

Standard 11: Medical Student Academic Support, Career Advising, and Educational Records

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

Supporting Data

Table 11.0-1 Attrition and Academic Difficulty				
Provide the <u>number and percentage</u> of <i>first-year medical students</i> and the number and percentage of <i>all medical students</i> who withdrew or were dismissed from the medical school in the indicated academic years.				
	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
First-year students	N/A	0	0	1
All medical students	N/A	0	1	2

Table 11.0-2 Attrition and Academic Difficulty by Curriculum Year										
Provide the number of medical students in each of the following categories during the listed academic years. <i>Count each student only once.</i>										
	AY 2018-19					AY 2019-20				
	Year 1	Year 2	Year 3	Year 4	Total	Year 1	Year 2	Year 3	Year 4	Total
Withdrew or were dismissed	0	0	0	0	0	1	0	0	0	0
Transferred to another medical school	0	0	0	0	0	0	0	0	0	0
Were required to repeat the entire academic year	0	0	0	0	0	0	0	0	0	0
Were required to repeat one or more required courses or clerkships	0	1	0	0	0	0	0	0	0	0
Moved to a decelerated curriculum	0	0	0	0	0	0	0	0	0	0
Took a leave of absence as a result of academic problems	0	1	0	0	0	0	0	0	0	0
Took a leave of absence for academic enrichment (including research or a joint degree program)	0	0	0	0	0	0	0	0	0	0
Took a leave of absence for personal reasons	0	0	0	0	0	0	0	1	0	0

Table 11.0-3 Average Graduation Rates Over Five Years	
Provide the overall graduation rate, and the percentage of medical students who graduated in four years or less <i>averaged over the past five years. Note: these data should be updated immediately prior to submission of the data collection instrument.</i>	
Four-year graduation rate	Overall graduation rate
N/A*	N/A*

*Graduate Rates will be available beginning in 2021.

Table 11.0-4 Residency Match Rates				
Provide the <u>number and percentage</u> of participating medical students who initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students who remained unmatched at the end of the SOAP.				
	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20
Initially Matched (prior to SOAP)	N/A*	N/A*	N/A*	N/A*
Unmatched (after SOAP)	N/A*	N/A*	N/A*	N/A*

*Residency data will be available beginning in 2021.

Table 11.0-5 Graduates Not Entering Residency		
Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the <u>number and percentage of students</u> who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.		
Reason	Class of 2019	Class of 2020
Family Responsibilities	N/A*	N/A*
Change of Careers	N/A*	N/A*
Did Not Gain Acceptance to a Residency Program	N/A*	N/A*
Preparation for the USMLE	N/A*	N/A*
Research/Pursuing Additional Degree or Training	N/A*	N/A*
Other: (Add Rows as Required)	N/A*	N/A*
Describe “Other”:	N/A*	N/A*
Total Number of Students in Each Graduating Class Who Did Not Enter Residency Training	N/A*	N/A*
Percentage of Students in Each Graduating Class Who Did Not Enter Residency Training	N/A*	N/A*

*Residency data will be available beginning in 2021.

Table 11.0-6 Academic/Career Advising at Regional Campuses					
Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate column(s). Select all that apply for each service. Add additional rows for each service/campus. <i>Note: this question only applies to schools with regional campus(es).</i>					
Services	Campus	Available to Students Via			
		Personnel Located on Campus	Visits from Central Campus Personnel	Email or videoconference	Student Travel to Central Campus
Academic counseling	Everett	X			
Tutoring					
Career advising		X	X	X	
Academic counseling	Spokane	X			
Tutoring		X			
Career advising		X		X	
Academic counseling	Tri-Cities	X			
Tutoring					
Career advising		X	X	X	
Academic counseling	Vancouver	X			
Tutoring					
Career advising		X	X	X	

11.1 Academic Advising

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

Supporting Data

Table 11.1-1 Academic Advising/Counseling			
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with academic advising/counseling. <i>If the medical school has one or more regional campuses, provide the data by campus (as available).</i>			
AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*

*GQ Data will be available beginning in 2021.

Table 11.1-2a Academic Counseling by Curriculum Year										
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of academic counseling. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.										
Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	4	19%	0	0%	4	19%	13	62%
	M2 ⁺	13	1	8%	1	8%	3	23%	8	62%
	M3 ⁺	15	0	0%	1	7%	5	33%	9	60%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	6	32%	0	0%	3	16%	10	53%
	M2 ⁺	17	2	12%	0	0%	4	24%	11	65%
	M3 ⁺	14	2	14%	0	0%	1	7%	11	79%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	4	20%	0	0%	1	5%	15	75%
	M2 ⁺	12	2	17%	2	17%	2	17%	6	50%
	M3 ⁺	13	1	8%	5	38%	0	0%	7	54%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	5	28%	0	0%	2	11%	11	61%
	M2 ⁺	12	1	8%	3	25%	2	17%	6	50%
	M3 ⁺	16	1	6%	3	19%	4	2%	8	50%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		190	29	15%	15	8%	31	16%	115	61%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 11.1-2b Tutorial Help Curriculum Year										
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the availability of tutorial help. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.										
Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	3	14%	1	5%	1	5%	16	76%
	M2 ⁺	13	1	8%	1	8%	3	23%	8	62%
	M3 ⁺	15	3	20%	3	20%	5	33%	4	27%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	8	42%	1	5%	4	21%	6	32%
	M2 ⁺	17	6	36%	2	12%	2	12%	7	41%
	M3 ⁺	14	5	36%	1	7%	2	14%	6	43%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	2	10%	2	10%	0	0%	16	80%
	M2 ⁺	12	5	42%	1	8%	1	8%	5	42%
	M3 ⁺	13	4	31%	2	15%	1	8%	6	46%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	3	17%	1	6%	3	17%	11	61%
	M2 ⁺	12	3	25%	3	25%	1	8%	5	42%
	M3 ⁺	16	8	50%	4	25%	1	6%	3	19%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		190	51	27%	22	12%	24	13%	93	49%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Narrative Response

- a. How and when are medical students experiencing academic difficulty or at risk for academic difficulty identified. Is there a process for identifying students as being in academic difficulty before receiving a failing final course/clerkship grade?

Students experiencing academic difficulty can be identified within the first month of the MD program. Student assessment in the MD program is centralized, which allows for the tracking of student progression across multiple domains of development. To promote individualized learning and to better identify and support students experiencing challenges or difficulties, the Assessment Unit produces monthly progress reports that contain information about development on all formative and summative assessments (weekly exams, monthly Mastery Exams, Objective Structured Clinical Examinations, Workplace-Based Assessments, course deliverables). Monthly reports are uploaded to a student’s portfolio for review and discussion with an Academic Portfolio Coach. Reports are also reviewed by the Associate Dean for Accreditation, Assessment and Evaluation who works with students, faculty, and academic portfolio coaches to identify any potential learning issues and to develop targeted skills development plans. The monthly reports and review of the reports are what ensure that students who are in academic difficulty are identified before receiving a failing final course/clerkship grade.

- b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance available to students, summarize the role and organizational locus (e.g., medical school, university, other) of the individual(s) who provide this support and how medical students can gain access to each of the resources. How are medical students informed about the availability of these resources?

There are several types of academic assistance available to medical students including accommodations, learning assistance, tutoring services, counseling services, academic portfolio coaches, clinical portfolio coaches and the support provided by WSU and the College Office of Admissions, Student Affairs, and Inclusion (OASAI).

Accommodations: The WSU Access Services reviews each student's situation and provides accommodations aligned with the College Technical Standards on a case-by-case basis. The Access Office resides on the Spokane Health Sciences campuses and is operated by WSU. The OASAI informs students about disabilities resources and students are responsible for contacting the office directly. Faculty and administrators may refer students to the Access Office and students may make appointments by emailing or calling.

Learning Assistance: Individualized Learning Assistance, operated by WSU, offers support and guidance to help students in areas such as test preparation, test taking strategies, time management, and learning strategies. The OASAI informs students about learning assistance and students are responsible for contacting the office directly. Faculty and administrators may refer students to a learning specialist.

Tutoring: Tutoring services are covered through student activities fees, making it of no additional cost to medical students. Students may access the service through the Student Success Center in the Student Academic Center, room 145G, or through referral by Academic Portfolio Coaches, faculty, and OASAI.

Counseling: Counseling services provide a safe and confidential space to help students explore the challenges of life and of being a medical student. Counseling sessions are of no additional cost for students. To make appointments, students call or email the Counseling Office. There are 2.5 FTE counselors to serve all WSU Spokane students including medical students. After-hours and weekend crisis services are available by phone. Student counseling services are also available at each clinical campus.

Academic Portfolio Coaches: First- and second-year medical students have an Academic Portfolio Coach (APC). Students are required to meet with their APCs twice each term. Students may request additional meetings by contacting their APC directly. The portfolio coach program resides within the Office of Accreditation, Assessment and Evaluation (OAAE).

Clinical Portfolio Coaches: Third- and fourth-year students have a Clinical Coach (CC). Students are required to meet with their CC twice each term. Students may request additional meetings by contacting their CC directly. The portfolio coach program resides within the OAAE.

In addition to the above supports, the WSU Spokane Student Success Center and Access Services provides workshops throughout the year. Workshops may include topics in the areas of; Evidence-Based Learning Strategies, test preparation, time management, resume/CV preparation, networking, and interviewing skills.

- c. Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

Each student is paired with an Academic Portfolio Coach (APC) at matriculation. The primary role of the APC is to provide feedback, academic support and any other support required for student success in the program. APCs have no formal role in the assessment or advancement of students. When students transition into Year 3, they are paired with a Clinical Portfolio Coach who similarly will have no role in assessment or advancement decisions and will remain with the students for Year 3 and 4. Portfolio coaches do not participate in the preparation of the MSPE.

Students may also obtain academic counseling from the Assistant Dean for Student Affairs. This individual has no role in the assessment of students, nor do they participate as voting members on the Student Evaluation, Promotion and Awards Committee (SEPAC). The Assistant Dean for Student Affairs does not participate in the preparation of the MSPE.

11.2 Career Advising

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

Supporting Data

Table 11.2-1 Career Planning Services								
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) in the following areas.								
	AAMC GQ 2017		AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %	School %	National %	School %	National %
Career planning services	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Information about specialties	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will not be available until 2021.

Table 11.2-2a Career Planning Services by Curriculum Year – Career Counseling										
Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of career counseling. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.										
Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	14	67%	0	0%	3	27%	4	19%
	M2 ⁺	13	0	0%	3	23%	3	23%	7	54%
	M3 ⁺	15	1	7%	5	33%	4	27%	5	33%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	11	58%	0	0%	2	11%	6	32%
	M2 ⁺	17	2	12%	8	47%	2	12%	5	29%
	M3 ⁺	14	0	0%	0	0%	2	14%	12	86%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	8	40%	0	0%	2	10%	10	50%
	M2 ⁺	12	0	0%	4	33%	4	33%	4	33%
	M3 ⁺	13	0	0%	8	62%	3	23%	2	15%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	12	67%	1	6%	3	17%	2	11%
	M2 ⁺	12	1	8%	2	17%	3	25%	6	50%
	M3 ⁺	16	2	13%	5	31%	5	31%	4	25%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		190	49	26%	36	19%	36	19%	67	35%

*The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 11.2-2b | Career Planning Services by Curriculum Year – Counseling About Elective Choices

Provide data from the ISA by curriculum year on the number and percentage of students who responded n/a, dissatisfied/very dissatisfied (combined), and satisfied/very satisfied (combined) with the adequacy of counseling about elective choices. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.

Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	14	67%	2	10%	4	19%	1	5%
	M2 ⁺	13	2	15%	5	38%	2	15%	4	31%
	M3 ⁺	15	2	13%	5	33%	3	20%	5	33%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	12	63%	1	5%	3	16%	3	16%
	M2 ⁺	17	4	24%	3	18%	5	29%	5	29%
	M3 ⁺	14	0	0%	2	14%	2	14%	10	71%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	10	50%	2	10%	4	20%	4	20%
	M2 ⁺	12	2	17%	4	33%	3	25%	3	25%
	M3 ⁺	13	3	23%	6	46%	0	0%	4	31%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	9	50%	3	17%	1	6%	5	28%
	M2 ⁺	12	0	0%	5	42%	3	25%	4	33%
	M3 ⁺	16	1	16%	9	56%	3	19%	3	19%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		190	59	31%	47	25%	33	17%	51	27%

⁺The ISA team used a 5-point scale that included a “neutral” response for the ISA survey. Detailed information about student responses to this question can be reviewed in the attached ISA report.

*There were no M4 students at the time of the ISA.

Table 11.2-3 Optional and Required Career Advising Activities			
Describe each career information session and advising activity that was available for medical students in each year of the curriculum during the most recently completed academic year. Note whether each was required (R) or optional (O). <i>Schools with regional campus(es) should provide the information by campus.</i>			
Career Information and Advising Activities			
Year 1	Year 2	Year 3	Year 4
<ul style="list-style-type: none"> • Informational Email to all students with Career Advising Roadmap • Career advising session covering AAMC self-assessment (O) • Habits of Successfully Matched Students Workshop (M1 – M3) – (O) • Follow-up advising sessions (O) • Online “A Day in the Life” Testimonials (O) • Resource bank on E-Flo (O) 	<ul style="list-style-type: none"> • Email to all students with Career Advising Roadmap focused on Year 2 • Required career advising session with faculty covering AAMC self-assessment (R) • Habits of Successfully Matched Students Workshop (M1 – M3) – (O) • Follow-up advising sessions (O) • Online “A Day in the Life” Testimonials (O) • Resource bank on E-Flo (O) 	<ul style="list-style-type: none"> • Email to all students with Career Advising Roadmap focused on Year 3 • Required career advising session with faculty covering career exploring and discussing AAMC self-assessment (R) • Habits of Successfully Matched Students Workshop (M1 – M3) – (O) • Follow-up advising sessions (O) • Online “A Day in the Life” Testimonials (O) • Resource bank on E-Flo (O) • Specialty Survey (O) • Residency Preparation Part 1: Overview of residency application process (O) • Residency Preparation Part 2: Personal statements, CVs, and letters of recommendation (O) • Residency Preparation Part 3: Review results of most recent Match (O) These offerings are made available to all students regardless of clinical campus. 	<ul style="list-style-type: none"> • Email to all students with Career Advising Roadmap focused on Year 4 • Required career advising session with faculty (R) • Interview Preparation/Practice Sessions (O) • Online “A Day in the Life” Testimonials (O) • Resource bank on E-Flo (O) • Match Week Overview (O) • Introduction to Residency Session (O) These offerings are made available to all students regardless of clinical campus.

Narrative Response

- Using Table 11.2-3 above, provide an overview of the system of career counseling for medical students. In the description, include the personnel from the medical school administration, faculty (e.g., career advisors, specialty advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.

Students receive career and residency advising through one-on-one meetings with the Senior Associate Dean for Admissions and Student Affairs (SADASA), Assistant Dean for Career Advising and Student Programs (ADCASP), Clinical Education Directors (CED), and other faculty. An introductory email overview is sent in the fall of each year connecting students with the Career Advising Program roadmap and other resources such as the AAMC Careers in Medicine (CiM) website. Following this introductory overview, students can schedule one-on-one meetings with the SADASA, ADCASP, CEDs, and designated faculty to review the AAMC CiM self-assessments and discuss career interests and resources available.

Year 1 students have the option to meet with the ADCASP or Assistant Dean for Student Affairs to review thoughts, concerns and questions regarding career advising and specialty choice. Meetings are also used to discuss the career advising program offerings and any other concerns regarding specialty and residency matching. Subsequent one-on-one meetings are determined by student need.

Year 2 students are required to have one meeting per academic year with the ADCASP, with follow-up meetings available as requested by the student.

Year 3 students are required to have at least one meeting per academic year with the ADCASP, SADASA, and/or CED aligned with their chosen specialty. Students can request follow-up meetings with any of the three as needed. Joint meetings with the CED and ADCASP/SADASA may be held as needed. If any specialty has more interest than a CED can accommodate, other clinical faculty are identified in that specialty to help provide career advising. These career advising meetings include guiding students in developing their 4th year schedule, answering questions about various specialties, discussing competitiveness for a chosen specialty, or to talk through concerns and/or risk related to matching. The ADCASP and SADASA provide resources throughout the year and leading into Year 4 related to preparing for residency application.

Year 4 students are required to have at least one meeting per academic year with the ADCASP, SADASA, and/or CED (or other designated faculty) aligned with their chosen specialty. These advising meetings may also cover residency application strategies, 4th year scheduling, discussing competitiveness for a chosen specialty, and/or discussing match risk and strategies. Career advising resources are shared with students extensively in the summer and fall terms.

There are several optional workshops and resources available to students during all years of their medical education. Attendance is tracked to ensure that information is relayed to each student and that additional support can be identified and provided. Students receive regular communication from the ADCASP and SADASA and through a dedicated career advising channel, as well as an internal Career Advising Program website housed in EFlo MD which provides all resources available.

The ADCASP is responsible for developing the career advising programming and carrying out many of the activities during the first two years. The CEDs in coordination with ADCASP and SADASA support students in Years 3 and 4. The Associate Deans for Clinical Education may also be included in these conversations.

The ISA and Self Study refer to needs for improving career advising and resources. Shortly before the ISA was completed, the prior Assistant Dean for Career Development retired. During the time the ISA was conducted, the Office of Admissions, Student Affairs, and Inclusion was in the process of regrouping to improve the offerings and resources for career advising. Recruitment was also launched to hire an Assistant Dean for Career Advising and Student Programs. This person was hired in early March 2020 part time (.1 FTE) and began full time on June 1, 2020. Starting late fall 2019, the SADASA reorganized and clarified the resources to the student body, organized a framework that provided clarity of the collaboration of the different roles in career advising (appendix 11-02-01 CAP Framework). Additionally, the Program Coordinator built a confidential career advising database where those who conduct career advising can chart notes for continuity when students meet with multiple career advisors. Students in each class were provided the Career Advising Program Roadmap (appendix 11-02-02) and encouraged to access the EFlo Career Advising Program community website to access the resources gathered to assist with informing career choice.

Below is updated data demonstrating efforts since the ISA was administered.

- In the MS2 class, 100% of the class has had at least one career advising meeting from October 2019 to May 2020.
- In the MS3 class, 100% of the class has had at least one career advising meeting from October 2019 to May 2020. In total, there were 147 meetings with MS3s; 41 occurred with the SADASA and 106 with a CED within the students’ specialty choice for assistance with planning their 4th year schedule and deeper level career advising.
- Three surveys to the MS3s from November 2019 – March 2020 to inquire about specialty choices/thoughts to help direct students toward appropriate CEDs for advising.
- Habits of Successfully Matched Student Virtual Panel – May 2020: Attended by 33% of MS1s, 46% of MS2s, and 39% of MS3s (the session was recorded and made available to all students)
- Other resources shared: Personal Statement and CV guidance, ERAS/NRMP guidance, specialty webinars, access to resources such as Texas STAR, and all updated resources/information regarding changes for the 2020 residency application due to COVID-19.

The titles and organizational placement of the individuals responsible for the management of the career advising system include:

Title	Organizational Placement (reports to)
Assistant Dean for Career Advising and Student Programs (ADCASP)	Senior Associate Dean for Admissions and Student Affairs
Clinical Education Directors (CED) and Specialty Faculty	Chair, Dept of Medical Education and Clinical Sciences
Senior Associate Dean for Admissions and Student Affairs (SADASA)	Dean
Assistant Dean for Student Affairs (ADSA)	Senior Associate Dean for Admissions and Student Affairs
Associate Deans for Clinical Education (ADCE)	Dean

- Provide a description of the print and/or online resources available to medical students to support their career investigations. Note if students are required to use some or all of these materials (e.g., as part of career advising sessions).

During the career advising sessions each year, students take the following self-assessments made available on the AAMC CiM website:

- Year 1: AAMC Careers in Medicine Physician Skills Inventory
- Year 2: AAMC Careers in Medicine Physician Values in Practice Scale
- Year 3: AAMC Specialty Indecision Scale (SIS) or AAMC Residency Preference Exercise
- Year 4: AAMC Residency Preference Exercise

Students are provided with resources, but not required to utilize them to support their career investigations. Resources are sent by email, discussed in one-on-one sessions, and covered during career advising seminars. The Career Advising Program draws on national resources to support students that include: National Residency Matching Program, AAMC Roadmap to Residency, AAMC Careers in Medicine, The Undifferentiated Medical Student (Online resources such as podcasts that help students explore various specialties), AMA Fellowship and Residency Electronic Interactive Database Access (FREIDA), Residency Explorer, and Texas STAR.

- c. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. List the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives occurs.

In Years 1 and 2, students may seek and receive guidance from their coach, the instructor of record for the elective, or deans in Student Affairs or Curriculum. The Associate Dean for Curriculum is responsible for the formal approval of elective choices.

In Year 3, students do not enroll in electives except on rare occasions when they have completed their Step 1 USMLE exam prior to the study period and wish to use the study period time to advance their education. Students receive guidance from their Associate Dean for Clinical Education. The Associate Dean for Curriculum is responsible for the formal approval of elective choices.

In Year 4, students receive guidance for planning their elective courses from their Associate Dean for Clinical Education, the Clinical Education Director in the field of interest, faculty mentors or coaches, or the Fourth Year Director. The Associate Dean for Clinical Education at the student's home campus is responsible for the formal approval of elective choices.

There are no required sessions where counseling on electives occurs.

- d. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

There are five individuals who have the primary responsibility for the preparation of the Medical Student Performance Evaluation.

Associate Dean for Accreditation, Assessment, and Evaluation: Provides assessment data and narrative comments for the Academic History and Progress sections and assists with the summary. This person also co-signs the MSPE.

Associate Dean for Curriculum: Provides information about the curriculum and Scholarly Project, assists with the Summary, and co-signs the MSPE.

Associate Deans for Clinical Education (ADCEs): Assist the students in developing their noteworthy characteristics and review the final draft of the MSPE with their students.

Senior Associate Dean for Admissions and Student Affairs: Assists in the Academic History and Summary sections, collaborates with students to finalize noteworthy characteristics, ensures comparability across the four clinical campuses, and co-signs the MSPE.

Students: Students review a final draft of their MSPE with their ADCE. The student may request to review with the Associate Dean for Curriculum. If a student wishes to challenge any information in the MSPE, they may do so through Student Affairs to the Office of Curriculum. If an agreement is still not reached, a final appeal may be made to the Dean whose decision is final.

11.3 Oversight of Extramural Electives

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school

Narrative Response

- a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrollment.

To pursue extramural curricular electives for credit, the College has created the following process:

Step 1: Eligibility: To apply for an extramural elective, the medical student must be in good academic standing as verified by the Assessment Unit. This information is communicated to the Curriculum Office.

Step 2: Clearance from the Curriculum Office: Students must obtain approval from the Curriculum Office to seek extramural electives. The Curriculum Office assesses the extramural elective to determine if it meets graduation requirements and curriculum standards. The Evaluation Unit provides site evaluation reports gathered from previous student experiences. Students must seek clearance at least three months before the extramural elective start date for electives located in the US and six months for international electives.

Eligible electives are provided by the Association of American Medical Colleges (AAMC) Visiting Student Learning Opportunities (VSLO) service for medical students. Students are encouraged to use this service to identify electives. Students may also identify electives not included as part of VSLO service and seek approval using the same process as above.

Step 3: Compliance and Requirements: If the Curriculum Office approves the elective, the student must meet with the Office of Admissions, Student Affairs, and Inclusion to ensure compliance requirements are met. For international electives, the Office of Admissions, Student Affairs, and Inclusion (OASAI) consult with WSU's Office of International Programs and the student must complete risk assessments for international travel before international travel is approved. This step includes precautions regarding potential travel risks and patient safety.

Step 4: Final Approval: Students must get approval from the Curriculum Office to pursue an extramural elective. The OASAI send a letter of attestation as appropriate to the host institution or supervisor overseeing the student during the elective.

Depending on the assessment of risk and safety, the student may be required to check in at least once during their elective, especially if participating in an international or new elective. Upon return, the student must submit an extramural elective evaluation form to the Evaluation Unit to provide a report to the Curriculum Office. Evaluations are used to help determine if an extramural elective is appropriate for future student use.

- b. Describe how the medical school evaluates each of the following areas in its review of electives at locations (e.g., countries/regions) where there is a potential risk to medical student and patient safety:
1. The availability of emergency care
 2. The possibility of natural disasters, political instability, and exposure to disease
 3. The need for additional preparation prior to, support during, and follow-up after the elective
 4. The level and quality of supervision
 5. Potential challenges to the code of medical ethics adopted by the home school

1. The availability of emergency care: For extramural electives within the U.S., students consult with the Office of Admissions, Student Affairs, and Inclusion to ensure that emergency care is covered through their personal health insurance plan. If their insurance does not cover emergency care during the proposed elective, the student is required to seek additional coverage.

For international electives, each student is required to purchase international medical and health insurance and determine whether they may need additional health insurance. The OASAI must approve the health insurance coverage of the student before they may go on the elective.

2. The possibility of natural disasters, political instability, and exposure to disease: The college relies on travel advisories by the United States Department of State. If advised to not travel to certain countries, medical students are not approved to pursue electives in those areas.

3. The need for additional preparation prior to, support during, and follow-up after the elective: Prior to the elective the student must complete the following:

- Meet with the OASAI to review protocols of communication while away, verify completion of compliance requirements including travel health and safety, and discuss potential challenges to the code of medical ethics adopted by the home institution including refusal to care for certain populations, student mistreatment, and expectations of caring for individuals beyond a student's scope of training.
- Protocols for communication while away include emergency contact information, a point of contact at away rotation to provide support if needed.
- For international electives, students must also have a conversation with the OASAI focused on personal safety, ethical standards while abroad, and patient safety.
- Upon return, students must complete the extramural elective evaluation and debrief with the Assessment Office.

4. The level and quality of supervision: The site evaluation completed by the student evaluates the level and quality of supervision during the extramural elective. Historical information is maintained and used for the planning of electives for other students.

5. Potential challenges to the code of medical ethics adopted by the home institution: Before the elective, students receive a package of materials that include: American Medical Association's Code of Medical Ethics, Association of American Medical Colleges' Guideline for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad, Ethical Learning on International Medical Electives Article, Ethical Dilemmas in Global Clinical Electives Article, the Ethics and Safety of Medical Student Global Health Electives Article and the Humanitarian Health Care Ethics Analysis Tool. The student is required to read the materials and discuss with the OASAI about challenges related to ethics and safety at the host institution, clinical site, or program.

- c. Describe how the medical school addresses a situation where a student-requested elective presents a potential risk to student safety.

Students requesting electives must submit a Qualtrics form describing the learning activities and identify the location, sponsoring institution, and supervising physician. The Fourth Year Director or the Associate Dean for Curriculum reviews each request. If the elective description suggests potential risk to student safety, further information is obtained from the student and occasionally from the sponsoring institution or supervising physician. When requesting international electives, students must review and follow US travel advisories, provide emergency contact information, and ensure that they have appropriate protective equipment and prophylaxis as needed.

For all electives, students must follow CDC monitoring guidelines regarding emerging infectious diseases, and epidemic or pandemic outbreaks. When the proposed elective does not comply with any of these guidelines, the request is denied. All students must seek assurance they have adequate access to personal protective equipment to participate in direct patient care and all students must follow CDC guidelines for safe social distancing and comply with contact tracing if exposed.

- d. Describe the system for collecting performance assessments of medical students and evaluations of electives from medical students completing extramural electives.

The assessment forms used to collect performance information on students completing extramural electives were developed by the Assessment Unit. The assessment forms are completed online and are submitted directly to the Assessment Unit.

The surveys used to evaluate the electives are developed by the Evaluation Unit and distributed to students at the end of each elective. Information is collected centrally and distributed to Course Directors support the continuous quality improvement process of electives.

- e. Describe how the evaluation data on extramural electives provided by medical students is used by the school. For example, how are these data made available to medical students considering their elective options?

Evaluations of all extramural electives will be used to inform the program about the learning experience and the learning outcomes associated with each extramural elective. Evaluation information will be stored centrally within the Evaluation Unit and available for students to review prior to selecting extramural electives. Every student is required to complete an evaluation of the extramural elective. Every survey is standardized and distributed by the Evaluation Unit. Evaluations are used to provide the program with information about inclusion of the elective in future academic years.

11.4 Provision of MSPE

A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

Narrative Response

1. Provide the earliest date for release by the medical school of the MSPE.

The earliest date for release of the MSPE is October 1 of Year 4.

11.5 Confidentiality of Student Educational Records

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

Narrative Response

- a. How does the medical school separate academic records from other relevant records (e.g., health information) to ensure that there is an appropriate assurance of confidentiality?

The use of an outside vendor ensures medical student academic records are kept confidential. Immunization records are maintained by CastleBranch. The Office of Admissions, Student Affairs, and Inclusion informs CastleBranch of immunization and other compliance requirements. Only select personnel have permission and can act as primary contacts to review CastleBranch approval of required documents for clinical compliance needs. These personnel include the Student Affairs Student Advisor and Program Assistant, who specializes in compliance; both individuals are unable to view health information, but they are able to track compliance with the requirements. No faculty that has a role in student assessment is given permission to access records or receive notification of status of student immunization records/compliance through CastleBranch.

To protect confidentiality, students may opt out of having their name, phone number, and email displayed in the WSU directory. All academic data is protected under the requirements of the Family Educational Rights and Privacy Act (FERPA). Each custodian of records and anyone who has access to those records completes FERPA training at least every three years and signs a confidentiality agreement.

- b. Describe the physical location(s) where medical student academic records are kept and how confidentiality is ensured. If medical student records are stored online, describe the mechanisms to ensure their confidentiality and security.

Medical student academic records are kept in two confidential, secure locations. First, in the learning management system (EFlo MD) which gives students (and permitted faculty and staff) access to the students' graded deliverables and assessments. The second location for academic records is on a secure network drive. The network drive is centrally managed and requires WSU credentials utilizing Active Directory permissions based on the user's role. Folders are broken down by department, and access and permissions are monitored regularly. The Associate Dean for Accreditation, Assessment and Evaluation manages the personnel who require access to this folder. The college Information Technology Office verifies that the storage systems are FERPA compliant.

- c. Describe how the medical school determines which individuals have permission to review a medical student's file. Identify the categories of individuals (i.e., administrators, faculty) who are permitted to review medical student records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

The lead of an office is the data custodian for those records and determines the individuals within their unit who are permitted to review records. Individuals outside that unit must submit an information request form which is available through EFlo MD. The Assistant Dean for Student Affairs receives and reviews the requests and consults the data custodian for those records to determine if the requester should have access to the record or not. When needed, the Assistant Dean for Student Affairs consults with the Senior Associate Dean for Admissions and Student Affairs (SADASA) to determine if the requester should have access to the record.

Supporting Documentation

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student's file.

Appendix 11-05-01 Faculty and Administration Access to Student Records Policy

11.6 Student Access to Educational Records

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

Narrative Response

- a. Describe the procedure that medical students must follow in order to review or challenge their records. In particular, describe how medical students can review and challenge the following:
 1. Content of the MSPE
 2. Course and clerkship data and non-course/clerkship-based assessments (e.g., examination performance, OSCE performance, narrative assessments)
 3. Course and clerkship grades

For a student to review or challenge their education records, they must submit an “information request” application through EFlo MD. Through this request, an inventory of the educational records is displayed for students to identify which record they wish to review or challenge. The Assistant Dean for Student Affairs contacts the primary data custodian for the record the student wants to review and provides it to the student.

If a student wishes to challenge a record, the Assistant Dean for Student Affairs assembles a working group to review the challenge. Members of the working group may include the SADASA, the Associate Dean for Curriculum, ADAAE and the Associate Dean for Clinical Education from the regional campus the student is placed. If the student is not satisfied with the outcome of the group’s decision, the student may appeal to the Dean, whose decision is final.

1. *Content of the MSPE*: If a student feels that the MSPE was not prepared in an unbiased manner, they may request that the Associate Dean for Curriculum provide the student-specific evaluation of clinical experiences and finalized noteworthy characteristics. Students will work with the Office of Admissions, Student Affairs, and Inclusion to initiate a challenge to the MSPE.
2. *Course and clerkship data and non-course/clerkship-based assessments (e.g. examination performance, OSCE performance, narrative assessments)*: Students can challenge course and clerkship grades by contacting the Student Assessment Unit. The ADAAE identifies the relevant assessment information and the appropriate curriculum contact. If a student challenges a grade for a specific assessment or assignment, the Associate Dean for Accreditation, Assessment and Evaluation assigns a new grader(s) for the assessment. The newly graded assessment is reviewed by the Assessment Unit and any differences identified in the new assessment are discussed with the Curriculum Office. Grading decisions are then communicated to the student by the ADAAE.
3. *Course and clerkship grades*: Any student wishing to challenge a course or clerkship grade can do so by filing a formal written appeal to the Student Evaluation Promotions Awards Committee (SEPAC) and the Dean. The student works with the Office of Admissions, Student Affairs, and Inclusion to prepare the relevant documentation. The Chair of the SEPAC works with the ADAAE and the Assessment Unit to identify the relevant course data for review. The Associate Dean for Accreditation, Assessment and Evaluation reviews the assessment information with the Curriculum Office. If appropriate, individual assessments are re-examined and reviewed. Revised grading decisions are shared with the SEPAC Chair who communicates the decision to the student.

- b. Note if there are any components of medical students' educational records that students are not permitted to review.

There are no components of medical students' educational records that students are not permitted to review.

- c. Can students gain access to their records in a timely manner? What is the typical time for a student to gain access?

Students can gain access to their records in a timely manner. WSU is required to make educational records ready for review within 45 days of the request. Records are typically available within 5 business days of the request.

- d. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

Policies and procedures for students to review and challenge their records are in the student handbook. Students are required to acknowledge reading the Student Handbook annually. The Student's Right to Access Academic Records Policy is available on the college website.

Faculty is made aware of policies and procedures relating to students' ability to review and challenge their records by the "Faculty and Staff Resources" section on the college website. Additionally, policies are included in the onboarding process into the Department of Medical Education and Clinical Sciences.

Supporting Documentation

1. Medical school policies and procedures related to medical students' ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

Appendix 11-06-01 Students Right to Access Academic Records Policy