

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.

Supporting Documentation

Table 10.0-1 Applicants and Matriculants					
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.					
	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
Initial Applications	N/A*	N/A*	711	1194	1553
Completed Applications	N/A*	N/A*	466	648	701
Applicants Interviewed	N/A*	N/A*	332	328	344
Acceptances Issued	N/A*	N/A*	91	118	154
New Students Matriculated	N/A*	N/A*	60	60	80

*The charter cohort of medical students matriculated in AY 2017-18

Table 10.0-2 Entering Student MCAT Scores			
If applicable, use the table below to provide <i>mean</i> MCAT scores, for new (not repeating) first-year medical students in the indicated entering classes.			
	AY 2017-18	AY 2018-19	AY 2019-20
Chemical and Physical Foundations of Biological Systems	126.4	126.8	126.7
Biological and Biochemical Foundations of Living Systems	126.5	127.1	126.9
Critical Analysis and Reasoning Skills	126.3	126.2	125.9
Psychological, Social, and Biological Foundations of Behavior	127.1	127.4	127.5
Total Score	506	506.8	507

Table 10.0-3 Entering Student Mean GPA					
Provide the <i>mean overall premedical GPA</i> 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.					
	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
Overall GPA	N/A*	N/A*	3.6	3.62	3.61
Weighted GPA calculation (if applicable):					

*The charter cohort of medical students matriculated in AY 2017-18

Table 10.0-4 Medical School Enrollment					
Provide the total number of enrolled <i>first-year medical students</i> (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.					
	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
First-Year	0	0	60	60	80
Total Enrollment	0	0	60	120	199*

*One medical student deceased in 2019

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.

Narrative Response

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

The prescribed course requirements are the minimum requirements for admission to the medical school. Remedial/developmental courses do not meet the premedical course requirements. Basic (100-200 level) courses in these subject areas are acceptable and meet the college premedical requirements. However, the preference for upper level coursework (300-600 level) may be accounted for in the holistic review of the applicant's overall file.

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

Required Course	Preferred Focus	Lab	Sem Hours
Biology	Genetics, Molecular Biology	X	4
Organic Chemistry		X	4
Physics		X	4

- b. List any courses or subjects that the medical school recommends, but does not require, as prerequisites for admission.

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.

Recommended Course	Preferred Focus	Lab	Sem Hours
College English			3
College Mathematics			3
Statistics			3
Humanities	Literature, art, music, or history		4
Sociology			3
Psychology			1
Ethics			3
Human Development/Embryology			1
Genetics			3
Human or Mammalian Physiology			1
Anatomy or Comparative Anatomy			3
Foreign Language	Spanish – intermediate verbal proficiency		3
Research Courses or Data Management			3

- c. Describe how and when the current premedical course requirements and recommended subjects were established and by which individuals and/or groups they were approved. Describe how often and by whom premedical course requirements are reviewed. What information is used to guide decisions about changes to premedical course requirements?

The Admissions Committee reviews and approves the requirements for admission, including the premedical course requirements, and recommended subjects on an annual basis after the class has been admitted. The admissions office verifies from course reporting in the applicants' AMCAS application that the science courses were taken within a science department. When the department is not clear, the admissions team uses institutional online course catalogs to verify.

As sufficient outcomes data is collected on the pre-clinical curriculum, it will be evaluated relative to prerequisite requirements. Representatives from admissions, curriculum, and assessment will discuss the pre-medical requirements in the context of programmatic expectations of students. Part of this discussion will include exploring whether the premedical course requirements are related to performance outcomes in the program. Any recommendations for changes, based on outcome data, will be proposed to the Admissions Committee for review prior to adoption.

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.

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.

As of May 1, 2020, the Admissions Committee had a total of 30 voting members. The Admissions Committee membership was composed based on the College of Medicine Bylaws, which stipulate a committee of at least 15 total members, including faculty from all college departments, community members, and up to two students selected in their first year to begin serving in their second year. In 2018 and 2019, an additional two student members were selected as alternates who vote only when an active student member is absent from a meeting. Student alternates participate fully in all other activities and undergo all required training. Third- and fourth-year students on the Admissions Committee are not counted against a quorum (greater than 50%) due to the necessity for frequent absences due to clinical obligations. Alternate student members also do not count toward a quorum unless they are functioning as a voting member for any given meeting.

The Admissions Committee membership is as follows:

Discipline	Minimum Number of Members	Current Number of Members
College of Medicine Faculty*	15	18
WSU Faculty (outside College of Medicine)	1	1
Medical School Administrators ex-officio	2	2
Medical Students (as applicable)	4	6, 6 alternates
Community Members	1	2

*Administrators may also hold a faculty appointment, however they are only represented once in the table

There is one subcommittee of the Admissions Committee. Working groups are formed by members of the Admissions Committee as required.

A Multiple Mini-Interview (MMI) subcommittee, comprised of Admissions Committee members, selects, and amends the MMI scenarios for each interview season. In 2019, the MMI subcommittee was comprised of five College of Medicine faculty and one community member.

- 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 Associate Professor, and Clinical Education Director for Clinical Skills.

Committee chairs are elected by the committee in consultation with the Dean. Nominees may be proposed by the members of the standing committee and/or by the Dean. Chairs may be elected in the year prior to the end of the term of the current chair and may stand for re-election to an additional term. Following the election, the Chair-Elect may serve as the co-Chair of the committee through the remainder of the Chair's term.

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

Admissions Committee members are required to attend orientation/training sessions and an 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. Attendance is tracked and no member may review applications or make decisions in the process until they have completed the required training. Admissions Committee members who have not undergone all required training are not assigned applications to review and are not involved in the interview process.

Training for Admissions Committee members focuses on admissions-related policies, processes, and specifics of the MMI process. The training includes a review of all policies, review of the process from both the applicant and the committee perspectives through each stage of admissions, and a review of all decision rubrics. Implicit bias recognition is included in the training. Admissions Committee members take the Harvard Implicit Association Test (IAT) and discuss bias and its potential impact on the selection of candidates. Furthermore, ways of self-identifying bias and respectfully addressing biases exposed during Admissions Committee meetings are a focus of the retreat and subsequent meetings.

New Admissions Committee members and other faculty, students, and community members who are not members of the Admissions Committee but conduct MMIs undergo MMI evaluator 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 the interview narrative.

- d. Summarize the charge to the admission committee and the source of the committee's authority (e.g., medical school bylaws). Does the committee as a whole, or a subset of the admission committee, have the final authority for making all admission decisions? If a subset of the admission committee makes the final admission decision, describe its composition and the source of its authority.

The source of the Admissions Committee authority is College of Medicine Bylaws. The committee makes admissions decisions in accordance with the educational goals articulated in the mission, vision, and values of the college. The Admissions Committee maintains independence and makes decisions without the presence of external influence. Applicants who are not selected for admission may not 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, Student Affairs, and Inclusion. Final admissions decisions are not made by a subset of the Admissions Committee.

The Admissions Committee charter (appendix 10-02-01) is reviewed and approved annually at the Admissions Committee retreat; this document further delineates the expectations and responsibilities of each member and of the elected Chair.

- e. Have there been any circumstances when the final authority of the admission committee has been challenged, overruled, or rejected during the past three admission cycles?

In all three completed admissions cycles, no Admissions Committee decisions were challenged, overruled, or rejected.

- f. Summarize the methods used for managing acceptance of applicants from the waitlist/alternate list. How, by whom, and by what process are acceptances from the waitlist offered?

Applicants are ranked using the Admissions Committee score, which is an average score of voting Admissions Committee members for each candidate. Once the entering class has been filled in mid-March of the application cycle, a waitlist is formed using a tier-based system. To allow for the class to be shaped by mission critical factors (except enrolled tribal membership), increments are added to the original committee score, where applicable, for an adjusted committee score. All decisions of acceptance, whether during rolling offers or from the waitlist, are made by the SADASA using this approved Admissions Committee process and committee score. Additional details and scoring procedure for the waitlist may be found in appendix 10-02-02.

- g. 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 Conflict of Interest Policy (appendix 10-02-03) 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, Student Affairs, and Inclusion which records the Admissions Committee member and applicant name and ensures the Admissions Committee member is not involved in any step of the applicant's review, interview, or selection, depending on the stage at which the conflict was identified.

If an Admissions Committee member realizes there is a conflict upon meeting the applicant in the interview room, the interview rubric has a check box and text box to allow the Admissions Committee member to identify their conflict. During an Admissions Committee meeting, the Admissions Committee member is asked to leave the room for the applicant's discussion and scoring. Admissions Committee members are reminded of the conflict of interest policy at the beginning of every meeting. The Admissions 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 sign a statement indicating they have read, understand, and will comply with the Admissions Conflict of Interest Policy. These signed copies are kept in the Office of Admissions, Student Affairs, and Inclusion.

Supporting Documentation

1. An excerpt from the medical school bylaws or other formal policy document that specifies the authority of, charge to, and 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 10-02-04 College of Medicine Bylaws Admissions Excerpt

Appendix 10-02-05 Admissions Committee Handbook

10.3 Policies Regarding Student Selection/Progress and Their Dissemination

The faculty of a medical school establish criteria for student selection and develop 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.

Narrative Response

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

The policies, procedures, and criteria for medical students were developed by an ad hoc Admissions Committee and approved by the standing Admissions Committee, prior to receiving preliminary accreditation. Policies, procedures and criteria were approved based on consistency with the mission and vision of the College. The members of the ad hoc Admissions Committee reviewed materials from the AAMC, including the Holistic Review Project, as well as literature on application processes to health professions schools. The ad hoc committee interviewed several 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 College Executive Cabinet and the college Dean.

Admissions policies, criteria, and procedures are provided on the college 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 to receive the secondary/supplementary application
 2. Selection for the interview
 3. The results of the interview (e.g., interview “score” or outcome result)
 4. The acceptance decision
 5. The creation the wait list
 6. The offer of admission, including how applicants are accepted from the wait list

1. Preliminary screening to receive the secondary/supplementary application: Once the AMCAS application is received, AMP (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
 - Ties include:
 - Born in Washington
 - Childhood address in Washington (in AMCAS)
 - Graduated from a Washington high school
 - Parent(s) currently lives in Washington
- All required letters of evaluation have been received by AMCAS
- Will be at least 21 years of age at graduation (a requirement to earn the MD degree)

- One of the established GPA/MCAT threshold combinations have been met

2. Selection for the interview: Once the secondary application is submitted via AMP and the fee paid, AMP blinds MCAT scores and GPA from further consideration. The complete packet is assigned to two screeners who are trained in holistic review. The pool of screeners includes members of the Admissions Committee and the two Directors on the admissions team. The screeners complete a mission-focused holistic review rubric and make recommendations for interview (recommendations include highly recommend, recommend, and do not recommend).

The SADASA reviews the completed rubrics and recommendations, a translated numerical score given for the assessed attributes and life experiences, and the indication of whether the applicant meets any of the school-defined diversity categories (“mission-critical 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 the 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-critical factor for a total score. When there are discrepant reviews (i.e., highly recommend and do not recommend from two separate reviewers), a third screener is assigned, and the highest two recommendations are considered. The total score along with the summative comments made by the screeners are reviewed by the SADASA, who makes subsequent interview invitations.

3. The results of the interview (e.g., interview “score” or outcome result): The interview day consists of presentations, tours, student luncheon, and a hybrid Multiple Mini-Interview (MMI) circuit. The MMI circuit includes seven 5-minute scenario stations (with a break station included) and one 13-minute one-on-one structured interview with an Admissions Committee member. Interviewers submit a scored rubric with comments for their station.

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-focused, holistic review rubric with the same recommendation options of highly recommend, recommend, and do not recommend for acceptance.

4. The acceptance decision: One of the reviewers is responsible for presenting the candidate to the Admissions Committee during the deliberation meeting. During that meeting, all Admissions Committee members have access to the full application, the review rubrics, and the MMI evaluations and scores. The presentation includes information from both full reviews and presents any mission-critical 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. Individual member scores are averaged to produce a Committee Score which forms the rank list from which offers are made. Rolling offers are made through mid-March after all interviewed applicants have been assessed through the Admissions Committee to fill the class of 80.

5. The creation of the wait list: The waitlist is formed 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 admission.

The Admissions Committee endorses the principle of using mission critical factors to allow for representation to address health inequities in Washington.

6. *The offer of admission, including how applicants are accepted from the wait list:* Offers are made from the rank list formed by the Committee Score. The official offer letter is signed by the Dean and a follow-up letter and admit packet from the SADASA 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.

In the formation of the waitlist, Tier I, Tier II, and Tier III applicants are ranked by original CS. To allow for the class to be shaped by mission critical factors (except enrolled tribal membership), as outlined in the *LCME Consensus Statement on Satisfactory Performance in Element 10.2: Acceptance from the Waitlist/Alternate List*, the following increments are added to the original CS, where applicable, for an adjusted CS:

- 0.25 – Rural
 - 0.2 – U.S. Military service
 - 0.15 – 1st generation college graduate
 - 0.1– Low SES (factoring out EO1 where applicable)
 - Each Tier is re-ranked with the adjusted CS; applicants are kept in their original Tiers regardless of adjusted CS.
 - If there is a tie in the adjusted CS, the sum of mission critical factors prioritizes the order of offers.
 - If a tie remains, the Admissions Committee is sent an electronic ballot for the tied applicants (with a secure link to their application) in Tier 1. Members are asked to rank the applicants by preferred order of acceptance (i.e., 1 for the first to be offered, 2 for next, and so on). Each applicant receives a total rank score which determines offer order.
 - The applicant with the lowest total rank score from the Admissions Committee is accepted. If there is more than one seat available, offers go in the order of the total lowest rank score detailed in Step 3 until all tied applicants have been made an offer before moving to the next highest adjusted CS.
 - All offers from Tier I are exhausted before moving to Tier II and Tier III. In such an event, Steps 1 through 4 will then be repeated for Tier II and Tier III applicants consecutively.
- c. Describe the role of the medical school admission committee in the selection of applicants for joint baccalaureate-MD program(s) or dual degree program(s) (e.g., MD/PhD), if these are present.

The College of Medicine does not have a joint baccalaureate-MD program or dual degree program.

- d. 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 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 college webpage: <https://medicine.wsu.edu/md-program/student-affairs/student-handbook/>.

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/>.

Supporting Documentation

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

Appendix 10-03-01 Student Promotion, Dismissal and Graduation Policy

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

Appendix 10-03-02 SEPAC Terms of Reference – Bylaws Excerpt

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.

Narrative Response

- a. Describe the personal attributes of applicants considered during the admission process. Describe how the current list of attributes was developed and approved?

The College of Medicine is 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 U.S. military or are 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.

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 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, and are reviewed and amended, if needed, at least annually by the Admissions Committee.

Attributes for Holistic Review:

- Academic Metrics (blinded after the secondary is submitted):
 - MCAT Scores (used only as part of the initial screening for a secondary application)
 - GPAs (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, scribing, helping care within their family or home, emergency medical technician and amount of exposure
 - *Service*: Engages in non-healthcare activities that serve others beyond oneself

- *Experience beyond the classroom*: Cultural experiences, arts, work, new language, hobbies, passion outside of academics, entrepreneurship
- **Personal Attributes**:
 - *Leadership*: Demonstrated leadership which has inspired others, capacity to mobilize people towards a goal, potential to excel as leader through actions and activities; inclusive of diverse voices
 - *Communication and interpersonal skills*: Social skills, active listening, emotional intelligence, professionalism; ability to address conflict in a positive, productive manner; verbal and nonverbal skills
 - *Intellectual excellence*: Uses creative and critical thinking to identify the strengths and weaknesses of alternative solutions, conclusions, and/or approaches to problems; ability to succeed academically; capacity for improvement
 - *Ethical responsibility to self and others*: Sound ethical judgment; integrity; empathy; altruism; recognizes and addresses bias in oneself
 - *Teamwork and collaboration*: Demonstrated effective ability to work with others, intergroup collaborations with diverse individuals; puts team goals ahead of individual goals
 - *Resilience and adaptability*: Persevere in the face of internal or external challenges; recovers from setbacks; tolerance of stressful and changing situations; adaptable

In addition, mission-critical factors considered are:

- First-generation college graduate (parents do not have a bachelor’s degree)
- Low socioeconomic status (based on EO1, EO2, Fee Assistance Program indicator on AMCAS, Pell Grant indicator on AMCAS)
- Grew up in a rural or underserved community in or outside of Washington (at the County level – based on AMCAS reporting for non-WA counties and WA Office of Financial Management for WA counties)
- US military service (as indicated in AMCAS)
- Enrolled member of federally recognized tribe (question asked on secondary application)

- 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 at what stage of the admission process, how, and by whom these attributes are assessed.

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

Stage of the Admissions Process	Method(s) to Assess Personal Attributes
Preliminary Screening	Applicants are selected based on meeting national citizenship and state residency, meeting one of the three MCAT/GPA combination thresholds, and receipt of the required letters of recommendation. (10.3:b.1)
Screening for Interview	Candidates are scored based on an approved Admissions Committee rubric form. The rubric considers the attributes and experiences and mission-critical factors listed in 10.4.a. An overall recommendation is included. (10.3:b.2)
Interviews	MMI is used to assess the attributes listed in 10.3:b.3
Full Review and Recommendation to AC	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. (10.3:b.4)
Acceptance Decision	Each candidate is presented by an Admissions Committee member who presents mission-critical 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 designated attributes. (10.3:b.5)
Offers of Admissions	Rank list formed by Committee Score is based on mission-critical factors, attributes, and life experiences incorporated into all the above stages. (10.3:b.6)

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)		
Life/Experiences & Personal Attribute	Description	Where Considered During Admissions Process
Experiences with rural or underserved communities/populations	Experience to understand the unique challenges and opportunities in rural environments and/or underserved communities and populations.	1, 2, 3, 4, 5
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.	1, 2, 3, 4, 5
Clinical Exposure	Quality of experience including shadowing, scribing, helping care within their family or home, emergency medical technician and amount of exposure.	1, 3, 5
Service	Engages in non-healthcare activities that serve others beyond oneself.	1, 2, 3, 5
Experience Beyond the Classroom	Cultural experiences, arts, work, new language, hobbies, passion outside of academics, entrepreneurship.	1, 2, 3, 5
Leadership	Demonstrated leadership which has inspired others; capacity to mobilize people toward a goal; potential to excel as a leader through actions and activities; inclusive of diverse voices.	1, 2, 3, 4, 5
Communication/ Interpersonal Skills	Social skills, active listening, emotional intelligence, professionalism; ability to address conflict in a positive, productive manner; verbal and nonverbal skills.	1, 2, 3, 4, 5
Intellectual Excellence	Uses creative and critical thinking to identify the strengths and weaknesses of alternative solutions, conclusions, and/or approaches to problems; ability to succeed academically; capacity for improvement.	1, 3, 4, 5
Ethical Responsibility to Self and Others	Sound ethical judgment; integrity; empathy; altruism; recognizes and addresses bias in oneself.	1, 2, 3, 4, 5
Teamwork/Collaboration	Demonstrated effective ability to work with others; intergroup collaborations with diverse individuals; puts team goals ahead of individual goals.	1, 2, 3, 4, 5
Adversity and Resilience	Perseveres in the face of internal or external challenges; recovers from setbacks; tolerance of stressful and changing situations; adaptable.	1, 2, 3, 5

Supporting Documentation

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

Appendix 10-04-01 Applicant Interview Rubrics

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.

Narrative Response

- a. Describe when and by whom the technical standards were last reviewed and approved.

The technical standards are reviewed on an annual basis in the spring prior to the start of each admissions cycle. In the spring of 2020, they were reviewed by the Admissions Committee, Student Evaluation, Promotion, and Awards Committee (SEPAC), and the Assistant Attorney General, and approved by the Admissions Committee and SEPAC.

- 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 college website for external access by prospective and current applicants, premedical advisors, and public. Technical standards are also shared on the learning management system for internal access by enrolled medical students, faculty, IT, and access services.

Each applicant accepted to the College of Medicine is provided a copy of the Technical Standards Policy, along with a disclosure statement indicating that the applicant understands the contents of the Technical Standards. The disclosure statement must be signed and returned to the Office of Admissions, Student Affairs, and Inclusion through the applicant portal 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, Student Affairs, and Inclusion.

Supporting Documentation

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

Appendix 10-05-01 Technical Standards Policy

10.6 Content of Informational Materials

A medical school's academic bulletin 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.

Narrative Response

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

The Admissions and Recruitment staff works with the college and WSU marketing and communication offices to develop recruitment and advising materials that are aligned with the WSU brand, have a consistent theme, message, and represent the mission and vision of the college. 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. Documents and the website contain pertinent factors from the policies and procedures. The SADASA ensures all materials follow the approved policies and criteria. Other content on the website regarding the MD program are reviewed by the respective offices (e.g., Office of Curriculum for curricular content).

- 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 the public.

College of Medicine recruitment materials are made available to potential and actual applicants in three ways: the college website, promotional brochures, and in presentations to pre-med advisors, students, and other prospective applicants.

Recruitment materials are available in a 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, and deadlines and detail of the application/admission process.

Supporting Documentation

1. Any recruitment materials related to the medical school.

Appendix 10-06-01 Recruitment materials

2. The current medical school academic bulletin (or similar documents). Indicate where in the bulletin, or other informational materials available to the public, the following information can be accessed:
 - a. Medical education program mission and objectives – Page 9
 - b. Admission and completion requirements (academic and other) for the MD degree and joint degree programs – Page 10-13
 - c. Academic calendar for each curricular option – Page 4
 - d. Required course and clerkship descriptions – Page 10-13

Appendix 10-06-02 WSU Academic Bulletin – College of Medicine Excerpt

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.

Supporting Data

Table 10.7-1 Transfer/Advanced Standing Admissions								
Provide the number of transfer students and students with advanced standing admitted from the program types listed below into the first, second, third, and fourth year curriculum during the indicated academic years.								
	Year 1		Year 2		Year 3		Year 4	
	AY 2018-19	AY 2019-20	AY 2018-19	AY 2019-20	AY 2018-19	AY 2019-20	AY 2018-19	AY 2019-20
LCME-accredited, MD-granting medical school	N/A*							
AOA-accredited, DO-granting medical school	N/A*							
Non-LCME or AOA-accredited international medical school	N/A*							
Non-MD-granting graduate or professional degree program	N/A*							

*The College of Medicine does not currently accept transfer/advanced standing students.

Table 10.7-2 Transfer Students			
Provide the number of transfer students for each indicated academic year.			
	2018-19	2019-20	2020-21
Transfer students that entered the second year (or into the pre-clerkship phase for a three-year program)	N/A*	N/A*	N/A*
Transfer students that entered the third year (or into the beginning of the clerkship phase for a three-year program)	N/A*	N/A*	N/A*
Transfer students that entered the fourth year (or the third year of a three-year program)	N/A*	N/A*	N/A*

*The College of Medicine does not currently accept transfer students.

Narrative Response

- 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 applicants' educational experiences 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.

- b. Describe the role of the admission committee, members of the medical school administration, and others:
 - (1) in determining if space and resources are available to accept transfers and
 - (2) in 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, their advisors, and the public.

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

- d. If the medical school admitted one or more transfer students to the final year of the curriculum during the past three years, describe the circumstances surrounding that admission decision.

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

Supporting Documentation

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

Appendix 10-07-01 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 each of these responsibilities

Supporting Data

Table 10.8-1 Visiting Students			
Provide the number of visiting students for each indicated academic year.			
	2018-19	2019-20	2020-21
Visiting students completing required clerkships (as defined for the school’s own medical students)	N/A*	N/A*	N/A*
Visiting students completing clinical electives and/or other courses	N/A*	N/A*	N/A*

*The College of Medicine does not currently accept visiting students.

Narrative Response

- a. Describe the procedures and criteria used by the medical school to determine if a potential visiting medical student has qualifications, including educational experiences, comparable to those of the medical students he or she would join in a clinical experience. Identify the medical school, university, or other office that is responsible for reviewing and making the decision about comparability.

The College of Medicine is not currently accepting visiting students.

- b. Describe the procedures by which the medical school grants approval for medical students from other medical schools to take electives at the institution. Include the following information in the description:
1. How the academic credentials and immunization status of visiting students are verified
 2. How the medical school ensures that there are adequate resources (including clinical resources) and appropriate supervision at the site for both the visiting students and the medical school’s own students
 3. How the medical school ensures that a performance assessment is provided for each visiting student

The College of Medicine is not currently accepting visiting students.

- c. Identify the medical school or university staff member(s) who is/are responsible for maintaining an accurate and up-to-date roster of visiting medical students.

The College of Medicine is not currently accepting visiting students.

Supporting Documentation

1. List the types of information included in the roster of visiting medical students (provide a standardized template for the roster, if available).

N/A the College of Medicine 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.

Narrative Response

- a. Describe the timing and process for medical student assignment to an instructional site or parallel curriculum in the following circumstances, as relevant. In the description, include how and by whom the final decision about assignment is made. Note the ability of students to select or rank options.
 1. A clinical site (e.g., a hospital) for an individual clerkship
 2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum
 3. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum
 4. A parallel curriculum (“track”) located on the central medical school campus or at a regional campus

1. A clinical site (e.g., a hospital) for an individual clerkship: During the clerkship phase of the curriculum, students are placed at one of the four clinical campuses (Everett, Spokane, Tri-Cities, and Vancouver). The initial process for placement at the clinical campuses is conducted within the Office of Admissions, Student Affairs, and Inclusion.

2. A regional campus that includes only the clerkship (clinical years) phase of the curriculum: Students are assigned to a regional campus at the time of matriculation that includes all years of the curriculum. A first draft of the learning community placements is provided in the spring before the April 30th national deadline to narrow MD acceptances to one. Prior to April 30th, some campuses may have more than the allowed number of applicants because the class typically includes more than the class size at this point. Following additional shifting of the class composition, a second draft is provided in May. Any new applicants offered a seat submit their learning community ranking form and justifications and are incorporated into the placement draft.

A preliminary final draft of the placements, provided in June, 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 location. If movement in the class composition occurs and a move can be made to accommodate a higher-ranked campus, those changes will be made.

On or prior to July 15, final learning community placements are released. Applicants accepted after this date are placed in the positions vacated by an applicant who has withdrawn.

3. A regional campus that includes the pre-clerkship phase of the curriculum or all years of the curriculum: Students are assigned to a regional campus at the time of matriculation that includes all years of the curriculum. The pre-clerkship phase of the curriculum is completed on the Spokane campus. During the interview day, each Associate Dean for Clinical Education (ADCE) presents their respective campus information. At the time of acceptance, the admit packet contains a form for each applicant to rank the four learning communities, divided based on the geographical location of the clinical campus in order of preference. On this form, accepted applicants may provide a narrative explanation of factors they would like considered in the decision. Once received, these rankings are placed into a matrix with the goal of placements equally divided among the four locations.

Three extenuating circumstances drive initial placements: 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 in the spring before the April 30th national deadline to narrow MD acceptances to one. Prior to April 30th, some campuses may have more than the allowed number of applicants because the class typically includes more than the class size at this point. Following additional shifting of the class composition, a second draft is provided in May. Any new applicants offered a seat submit their learning community ranking form and justifications and are incorporated into the placement draft.

A preliminary final draft of the placements, provided in June, 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 location. If movement in the class composition occurs and a move can be made to accommodate a higher-ranked campus, those changes will be made.

On or prior to July 15, final learning community placements are released. Applicants accepted after this date are placed in the positions vacated by an applicant who has withdrawn.

4. *A parallel curriculum (“track”) located on the central medical school campus or at a regional campus:* The College of Medicine does not offer a parallel curriculum.

- b. Describe if, in any of the circumstances above, medical students have the opportunity to negotiate with their peers to switch assignment sites or tracks after an initial assignment has been made but before the experience has begun.

The process for requesting a switch of site assignment does not include negotiation with peers. The appeal is through leadership and whether the clinical campuses can accommodate additional students.

- c. Describe the procedures whereby a student can formally request an alternative assignment through a medical school administrative mechanism either before or during his or her attendance at the site/in the track. Describe the criteria used to evaluate the request for the change and the individual(s) tasked with making the decision. Describe how medical students are informed of the opportunity to request an alternative assignment and the process for making the request.

Once the academic year begins and accepted applicants have matriculated, students may submit a written request for a change of placement to the Assistant Dean for Student Affairs and are encouraged to do so if their life circumstances have changed. 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

A committee chaired by the Vice Dean for Academic and Community Partnerships, and which includes the Assistant Dean for Student Affairs, Senior Associate Dean for Admissions and Student Affairs, Associate Dean for Curriculum, Associate Dean for Accreditation, Assessment, and Evaluation, and the Associate Deans for Clinical Education reviews the request and makes a decision. The Vice Dean for Academic and Community Partnerships communicates the decision in writing to the student. The student may appeal the decision to the Dean whose decision is final.

Supporting Documentation

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

Appendix 10-09-01 Procedure to request alternative educational site