

## **Standard 2: Leadership and Administration**

A medical school has a sufficient number of faculty in leadership roles and of senior administrative staff with the skills, time, and administrative support necessary to achieve the goals of the medical education program and to ensure the functional integration of all programmatic components.

## 2.1 Administrative Officer and Faculty Appointments

The senior administrative staff and faculty of a medical school are appointed by, or on the authority of, the governing board of the institution.

### Narrative Response

- a. Describe which categories of appointments (e.g., university/campus officers, deans, dean's staff, faculty) are the sole responsibility of the primary institutional governing board.

The WSU Board of Regents is the primary institutional governing body which, according to its Bylaws, appoints the President of the University. The President is the only appointment made by the institutional governing board. As stated in the Bylaws, the President is the chief executive officer of the University and is directly responsible to the board for the management and conduct of all the affairs of the University except those which by law, by the Bylaws, or other orders of the board, are the specific responsibility of other persons.

- b. Note if the governing board has delegated the responsibility for some or all categories of appointments to another individual (e.g., the university president, provost, medical school dean).

Per Bylaws Article IV: Officers of the University, the University President is the delegated authority to appoint the University's Provost and Executive Vice President, Vice Presidents, Deans, Chancellors, and other officers as may be necessary for assistance in efficiently carrying out the responsibilities of the chief executive officer of the University. All such officers of the University shall be under the general supervision of and shall exercise such powers and duties as may be prescribed by the University President.

## 2.2 Dean's Qualifications

The dean of a medical school is qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school.

### Narrative Response

- a. List the areas of the school's mission for which the dean has responsibility.

The Dean has the ultimate responsibility for the education, community engagement, and clinical care and research missions of the college. The Dean has ultimate authority for the clinical mission of the practice plan as well. The Dean has ultimate authority for the medical education across all regional campuses.

- b. Provide a brief summary of the dean's experience and qualifications to provide leadership in each area of the medical school's missions for which he/she has responsibility.

Dr. John Tomkowiak received a Bachelors of Science from the University of Illinois, and completed his MD and residency training at Southern Illinois University School of Medicine. He is a Professor of Psychiatry and Board Certified in General Psychiatry. He received a Masters Degree in Organizational Leadership from Gonzaga University.

The Dean started his academic career at Southern Illinois University School of Medicine where he was the Director of the Year 2 Curriculum as well as the Director of the Geriatric Education program. At Florida State University, he served as the Education Director for Psychiatry, as well as the Director of the Year 3 and Year 4 curriculum. In his first tenure at Chicago Medical School at Rosalind Franklin University, he served as the Associate Dean for Education, Director of Simulation, and facilitator for the university strategic plan. In addition, he served as the acting Dean. At New York Medical College he served as the Vice Dean for Medical Education as well as the Director for Interprofessional Education Development for Touro College and University. Most recently, he rejoined Chicago Medical School to serve as the Dean, the President of the Rosalind Franklin University Health System and the Executive Vice President for Clinical Affairs.

The Dean has expertise in the areas of medical education, accreditation, and transformational leadership. He has won numerous awards including the Nancy C.A. Roeske MD Award for Excellence in Medical Student Education; U.S. Department of Justice Award for Public Service; and the Illinois FBI National Academy Associates Citizen of the Year Award. He is a member of the Alpha-Omega-Alpha Honor Society in Medicine.

The Dean has extensive experience with medical education which includes interprofessional education models. He was the director and had oversight of simulation at two previous schools. While at Chicago Medical School, he was responsible for a \$22 million dollar research enterprise. As Dean named two research chairs and helped recruit five research faculty. As President for the Rosalind Franklin Health System, he was integrally involved in the successful expansion of the system and oversaw the installation of a new medical records system, as well as a successful effort to achieve compliance with meaningful use reporting. Finally, the Dean supported the maintenance of a community health care unit, which successfully engaged in community health care education, service, and health care. The Dean's strength in community engagement has set him apart from his peers. As a board-certified physician, Dr. Tomkowiak is leading the college in revolutionizing clinical care concepts.

### Supporting Documentation

1. Dean's curriculum vitae.

Appendix 2-02-01 Dean's Curriculum Vitae

## 2.3 Access and Authority of the Dean

The dean of a medical school has sufficient access to the university president or other institutional official charged with final responsibility for the medical education program and to other institutional officials in order to fulfill his or her responsibilities; there is a clear definition of the dean's authority and responsibility for the medical education program.

### Narrative Response

- a. Summarize the dean's formal (organizational) and informal access to parent institution and health system administrators. Provide examples to illustrate that the dean has opportunities to interact with these administrators in support of areas related to the needs of the medical education program.

As Chief Academic Officer of the college, the Dean reports directly to the Vice President, WSU Health Sciences (who is also the Chancellor of the Spokane Campus). The Dean meets monthly with the Vice President, WSU Health Sciences and Health Science campus deans as well as the Provost Council (Provost, Deans, and Vice Chancellors). The Dean meets weekly with the Provost and university deans, and individually with the Vice President, WSU Health Sciences one to two times per month. Meetings with the Vice President, WSU Health Sciences generally focus on strategic initiatives, resource allocation, facilities, faculty/student policies, and the advancement of the College of Medicine. The Dean also meets with Chancellors at the regional campuses when salient issues arise.

*Example 1:* The Dean successfully engaged the Vice President, WSU Health Sciences and the WSU Vice President of Finance and Administration to advocate for and establish a new academic program financial model to be used in the development of proposed new College of Medicine academic programs in the areas Health Administration and Leadership and Nutrition and Exercise Physiology.

*Example 2:* The Dean successfully engaged the Vice President, WSU Health Sciences, the WSU President and the WSU Board of Regents to obtain authorization for the establishment of a faculty practice plan under the operational control of an independent 501(c)(3) not-for-profit corporation.

*Example 3:* The Dean successfully engaged the Vice President, WSU Health Sciences, the WSU President and the WSU Board of Regents to obtain authorization to apply for ACGME Institutional Accreditation to sponsor Graduate Medical Education residency programs.

Dr. Tomkowiak provides strategic recommendations at the university level to integrate the educational, clinical and research goals of the College of Medicine.

- b. Through what formal mechanisms does the dean exercise authority over faculty who participate in the medical education program but are not employed by the medical school?

All faculty who participate in the medical education program but are not employed by the medical school receive and acknowledge formal appointment letters that describe their accountabilities through a department chair to the Dean. All non-employed faculty are required to undergo formal orientation and onboarding training as well as faculty development pertinent to their teaching duties. They must also complete formal training in university policies related to prevention of discrimination and sexual harassment within six months of appointment, and the Family Educational Rights and Privacy Act (FERPA) within the first month of appointment. Clinical faculty must also complete Health Insurance Portability and Accountability Act training. All faculty who teach medical students are formally evaluated as outlined in the Program Evaluation Strategy and are subject to annual evaluations by their chair to support promotion and development.

## **Supporting Documentation**

1. Organizational chart(s) illustrating the relationship of the medical school dean to parent institution administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant).

### Appendix 2-03-01 President's Organizational Chart

2. Dean's position description. If the dean has an additional role (e.g., vice president for health/academic affairs, provost), include that position description as well.

### Appendix 2-03-02 Dean's Position Description

## 2.4 Sufficiency of Administrative Staff

A medical school has in place a sufficient number of associate or assistant deans, leaders of organizational units, and senior administrative staff who are able to commit the time necessary to accomplish the missions of the medical school.

### Supporting Data

<b>Table 2.4-1   Office of the Associate Dean of/for Students</b>				
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students.				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Accessibility	N/A*		N/A*	
Awareness of student concerns	N/A*		N/A*	
Responsiveness to student problems	N/A*		N/A*	

\*GQ data not available as there are no medical program graduates to date.

<b>Table 2.4-2a   Office of the Associate Dean of/for Students/Student Affairs - Accessibility</b>									
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 accessibility of the Office of the Associate Dean of/for Students/Student Affairs. Add tables as needed for additional relevant survey questions.									
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	%
M1 <sup>+</sup>	78	11	14%	1	1%	6	8%	60	77%
M2 <sup>+</sup>	52	0	0%	0	0%	4	8%	48	92%
M3 <sup>+</sup>	58	1	2%	2	3%	5	9%	50	86%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	12	6%	3	2%	15	8%	158	84%

<sup>+</sup>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, Question 98.

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

<b>Table 2.4-2b   Office of the Associate Dean of/for Students/Student Affairs – Awareness of Student Concerns</b>									
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 Office of the Associate Dean of/for Students’/Student Affairs’ awareness of student concerns. Add tables as needed for additional relevant survey questions.									
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	%
M1 <sup>+</sup>	78	16	21%	1	1%	8	10%	53	68%
M2 <sup>+</sup>	52	0	0%	3	6%	5	10%	44	85%
M3 <sup>+</sup>	58	0	0%	3	5%	10	17%	45	78%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	16	9%	7	4%	23	12%	142	76%

<sup>+</sup>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, Question 99.

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

<b>Table 2.4-2c   Office of the Associate Dean of/for Students/Student Affairs – Responsiveness to Student Problems</b>									
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 Office of the Associate Dean of/for Students’/Student Affairs’ responsiveness to student problems. Add tables as needed for additional relevant survey questions.									
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	%
M1 <sup>+</sup>	78	14	18%	1	1%	9	12%	54	69%
M2 <sup>+</sup>	52	0	0%	2	4%	4	8%	46	88%
M3 <sup>+</sup>	58	0	0%	6	10%	6	10%	46	79%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	14	7%	9	5%	19	10%	146	78%

<sup>+</sup>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, Question 100.

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

<b>Table 2.4-3   Office of the Associate Dean for Educational Programs/Medical Education</b>				
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students who were <i>satisfied/very satisfied</i> (combined) with the Office of the Associate Dean for Educational Programs/Medical Education.				
	AAMC GQ 2019		AAMC GQ 2020	
	School %	National %	School %	National %
Accessibility	N/A*		N/A*	
Awareness of student concerns	N/A*		N/A*	
Responsiveness to student problems	N/A*		N/A*	

\*GQ data not available as there are no medical program graduates to date.

<b>Table 2.4-4a   Office of the Associate Dean for Educational Programs/Medical Education - Accessibility</b>									
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 accessibility of the dean for educational programs/medical education. Add tables as needed for additional relevant survey questions.									
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	%
M1 <sup>+</sup>	78	20	26%	1	1%	9	12%	48	62%
M2 <sup>+</sup>	52	4	8%	2	4%	7	13%	39	75%
M3 <sup>+</sup>	58	1	2%	6	10%	10	17%	41	71%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	25	13%	9	5%	26	14%	128	68%

<sup>+</sup>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, Question 101.

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



**Table 2.4-4b | Office of the Associate Dean for Educational Programs/Medical Education – Awareness of Student Concerns**

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 dean for educational programs/medical education’s awareness of student concerns. Add tables as needed for additional relevant survey questions.

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	%
M1 <sup>+</sup>	78	18	23%	2	3%	9	12%	49	63%
M2 <sup>+</sup>	52	3	6%	3	6%	10	19%	36	69%
M3 <sup>+</sup>	58	1	2%	6	10%	10	17%	41	71%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	22	12%	11	6%	29	15%	126	67%

\*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, Question 102.

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

**Table 2.4-4c | Office of the Associate Dean for Educational Programs/Medical Education – Responsiveness to Student Problems**

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 dean for educational programs/medical education’s responsiveness to student problems. Add tables as needed for additional relevant survey questions.

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	%
M1 <sup>+</sup>	78	19	24%	3	4%	11	14%	45	58%
M2 <sup>+</sup>	52	3	6%	5	10%	9	17%	35	67%
M3 <sup>+</sup>	58	1	2%	8	14%	12	21%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	23	12%	16	9%	32	17%	117	62%

\*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.

<b>Table 2.4-5   Department Chair Staffing</b>			
Provide the requested information regarding current department chairs. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.			
Name of department	Name of incumbent	Date appointed	For acting/interim chairs, date previous incumbent left
Biomedical Sciences	Marcos Frank	8/16/2016	
Medical Education and Clinical Sciences	Jeff Haney	2/24/2020	2/24/2020
Speech and Hearing Sciences	Gail Chermak	7/1/2015	
Nutrition and Exercise Physiology	Glen Duncan	6/1/2018	

<b>Table 2.4-6   Number of Department Chair Vacancies</b>		
Indicate the number of <i>vacant/interim</i> department chair positions for each of the listed academic years (as available).		
AY 2018-19	AY 2019-20	AY 2020-21
0	1 interim	1 interim

**Table 2.4-7 | Dean's Administrative Staff**

Provide the requested information regarding current members of the dean's administrative staff. Include those individuals with dean and director titles. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of incumbent	Title	% Effort dedicated to admin role	Date appointed	For acting/interim dean's staff, date previous incumbent left
John Tomkowiak	Founding Dean	100%	10/5/2015	
Ken Roberts	Vice Dean for Academic and Community Partnerships	100%	5/16/2016	
John Roll	Vice Dean for Research	100%	9/1/2016	
James Zimmerman	Chief Operating Officer	100%	11/2/2015	
Dawn DeWitt	Sr. Associate Dean, Center for Interprofessional Health Education Research & Scholarship (CIPHERS)	100%	1/1/2020	
Leila Harrison	Sr. Associate Dean for Admissions and Student Affairs	100%	1/18/2017	
James Hupp	Sr. Associate Dean for Policy and Compliance	100%	6/1/2018	
Judith Bowen	Associate Dean for Curriculum	80%	3/18/19	
Judith Bowen	Interim Associate Dean for Faculty Development	20%	2/1/2020	No previous incumbent
Gail Chermak	Associate Dean for Faculty Affairs	10%	11/1/2018	
Dawn Cooper	Associate Dean for Accreditation, Assessment and Evaluation	100%	8/16/2017	
Jonathan Espenschied	Associate Dean for Graduate Medical Education and Continuing Medical Education	100%	1/1/2018	
Matt Layton	Associate Dean for Clinical Education, Spokane Campus	80%	2/1/2020	
Judith Marcin	Associate Dean for Clinical Education, Vancouver Campus	100%	2/17/2020	
Lawrence Schecter	Associate Dean for Clinical Education, Everett Campus	100%	5/8/2017	
Farion Williams	Associate Dean for Clinical Education, Tri-Cities Campus	100%	6/26/2017	
Lisa Burch-Windrem	Assistant Dean for Student Affairs	100%	11/1/2019	
Luisita Francis	Assistant Dean for Community Engagement	80%	8/1/2016	
David Garcia	Assistant Dean for Health Equity and Inclusion	100%	9/21/2018	
Kristina Lindquist	Assistant Dean for Career Advising and Student Programs	100%	6/1/2020	
Sterling McPherson	Assistant Dean for Research	60%	7/1/2019	
Marcos Frank	Professor and Chair, Department of Biomedical Sciences	100%	8/16/2016	
Gail Chermak	Professor and Chair, Department of Speech and Hearing Sciences	90%	6/1/2015	
Glen Duncan	Professor and Chair, Nutrition and Exercise Physiology	100%	6/1/2018	
Jeff Haney	Professor and Interim Chair, Medical Education & Clinical Sciences	100%	2/24/2020	2/24/2020
Christopher Martin	Director of Simulation Based Training	100%	7/30/2018	

Christina VerHeul	Director of Marketing, Communications and Operations	20%	1/1/2020	
Mary Ann Clemens	Special Advisor to the Dean for Accreditation, Assessment, Evaluation and Compliance	100%	12/1/2015	

**Narrative Response**

- a. If any members of the dean’s administrative staff hold interim/acting appointments, describe the status and timeline of recruitment efforts to fill the position(s).

The Associate Dean for Faculty Development is an interim appointment. Recruitment and appointment of a permanent Associate Dean is scheduled for March 31, 2021.

- b. If there are any department chair vacancies, including interim/acting chairs, describe the status and timeline of recruitment efforts to fill the position(s).

The Chair for the Department of Medical Education and Clinical Sciences is an interim appointment. Recruitment and appointment of a permanent Chair is scheduled for January 1, 2021.

**Supporting Documentation**

- 1. Organizational chart of the dean’s office.

Appendix 2-04-01 Dean’s Office Organizational Chart

## 2.5 Responsibility of and to the Dean

The dean of a medical school with one or more regional campuses is administratively responsible for the conduct and quality of the medical education program and for ensuring the adequacy of faculty at each campus. The principal academic officer at each campus is administratively responsible to the dean.

*Note: Only schools operating one or more regional campus(es) should respond to Element 2.5. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of regional campus.*

<b>Table 2.5-1   Regional Campus(es)</b>		
Provide the requested information for each regional campus. Add rows as needed.		
Campus	Location	Title of Principal Academic Officer
Everett	Everett, WA	Lawrence Schecter, MD, FACS Associate Dean for Clinical Education, Everett Campus
Spokane	Spokane, WA	Matt Layton, MD Associate Dean for Clinical Education, Spokane Campus
Tri-Cities	Tri-Cities, WA	Farion Williams, MD Associate Dean for Clinical Education, Tri-Cities Campus
Vancouver	Vancouver, WA	Judith Marcin, MD Associate Dean for Clinical Education, Vancouver Campus

### Narrative Response

- a. Describe how the medical school dean/designated chief academic officer (CAO) oversees the 1) conduct and quality of the medical education program at all regional campuses, and 2) the adequacy of campus faculty in terms of numbers and areas of expertise.

*1. Conduct and quality of the medical education program at all regional campuses:* The Dean is responsible for the conduct and quality of the medical education program, as well as for ensuring the adequacy of faculty and resources at each of the regional campuses. The Dean has direct oversight of the Associate Deans for Clinical Education (ADCE) at each campus. The ADCEs provide direct oversight of the components of medical education at each site.

*2. The adequacy of campus faculty in terms of numbers and areas of expertise:* Adequacy of the numbers of faculty in terms of quantity and areas of expertise needed to provide the required learning experiences are monitored by the ADCEs. In addition, they are monitored through standardized teacher and preceptor evaluations, completed by students. The Evaluation Unit manages all faculty and course evaluations which are used to assess the quality and quantity of the learning experiences. Evaluation reports are used by the Associate Dean for Curriculum, the Associate Dean for Accreditation, Assessment and Evaluation, and the ADCEs, to identify areas for quality improvement. The ADCEs use this information to inform the Dean about the local learning environment. The Dean, as the Chief Academic Officer, receives documentation of outcomes from the ADCEs. Adequacy of faculty and identified deficiencies are addressed by the Dean and ADCEs.

- b. Describe the reporting relationship between the medical school dean/CAO and the principal academic officer at each regional campus.

The regional ADCE's report directly to the Dean. This structure is designed to establish clear lines of accountability directly to the Dean for clinical education, integration of faculty and for managing affiliation agreements with major clinical partners.

- c. Describe the reporting relationships of other campus administrators (e.g., student affairs) to administrators at the central (administrative) campus.

Core student related services are managed centrally by College of Medicine administration and staff. Each regional campus coordinates the delivery of student access to local services such as student affairs, healthcare, and counseling. Student support services are under the supervision of each ADCE in coordination with each campus Chancellor. Career counseling, mentoring, financial education, information technology and student health services all remain centrally managed in Spokane and delivered at each campus or through tele technology services. The ADCEs are responsible for overseeing and ensuring the quality of the delivery of these services to students. Each campus has an administrative assistant, LIC Coordinator and 4<sup>th</sup> year coordinator who report directly to their respective ADCE.

- d. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., as a member of the Executive Committee).

The ADCEs report directly to the Dean and therefore have a clear path for communication with central administration. Each ADCE has been elected to a standing committee and is a member of the Dean's Executive Cabinet, which manages the administrative and governance structures of the college. The ADCEs usually participate in meetings via telecommunications and on occasion, attend in person on the Spokane campus.

### **Supporting Documentation**

1. Position description for the role of principal academic officer at the regional campus(es).

Appendix 2-05-01 ADCE Spokane Position Description

## 2.6 Functional Integration of the Faculty

At a medical school with one or more regional campuses, the faculty at the departmental and medical school levels at each campus are functionally integrated by appropriate administrative mechanisms (e.g., regular meetings and/or communication, periodic visits, participation in shared governance, and data sharing).

*Note: Only schools operating one or more regional campus(es) should respond to element 2.6. See the Glossary of Terms for LCME Accreditation Standards and Elements at the end of this DCI for the LCME definition of regional campus.*

### Narrative Response

- a. Describe how faculty members in each discipline are functionally integrated across regional campuses, including activities such as faculty meetings/retreats and visits by departmental and medical school (e.g., dean, dean's staff) leadership. Provide examples of the occurrence of such activities in the past two years.

Faculty members in each discipline are functionally integrated across the regional campuses primarily through Clinical Education Directors (CEDs). CEDs have a centralizing role and are responsible for maintaining comparability across all sites. There are a variety of communication methods by which CEDs ensure that faculty members in each discipline are functionally integrated. CEDs connect with faculty colleagues individually and in small and large groups – utilizing multiple tools (in person meetings, teleconferencing, and written modalities). In addition to the common clinical encounter reporting system and through support of the Curriculum Office, dashboards are kept that provide a report of outcomes at each clinical site. This allows faculty to understand strengths, weaknesses and opportunities to better integrate curricular elements at their site. SharePoint and EFlo MD (the learning management system) are used to facilitate information exchange and to create effective collaborations and communications.

Cross-campus connection is central to comparability. CEDs, representatives of the Offices of, Curriculum, Assessment, and Student Affairs, and staff visit each campus regularly, with reciprocal opportunities for regional campus administration and faculty to visit the other campuses. The Chair of the Department of Medical Education and Clinical Sciences convenes quarterly all-state faculty meetings via telecommunications with a personal appearance at one regional campus so that the Chair is at each clinical campus quarterly for these meetings. The ADCEs host meetings that coincide with the meetings at which the Chair is present on their site. Additionally, the Chair provides written updates through newsletters and email modalities. This allows communication regularly across the entire state and across all disciplines with quarterly in-person communication opportunities for local faculty with department leadership.

In preparation and for the clerkship phase of the medical education program, the Longitudinal Integrated Clerkship Director (LIC) visits each campus at least quarterly in person and has a presence in each monthly faculty meeting. The internally written, Guiding Principles for Development of the Longitudinal Integrated Clerkship provides further details into functional integration across regional campuses (appendix 2-06-1).

Example 1: The following is an example of how a CEDs foster the integration of faculty across regional campuses: An ongoing LIC Faculty Development event was provided at Everett Campus on October 16, 2019 for approximately 45 appointed faculty members, led by Dr. Dawn Cooper (Associate Dean for Accreditation, Assessment and Evaluation), Dr. Radha Nandagopal (Clinical Education Director, Clinical Skills), Dr. Larry Schechter (Associate Dean for Clinical Education, Everett Campus) on topics of feedback for and assessment of medical students in pre-clerkship preceptorships and in the LIC.

Example 2: A recent Quarterly All-State Faculty Meeting was held on November 13, 2019. The agenda and notes for this meeting are provided as Appendix 2-06-02.

Example 3: The LIC Director travelled to each regional campus on the following dates in a recent quarter. The LIC Campus Site Visit Goals & Expectations for these interactions are provided in detail in Appendix 2-06-03

LIC Director	Spokane	Everett	Vancouver	Tri-Cities
Date of Visit	9/4/2019	9/11/2019	9/18/2019	10/2/2019

- b. Describe how medical school policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).

The Faculty Bylaws includes the list of standing committees and prescribes the membership requirements. All faculty in the College, regardless of which regional campus they are based, are members of the Faculty Council. As stated in the Bylaws, the Faculty Council elects the members of all standing committees. Faculty from each regional campus are invited to be represented on the standing committees. The Curriculum Committee, Scholarship Committee, and Equity Committee all require representation from each regional campus. The ADCEs are asked to make recommendations and submit names in nomination for election to each standing committee. Faculty can self-nominate as well. The Dean formally appoints the faculty after the election. All faculty, regardless of regional campus are eligible for election to the at-large seats on any of the committees. Faculty Bylaws permit telepresence or video-conference attendance for all standing committee meetings.

- c. List the number of faculty member(s) and/or senior administrative staff member(s) based at the regional campus(es) currently serving on each of the major standing committees of the medical school.

Standing Committee	Spokane	Everett	Vancouver	Tri-Cities
Curriculum Committee	18	1	1	1
Faculty Rank, Promotion and Tenure Committee	8	0	1	0
Equity Committee	9	3	1	1
Scholarship Committee	11	2	1	1
Student Evaluation, Promotion & Awards Committee	12	1	3	1
Admissions Committee	16	1	2	3

The College is committed to increasing the representation of faculty from all regional campuses on the Standing Committees by continuing to recruit community faculty to serve. The majority of faculty serving on the Standing Committees are employed faculty (50% or greater FTE), of which the majority are on the Spokane campus. The relatively low number of regional campus faculty from the Everett, Tri-Cities, and Vancouver campuses reflects the overall low number of community (unpaid) faculty on these committees. The Faculty Rank, Promotion and Tenure Committee is predisposed to a higher percentage of Spokane campus faculty, as it draws equally from four departments, three of which have no faculty in Everett, Tri-Cities, or Vancouver.

**Supporting Documentation**

- 1. Organizational chart(s) illustrating the relationship of pre-clerkship course site directors to course directors (if relevant).

Appendix 2-06-04 DMECS Organization Chart

- 2. Organizational chart(s) illustrating the relationship of clerkship site directors to clerkship directors (if relevant).

Appendix 2-06-04 DMECS Organization Chart