned Colleges of Nursing and of Pharmacy, as well as the recently launched College of Medicine.

As one of the nation’s premier, top-tier public research institutions, WSU is unwaveringly committed to innovation and excellence in research and scholarship. The Carnegie Foundation lists WSU among 96 public and private universities recognized for “very high research activity.” In its 2013 list of America’s Best Colleges, U.S. News and World Report ranks WSU in the top 60 public national universities. In 2009, National Science Foundation ranked WSU 69th among all universities and colleges in the U.S. for research and development expenditures, 57th among all public universities, and 18th among all universities without a medical school.

Development of the medical school is truly a milestone in the history of Spokane. None of this would have been possible without the support of community leaders. It is because of those leaders’ efforts, combined later with the vision of the late WSU President Elson S. Floyd and the university’s Board of Regents, that the campus started 25 years ago and has developed into WSU’s designated health sciences campus. President Floyd passed away in May 2015; Dr. Bernardo, who was Provost under Dr. Floyd, assumed the role of interim President of WSU. A new president, Kirk Shulz (currently president of Kansas State University), has been hired and will assume the Presidency June 13, 2016.

WSU has produced an impressive and extensive record of research since its founding. Among its large number of high quality and impactful research programs, WSU has exceptional research strengths in: agricultural and plant sciences, physical sciences and engineering, biological and life sciences, biomedical sciences, global animal health, and environmental sciences and clean energy technologies. With more
than $430 million in research and public service expenditures, including $223 million in sponsored program expenditures, WSU is among the nation’s top land-grant research universities.

Students with diverse social, economic, and ethnic backgrounds are drawn to WSU from throughout the nation and over 98 foreign countries to join an academic community renowned for its commitment to education and leadership development.

**The College of Medicine**

Washington State University has a long history of delivering medical education to undergraduate medical students. WSU has been a partner in the University of Washington School of Medicine (UWSOM) WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) program since 1971. For most of the past 43 years, 20 first year medical students have received their education at WSU, taught entirely by WSU faculty. During this time, a WSU faculty member directed the first year WWAMI program with an administrative reporting line to the UWSOM. In 2008, the WWAMI program was expanded and extended to the Spokane campus of WSU. From 2008 until 2013, 20 UWSOM first year medical students per year have received their education at WSU Spokane from WSU faculty. In 2014, the first cohort of second year medical students also received their training at WSU Spokane. As with the first year students, the second year students enrolled at WSU and the WSU WWAMI director administered the program. Also 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. In 2014, the total medical student enrollment at WSU was 49. In summary, WSU has extensive experience teaching medical students (43 years), with experienced faculty delivering both the first and second year curriculum.

To address the physician shortage, increase access to care, and provide opportunities for more Washingtonians to attend medical school, WSU has periodically considered starting its own medical education program. In the spring of 2014 WSU founded the College of Medical Sciences as a precursor to a College of Medicine. The new college recruited a diverse, nationally-recognized faculty pursuing breakthrough research in a wide range of fields such as the neuroscience of sleep, andrology, addiction, aging, and cancer. The College of Medical Sciences also included the well-established department of Speech and Hearing Sciences, with its highly-productive research faculty offering bachelors and master’s degree programs. The college hosted a consult visit with the Liaison Committee on Medical Education (LCME) secretariats in November 2014, as part of the planning process to develop the medical education program.

In support of this effort to address the pressing need to expand the healthcare provider workforce in Washington, on April 1st, 2015, the governor signed the legislation authorizing WSU to operate a medical school offering the M.D. degree (See appendix1.0.1.) With this approval, WSU converted its College of Medical Sciences to the Elson S. Floyd College of Medicine (ESFCOM) with a mission to promote health and to solve challenging problems relating to the access to healthcare and its delivery. After reviewing a number of successful medical education programs across the United States, ESFCOM faculty modeled the medical education program design after Florida State University, with a plan to educate students during the first two years on the campus in Spokane, with the delivery of the clinical years on the dispersed campuses already part of the WSU system. As a college in a top-tier research university, the College of Medicine will also greatly expand its robust research enterprise with world-renowned extramurally-funded faculty, and will offer Ph.D. and professional programs in medically-related sciences.

After a national search, John Tomkowiak, M.D., was appointed as the founding dean for the ESFCOM in September 2015. Dean Tomkowiak has worked closely with university leadership, and the ESFCOM faculty and administration in designing the medical education program, developing the accreditation
related materials including the data collection instrument, and leading the self-study on the four WSU campuses that will deliver the medical education components.

**The Spokane Healthcare Community**

Spokane is a major healthcare hub, serving as a tertiary referral center for patients drawn from across the entire Northwest quadrant of the nation. 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 and 272-bed Holy Family Hospital, the 84-bed Spokane VA Medical Center, the 30-bed Shriners Hospitals for Children-Spokane, and the 411-bed Rockwood Health System (See appendix 1.0.2). Spokane also offers the St. Luke’s Rehabilitation Institute, the region’s largest medical rehabilitation facility. With its culture of innovation and broad patient base, Spokane has historically been a preferred site for clinical trials. Four residency programs are based in Spokane, including: family medicine, internal medicine, radiology, and psychiatry. Discussions are also underway to launch a residency program in pediatrics. Some of the residency training will soon relocate to the new Spokane Teaching Health Clinic on the WSU Health Sciences Campus (See appendix 1.0.3), on schedule to open in the summer of 2016 to support the first two years of the curriculum. A large segment of Spokane’s practicing clinicians are eager to teach medical students and residents, and are being appointed as clinical faculty in the ESFCOM.
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.
OVERVIEW: SUPPORTING DOCUMENTATION REQUIRED FOR STANDARD 1

Provide maps of the planned medical school campus and its system of affiliated hospitals. Include a map illustrating the location of any geographically distributed campuses.

Geographically Distributed Campus

The regional campuses for clinical education are located in Tri-Cities (campus located in Richland), Vancouver and Everett. The small markers are locations of WSU Extension offices and research centers across the state. WSU has a presence in all 39 counties of the state.
Entities in the grey boxes are part of, supported by, or have faculty from, the ESFCOM.
Spokane Clinical Affiliates

Clinical affiliation agreements are also in process with Deaconess Hospital and Valley Hospital (not shown).
Clinical affiliation agreements are in process with Trios Health and Lourdes Health hospitals (not shown).
Vancouver Clinical Affiliates

Clinical affiliation agreements with PeaceHealth and Legacy Salmon Creek are finalized and awaiting signatures.
Clinical affiliation agreement is in process with Sea Mar (FQHC) in Marysville, 2 miles north of Everett (not shown). Clinical education at the Everett site will also involve affiliated Swedish Hospital in Seattle (not shown).
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

1. Provide the mission and vision statements of the medical school. Describe when, how, and by whom these were developed. If the mission has not yet been formalized, describe when this process is likely to be completed.

Mission
The mission of Washington State University College of Medicine is to develop practical solutions to challenging problems in the promotion of health and healthcare access, including the training of a diverse workforce of physicians and other healthcare professionals with a focus on interprofessional, patient-centered education and research.

Vision
An ever healthier Washington State in which all people have access to the highest quality health and wellness care and are able to participate in the economic vitality of the State brought about by advances in health science and healthcare delivery.

Goals
The Washington State University College of Medicine will:
- Be informed by the communities we serve to enhance our educational, research, and clinical missions.
- Increase the number of primary care physicians serving in Washington State’s workforce.
- Attract students interested in rural practice and treating vulnerable populations.
- Develop bridge and pipeline systems that facilitate access to medicine as a profession for local and regional residents.
- Advance and apply the practical knowledge and scholarship of our faculty and students through innovative basic, translational, clinical, and community-based research.
- Foster inter-professional learning across the health sciences colleges and clinical training sites in innovative and transformational ways.
- Create and sustain a university community that is diverse, inclusive, and equitable.
- Be recognized for efficiency, excellence, and innovation in medical education.
- Operate in a fiscally responsible manner in using the resources of the students, college, university, state, and other external funding sources.

The mission, vision and goals were developed by the leadership and stakeholders from the medical school, parent university, clinical affiliates, and the community. The Founding Dean also had an integral role in their development and final adoption.
2. Describe the process that is being used by the medical school to establish its strategic plan, including goals and outcomes. Provide the date when the plan was developed or when it is likely to be finalized.

The medical school has developed a strategic plan, which is being used to guide initiatives underway in the ESFCOM. The foundation for the strategic plan is provided by five specific themes: Achieve Accreditation, Build Infrastructure, Research Integration and Expansion, Community Engagement, and Interprofessional Clinical Outreach. There are five high level plans under each theme that are designed to achieve the objective of the theme when completed. The proposal projects staffing and funding needed to launch and operate all aspects of the new College of Medicine.

The ESFCOM strategic plan aligns its institutional planning and priorities to its mission. The strategic plan for the college is also aligned with the overall institutional strategic plan for WSU (See appendix 1.1.2). The strategic plan is subject to the Continuous Quality Leadership program, which prescribes a quarterly review and refinement of the strategic plan, with significant input from vice deans, associate deans, basic science and clinical department chairs, faculty members, the university executive team, and community stakeholders.

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

The outcomes of the ESFCOM strategic plan will be reviewed by the Deans Cabinet on a yearly basis. The strategic plan is meant to be an 18 month plan, which will be reviewed yearly for adjustments, new items and completed items. In addition the Vice Dean for Administration, Accreditation, and Finance (VD, AAF) will review the progress of the plan on a quarterly basis in order to identify any areas that may represent challenges, create solutions, allocate resources, and implement corrective actions. The outcomes as reported by the respective units are collected centrally by the Office of the Vice Dean for Administration, Accreditation, and Finance. At the end of the academic year, the dean for the college will complete an annual report for the provost of WSU regarding outcomes performance relative to the themes of the strategic plan.

4. Describe the process that will be used and the resources that will be available for quality improvement activities related to the medical education program. For example, is there or will there be an office or dedicated staff to support quality improvement activities, including ongoing compliance with LCME accreditation standards?

The ESFCOM engages in ongoing, integrated, and institution-wide research-based planning and evaluation processes that incorporate a systematic review of the medical education program’s mission, goals, and outcomes; result in continuing improvement in program quality; and, demonstrate that the college is effectively accomplishing its mission. This is accomplished through our Standards Based Continuous Quality Leadership (SBCQL) teams and processes.

The ESFCOM identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of improvement based on analysis of the results in each of the five theme areas of the strategic plan:
- Achieve Accreditation
- Curriculum Development
- Community Engagement
- Build Infrastructure
- Medical Education Program
- Research Integration and Expansion
- Interprofessional Clinical Outreach
This continuous quality improvement initiative is led by the office of VD AAF with ongoing support of all chairs and senior administrators. Funding for this initiative is included in the annual budget planning cycle. On an ongoing basis, the VD AAF office interacts with faculty, chairs, students and administrators and has a discretionary budget to support institutional effectiveness related activities.

Ongoing compliance with LCME accreditation standards is a central component of the institutional effectiveness program. As a new and developing school, compliance with LCME accreditation standards is a strong focus area for the college. The ESFCOM has developed a SBCQL program to serve as a mechanism to accomplish its goal of ongoing compliance as part of its strategic plan. Twelve committees have been formed, one for each of the standards, to review compliance with each of the standards (See appendix 1.1.5). The committees are comprised of faculty, students, administrators, and community members who work together to develop outcome measures for each standard. The standards are then monitored using these outcome measures to continuously assess compliance and implement changes when necessary to improve performance of the medical school.

As an invited speaker, the Dean presented his approach for the ESFCOM’s-SBCQL initiative, entitled Continuous Quality Leadership, at the 2015 annual meeting of the Association of American Medical Colleges Medical Education sessions. Program elements are focused on:

- Real time compliance status and performance trends.
- Identification of opportunities to achieve excellence at reasonable cost.
- Adverse trends always addressed using Continuous Quality Improvement (CQI) methods Model for Improvement, LEAN, Six Sigma, etc.
- DCI documents always current and available.
- LCME ASSET database always current.

The improvement cycle is illustrated in the following diagram:

A summary of the presentation slide deck is included in Appendix 1.1.4. The SBCQL metrics for the twelve standards are included in appendix 1.1.5

**SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.1**

Appendix 1.1.1 ESFCOM Executive Summary Strategic Plan.
Appendix 1.1.2 Summary of strategic plan objectives relative to WSU overall strategic plan.
Appendix 1.1.3 Membership of 12 SBCQL committees.
Appendix 1.1.4 Slide presentation summary of Standards Based Continuous Quality Leadership program.
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

Place a “Y” next to each unit the primary institutional governing board is directly responsible for:

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

Provide the size of the primary institutional governing board and describe the process for initial appointment and renewal of appointment of governing board members. Note if the membership of the governing board has been finalized in the context of the creation of the medical school.

The Washington State University Board of Regents is the university's governing body whose broad responsibilities are to supervise, coordinate, manage and regulate the WSU system, as defined under the Revised Code of Washington (RCW), RCW 28B.30.100 (See appendix 1.2.1). The board of regents consists of 10 members appointed by the governor with the consent of the senate, one of whom is a full time student in good standing at WSU (See appendix 1.2.2 for membership of WSU Board of Regents). The term of each appointment is six years, except for the student whose term is one year.

The roles and responsibilities of Washington State University’s Board of Regents are defined under RCW 28B.30, specifically:

The Regents of Washington State University, in addition to other duties prescribed by law, shall:

Have full control of the university and its property of various kinds.
Employ the president of the university.
Establish entrance requirements for students seeking admission to the university.
Establish such colleges, schools, or departments necessary to carry out the purpose of the university.
With the assistance of the faculty of the university, prescribe the courses of instruction in the various colleges, schools, and departments of the institution and publish the necessary catalogues.
Subject to the approval of the Student Achievement Council, pursuant to RCW 28B.77.005 (see appendix 1.2.3), offer new degree programs, offer off-campus programs, participate in consortia or centers, contract for off-campus educational programs, and purchase or lease major off-campus facilities.
Grant to students such certificates or degrees, as recommended for such students by the faculty.
Confer honorary degrees upon persons other than graduates of the university in recognition of their learning or devotion to literature, art, or science when recommended by the faculty, provided that no degree shall ever be conferred in consideration of the payment of money or the giving of property of whatsoever kind.
Adopt plans and specifications for university buildings and facilities or improvements thereto.
Direct the disposition of all money appropriated to or belonging to the university.
Accept such gifts, grants, conveyances, devises, and bequests, whether real or personal property, in trust or otherwise, for the use or benefit of the university.

Be appointed to the board for a term of six years with the ability for continuous reappointment, as WSU’s board of regents are not bound by term limits.

The officers of the board consist of a President, who is also the chair of the board (chair), a vice chair, a secretary, and a treasurer. At its regular meeting held after the first Wednesday in April of each year, the board elects by majority vote a chair and vice chair, as nominated by the executive committee, based upon the advice of the board and in consultation with the president of the university. The chair and vice chair hold office for a one-year term, commencing on May 16 or until their successors are elected.

The chair of the board presides at all meetings of the board and signs all written instruments on behalf of the board that are necessary to implement programs and policies which have been approved by the board. The chair of the board has the authority and responsibility to perform the duties customarily attached to the office and shall have such other authority and duties as prescribed by these bylaws and the board. The vice chair of the board has the authority to perform the duties of the chair of the board in the event of the chair’s absence or incapacity. The vice chair may have such other authority and duties as prescribed by the bylaws and the board.

The president of the university serves as secretary of the board as a non-voting member, as prescribed by state law. The secretary is responsible for giving notice of all meetings of the board, and recording and keeping of the minutes of the proceedings of the board; is the custodian of all official records of the board; attests to all instruments required to be signed by the chair of the board; and performs all the duties pertaining to the office.

The treasurer of the board is the vice president for business and finance of the university, unless the board in its discretion appoints another individual to this office. The treasurer does not have voting privileges, and is the financial officer of the board who renders a true and faithful account of all moneys received and paid out.

In the event of resignation, disability, or death of the chair of the board, the vice chair of the board assumes the office of the chair. In the event of a vacancy in the office of the vice chair, the vacancy is filled by a majority vote of the board.

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?

The board of regents is the university’s governing body; there are no separate or subsidiary board(s) for the College of Medicine.

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

The College of Medicine is not part of a for-profit, investor-owned entity.
Place a “Y” next to each area in which the medical school or university has a faculty conflict of interest policy:

<table>
<thead>
<tr>
<th></th>
<th>Conflict of interest in research (Appendix 1.2.7)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Conflict of private interests of faculty with academic/teaching responsibilities (Appendix 1.2.7)</td>
</tr>
<tr>
<td></td>
<td>Conflict of interest in commercial support of continuing medical education (COI policy under development.)</td>
</tr>
</tbody>
</table>

Describe the strategies for managing actual or perceived conflicts of interest as they arise for the following groups:

Governing board members
University and medical school administrators
Medical school faculty

The Ethics in Public Service Law, RCW 42.52 (http://www.leg.gov/wsladm/rcw.htm) establishes a single code of ethics applicable to all state officers and state employees. Washington State University faculty members are state employees and are subject to the ethics law and rules, as well as Washington State University ethics policies. The basic provisions of the state ethics law are described in the WSU faculty manual (see appendix 1.2.4). When questions arise, the resources listed at the end of the faculty manual should be consulted.

The basic principle of the law is that public employment may not be used for personal gain or private advantage (RCW 42.52.900; see appendix 1.2.5). The law prohibits state employees from having a financial interest or engaging in business activities that are in conflict with the proper discharge of their official duties (RCW 42.52.020; see appendix 1.2.6). 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.

A state employee may not be beneficially interested in a contract that is made by, though, or is under the supervision of the employee, in whole or in part, or accept compensation or reward from any other person beneficially interested in the contract. A beneficial interest is the right to enjoy profit, benefit, or advantage from a contract or other property.

**Managing Actual or Perceived Conflicts of Interest**

1. University
The WSU Board of Regents publishes a Conflict of Interest Policy, including management provisions, that is applicable to all members of the WSU community (See appendix 1.2.7 for full policy). The board requires the establishment of a Conflict of Interest Review Committee. The Conflict of Interest Review Committee (COIC) is a presidential committee which reviews all pertinent documentation, disclosures of significant financial interests, and COI resolution plans for potential or actual COI cases based on federal and state law and university policy. The COIC has the responsibility and authority to (1) assess whether a COI exists, (2) assess the extent of the COI, and (3) manage, reduce or eliminate the COI before approving the research. Administrators and faculty are required to complete an annual disclosure form regarding potential COIs. They are also required to self-disclose and file a form at any time a potential COI is identified. The employee, in collaboration with the COIC, must develop a suitable management strategy for an identified COI. The management plan may include monitoring of the plan and/or a
retrospective review and a mitigation report pursuant to federal regulations. The COIC establishes bylaws which govern its procedures.

College of Medicine
There are opportunities for Conflict of Interest (COI) that are unique or more common for faculty and administrators in a medical school. These include, but are not limited to the following common potential COIs:

- 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.

To directly address conduct relative to potential COI in the ESFCOM a COI policy is under development, with completion scheduled for summer 2016. The ESFCOM is drawing 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 (http://amsascorecard.org; see appendix 1.2.8 for an example score card for Stanford University School of Medicine). The common areas of COI that will be directly addressed in this policy will include, but are not limited to:

- Gifts from vendors of pharmaceuticals, medical devices, or medical services.
- Meals that are provided by vendors or by sponsors of CME activities.
- Consulting relationships with industry.
- Industry-funded speaking relationships.
- Attendance at industry-sponsored promotional events.

Procedures will be developed for disclosing conflicts of interest and procedures will also be developed to manage and mitigate real conflict of interest situations. The ESFCOM will develop a curriculum for educating medical students on conflict of interest situations and best practices for managing such situations. Finally, procedures will be developed to deal with violations of the ESFCOM conflict of interest policies.
SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.2

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 exists).

Appendix 1.2.1 Revised Code of Washington (RCW), 28B.30.100
Appendix 1.2.2. Membership of WSU Board of Regents
Appendix 1.2.3 RCW 28B.77.005
Appendix 1.2.4 WSU Faculty Manual
Appendix 1.2.5 RCW 42.52.900
Appendix 1.2.6 RCW 42.52.020
Appendix 1.2.7 WSU Executive Policy #27 Ethics, Conflict of Interest, and Technology Transfer
Appendix 1.2.8 American Medical Student Association (AMSA) Score Card for Stanford University School of Medicine
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>Anticipated Number of Voting Members</th>
<th>Check if the Committee Currently is Operational</th>
<th>Membership Selection (A/E/B)</th>
<th>Authority (R/A/B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Council Executive</td>
<td>Dean</td>
<td>7</td>
<td>X</td>
<td>E</td>
<td>R</td>
</tr>
<tr>
<td>Curriculum</td>
<td>Vice Dean for Student and Faculty Experience</td>
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<td>B</td>
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<tr>
<td>Admissions</td>
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<td>X</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Student Evaluation, Promotion and Awards</td>
<td>Dean</td>
<td>7</td>
<td>X</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Faculty Appointment, Promotion and Tenure</td>
<td>Dean</td>
<td>7</td>
<td>X</td>
<td>B</td>
<td>R</td>
</tr>
<tr>
<td>Scholarship Committee</td>
<td>Dean</td>
<td>6</td>
<td>X</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Equity (Diversity)</td>
<td>Dean</td>
<td>11</td>
<td>X</td>
<td>B</td>
<td>R</td>
</tr>
</tbody>
</table>

1.3 NARRATIVE RESPONSE

If the standing committees have not all been formed, describe the status of committee formation and the time when it is anticipated that all committees will be operational.

All the major standing committees have been formed and are operational. These major standing committees consist of the: Faculty Council Executive Committee; Curriculum Committee; Admissions Committee; Student Evaluation, Promotion and Awards Committee; Faculty Appointment, Promotion and Tenure Committee; and the Equity (Diversity) Committee (See appendix 1.3.1 for roster of committee members). Faculty elections/appointments for the membership of the permanent committees has been completed as of April 2016. The permanent committees will review and ratify the policies and processes approved by their respective precursor committees.
Summarize how the selection process for faculty committees will ensure that there is broad faculty input into the governance process. How are/will individuals whose perspectives are independent from that of departmental leadership or central medical school administration be included? Note whether committees include elected members or members nominated or selected through a faculty-administered process (e.g., through a “committee on committees”).

As outlined by the procedures in the bylaws, the selection process for faculty committees is designed to be broadly inclusive of faculty input into the governance process of the COM.

**Section C. Appointment of Standing Committees** (See appendix 1.5.1 for Article III, section C of bylaws)

1. The Dean, in consultation with the Executive Committee of the Faculty Council, shall annually develop a list of nominees to be appointed as members and chair (or co-Chairs) for each of the standing committees.
2. The list of nominees shall be forwarded to the Executive Committee of the Faculty Council. The Faculty council may either accept or reject the list of nominees, as developed by the Dean, without amendment. An act by the Executive Committee of the Faculty Council of accepting the list of nominees will result in the appointment, as members and chair (or co-chairs) of each of the standing committees, as nominated.
3. Terms of appointment and composition vary on each committee and are as described in these Bylaws and shall be in accordance with the WSU Committee Procedures Manual.
4. A person may serve as chair or co-chair of only one Standing Committee at a given time.
5. All appointees shall receive written notice of their appointment and of the standing committee’s charge.
6. If a committee seat becomes vacant during the course of a term, the Dean should appoint a replacement who will serve out the remainder of the term.

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. Members of the FCEC serve for two-year renewable terms beginning with the July meeting of the Faculty Council Executive Committee.

The FCEC and the Dean work collaboratively, with input from chairs and faculty, to develop a slate of nominees to serve on the standing committees of the ESFCOM. In some cases, nominees for committees include students and/or community members (i.e. Admissions Committee). The final slate of nominees is presented to the FCEC for approval resulting in appointment. Those appointed to the standing committees are notified of their appointment by the dean. The chair of the Faculty Council Executive Committee prepares the membership roster for each of the committees, and then publishes the results to the COM faculty and broader community.

Describe how faculty currently are being made aware of policy and other types of changes that require faculty comment and how such input from faculty is obtained. What mechanisms, in addition to faculty meetings (such as written or electronic communications) are being used to inform faculty about issues of importance at the medical school?

Department chairs, and the chair of the FCEC, attend the meetings of the college executive leadership team, providing an important mechanism of faculty representation to college leadership. The department chairs and FCEC chair are then expected to directly inform members of the faculty regarding initiatives and issues under discussion by college leadership. In addition, the dean holds regular meetings with senior administrators and department chairs in order to support their communications within their respective functional areas.
Faculty appointed to the COM are made aware of policy and other types of changes in the medical education program through direct contact at department meetings, email, and posting on the COM website. The faculty handbook is updated on an annual basis for faculty approval/ratification and is published on the website as a central repository (See appendix 1.3.2 WSU ESFCOM Faculty Handbook Table of Contents). The COM website provides notice of special meetings, focus groups, and town halls to inform the faculty of issues of importance at the college. Minutes from all committee meetings are also posted on the COM website as well as the composition of all committees.
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 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.

Confirmation of the authority of the department heads of the medical school to ensure faculty and medical student access to appropriate resources for medical student education when those department heads are not also the clinical service chiefs at affiliated institutions.

1.4 NARRATIVE RESPONSE

a. Describe the status of completing affiliation agreements with clinical teaching sites that will be used for the inpatient portion of required clinical clerkships for the charter medical school class. This does not include clinical teaching sites only used for electives or selectives.

The ESFCOM adopted as its standard instrument the Association of American Medical Colleges (AAMC) Uniform Clinical Training Affiliation Agreement to clarify the roles and responsibilities of the clinical affiliates to ensure quality of the medical education program. The ESFCOM has adopted a distributed regional campus model for the required clinical clerkships. Clinical teaching sites have been identified and we have met with leadership of the various hospitals. Clinical teaching affiliation agreements have been signed with 11 of the sites and are in various stages of approval with several others. The clinical affiliates and the status of completing the affiliation agreements with those clinical affiliates is included in the table below.

<table>
<thead>
<tr>
<th>Campus</th>
<th>Clinical Affiliate</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spokane</td>
<td>Providence Holy Family Hospital</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>Providence Sacred Heart Medical Center</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>Spokane Veterans Affairs Medical Center (VAMC)</td>
<td>Affiliation Agreement approved pending preliminary accreditation</td>
</tr>
<tr>
<td></td>
<td>Shriners Hospital for Children - Spokane</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>Rockwood Clinic</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>St. Luke’s Rehabilitation Institute</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>Northwest Specialty Hospital</td>
<td>Signed Affiliation Agreement</td>
</tr>
<tr>
<td></td>
<td>Deaconess Medical Center</td>
<td>Affiliation Agreement in process</td>
</tr>
<tr>
<td></td>
<td>Valley Hospital</td>
<td>Affiliation Agreement in process</td>
</tr>
</tbody>
</table>
b. If affiliation agreements have not been finalized with sites needed to accommodate the first cohort of students entering the clinical years, indicate the timetable for the completion and signing of the affiliation agreements.

We have not yet finalized the clinical affiliation agreements we need for the first cohort of students entering the clinical years. We are awaiting signatures on agreements with Kadlec Regional Medical Center in Tri-Cities and PeaceHealth Southwest Medical Center in Vancouver. These are expected to be signed in the next 4 weeks and will complete our required sites for clinical education. We are continuing to meet with potential teaching sites in the cities of our 4 regional campuses and have several additional clinical affiliation agreements under review. We expect to finalize several of these clinical affiliation agreements by the end of summer 2016. In addition, we are in conversation with other hospitals and clinics that may be sites for elective experiences and/or more rural/underserved experiences. Additional sites for elective experiences will be added continuously with substantial numbers of agreements expected to be completed and signed prior to the first cohort of students entering the clinical years in 2019.
**SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.4**

For those affiliation agreements that have been signed, provide a copy of the agreement in the Appendix (create a separate appendix for each agreement) and complete the table below by providing the page number in the 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.
- Confirmation of the authority of the department heads of the medical school to ensure faculty and medical student access to appropriate resources for medical student education when those department heads are not also the clinical service chiefs at affiliated institutions.

<table>
<thead>
<tr>
<th>Clinical teaching site</th>
<th>Date agreement signed</th>
<th>(1) Access to resources</th>
<th>(2) Primacy of program</th>
<th>(3) Faculty appointments</th>
<th>(4) Environ. Hazard</th>
<th>(5) Learning environment</th>
<th>(6) Authority of dept. head</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everett Clinic</td>
<td>11/5/15</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Rockwood Clinic</td>
<td>10/30/15</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>St. Luke’s Rehabilitation Institute</td>
<td>11/5/15</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Swedish Medical Center</td>
<td>11/5/15</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Providence Sacred Heart Medical Center</td>
<td>10/26/15</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Providence Holy Family Hospital</td>
<td>10/26/15</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vancouver Clinic</td>
<td>2/8/16</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Northwest Specialty Hospital</td>
<td>3/22/16</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Providence Everett</td>
<td>1/12/16</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Shriners Hospital</td>
<td>2/26/16</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1-2</td>
<td>2</td>
</tr>
</tbody>
</table>

The signed affiliation agreements are provided in Appendix 1.4.1-10.
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

Background

The faculty manual of the Washington State University (WSU) publishes the requirements for approval of the policies of an academic unit. http://facsen.wsu.edu/faculty_manual/. At WSU, each college, school, department, or academic program which administers a degree granting program is considered an academic unit. For the medical education program, the Elson S Floyd College of Medicine (ESFCOM) is responsible for the content and quality of the academic programs under its jurisdiction, no matter where the elements of the program are offered (main campus, distributed campus(es), etc.).

The faculty manual states that the academic faculty who are an integral part of an academic program are members of the academic unit responsible for that program, no matter where the faculty member is physically located. The manual articulates the decanal authority for the program:

*Academic responsibility is from the academic faculty through the chair or director, through the cognizant academic dean and to the provost.*

To facilitate uniformity of operation, the duties of the faculty of each academic unit are defined as follows:

a) Perform the regular duties of teaching, research, and service of the unit.
b) Serve as the legislative body in all matters relating to curricular and educational policies of the unit, so long as such policies do not conflict with policies approved by the university faculty assembly and/or the board of regents.

Among its responsibilities are the following:

- Standards of admission to the unit
- Curricula and courses to be offered and the amount of credit for each course
- Requirements for graduation
- Appropriation requests
- Consideration of candidates for appointment to positions within the unit
- Apportionment of work of the unit
- Policies of the unit

In addition, the ESFCOM has adopted bylaws that will be annually updated and published (See appendix 1.5.1 copy of ESFCOM bylaws). The bylaws clearly articulate the charges to the standing committees of the college, the responsibilities and privileges of the faculty and administration, and the policies and procedures that are directly related to the medical education program.

a. Describe the status of development of the faculty bylaws that apply to the medical school.

The ESFCOM faculty bylaws have been developed, reviewed by the faculty, and ratified by a vote of the full faculty council on February 18, 2016.
b. Describe the process for changing bylaws, including the individuals and groups that must approve changes.

The process for amending the ESFCOM bylaws is articulated in Article V of the bylaws. Briefly, bylaw changes are submitted to the chair of the FCEC by the dean, an ad hoc committee formed for the purpose of recommending changes to the bylaws, or by a group of at least 20 faculty members. Proposed amendments must be submitted in writing, with supporting reasons for the change, to the chair of the Faculty Council Executive Committee. The chair of the FCEC may choose to have the amendment reviewed by a committee formed to review and recommend such amendments (Article III, Section B). The chair of the FCEC then submits the amendment to a vote of the faculty council. The voting faculty shall consist of all members of the college faculty appointed to the medical school and holding the rank of professor, associate professor, assistant professor (on any track), or instructor, including those with modified titles.

The results of the vote on the amendment are communicated to the dean who then forwards the amended bylaws to the Chair of WSU Faculty Senate or the chair of the appropriate Faculty Senate committee. Amendments to the ESFCOM bylaws become effective upon approval by the Faculty Senate.

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

The ESFCOM faculty bylaws will be widely distributed to the faculty through several communications channels: all faculty will receive a copy of the faculty bylaws as part of the process for appointment to the COM; the contents of the faculty handbook will be covered during faculty orientation following initial appointment to the medical school; amendments will be considered during Faculty Council Executive Committee meetings; the materials will be readily available on the WSU website; and, copies of the approved faculty handbook and proposed redlined versions will be accessible on the ESFCOM internal Sharepoint site.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 1.5

If the bylaws have been developed and approved, provide the table of contents of the faculty bylaws that apply to the medical school.

The ESFCOM faculty bylaws have been developed and were ratified by the faculty on February 18, 2016. The bylaws table of contents consist of:

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article I:</td>
<td>The Professoriate</td>
<td>5</td>
</tr>
<tr>
<td>Article II:</td>
<td>The Faculty Council</td>
<td>8</td>
</tr>
<tr>
<td>Article III:</td>
<td>Committees</td>
<td>12</td>
</tr>
<tr>
<td>Article IV:</td>
<td>The College Executive Committee</td>
<td>19</td>
</tr>
<tr>
<td>Article V:</td>
<td>Amendments</td>
<td>20</td>
</tr>
<tr>
<td>Article VI:</td>
<td>Primacy of University Faculty Bylaws</td>
<td>22</td>
</tr>
<tr>
<td>Article VII:</td>
<td>Supersedes</td>
<td>22</td>
</tr>
<tr>
<td>Article VIII:</td>
<td>Exceptions to Bylaws During The Start Up Phase</td>
<td>23</td>
</tr>
</tbody>
</table>

A copy of the bylaws is included in Appendix 1.5.1.
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 NARRATIVE RESPONSE

a. Provide the state in which the institution is/will be chartered/legally authorized to offer the M.D. degree. Describe the status of obtaining authority to grant the M.D. degree.

On April 1, 2015, Washington Gov. Jay Inslee signed into law a bill that gives Washington State University the authority to create an independently accredited medical school in Spokane. House Bill 1559 amended a 98-year-old state statute that gave exclusive rights to provide medical education to the University of Washington.

Washington State University (WSU) is authorized as a degree-granting institution by the Washington State Achievement Council (WSAC). As a component of the parent institution, the ESFCOM does not seek separate authorization for offering the MD degree. Final approval to offer the MD degree is expected by Fall 2016.

b. Place a “Y” next to the institutional (regional) accrediting body that will accredit the medical school or its 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>Y 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>

c. Describe the current status of obtaining accreditation from the relevant institutional accrediting body. Note if the medical school’s sponsoring institution has submitted/applied for an expansion of scope to offer the M.D. degree or if the medical school has achieved/applied for candidate status. If candidate status has not yet been achieved, describe the steps that have been taken toward that goal.

Washington State University is accredited by the Northwest Commission on Colleges and Universities (NWCCU). Most recently reaffirmed in 2013, WSU has been continuously accredited by its regional higher education authority since 1918. NWCCU is a regional accrediting agency serving a diverse membership of public and private higher education institutions throughout the Pacific Northwest. WSU is one of 15 institutions involved in a pilot project intended to streamline reporting and reduce the burden of multiple campus visits during the seven year review cycle. In the last year of the review process, institutions will host a site visit for the final comprehensive report; WSU’s campus visit is anticipated in 2017.

The WSU Provost will submit an application for approval to offer the MD degree to a subcommittee of the NWCCU in June of 2016. The subcommittee comprised of 3 members with expertise in medical
school operation and education program delivery. This subcommittee will assess the proposed curriculum content and delivery model, and render a judgement on the ability and readiness of WSU to offer the MD degree. Curriculum materials will be reviewed and approved by the Regents of WSU before submission to the subcommittee of the NWCCU. The subcommittee of the NWCCU is empowered to grant authorization to WSU to grant the MD degree if unanimous in their recommendation. If not unanimous, the issue will be referred to the full NWCCU meeting in September 2016.

d. Provide the year of the next institutional accreditation survey, if relevant.

Washington State University, of which the Elson S. Floyd College of Medicine is a unit, is scheduled for an institutional accreditation survey in 2017.