STANDARD 10: MEDICAL STUDENT SELECTION, ASSIGNMENT, AND PROGRESS

A medical school establishes and publishes admission requirements for potential applicants to the medical education program, and uses effective policies and procedures for medical student selection, enrollment, and assignment.

10.0 SUPPORTING DATA

<table>
<thead>
<tr>
<th>Table 10.0-1 Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide data for the indicated entering classes on the total number of initial applications received in the admissions office, completed applications, applicants interviewed, acceptances issued, and new medical students matriculated for the first year of the medical curriculum. Do not include first-year students repeating the year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 Entering Class</th>
<th>2018 Entering Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial applications</td>
<td>711</td>
<td>1,194</td>
</tr>
<tr>
<td>Completed applications</td>
<td>466</td>
<td>648</td>
</tr>
<tr>
<td>Interviews</td>
<td>332</td>
<td>328</td>
</tr>
<tr>
<td>Acceptances issued</td>
<td>91</td>
<td>118</td>
</tr>
<tr>
<td>Matriculants</td>
<td>60</td>
<td>60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 10.0-2</th>
<th>Entering Student MCAT Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>If applicable, use the table below to provide mean MCAT scores (according to the exam version), for new (not repeating) first-year medical students in the indicated entering classes.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous MCAT Version</th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal Reasoning</td>
<td>9.8</td>
<td>9.7</td>
</tr>
<tr>
<td>Physical Sciences</td>
<td>9.6</td>
<td>12</td>
</tr>
<tr>
<td>Biological Sciences</td>
<td>9.9</td>
<td>12.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current MCAT Version</th>
<th>2018-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical and Physical Foundations of Biological Systems</td>
<td>126.4</td>
<td>126.8</td>
</tr>
<tr>
<td>Critical Analysis and Reasoning Skills ('MCAT CARS')</td>
<td>126.3</td>
<td>126.2</td>
</tr>
<tr>
<td>Biological and Biochemical Foundations of Living Systems</td>
<td>126.5</td>
<td>127.1</td>
</tr>
<tr>
<td>Psychological, Social, and Biological Foundations of Behavior</td>
<td>127.1</td>
<td>127.4</td>
</tr>
</tbody>
</table>

*ESFCOM utilizes the highest percentile rank of any score taken from both versions; the means reported for this table reflect the sub-cores of the highest percentile rank if an applicant took both versions of the exam. Therefore, no applicant has more than one score reflected in these means.
Table 10.0-3 | Entering Student Grade Point Averages

Provide the mean overall premedical GPA for new (not repeating) first-year medical students in the indicated entering classes. If using a weighted GPA, please explain how the weighted GPA is calculated in the last row of the table.

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall mean GPA</td>
<td>3.6</td>
<td>3.62</td>
</tr>
</tbody>
</table>

Table 10.0-4 | Medical School Enrollment

Provide the total number of enrolled first-year medical students (include students repeating the academic year) and the total number of medical students enrolled at the school for the indicated academic years. For students in dual-degree programs, only include those participating in the medical curriculum.

<table>
<thead>
<tr>
<th></th>
<th>2017-18</th>
<th>2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-year</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>Total enrollment</td>
<td>60</td>
<td>120</td>
</tr>
</tbody>
</table>
10.1 PREMEDICAL EDUCATION/REQUIRED COURSEWORK

Through its requirements for admission, a medical school encourages potential applicants to the medical education program to acquire a broad undergraduate education that includes the study of the humanities, natural sciences, and social sciences, and confines its specific premedical course requirements to those deemed essential preparation for successful completion of its medical curriculum.

10.1 NARRATIVE RESPONSE

a. List all the college courses or subjects, including associated laboratories, which are required as prerequisites for admission to the medical school.

Applicants to the ESFCOM are required to submit their primary application in accordance with the rules and regulations of the American Medical College Application Service (AMCAS). By July 15th of the matriculation year, applicants must have completed a baccalaureate degree at a regionally accredited US college or university or from a Canadian school which has received accreditation from a regional US accreditation body.

Applicants to the ESFCOM must have completed the premedical course requirements by July 15th of the matriculating year. Each required course must be completed with a grade of C or better. Courses taken pass/fail or credit/no credit do not count towards meeting the pre-medical course requirements. For institutions which only provide a narrative evaluation for classes, applicants must request from the institutional registrar a conversion to a calculated GPA. Advanced Placement (AP) credits may be accepted to fulfill the pre-medical course requirement if the undergraduate institution gave the applicant credit on their transcript and if it appears (and is verified) on the applicant’s AMCAS application.

Aggregated credit is not accepted. The prescribed course requirements are the minimum requirements for admission to the medical school. Applicants are best served by taking additional upper-level and broader coursework so they are better prepared for the academic rigors of the medical education program; these are listed as recommended courses. Remedial/developmental courses are not accepted to meet the premedical course requirements. Upper level courses (300-600 level) are preferred, but applicants who have taken basic (100-200 level) courses in these subject areas are accepted.

The college courses or subjects required for admissions are as follows:

<table>
<thead>
<tr>
<th>Required Course</th>
<th>Preferred Focus</th>
<th>Lab</th>
<th>Sem Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology</td>
<td>Genetics, Molecular Biology</td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Organic Chemistry</td>
<td></td>
<td>X</td>
<td>4</td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td>X</td>
<td>4</td>
</tr>
</tbody>
</table>
b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

<table>
<thead>
<tr>
<th>Recommended Course</th>
<th>Preferred Focus</th>
<th>Lab</th>
<th>Sem Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>College English</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>College Mathematics</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Humanities</td>
<td>(literature, art, music, or history)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Sociology</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Human Development/Embryology</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Human or Mammalian Physiology</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Anatomy or Comparative Anatomy</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Foreign Language</td>
<td>Spanish — Intermediate verbal proficiency</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Research Courses or Data Management</td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

c. Describe how the current premedical course requirements were established and by which individuals and/or groups they were approved.

The premedical course requirements were established for Entering Year (EY)17 by the Admissions Committee. For EY18, the original required premedical courses were reviewed by the Admissions Committee, which approved making English, mathematics, and statistics recommended instead of required courses leaving only biology, organic chemistry, and physics as required courses.

d. Describe how often and by whom premedical course requirements will be reviewed. Note if there are data or other information (e.g., about medical student performance) that will be used to make decisions about changes to premedical course requirements.

On an annual basis after the class has been admitted, the Admissions Committee reviews the requirements for admission, including the premedical course requirements. Once the inaugural class and subsequent classes complete all or most of the pre-clinical curriculum, student performance will be evaluated specifically in the context of the required premedical courses. Moving forward, representatives from admissions, curriculum, and assessment will discuss the pre-medical requirements in the context of the curricular and assessment expectations of students. The Curriculum Committee will be informed of the premedical course requirements with the opportunity to comment prior to approval by the Admissions Committee. Part of this discussion includes exploring whether the premedical course requirements are related to performance outcomes in the program. This information will be relayed to both the Admissions and Curriculum Committees to inform any future changes to requirements.
10.2 FINAL AUTHORITY OF ADMISSION COMMITTEE

The final responsibility for accepting students to a medical school rests with a formally constituted admission committee. The authority and composition of the committee and the rules for its operation, including voting privileges and the definition of a quorum, are specified in bylaws or other medical school policies. Faculty members constitute the majority of voting members at all meetings. The selection of individual medical students for admission is not influenced by any political or financial factors.

10.2 NARRATIVE RESPONSE

a. Describe the size and composition of the medical school admission committee, including the categories of membership (e.g., faculty, students, medical school administrators, community members) and the specified number of members from each category. If there are subcommittees of the admission committee, describe their composition, role, and authority. Describe the process for selection of admissions committee members.

The ESFCOM Admissions Committee was established in the spring of 2016. The committee was constituted per the ESFCOM bylaws (appendix 10-02-1). Per the ESFCOM Bylaws, the Admissions Committee must be comprised of at least 15 members and include faculty from ESFCOM departments, community members, and as of 2018, up to two students selected in their first year to begin serving in their second year. In 2018, there were an additional two student members selected as alternates who only vote when an active student member is absent from a meeting but participate as an active member in all other activities and are as fully trained as other members. As of July 1, 2018, the Admissions Committee totals 32 members.

The Admissions Committee membership is as follows:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Minimum Number of Members</th>
<th>Current Number of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSU ESFCOM Faculty</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>WSU Faculty (outside College of Medicine)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Medical School Administrators Ex-Officio</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Medical Students (as applicable)</td>
<td>2</td>
<td>2, 2 alternates</td>
</tr>
<tr>
<td>Additional</td>
<td>1 community member</td>
<td>1 community member</td>
</tr>
</tbody>
</table>

There are subcommittees formed by volunteers of the Admissions Committee when efforts require. In AY17/18, a working group was formed to discuss the possibility of a pathway program with the WSU Honors College. This Honors College working group made no independent decisions but provided finding and recommendations to the Admissions Committee which voted. The Honors College working group was comprised of a Chair who is also an ESFCOM faculty member, eight additional ESFCOM faculty, one WSU faculty member from outside of ESFCOM, and the Associate Dean for Admissions, Recruitment, and Inclusion (ADARI).

A Multiple Mini-Interview (MMI) subcommittee selects the MMI scenarios for each interview season. This subcommittee makes decisions without the full vote of the Admissions Committee. In 2018, the MMI subcommittee was comprised of four ESFCOM faculty and a community member.

Per ESFCOM Bylaws, Admissions Committee member nominations are solicited from department chairs, faculty, students, and the community. Student members apply during their first year, are interviewed and selected by the Admissions Committee Chair and the ADARI in consultation with the Associate Dean for Student Affairs and the Associate Dean for Accreditation, Assessment, and Evaluation. With the growth of the Admissions Committee to 32 members for the current academic year, terms are now staggered to ensure better continuity which was recommended through the self-study process.
b. Identify the current chair of the admission committee, including his or her faculty and/or administrative title(s). How is the chair selected?

The current chair of the Admissions Committee is Radha Nandagopal, MD FAAP, Clinical Assistant Professor, and Clinical Education Director for the Art and Practice of Medicine.

Nominees for Committee Chair may be proposed by the members of the standing committee and/or by the Dean. The committee elects the chair, who serves a three-year term. Chairs may be elected in the year prior to the end of the term of the current chair. If a new chair is elected, the chair-elect serves as the co-chair for until the chair’s term expires.

c. Describe how admission committee members are oriented to the admission committee policies and to the admissions process.

Newly appointed members to the Admissions Committee are required to attend orientation/training sessions and the annual retreat which includes a review of admissions policies, as well as education on the application and admissions process. All new Admissions Committee members undergo holistic review training prior to reviewing applications.

Training for Admissions Committee members focuses on the policies, processes and MMI process. The training includes a review of all policies and discussion and possible vote for any recommended changes, review of the process through each stage of admissions, and a review of all decisions rubrics. Implicit bias recognition is included in training. Admissions Committee members take the Harvard Implicit Association Test (IAT) and discuss surrounding bias and its potential impact on the selection of candidates is discussed. Furthermore, ways of self-identifying bias and respectfully addressing bias revealed in Admissions Committee meetings are discussed.

New Admissions Committee members and other faculty, students, and community members who are not members of the Admissions Committee but conduct MMIs undergo MMI training. Training covers attributes to be examined during the interview process, a review of acceptable interview narratives, and questions/areas that should not be explored with applicants during the interview process. Simulated interviews are conducted and the trainer provides feedback on interview narrative.

d. Describe whether the admission committee as a whole, or a subset of the admission committee, has the final authority for making all admission decisions. Is the authority of the admission committee formally codified (for example, in medical school bylaws)?

The final authority for admissions decisions lies with the Admissions Committee. The committee makes decisions on admissions in accordance with the educational goals articulated in the mission, vision, and values of the ESFCOM. The Admissions Committee maintains independence and makes decisions without the presence of external influence. Applicants who are not selected for admission cannot appeal the decision of the Admissions Committee but are welcome to reapply in a subsequent season and may request an application review from the Office of Admissions and Recruitment. The authority of the Admissions Committee is formally codified in the ESFCOM Bylaws.

e. Note the circumstances, reasons, and final outcome surrounding any admission committee decision that has been challenged, overruled, or rejected during the past two admission cycles.

In the first two admissions cycles of the ESFCOM, no Admissions Committee decisions were challenged, overruled, or rejected.
f. Describe how the medical school ensures that there are no conflicts of interest in the admission process and that no admission decisions are influenced by political or financial factors.

All members of the Admissions Committee are held to the highest code of conduct and are educated during training on the risk of external influences to their standing on the Admissions Committee. The Admissions Committee Conflict of Interest Policy (appendix 10-02-2) provides for the circumstances in which an Admissions Committee member is required to report a real/perceived conflict of interest immediately upon learning the identity of the applicant creating the real/perceived conflict of interest. These conflicts of interest are reported to the Office of Admissions and Recruitment which records the Admissions Committee member and applicant names and ensures the Admissions Committee member is not involved in reviewing or interviewing the applicant. If the applicant is interviewed, the Admissions Committee member is asked to leave the room for the applicant’s discussion and vote. The Admissions Committee Conflict of Interest Policy has been reviewed and approved by the Admissions Committee, the College Executive Cabinet, and the Dean. Each year, every Admissions Committee member signs a statement at the bottom of the Conflict of Interest policy which states that they read, understood, and will comply with the policy. These signed copies are kept in the Admissions and Recruitment office.

10.2 SUPPORTING DOCUMENTATION

1. An excerpt from the medical school bylaws or other formal document that specifies the authority of, the charge to and the composition of the admission committee and its subcommittees (if any) and the rules for its operation, including voting membership and definition of a quorum at meetings.

Appendix 10-02-3 Admissions Committee Charge

2. Provide a list of current admission committee members, including each member’s faculty and/or administrative title, student status, or other status (e.g., graduate of the medical school, community physician) and year of appointment to the committee.

Appendix 10-02-4 Admissions Committee Members
10.3 POLICIES REGARDING STUDENT SELECTION/PROGRESS AND THEIR DISSEMINATION

The faculty of a medical school establish criteria for student selection and develops and implement effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, promotion, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, standards, policies, and procedures regarding these matters.

10.3 NARRATIVE RESPONSE

a. Describe how the policies, procedures, and criteria for medical student selection were developed and approved, and how they are disseminated to potential and actual applicants and their advisors.

Prior to preliminary accreditation, the policies, procedures, and criteria for medical students were developed by an ad hoc admissions committee and approved by the standing Admissions Committee. The members of this committee reviewed materials from the AAMC, including the Holistic Review Project, as well as literature surrounding application processes to health professions schools. The ad hoc committee interviewed a number of admissions deans and directors from new and developing schools regarding different approaches to admissions techniques. Finally, a subset of ad hoc committee members visited other campuses to observe admissions processes. The policies, procedures, and criteria for medical student selection were reviewed, modified and approved by the ESFCOM Dean and the College Executive Cabinet.

All policies and procedures are reviewed annually by the Admissions Committee. Policies, criteria, and procedures are provided on the ESFCOM website, in recruitment brochures, and referenced directly in advising sessions and presentations to prospective applicants.

b. Describe the steps in the admissions process, beginning with the receipt of the initial application. For each of the following steps, as applicable, describe the procedures and criteria used to make the relevant decision and the individuals and groups (e.g., admission committee or subcommittee, interview committee) involved in the decision-making process:

1. Preliminary screening for applicants to receive the secondary/supplementary application
2. Selection for the interview
3. The interview
4. The acceptance decision
5. The creation of the wait list
6. The offer of admission, including offers of admission to wait-listed applicants

1. Preliminary screening for applicants to receive the secondary/supplementary application: Once the AMCAS application is received, CollegeNet (the web-based application processing database) automatically checks to see if the following criteria have been met in order to receive a secondary application:
   - US Citizen or US Permanent Resident
   - Connections to Washington: 3 of 4 “from Washington” ties or meets a definition of “resident student” as defined by state law
   - All required letters of evaluation have been received by AMCAS
   - One of the established GPA/MCAT threshold combinations have been met
2. Selection for the interview: Once the secondary application is submitted via CollegeNet and the fee paid, CollegeNet will blind MCAT and GPA scores from further consideration. The complete packet is assigned to two screeners who are trained in holistic review. The pool of screeners include members of the Admissions Committee and the two Directors in the Admissions and Recruitment Office. The screeners complete a mission-driven, holistic review rubric and make recommendations for interview (recommendations include highly recommend, recommend, and do not recommend).

The ADARI reviews the completed rubrics and recommendations, a translated numerical score given for the assessed attributes and life experiences, and indication of whether the applicant meets any of the school-defined diversity categories (“mission-fit factors”) that can be legally assessed in admissions (i.e., first-generation college graduate, grew up in a rural Washington or non-Washington community, socioeconomically disadvantaged background, military service, or enrolled membership in federally recognized tribe).

Applicants who receive two “highly recommends” from the screeners are automatically granted an interview. Applicants who have a mixed recommendation are considered based on their highest of the recommended combination to the lowest of the recommended combination and then by total scores from both rubrics and one point for each mission-fit factor for a total score. The total score along with the summative comments made by the screeners are reviewed by the ADARI who makes subsequent interview invitations.

3. The interview: The interview day consists of presentations, tours, panels, and a hybrid Multiple Mini-Interview (MMI) circuit. The MMI circuit includes seven 5-minute scenario stations (with a break added in) and one 13-minute one-on-one semi-structured interview with an Admissions Committee member. Interviewers each submit a scored rubric with comments for their station.

The MMI process consists of a series of short, structured interview stations used to assess attributes. Prior to the start of each station rotation, candidates read a question/scenario and have a short period of time (two minutes) to consider and prepare an answer. Interviewers for the MMI are drawn from WSU and the community. The MMI format is not intended to test specific knowledge in the field, but focuses on the attributes of:

- Leadership
- Communication and Interpersonal Skills
- Intellectual Excellence
- Ethical Responsibility to Self and Others
- Teamwork and Collaboration

Upon entering the interview room, the candidate is prompted to answer the station scenario. The interviewers evaluate each candidate’s thought process and reflection of the targeted attributes. There are no right or wrong answers to the questions posed in an MMI. At the end of each mini-interview, the interviewer evaluates the candidate’s performance using a Likert scale, while the applicant moves to the next station. The MMI cycle includes seven 5-minute scenario interviews, one 13-minute semi-structured interview with an Admissions Committee member, and one break. Each cycle totals one hour and twenty minutes.
4. The acceptance decision: After the MMI, the application is assigned to two reviewers who are members of the Admissions Committee and trained in holistic review. Reviewers complete a mission-driven, holistic review rubric with the same recommendation options of highly recommend, recommend, and do not recommend, this time for acceptance. One of the reviewers is responsible to present the candidate to the Admissions Committee during the deliberation meeting. During that meeting, all Admissions Committee members have access to the full application including the review rubrics and the MMI evaluations and scores. The presenter includes information from the other reviewer’s rubric and presents any mission-fit factors, life experiences, and personal attributes. After each presentation, the group discusses the candidate further. Then each member provides their own score for the candidate on a 1.0-5.0 scale (1.0 being the lowest and 5.0 being the highest). The scores have corresponding score descriptions at the bottom of the score sheet. Individual member scores are averaged to produce a Committee Score which forms the rank list from which offers are made in descending order.

5. The creation of the wait list: The waitlist is created once all interviewed candidates have been evaluated and scored by the Admissions Committee and the class is full. The timeframe is typically mid-March. The waitlist is formed as follows:

- Tier I – applicants with Committee Scores of 4.0 and higher
- Tier II – applicants with Committee Scores between 3.5 – 3.99
- Tier III – applicants with Committee Scores between 3.0 – 3.49
- Applicants with Committee Scores less than 3.0 are denied.

6. The offer of admission, including offers of admission to wait-listed applicants: The ADARI creates and updates the rank list based on Committee Score following each Admissions Committee meeting when applicants are discussed. Regular season offers prior to the formation of the waitlist are made in order of Committee Score from highest score in descending order.

After the waitlist is formed and applicants are separated into Tier I, II, and III, the Admissions Committee meets to discuss the waitlist tiers. At this meeting, the Admissions Committee has the option of re-discussing applicants in each tier and subsequent tiers, if needed. Any re-ranking is determined through a re-score by each Admissions Committee member for a new Committee Score. The tier is ordered by the new Committee Score and offers are made from Tier I first by the highest Committee Score and in descending order. All offers from Tier I are extended before moving to Tier II.

For the entering year 2018, the waitlist process used by the Admissions Committee was slightly different. There were only two tiers with Committee Scores of 4.0-5.0 for Tier I and 3.0-3.9 for Tier II. Following the formation of the waitlist into Tier I and Tier II, applicants were no longer ranked by Committee Score. Instead, following the guidance of the LCME Consensus Statement on Satisfactory Performance in Element 10.2: Acceptance from the Waitlist/Alternate List, offers from the waitlist were made using the following process. Those with the highest number of mission-fit factors were considered first:

- 1st Generation College Graduate
- Low Socioeconomic Disadvantaged
- Rural Washington or outside of Washington
- US Military Service

The Admissions Committee was sent an electronic ballot for the applicants (with a secure link to their application) with the highest number of mission-fit factors (plus factors) in Tier I to vote on for the order of offers. The applicant with the highest number of votes from the Admission Committee was offered the next available seat. This process continued as needed.
For the entering year 2018, 34 offers were made from the Tier I waitlist. This process was reassessed by the Admissions Committee in June 2018 at which time the following was voted for implementation for the EY19 process:

- Add an additional Tier for the waitlist, breaking the previous Tier II of Committee Scores between 3.0-3.9 to:
  - Tier II of Committee Scores of 3.5-3.9
  - Tier III of Committee Scores of 3.0-3.49
- Convene an additional Admissions Committee meeting after the tiered waitlist is formed and prior to any waitlist offers to discuss the composition and order of applicants within the tiers. The additional meeting allows the Admissions Committee to consider the composition of the class to that point, discuss the mission-fit factors, and re-score applicants within the tiers, if desired, to potentially re-rank each tier. Waitlist offers follow the new Committee Score ranking meeting the standards of a ranked waitlist identified in LCME Consensus Statement on Satisfactory Performance in Element 10.2: Acceptance from the Waitlist/Alternate List.

The official offer letter (appendix 10-03-1) is signed by the Dean and a follow-up letter and admit packet from the ADARI are sent to the accepted applicant via email. All final decisions on an applicant’s status are sent via email to the address provided on the AMCAS application.

c. If decisions at any of these points are made by a subset of the admission committee (e.g., a subcommittee) or by administrators, describe whether the criteria are set by the whole admission committee.

The medical student selection criteria and process are approved by the Admissions Committee. The screen for interview is completed by members of the Admissions Committee and the two Directors in the Admissions and Recruitment Office. These recommendations are used by the ADARI to select for interviews. The MMIs are conducted by Admissions Committee members, WSU, and community members. The Committee Score is formed by the average of each Admissions Committee score for that meeting and forms the overall rank list. The full Admissions Committee score form the waitlist. Any sub-committees formed within the Admissions Committee makes recommendations back to the full committee for vote as required.

d. If there is a joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD-PhD), describe whether the procedures for the selection and admission of students to the MD-granting portion of the program differs from the procedures described in “b” above. Does the MD-program admission committee have the final responsibility to admit dual-degree applicants to the MD program?

The ESFCOM does not have a joint baccalaureate-MD program or duel degree program.

e. Describe how the policies for the assessment, advancement, and graduation of medical students, and the policies for disciplinary action, are made available to medical students and to faculty.

Students are informed of policies for assessment, advancement and graduation of medical students during orientation and any time they are notified of a remedial action that might need to be taken by the Student Evaluations, Promotions and Awards Committee (SEPAC). Policies are in the online student handbook located on the ESFCOM webpage: https://medicine.wsu.edu/md-program/student-affairs/student-handbook/. The two links of relevance on that webpage are:

- ESFCOM Student Assessment Plan
- ESFCOM Student Evaluation, Promotion and Awards Committee (SEPAC)
Faculty are made aware of the policies at the time of hire, if involved in presentations to the SEPAC, and during Faculty Council meetings should changes in relevant policies be made. Faculty have access to the policies via the school’s policies webpage: https://medicine.wsu.edu/policies/. The polices of relevance are:

- Assessment of Medical Student Performance (appendix 10-03-2)
- Student Promotion, Dismissal and Graduation (appendix 10-03-3)
- SEPAC Conflict of Interest (appendix 10-03-4)

f. Describe how and by which individual(s) or group(s) the following decisions are or will be made:

1. The advancement of a medical student to the next academic period
2. A medical student’s graduation

The processes dealing with decisions about advancement of a medical student and graduation are made by the Student Evaluation, Promotion and Awards Committee (SEPAC). SEPAC is responsible for implementing and validating the steps in the Student Promotion, Dismissal and Graduation Policy (appendix 10-03-3). During SEPAC meetings, committee members review and discuss any issues related to student advancement. Plans are reviewed for students in need of remediation. Following the discussion, the committee votes to advance students who have been recommended for progression to the next academic period.

Membership of the SEPAC is detailed in the faculty bylaws available in appendix 10-02-1.

Appointed voting members of the SEPAC include the Vice Dean for Student and Faculty Experience and the Associate Dean for Student Affairs. Other voting members elected on a staggered three-year term include at least a total of five representatives drawn from:

- Faculty in the first or second year educational program
- Faculty in the third or fourth year educational program
- Third or fourth year medical students

Invited guests include the Associate Dean for Accreditation, Assessment, and Evaluation, the Associate Dean for Student Affairs, and Course and Clerkship Directors as relevant to SEPAC sessions.

10.3 SUPPORTING DOCUMENTATION

1. Policies and procedures for the selection, assessment, advancement, graduation, and dismissal of medical students, and the policies and procedures for disciplinary action.

Appendix 10-03-3 Medical Student Promotion, Dismissal and Graduation Policy
Appendix 10-03-5 Medical Student Selection Policy
Appendix 10-03-6 Deferral of Admissions Policy

2. The charge to or the terms of reference of the medical student promotions committee(s).

Appendix 10-03-7 Charge of the SEPAC
10.4 CHARACTERISTICS OF ACCEPTED APPLICANTS

A medical school selects applicants for admission who possess the intelligence, integrity, and personal and emotional characteristics necessary for them to become competent physicians.

10.4 NARRATIVE RESPONSE

a. Describe the personal attributes of applicants considered during the admission process. How was this list of personal attributes developed? By which individuals and groups was the list reviewed and approved?

The Admissions Committee is particularly interested in applicants who have demonstrated consistent motivation for service to others and to their communities, particularly in rural and underserved areas. Applicants with diverse life experiences and those from rural backgrounds are of particular interest. Applicants with a background of socioeconomic disadvantage and those who have balanced employment and study are strongly considered. Applicants who are first-generation college graduates are also strongly considered. Finally, applicants who have served in the US military and enrolled members of federally recognized tribes are strongly considered as well. Through the holistic review framework all applicants are assessed for academic metrics, personal attributes, and life experiences.

The Admissions Committee uses a holistic admissions process to ensure the applicant pool and student body is broadly diverse to enable the ESFCOM to achieve its mission in the context of federal and state law. In Washington State, Initiative 200 was passed in 1998 which prohibits discrimination against or granting preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education or public contracting.

In selecting the attributes and life experiences, the Admissions Committee reviewed the 2013 AMA survey of the 131 LCME accredited schools that focused on key attributes, which found that 65% of medical schools named at least one personal quality desired of applicants, including motivation, maturity, compassion, leadership, and integrity. That background survey also reported that a majority of schools (60%) used the personal statement to evaluate whether applicants possessed these qualities. Members also reviewed literature and information available from the ACGME on desired attributes in residents.

The Admissions Committee members compared literature findings to the AAMC Group on Student Affairs (GSA) Core Competencies for Entering Medical Students. Those competencies were developed after an extensive search of the medical education and employment literature and input from several blue-ribbon and advisory panels, such as the AAMC Scientific Foundations for Future Physicians (SFFP), Behavioral and Social Sciences Foundations for Future Physicians (BSSFFP), Institute of Medicine (IOM), 5th Comprehensive Review of the MCAT Review Committee (MR5), Accreditation Council for Graduate Medical Education (ACGME) Outcome Project, and the MR5 Innovation Lab.

The ESFCOM Admissions Committee developed the following list of modified GSA personal attributes (interpersonal and intrapersonal core competencies), as well as several additional attributes, that serve as the focus during the admissions process. These were reviewed and selected by the Admissions Committee in April of 2016 (appendix 10-04-1).
ESFCOM Attributes for Holistic Review:

- **Academic Metrics:**
  - MCAT Scores (to be used only as part of the initial screening for a secondary application)
  - GPAs (to be used only as part of the initial screening for a secondary application)

- **Life Experiences**
  - *Experience with rural and underserved communities/populations:* Experience to understand the unique challenges and opportunities in rural environments and/or underserved communities and populations
  - *Motivation for medicine:* Communicates genuine passion for contributing to patient care and/or discovery to better the lives of individuals living in challenging health care environments
  - *Clinical exposure:* quality of experience including shadowing, scribe, helping care within their family or home, emergency medical technician and amount of exposure
  - *Adversity and Resilience:* persevere in face of internal or external challenges; recovers from setbacks; tolerance of stressful and changing situations and adaptable
  - *Experience beyond the classroom:* including community service, cultural experiences, arts, work, new language, volunteerism, longevity of service, hobbies, passion outside of academics, entrepreneurship

- **Personal Attributes:**
  - *Leadership:* Has demonstrated leadership which has inspired others, capacity to mobilize people towards a goal, potential to excel as leader through actions and activities
  - *Communication and interpersonal skills:* Includes social skills, ethical judgment, empathy, compassion, cultural competence, active listening, and emotional intelligence, social awareness, and professionalism
  - *Intellectual excellence:* Includes capacity for improvement, critical thinking, and ability to succeed academically, independent thinking and reasoning
  - *Ethical responsibility to self and others:* includes service orientation/altruism, empathy for the underserved
  - *Teamwork and collaboration:* Demonstrated effective ability to work with others, intergroup collaborations with diverse individuals, and ability to productively address conflict in a positive manner

In addition, mission-fit factors considered are:

- First-generation college graduate
- Low socioeconomic status
- Grew up in a rural or underserved community in or outside of Washington
- US military service
- Enrolled member of federally recognized tribe

Beginning entering year 2018, clarification to the mission-fit factors described above included asking the following questions on the secondary application:

- Are you a member of the first-generation in your immediate family to earn a bachelor’s degree from an accredited U.S. or foreign institution?
- Did you grow up in a rural area of Washington? If yes, which town?
- If not, did you grow up in a rural area elsewhere? If yes, which town/state?
- If you answered ‘yes’ above to growing up in a rural area of WA or elsewhere, did you live there for at least 5 years from ages 5-18? If yes, what was the city, state, and zip code of this rural area?
- What is your childhood city, state, and zip code (matching the childhood city and state submitted in AMCAS)?
- What is your high school city, state, and zip code (matching the high school submitted in AMCAS)?
Beginning entering year 2019, clarification to the mission-fit factors described above included asking whether the applicant is a member of federally recognized tribe and if so, which one.

First-generation is further clarified by a new question on the AMCAS application for EY18 which provides an indicator if the applicant is a first-generation college student. The secondary question above related to first-generation as defined by bachelor’s degree will provide further clarification given that AMCAS does not count an applicant as first-generation if they had a parent who earned an associate degree. Therefore, highest parental educational level in AMCAS is also used to validate first-generation college graduate as defined by ESFCOM.

b. Describe the methods used during the admission process to evaluate and document the personal attributes of applicants. Refer to the admission procedures as outlined in element 10.3 to illustrate where in the process and how these attributes are assessed.

The following table describes the methods used during the admissions process to evaluate and document the personal attributes of applicants:

<table>
<thead>
<tr>
<th>Stage of the Admissions Process</th>
<th>Method(s) to Assess Personal Attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary Screening</td>
<td>Applicants are selected based on meeting national and state residency, meeting one of the three MCAT/GPA combination thresholds, and receipt of the required letters of recommendation. (10.3:b.1)</td>
</tr>
<tr>
<td>Screening for Interview</td>
<td>Candidates are scored based on an approved Admissions Committee rubric form. The rubric takes into account the attributes and experiences and mission-fit factors listed in 10.4.a. An overall recommendation is included. (10.3:b.2)</td>
</tr>
<tr>
<td>Interviews</td>
<td>MMI is used to assess the attributes listed in 10.3:b.3</td>
</tr>
<tr>
<td>Full Review and Recommendation to AC</td>
<td>Candidates are scored based on an approved Admissions Committee rubric form with the same attributes assessed in the Screening for Interview stage above, with the addition of “motivation for medicine”. This stage also includes the MMI complete rubrics.</td>
</tr>
<tr>
<td>Acceptance Decision</td>
<td>Each candidate is presented by an Admissions Committee member who presents mission-fit factors, life experiences, and personal attributes. Committee members score candidates based on their applications (AMCAS and secondary), full review rubrics, and their interview performance all which include the stated attributes. (10.3:b.4)</td>
</tr>
<tr>
<td>Offers of Admissions</td>
<td>Rank list formed by Committee Score is based on mission-fit factors, attributes, and life experiences incorporated into all of the above stages. (10.3:b.6)</td>
</tr>
</tbody>
</table>
The following table specifies where in the admissions process personal attributes are considered and evaluated:

Key: Steps in the admissions process and associated methods of assessment where personal attributes will be considered (1) Primary Application (AMCAS) analysis (activities); (2) Secondary Application (essays – content and communications); (3) Letters of Recommendation (personal observations by third party); (4) MMI scores (direct observations); (5) Admissions Committee (evaluation of complete record except GPA and MCAT)

<table>
<thead>
<tr>
<th>Life/Experiences &amp; Personal Attribute</th>
<th>Description</th>
<th>Where Considered During Admissions Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiences with rural or underserved communities/populations</td>
<td>Experience to understand the unique challenges and opportunities in rural environments and/or underserved communities and populations.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Motivation for Medicine</td>
<td>Communicates genuine passion for contributing to patient care and/or discovery to better the lives of individuals living in challenging health care environments.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Clinical Exposure</td>
<td>Quality of experience including shadowing, scribe, helping care within their family or home, emergency medical technician and amount of exposure.</td>
<td>1, 3, 5</td>
</tr>
<tr>
<td>Adversity and Resilience</td>
<td>Persevere in face of internal or external challenges; recovers from setbacks; tolerance of stressful and changing situations and adaptable.</td>
<td>1, 2, 3, 5</td>
</tr>
<tr>
<td>Experience Beyond the Classroom</td>
<td>Including community service, cultural experiences, arts, work, new language, volunteerism, longevity of service, hobbies, passion outside of academics, entrepreneurship.</td>
<td>1, 2, 3, 5</td>
</tr>
<tr>
<td>Leadership</td>
<td>Has demonstrated leadership which has inspired others, capacity to mobilize people toward a goal, potential to excel as a leader through actions and activities.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Communication/Interpersonal Skills</td>
<td>Includes social skills, ethical judgement, empathy, compassion, cultural competence, active listening, emotional intelligence, social awareness, and professionalism.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Intellectual Excellence</td>
<td>Includes capacity for improvement, critical thinking, ability to succeed academically, and independent thinking and reasoning.</td>
<td>1, 3, 4, 5</td>
</tr>
<tr>
<td>Ethical Responsibility to Self and Others</td>
<td>Includes service orientation/altruism, empathy for the underserved.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Teamwork/Collaboration</td>
<td>Demonstrated effective ability to work with others, intergroup collaborations with diverse individuals and ability to productively address conflict in a positive manner.</td>
<td>1, 2, 3, 4, 5</td>
</tr>
</tbody>
</table>
c. Describe how the members of the admission committee and the individuals who interview applicants (if different from members of the admission committee) are prepared and trained to assess applicants’ personal attributes.

All Admissions Committee members, MMI interviewers, and staff are provided training that covers each personal attribute sought in an applicant, with specific cases presented, representing the range of responses. An MMI rubric is used to document the personal attributes targeted for each station. Additionally, descriptions are provided for the lower and upper score thresholds to help with scoring. MMI training is required for all personnel in the admissions process, and the training module includes exercises and practical modules to identify desired attributes.

Faculty, staff, and community members are invited to participate as evaluators during the MMI process. An orientation workshop is given on the holistic review process in selecting the applicants for the ESFCOM. Those interested in serving must complete the formal training.

After each interview season, MMI evaluators are provided individual feedback on their personal MMI scoring per scenario compared to other evaluators. They also receive feedback on the strength of their written comments in assessing applicant attributes. The admissions team uses this feedback process to help strengthen the quality of comments that are provided to the Admissions Committee.

10.4 SUPPORTING DOCUMENTATION

1. Copies of any standard form(s) used to guide and/or to evaluate the results of applicant interviews.

Appendix 10-04-2 MMI Interviewer Rubric
Appendix 10-04-3 Rubric for the 1-on-1 Stations
Appendix 10-04-4 Screener Interview Rubric
Appendix 10-04-5 Full Review Rubric
10.5 TECHNICAL STANDARDS

A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.

10.5 NARRATIVE RESPONSE

a. Describe how and by whom the technical standards were developed and approved. Note if the technical standards will be reviewed on a regular basis.

For preliminary accreditation, technical standards were developed and approved by the faculty on an ad hoc Medical Student Evaluation and Promotion Committee. They were revised and approved by the Admissions Committee before being forward to the Dean’s Cabinet for final approval. The technical standards are reviewed on an annual basis in the spring prior to the start of each admissions cycle. In the spring of 2018, they were reviewed by the Equity Committee and the Curriculum Committee. The Equity Committee provided suggested edits which included more inclusive language. The Curriculum Committee reviewed and had no changes. The Admissions Committee reviewed and approved all edits.

b. Describe how the technical standards for admission, retention, and graduation are disseminated to potential and actual applicants, enrolled medical students, faculty, and others.

The Technical Standards are posted on the ESFCOM website for external access by prospective and current applicants, premedical advisors and general public. Technical standards are also shared on the school’s intranet for internal access by enrolled medical students, faculty, IT and access services.

Each applicant accepted to the ESFCOM is provided a copy of the Technical Standards Policy, along with a disclosure statement at the end stating the applicant understands the contents of the Technical Standards which must be signed and returned to the Admissions Office prior to matriculation.

c. Describe how medical school applicants and/or students are expected to document that they are familiar with and capable of meeting the technical standards with or without accommodation (e.g., by formally indicating that they have received and reviewed the standards).

Accepted applicants are required to sign and date the Technical Standards Policy included in their admit packet indicating they understand and will be able to meet the program’s technical standards with or without reasonable accommodation. Documentation of this formal acknowledgement is kept on file in the Office of Admissions and Recruitment.

10.5 SUPPORTING DOCUMENTATION

1. The medical school’s technical standards for the admission, retention, and graduation of applicants and students.

Appendix 10-05-1 Technical Standards Policy
10.6 CONTENT OF INFORMATIONAL MATERIALS

A medical school’s catalog and other informational, advertising, and recruitment materials present a balanced and accurate representation of the mission and objectives of the medical education program, state the academic and other (e.g., immunization) requirements for the MD degree and all associated joint degree programs, provide the most recent academic calendar for each curricular option, and describe all required courses and clerkships offered by the medical education program.

10.6 NARRATIVE RESPONSE

a. Describe how and how often informational materials about the medical education program are created. How does the leadership of the medical education program ensure that the materials are accurate and timely?

The Admissions and Recruitment staff works with the ESFCOM and WSU marketing and communication offices to develop recruitment materials that are aligned with the WSU brand, have a consistent theme, message, and represent the mission and vision of the ESFCOM. These documents are reviewed yearly to reflect any needed changes. The website is reviewed annually, at a minimum, in the spring prior to the upcoming new admissions cycle. Mid-cycle clarifications may be made as needed. These documents and website contain pertinent factors from the policies and procedures. The ADARI ensures all materials are in compliance with the approved policies and criteria.

b. Describe how recruitment materials about the medical education program are made available (e.g., online, in the media, in hard-copy) to potential and actual applicants, career advisors, and/or the public.

The ESFCOM recruitment materials are made available to prospective applicants in three ways: the ESFCOM website, promotional brochures for prospective applicants and advisors, and in presentations to pre-med advisors, students, and other prospective applicants.

Recruitment materials about the educational program are available in mobile-friendly format online. The complete online recruitment materials are summarized in hard-copy as brochures which include: statement of mission/vision/values, admissions criteria from policies, deadlines and detail of the application/admission process. The ESFCOM website includes the most comprehensive information including links to the applicable policies for admission, tuition/fees, financial aid and scholarship availability, schematic of the curriculum, course catalog, educational resources for enrolled students, summary of support services for student health and academic achievement, summary of major research foci, frequently asked questions; and links for further information/contact.

10.6 SUPPORTING DOCUMENTATION
1. Samples of any recruitment materials related to the medical school.

Appendix 10-06-1 Quad Fold Brochure
Appendix 10-06-2 Full Page Poster
Appendix 10-06-3 Half Sheet Brochure

2. Copy of the current medical school academic bulletin or catalog or a web address where this information can be accessed. Indicate where in the bulletin/catalog, or other informational materials available to the public, the following information can be accessed:

   a. Medical education program mission and objectives: https://medicine.wsu.edu/about/leadership-mission/mission-goals/
   b. Requirements (academic and other) for the MD degree and joint degree programs: https://medicine.wsu.edu/md-program/admission/requirements/
   c. Academic calendar for each curricular option: https://medicine.wsu.edu/md-program/curriculum/academic-calendar/
   d. Required course and, if available, clerkship descriptions: https://medicine.wsu.edu/md-program/curriculum/by-program-year/

The Student Handbook is online, located on the ESFCOM website: https://medicine.wsu.edu/md-program/student-affairs/student-handbook/.
10.7 TRANSFER STUDENTS

A medical school ensures that any student accepted for transfer or admission with advanced standing demonstrates academic achievements, completion of relevant prior coursework, and other relevant characteristics comparable to those of the medical students in the class that he or she would join. A medical school accepts a transfer medical student into the final year of a medical education program only in rare and extraordinary personal or educational circumstances.

10.7 SUPPORTING DATA

<table>
<thead>
<tr>
<th>Table 10.7-1 Transfer Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>If any transfer or advanced standing students were admitted for the current academic year, provide the following data (if new MCAT scores are being used, for some applicants, add columns)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean Biol Sci MCAT</th>
<th>Mean Phys Sci MCAT</th>
<th>Mean Verbal Reasoning MCAT</th>
<th>Mean Undergraduate GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2 transfers</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Second-year class members</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

10.7 NARRATIVE RESPONSE

a. Describe the procedures used for selecting applicants for transfer or for admission with advanced standing, including the procedures by which the medical school determines the comparability of the applicant’s educational program and prior academic achievement to those of medical students in the class that they would join. List the criteria (e.g., GPA, USMLE scores, MCAT scores) that are considered in making the determination of comparability.

Transfer students are not currently accepted per the Admission of Transfer Students Policy (appendix 10-07-1).

b. Describe the role of the admission committee and members of the medical school administration in: 1) determining if space and resources are available to accept transfers and 2) making the decision to accept applicants for transfer or for admission with advanced standing.

Transfer students are not currently accepted per the Admission of Transfer Students Policy.

c. Describe how policies and procedures related to transfer/admission with advanced standing are made available to potential applicants for transfer and advanced standing and their advisors.

Transfer students are not currently accepted per the Admission of Transfer Students Policy.

10.7 SUPPORTING DOCUMENTATION

1. Medical school policies and procedures related to transfer and admission with advanced standing.

Not applicable, transfer students are not currently accepted per the Admission of Transfer Students Policy.
10.8 VISITING STUDENTS

A medical school does all of the following:

- Verifies the credentials of each visiting medical student
- Ensures that each visiting medical student demonstrates qualifications comparable to those of the medical students he or she would join in educational experiences
- Maintains a complete roster of visiting medical students
- Approves each visiting medical student’s assignments
- Provides a performance assessment for each visiting medical student
- Establishes health-related protocols for such visiting medical students
- Identifies the administrative office that fulfills these responsibilities

10.8 NARRATIVE RESPONSE

a. Describe the procedures by which the medical school will grant approval for medical students from other medical schools to take electives at the institution.

The ESFCOM is not currently accepting visiting students.

b. Describe the procedures and criteria that will be used by the medical school to determine if a potential visiting medical student has qualifications comparable to those of the medical students he or she would join in a clinical experience. Which medical school official or office is responsible for determining whether visiting medical students have comparable qualifications to those of the school’s own student?

The ESFCOM is not currently accepting visiting students.

c. Identify the staff member(s) and their organizational placement who will be responsible for maintaining an accurate and up-to-date roster of visiting medical students.

The ESFCOM is not currently accepting visiting students.
10.9 STUDENT ASSIGNMENT

A medical school assumes ultimate responsibility for the selection and assignment of medical students to each location and/or parallel curriculum (i.e., track) and identifies the administrative office that fulfills this responsibility. A process exists whereby a medical student with an appropriate rationale can request an alternative assignment when circumstances allow for it.

10.9 NARRATIVE RESPONSE

a. Describe the process that will be used for medical student assignment to a clinical clerkship site, to a parallel curriculum (if relevant), and to a regional campus (if relevant).

Each Associate Dean for Clinical Education (ADCE) presents their respective campus information during interview day which allows all applicants equal access to the information. At the time of acceptance, the admit packet contains a form for each applicant to rank the four learning communities (Everett, Spokane, Tri-Cities, and Vancouver) in order of preference. Students have an opportunity to describe extenuating circumstances to be considered for placement. In entering year 2017 and 2018, this ranking was included in the ESFCOM secondary application but was changed in entering year 2019 for inclusion in the admit packet instead per the recommendations during the LCME Friendly Visit in spring of 2018.

Once the Office of Admissions and Recruitment receives the rankings of accepted applicants, they are provided to the Office of Student Affairs which places the rankings into a matrix. The Office of Student Affairs schedules a phone call to talk with the accepted applicants to understand their preferences better. The learning community matrix is updated based on conversations with individual applicants. Placements are equally divided among the four locations. Three extenuating circumstances drive initial placements. These circumstances are: applicants with children, applicants with partners, and applicants who serve in a caretaker role to a family member in some capacity. Applicants without these extenuating circumstances are placed in the learning community of their first choice whenever possible. A first draft of the learning community placements is provided prior to second look event, which is usually held in April.

Following additional conversation with students, a second draft is provided in May after the April 30 decision day for applicants. As the class shifts, all new applicants offered a seat at ESFCOM have a phone conversation with a member of the Office of Student Affairs to learn more about their preferred learning community location. New students are incorporated into the placement draft. At that point, certain locations may have more than the allowed number of placements because the number of applicants offered a seat generally exceeds the actual class size.

A preliminary final draft of the placements is provided by the first of June based on conversations with incoming medical students. The preliminary final draft also includes a waiting list for different locations. To maintain confidentiality of incoming students who want to move locations, a de-identified waitlist is released to indicate the number of individuals interested in moving to a particular location. At that point, students can formally appeal their learning community placement. Students have two weeks after the preliminary final draft to submit an appeal. The appeal committee consists of members from the Office of Student Affairs.

When applicants are offered a seat later in the admissions cycle that have an extenuating circumstance, and no spot is available in their preferred learning community, they initiate change with the Associate Dean for Student Affairs. The Associate Dean for Student Affairs talks with current applicants without extenuating circumstances in the learning community (except for a current applicant already placed in their second choice of locations), which the new applicant prefers. If no applicants without extenuating circumstances agree to move locations, they are placed in a lottery and the name picked is moved to their second choice. There is an attempt to accommodate all extenuating circumstances and place a student at their first or second choice whenever possible.
On or prior to July 15, final learning communities placements are released. Applicants who are offered a seat at ESFCOM after the July 15th date begin a discussion with a member of the Office of Student Affairs. After the conversation, the student is placed in the remaining spots available. Newly admitted students may also appeal their placement, which is reviewed by the student affairs appeal working group, which includes the Associate Dean for Student Affairs, Assistant Director of Student Affairs, and Director of Financial Education and Scholarship Support.

b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites after an initial assignment has been made but before the experience (clerkship or parallel curriculum) at a particular site has begun.

The first experience at the learning community location is the third week of Year 1. Once the academic year begins, students may submit a written request for a change of placement to the Associate Dean for Student Affairs. In the request, the student must explain the rationale for the change related to these criteria:

- Family circumstances (location of spouse/partner/dependents)
- Health
- Hardship

In addition, the student’s request must identify a current student from their class who is willing to switch locations. A committee chaired by the Associate Dean for Student Affairs and includes the Vice Dean for Academic and Community Partnerships, Associate Dean for Curriculum, and the Associate Dean for Accreditation, Assessment, and Evaluation reviews the request and makes a decision. The Associate Dean for Student Affairs communicates the decision in writing to the student. The student may appeal the decision to the Dean who makes a final decision.

c. Describe the procedures whereby a student with a rationale can formally request an alternative assignment through a medical school administrative mechanism either before or during his or her attendance at/in the clerkship or regional campus site. Describe the criteria that will be used to evaluate the request for the change and the individuals tasked with making the decision. Describe how medical students are informed of the opportunity to request an alternate assignment.

The procedure for requesting an alternative assignment is the same procedure in section B above including the criteria. The students are informed of this procedure and criteria each year through the student handbook.

10.9 SUPPORTING DOCUMENTATION

1. Medical school policy/procedure allowing a medical student to formally request an alternate educational site or curriculum assignment.

Appendix 10-09-1 Learning Communities Student Handbook Section

This policy can be found in the online student handbook on the ESFCOM website: [https://medicine.wsu.edu/md-program/student-affairs/student-handbook/learning-communities/](https://medicine.wsu.edu/md-program/student-affairs/student-handbook/learning-communities/)