A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students’ attainment of competencies required of future physicians.
3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

Each medical student in a medical education program participates in one or more required clinical experiences conducted in a health care setting in which he or she works with resident physicians currently enrolled in an accredited program of graduate medical education.

3.1 SUPPORTING DATA

### Table 3.1-1 | Resident Involvement in Core Clinical Clerkships

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>Ob-Gyn</th>
<th>Pediatrics</th>
<th>Psychiatry</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spokane Teaching Health Consortium</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Providence Sacred Heart Medical Center, Spokane</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Kadlec Medical Center, Richland</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>PeaceHealth Southwest Medical Center, Vancouver</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>The Everett Clinic</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
</tr>
</tbody>
</table>

Source: School-reported

List each clinical facility at which one or more medical students will take a required core clinical clerkship (other than ambulatory, community-based sites). Use the first year that required clerkships will be offered as the “base year.” For each clerkship, place a “Y” to indicate that residents in an ACGME-accredited program will be involved in medical student education, or an “N” to indicate that residents will not be involved in medical student education. Add rows as needed.

3.1 NARRATIVE RESPONSE

a. If residents will not be present at any of the sites where core clinical clerkships will be conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a geographically distributed campus), describe how medical students will learn about the expectations and requirements of the next phase of their training.

Students assigned to the Everett clinical campus will have the opportunity for rotations at Swedish Hospital in Seattle during their third and fourth year where they will be exposed to residents in Family Medicine and Surgery. Virginia Mason Hospital in Seattle has also expressed an interest in participating in the medical education program; WSU COM students can do rotations in Internal Medicine with residents in this specialty once affiliation agreements have been finalized.
3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and provides sufficient opportunities, encouragement, and support for medical student participation in research and other scholarly activities of its faculty.

3.2 NARRATIVE RESPONSE

a. Is there a requirement for medical students to complete a scholarly/research project at some point in the curriculum? If yes, please describe. If students are not required to complete a research project, briefly describe the opportunities that will be available for medical students to participate in research.

In their second year, students are required to complete a scholarly project focused on planning, implementing, and evaluating a collaborative health-related community-based project geared to improve community health. For students interested in participating in research projects, opportunities to participate on faculty research teams are included between years one and two. Students will be encouraged to participate in any area of faculty research, including with the newly recruited public health research team.

Research/Scholarly Activity Electives are being designed for Years three and four for students who want to expand their research experience. Guidance will be provided by faculty mentors who are actively engaged in biomedical research, community and population-based research, clinical and translational research, or research on patient safety, quality improvement and education. Students will have the opportunity to present the results of their research at an annual dean’s symposium. Outstanding students who engage in highly productive research will be encouraged to present poster or platform presentations at regional, statewide, and national meetings, and to generate manuscripts for publication. Students are strongly encouraged to participate in research electives and scholarly activities.

b. Describe the funding and other resources that will be available to support medical student participation in research.

Internal grant funding will be made available to cover additional costs of research, such as lab equipment/supplies, that are not otherwise covered by the faculty mentor’s extramural funding. Additionally, faculty support for oversight of the projects is centrally covered by the college. These include design, mentoring, analysis and writing related to the student’s projects, and biostatistics software or other analytic tools. Through the Office of Research Grants and Research (sponsored programs office), the associate dean for research will identify opportunities for extramural grant funding appropriate for student applications, and will notify the student community of the criteria and deadlines for application submission. Funding for research-related presentations outside of a student’s geographic area will be provided on a competitive basis by the associate dean for research in the form of stipends for students, which will cover the cost of posters, travel and lodging for presentations at scientific meetings.

The library also has dedicated staff who can assist the students in literature reviews, publication acquisition, and online searches related to their particular research interest and requirements.
Describe the means by which faculty scholarship is being fostered in the medical school. Is there or will there be a formal mentorship program to assist faculty in their development as scholars? Describe the current and planned infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

On the Spokane campus, the WSU COM has a vice dean for research, and a centralized Office of Research Grants and Research. The associate dean for research and the vice dean for research are designing formal mentorship and support programs for COM faculty scholarship as part of a comprehensive faculty development program. The Office of Research Grants and Research assists faculty in their development as scholars by offering grant writing workshops and individualized support. The WSU vice president for research offers seed and bridge funding for investigators as they apply for extramural funding. The seed funding is awarded on a competitive basis, with applications typically due annually.

The Office of Research Grants and Research provides symposia and webinars related to extramural funding, including grant writing. Through the associate dean for research, faculty have access to formal mentoring programs with successful researchers. The WSU COM has access to seed funding for growing the research enterprise.

Major research programs are planned to be built around specific basic, translational and clinical teams. Initially, these interdisciplinary groups will be built around defined areas of focus, which include current successful WSU research programs in such areas as population health and sleep science. In this model of medical education, there are tremendous opportunities to perform clinical, educational and population health research via a statewide medical education program that will develop in concert with the growth of the college.

Development programs are planned to prepare faculty, residents and students to participate in clinical and translational research, particularly during the clinical years. Programs at each campus will be tailored to their respective region, with an emphasis on the local social determinants of health and chronic diseases. WSU COM can fulfill a social justice role by individualizing care delivery, outreach, and research to the populations surrounding each distributed campus. By extending the COM mission further out into the community, and by completing a longitudinal clerkship in those areas, WSU COM will increase its impact on the local communities it serves.

In addition to the Office of Research Grants and Research, as well as mentoring programs, the WSU COM community has access to library and IT infrastructure, clinical skills and simulation space, and wet-lab bench research space. Importantly, because WSU is a land grant institution with a well-established College of Veterinary Medicine, it already offers faculty and students access to core facilities and instrumentation. These include:

- Fluorescent Activated Cell Sorting (FACS) Core
- Assay Core
- Molecular Biology and Genomics Core
- Aquaculture Core
- Transgenic Core
3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

3.3 SUPPORTING DATA

Table 3.3-1 | Diversity Categories and Definitions

Describe the specific diversity categories identified in medical school policies that will guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition. Add rows as needed so as to include each diversity category.

<table>
<thead>
<tr>
<th>School-identified Diversity Category</th>
<th>Medical Students</th>
<th>Faculty</th>
<th>Senior Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural: towns less than 25K population</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economically/Educationally Disadvantaged</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Underrepresented in Medicine: American Indian, Alaska Native, Hispanic or Latino (of any race)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Females</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Table 3.3-2 Offers Made to Applicants for Faculty Positions

Provide the total number of offers of employment made to applicants for faculty positions in the school’s identified diversity categories. Add rows as needed for each diversity category.

<table>
<thead>
<tr>
<th>School-identified Diversity Category</th>
<th>Declined Offers</th>
<th>Faculty Hired</th>
<th>Total Offers</th>
<th>Declined Offers</th>
<th>Faculty Hired</th>
<th>Total Offers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underrepresented in Medicine: American Indian, Alaska Native, Hispanic or Latino (of any race)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Females</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>0</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

*COM was formed in 2015
Table 3.3-3 | Offers Made for Senior Administrative Staff Positions

Provide the total number of offers of employment for senior administrative staff positions made to individuals in the school’s identified diversity categories. Add rows as needed for each diversity category.

<table>
<thead>
<tr>
<th>School-identified Diversity Category</th>
<th>AY 2014-15*</th>
<th>AY 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Declined Offers</td>
<td>Staff Hired</td>
</tr>
<tr>
<td>Underrepresented in Medicine: American Indian, Alaska Native, Hispanic or Latino (of any race)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Females</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*COM was formed in 2015-2016

Table 3.3-4 | Faculty and Senior Administrative Staff

Provide the requested information on the number and percentage of employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above).

<table>
<thead>
<tr>
<th>School-identified Diversity Category</th>
<th>Employed/ Full-time Faculty</th>
<th>Senior Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underrepresented in Medicine: American Indian, Alaska Native, Hispanic or Latino (of any race)</td>
<td>4 (8%)</td>
<td>1 (13%)</td>
</tr>
<tr>
<td>Females</td>
<td>27 (49%)</td>
<td>2 (25%)</td>
</tr>
</tbody>
</table>

3.3 NARRATIVE RESPONSE

a. Describe the process by which the statements and policies related to diversity were/are being developed, approved, and implemented. If diversity policies have not been finalized, describe the status of their development. Describe how the policies will be made known to medical school and faculty applicants.

The WSU COM Equity Committee, guided by the WSU Strategic Plan, developed and recommended diversity categories for consideration by the dean, who approved the final school-identified diversity categories. These diversity categories were identified as necessary to achieve the mission of the college to train primary care physicians to work in rural and underserved areas, as well as to achieve excellence in education, research, clinical care and service. The Equity Committee and the dean will complete a draft diversity policy, which is scheduled for review by the faculty in spring 2016.

Applicants, students, faculty, and staff will learn about WSU COM’s commitment to diversity and inclusion through statements and policies which will be referenced on the medical school website, medical student handbook, faculty handbook, recruitment materials, and orientation.

Focus groups, townhall meetings, and panels with students (when appropriate) will offer forums to share policies and build a culture of inclusion and transparency in the COM.

b. Describe preparation, recruitment, and retention programs/activities that exist or will exist to enhance diversity (as defined by the school) among the following groups:
   1. Medical students
   2. Faculty
3. Senior administrative staff

**Student recruitment, selection, and retention**

**Recruitment and Selection**

Students from school-identified diversity categories will be targeted for recruitment and outreach for the purpose of achieving a diverse applicant pool that will enable the college to achieve its mission. The associate dean for diversity, inclusion and leadership will assist the admissions office in recruitment of a diverse applicant pool of medical students by leveraging relationships across the state to develop pipeline programs reaching down to middle schools and tracking potential students from high school through college to medical school.

Washington State passed Proposition 200 in 1998 which prohibits the state from “discriminating 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.” Therefore, as a state land grant institution, recruitment and outreach efforts can focus their efforts to encourage and ensure a more diverse applicant pool, but admission decisions cannot include those specific factors as defined by state law.

Therefore, the Admissions Committee will use a holistic admissions process to ensure the student body is broadly diverse to help the college achieve its mission in the context of federal and state law. In particular, the WSU COM Admissions Committee will give a balanced consideration to an applicant’s life experiences, personal attributes, and academic metrics without over-emphasizing GPAs and MCATs as in traditional approaches to selection. The Admissions Committee is linking selection criteria to WSU COM’s mission to serve the needs of the State of Washington by graduating more physicians interested in primary care disciplines.

In support of the holistic review, the Admissions Committee will also use the Multiple Mini Interview (MMI) format to obtain an aggregated score of each applicant’s “soft skills” or non-cognitive skills, including interpersonal skills, professionalism, and ethical/moral judgment.

**Retention**

A priority for WSU COM is strengthening student support services to facilitate student retention. Services will include academic advising, tutoring, practice exams, financial aid, and a peer-to-peer mentoring program that will develop as the classes reach steady state. This infrastructure is critical to support student populations from diverse backgrounds and to ensure students from disadvantaged backgrounds successfully transition to the medical education program. Fund raising efforts are underway to provide support that will be used to support medical education, programs and activities, as well as scholarship funds to retain a diverse class.

As part of its commitment to diversity, WSU COM will recruit financially disadvantaged students. Financial aid facilitates recruitment and retention of a diverse student body. The director of financial aid will work to identify financial resources that will mitigate the cost of medical school education for all medical students. The associate dean for diversity, inclusion and leadership will assist in this endeavor.

WSU COM will award scholarships to ensure the charter class is sufficiently diverse. To date, funds have been raised towards achievement of this goal. The board of regents approved the naming of the COM after the late president of WSU, Elson S. Floyd, Ph.D., who led the efforts to start the medical college. The COM has an active campaign to raise donations in his memory that would be used towards meeting diversity goals.
Educational Program

The educational program includes goals and objectives related to education about the health disparities that disproportionately impact diverse populations, with strong recurring themes of the social determinants of health. The dean has directed the faculty to develop a leadership component that will be integrated across the four year curriculum. Designed as a certificate program, this initiative will prepare graduates for their roles in social justice and equity initiatives in the communities where they will serve.

Further, students will train in interprofessional teams, with scenarios that include addressing inherent biases associated with diverse populations. These experiences will be foundational, as WSU COM will have clinical sites which will add to the diversity of clinical faculty and patient populations in its dispersed model of medical education. Diversity of the faculty, staff and community populations across clinical affiliates will add breadth and depth to the education of the students.

Faculty/Staff Recruitment, Appointment, and Retention

WSU COM is committed to recruiting and retaining faculty and staff from a variety of backgrounds, particularly from those categories that the COM has identified as having potential to immediately impact the quality of the educational process consistent with the program’s mission. Differences in beliefs, opinions, perspectives, experiences, lifestyle, gender, sexual orientation, culture and race/ethnicity all enrich the academic environment. The associate dean for diversity, inclusion and leadership is charged with creating a welcoming and inclusive environment that supports diversity and inclusion. WSU uses standardized faculty and staff recruitment, employment and retention processes designed to enhance diversity in the context of federal and state law.

Systematic training of search committees, oversight of all faculty recruitment, strategies to increase pools of diverse faculty and staff applicants, retention activities (e.g. pipeline programs and partnerships, to achieve mission-appropriate diversity outcomes) are priorities. Additionally, an annual climate survey of faculty, staff and students will be used to measure outcomes. Methods to evaluate the effectiveness of activities to achieve the mission-appropriate diversity outcomes will be developed. By embracing all communities (faculty, administrators, staff, students) WSU COM will provide an educational environment that is welcoming and respectful of diverse ideas, cultures, and people.

Faculty Development

WSU COM provides opportunities for professional development for staff and faculty focused on diversity, inclusion and cultural competence. WSU COM will develop workshops and programs targeted at diversity that will be offered in person and through online modules. The associate dean for diversity, inclusion and leadership, with assistance from the associate dean for curriculum, will develop enrichment programs to assist the WSU COM community in recognizing inherent bias in order to promote an environment that welcomes and embraces diversity in the faculty and help ensure that faculty feel supported and accepted in the working environment.

c. Describe the major programs currently in place at the institution or that will be established to enhance the diversity in the pool of well-prepared applicants for admission to medical school, both locally and nationally.

Summarize the following related to the administration and delivery of these programs:

1. The funding sources that the medical school has available
2. The personnel dedicated to these activities
3. The time commitment of these individuals
4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, a university office)

WSU COM is planning pipeline programs to develop and attract a diverse pool of applicants to its medical education program. These pipeline programs will build upon existing relationships already in place through other health science programs, including nursing and pharmacy and will include partnerships with other academic, school system and community stakeholders. A variety of pipeline programs already exist to encourage math, science and health professions interest in the K-12 system throughout Washington state and with other institutions of higher education, and WSU COM is working to partner with these programs to strategically enhance and build new pipeline programs to ensure broader coverage and a greater focus on medicine as a career. The WSU COM has salary and programmatic support through its budget to enhance the diversity in the pool of well-prepared applicants for admission to the medical education program. Sources of funding include direct state appropriations, campus funding, and philanthropy. Personnel dedicated to these activities include a senior leadership position (associate dean for diversity, inclusion and leadership), an Equity Committee that is advisory in nature and makes recommendations to leadership, and institution-wide personnel that focus on overarching diversity initiatives. WSU COM positions are full-time, and participation on the committee is part-time.

To ensure appropriate organizational alignment for diversity initiatives, these positions report directly to the dean.

d. Describe the following for planned programs related to the preparation, recruitment, and retention of medical school applicants, medical students, faculty, and senior administrative leadership from school-defined diversity categories:

1. The funding sources that the medical school has available
2. The personnel dedicated to these activities
3. The time commitment of these individuals
4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean’s office, a university office)

Funding for programs that are focused on the preparation, recruitment, and retention of students, faculty and senior administrative staff across the WSU COM community are available through the college budget and at the institutional level through university sources. WSU successfully concluded a $1billion campaign that included gifts to support scholarships and faculty recruitment for those who will contribute to the university’s mission. This active philanthropic campaign achieved early successes for the COM, and funding is available to recruit students and faculty who represent diverse backgrounds.

A dedicated associate dean for diversity, inclusion and leadership was recruited in the fall 2015 as a full time position to improve and sustain a diverse community. Additionally, an Equity Committee that is advisory in nature has been established. Comprised of administrators, faculty, staff, clinical affiliates and community members, this committee makes recommendations to leadership with a focus on overarching diversity initiatives. The committee will eventually include student representation after the college matriculates its charter class.

The WSU Spokane campus has a fully staffed Office of Human Resources that also provides support to all non-student recruiting efforts.
The associate dean for recruitment and admissions has a responsibility to develop recruiting strategies that attract a diverse student body, while the vice dean for student and faculty experience and the associate dean student affairs are jointly accountable for retention efforts. All diversity-related COM positions/committees report directly to the dean, while the Office of Human Resources is university-based. All positions are full time.

**SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.3**

1. Formal institutional policies specifically aimed at insuring a diverse student body, faculty, and senior administrative staff.

The WSU COM draft Diversity Policy is included in Appendix 3-01.
3.4 ANTI-DISCRIMINATION POLICY

A medical school does not discriminate on the basis of age, creed, gender identity, national origin, race, sex, or sexual orientation.

3.4 NARRATIVE RESPONSE

a. Describe how the medical school’s anti-discrimination policy is made available to members of the medical education community.

WSU, through its Board of Regents, has a well-established anti-discrimination policy. All members of the WSU COM community are required to take the WSU anti-discrimination, sexual harassment, and sexual misconduct prevention course at the time of employment/appointment and every five years from then on. Students will be provided an overview of the policy during orientation.

The policy is made available to the WSU campus through email, posting on the website, and through the COM student and faculty handbooks.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.4

1. The medical school’s anti-discrimination policy (or the university policy that applies to the medical school).

The Washington State University COM subscribes to the principles and laws of the State of Washington and the federal government pertaining to civil rights and equal opportunity, including applicable Executive Orders. WSU Executive Policy #15, the Policy Prohibiting Discrimination, Sexual Harassment, and Sexual Misconduct, can be accessed via the following link https://public.wsu.edu/~forms/PDF/EPM/EP15.pdf and is included in Appendix 3-02.
3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

3.5 SUPPORTING DATA

<table>
<thead>
<tr>
<th>Professional Attribute</th>
<th>Anticipated Location(s) in Curriculum</th>
<th>Anticipated Assessment Method(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Treat everyone with respect</td>
<td>Art and Practice of Medicine Clerkships</td>
<td>Evaluations by preceptors OSCE Clerkship Observations</td>
</tr>
<tr>
<td>• Demonstrate empathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Demonstrate cultural sensitivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Strive to identify, prioritize, and solve problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Acquire pertinent information, from history, physical exam, and diagnostic tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Critically appraise all pertinent information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Practice clinical reasoning adapted to each case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Formulate well-reasoned differential diagnoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Formulate and proficiently implement the most effective treatment plan validated by evidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recognize emergencies, take appropriate actions, and seek appropriate help if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Function effectively as interprofessional team member or team leader</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Effectively teach patients, families, students, and coworkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Promote professional teamwork</td>
<td>Clerkships IPE projects</td>
<td>Evaluations by preceptors OSCE Clerkship Observations</td>
</tr>
<tr>
<td>• Communicate effectively with patients, families, and healthcare professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Listen intently to patients, families, and healthcare professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Interpret communications accurately and in context</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Knowledge &amp; Life-Long Learning</strong></td>
<td>Courses Clerkships</td>
<td>Narrative Assessment Standardized Tests Faculty Observation Clerkship Observations</td>
</tr>
<tr>
<td>• Acquire knowledge to provide effective, validated patient-centered care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Acquire knowledge to function in a changing health care ecosystem</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Seek new knowledge and understanding  
| • Share knowledge and understanding  
| • Effectively practice lifelong, self-directed learning |

<table>
<thead>
<tr>
<th><strong>Integrity and Responsibility</strong></th>
</tr>
</thead>
</table>
| • Uphold the highest standards of integrity  
| • Uphold professional ethics  
| • Be dependable and diligent  
| • Demonstrate and expect accountability  
| • Demonstrate and expect accountability  
| • Maintain and safeguard meticulous records |

| Courses  
| Clerkships  
| Faculty Evaluations  
| Formative and Summative Feedback |

<table>
<thead>
<tr>
<th><strong>System Improvement</strong></th>
</tr>
</thead>
</table>
| • Promote healthcare equity  
| • Improve quality  
| • Increase effectiveness and cost-efficiency  
| • Reduce risk |

| Clerkships  
| Faculty Evaluations |

<table>
<thead>
<tr>
<th><strong>Self-Awareness</strong></th>
</tr>
</thead>
</table>
| • Demonstrate self-awareness and humility  
| • Treat oneself with respect  
| • Strive for a balanced lifestyle to maintain personal physical and mental health  
| • Tolerate uncertainty  
| • Reflect on patient care, self-care and self-directed learning |

| Throughout  
| (Specifically will be addressed in Art and Practice of Medicine)  
| Direct Observation Surveys |

### 3.5 NARRATIVE RESPONSE

a. Describe how the list of professional attributes was/is being developed, including the individuals and groups responsible for developing, reviewing and approving the final list.

The leadership team and ad hoc Curriculum Committee conducted a literature review, interviewed other medical school leadership, participated in national conferences, and consulted organizational websites to develop the list of professional attributes. School leadership, including the dean, vice deans, and associate/assistant deans developed, reviewed and approved the final list of professional attributes. This list was then submitted to the Curriculum Committee for review and approval.

b. Describe the means by which the list of desired attributes will be made known to faculty, residents, and others in the medical education learning environment.

WSU COM uses a variety of communication methods to distribute policies, procedures, disclosures, and other critical information to the medical education community. This includes presentation of materials at faculty/resident orientations and development programs, posting on the web site, inclusion in the student and faculty handbooks, and through department and town hall meetings. Course and clerkship directors will specifically include the materials for faculty in preparation for the delivery of each unit of the medical education program.
c. Describe the methods that will be used by the medical school and its clinical affiliates/partners to evaluate the learning environment in order to identify positive and negative influences on the development of medical students’ professional attributes, especially in the clinical setting. What individuals or groups are/will be empowered to act on these results.

Maintaining appropriate canons of professional behavior in educational settings falls within the scope of duties of all deans, vice deans, associate deans, course/clerkship directors, preceptors, and faculty. These groups are empowered to act, within the scope of their responsibilities. Staff and students also share responsibility for ensuring that appropriate canons of professional behavior are maintained in all educational settings.

Assessment of student, residents, faculty and other healthcare provider’s professional behavior will be part of the formal Curriculum Committee’s charge. Sources to identify positive and negative influences on the learning environment include end of course/clerkship evaluations, dedicated surveys, and individual-initiated feedback (either anonymously or through course/clerkship directors and/or administrators). Sources of negative influences on the learning environment will be investigated and addressed seriously with the appropriate leadership within the COM, and at the executive levels of the clinical affiliates. Positive influences on the learning environment will be widely disseminated throughout the COM, to include posting on the website and inclusion in periodic newsletters/communications from the dean.

Affiliation Agreements between WSU COM and those institutions at which the clinical education components of the curriculum are conducted describe shared responsibilities for appropriate learning environments for medical education. This shared responsibility is codified in affiliation agreements and are based on the AAMC’s Uniform Clinical Training Affiliation Agreement as follows:

“The SCHOOL, including its faculty, staff, medical students, and residents, and HOST AGENCY share responsibility for creating an appropriate learning environment that includes both formal learning activities and the attitudes, values, and informal "lessons" conveyed by individuals who interact with the student. The parties will cooperate to evaluate the learning environment (which may include on-site visits) to identify positive and negative influences on the maintenance of professional standards, and to conduct and develop appropriate strategies to enhance the positive and mitigate the negative influences. HOST AGENCY shall require its faculty and staff who interact with students to adhere to the expectations set forth in Exhibit A, and communicate student violations to the SCHOOL. SCHOOL agrees to require its students to adhere to the expectations set forth...

HOST AGENCY may immediately remove from the premises and retain the right to suspend or terminate any student’s participation at the HOST AGENCY. The HOST AGENCY will immediately notify the appropriate office of the SCHOOL if such an action is required and the reasons for such action. The SCHOOL may terminate a student’s participation when, in its sole discretion, it determines that further participation by the student would no longer be appropriate. The SCHOOL will notify the HOST AGENCY if such action is required.”

Process

The learning environment will be monitored through direct observation by the faculty and residents, end of course/clerkship evaluations, surveys of faculty/residents/students/nursing staff as well as the associate deans for regional campuses, and interviews with focus groups dedicated to this effort. All data collected regarding the learning environment is provided to the course/clerkship directors, reviewed by the associate dean for regional campus (where applicable), provided to the department chairs, and in parallel is forwarded to the respective subcommittee (Pre-Clerkship or Clerkship) of the Curriculum Committee.
The Curriculum Committee has responsibility for the learning environment, and monitors the information as part of its standing meeting agenda. The Curriculum Committee also reviews the information in the aggregate as part of its annual curriculum retreat.

d. Identify the individual(s) responsible for ensuring that there is an appropriate learning environment in all settings used for the education of medical students. Describe planning for activities (such as a joint medical school/faculty committee) to foster an appropriate learning environment.

The dean is ultimately responsible for ensuring that there is an appropriate learning environment in all settings used for the education of medical students. He is supported in this effort by the Curriculum Committee, who is charged with monitoring the learning environment as part of its responsibilities. The dean is also supported by the vice deans and associate deans, including the associate deans for regional campuses, as part of their respective duties and responsibilities. During the six year ramp up phase, the WSU COM has planned two faculty development retreats per year, which will include development sessions on fostering an appropriate learning environment. These retreats will be held at the geographically dispersed campuses, to maximize participation by the clinical faculty.
3.6 STUDENT MISTREATMENT

A medical school defines and publicizes its code of professional conduct for faculty-student relationships in its medical education program, develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct (e.g., incidents of harassment or abuse) are well understood by students and ensure that any violations can be registered and investigated without fear of retaliation.

3.6 NARRATIVE RESPONSE

a. Describe the status of development of formal medical school or university statements of the standards of conduct expected in the teacher-learner relationship, including student mistreatment policies. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff will be or are informed about the medical school’s standards of conduct in the faculty-student relationship and about medical student mistreatment policies.

WSU and the WSU COM adhere to the WSU Executive Policy # 28 on Faculty-Student and Supervisor-Subordinate Relationships, which encompasses teacher-learner relationships. A WSU COM student mistreatment policy has been drafted, included in Appendix 3-03, and will be approved at the spring faculty meeting as part of the approval process for the student and faculty handbooks. The student mistreatment policy will be disseminated to all medical students during student orientation and prior to beginning clinical rotations, and to faculty during the faculty orientation process and during faculty development workshops. The policy will also be available through the school website and in the student and faculty handbooks.

b. Summarize the methods that will be available to report observed incidents of unprofessional behavior, including student mistreatment, exhibited by anyone in the learning environment. Describe how the medical school will ensure that allegations of mistreatment can be made and investigated without fear of retaliation.

Observed incidents of unprofessional behavior, including student mistreatment, may be reported in writing (anonymously or for attribution), or verbally to the course director, senior resident, clerkship director, associate dean for regional campus, faculty mentor, or the associate dean for student affairs as deemed most appropriate by the person reporting the incident. Other methods to report unprofessional behavior include end of course/clerkship evaluations, or through periodic surveys. Reports of incidents, along with actions taken to resolve issues, will be forwarded to the Curriculum Committee, the dean, and chairs (as appropriate). Once the student government association is established, reports of incidents will be de-identified, and the information and resolution will be reported to the student government association on a regular basis.

A non-retaliation clause is included within the student mistreatment policy to ensure that there will be no penalty or retaliation against anyone who reports a violation of the teacher-learner relationship.

c. Who will be responsible for ensuring that the learning environment is monitored? How, by whom, and how often will data regarding the frequency of medical students experiencing negative behaviors (mistreatment) be collected?

The Curriculum Committee is responsible for the management and monitoring of the learning environment. Medical students will have the opportunity to complete evaluations at the end of each
course and clinical rotation to express concerns with mistreatment. They may also report mistreatment in person, in writing, or anonymously to any faculty member or administrator. The COM will carefully review the results of the evaluations, and compare it to the data collected through internal methods to identify any discrepancies in climate or reporting.

The Evaluation and Assessment Subcommittee of the Curriculum Committee will be responsible for collecting the data from all sources and analyzing and presenting the results of the data to the Curriculum Committee.

d. Which individuals and/or groups will have the responsibility and authority to address problems that have been identified in the learning environment?

The dean and the Curriculum Committee have the ultimate responsibility and authority to address problems that have been identified in the learning environment. They are supported in this effort by leadership including, but not limited to:

- Chairs
- Course and clerkship directors
- Curriculum Committee
- Associate dean for student affairs
- Associate dean for curriculum
- Associate regional campus deans
- Medical Student Evaluation and Promotion Committee
- Associate Dean for Diversity, Inclusion and Leadership

e. Describe plans for educational activities for medical students, faculty, and residents that will be directed at preventing student mistreatment.

Medical students will be educated regarding the WSU policies regarding faculty-student relationships and student mistreatment during student orientation and again at the end of 2nd year prior to starting clerkships. Residents will be educated on the policies during orientation preceding the start of their residencies. Faculty will be educated on the policies during their faculty orientation at the time of hire and during faculty conferences. The policies will also be available on the medical school website, along with the review of the annual evaluation results.

Faculty are planning interprofessional experiences simulating examples of student mistreatment, with opportunities to participate in reflection regarding the incidents, as well as the perceived approaches to its resolution. These simulations will be appropriate for learners across the community, and will be included as part of faculty development workshops.

SUPPORTING DOCUMENTATION REQUIRED FOR ELEMENT 3.6

1. As available, formal medical school or university policies addressing the standards of conduct in the faculty-student relationship, including student mistreatment policies.

The WSU COM adheres to the WSU Executive Policy #28 on Faculty-Student and Supervisor-Subordinate Relationships, which can be accessed via the following link http://public.wsu.edu/~forms/PDF/EPM/EP28.pdf and is included in Appendix 3-04.