

### **Standard 3: Academic and Learning Environments**

A medical school ensures that its medical education program occurs in professional, respectful, and intellectually stimulating academic and clinical environments, recognizes the benefits of diversity, and promotes students' attainment of competencies required of future physicians.

### 3.1 Resident Participation in Medical Student Education

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

#### Narrative Response

- a. Provide the percentage of medical students in the current academic year who will complete one or more required clinical experiences or selectives at an inpatient or outpatient site where residents participate in medical student teaching/supervision. For schools with regional campuses, provide these data by campus.

All medical students complete one or more clinical experiences where residents participate in medical student teaching/supervision. Students are surveyed about their interactions with residents following each Clinical Campus Week in Years 1 and 2 and quarterly during the Longitudinal Integrated Clerkship (LIC).

The following table presents survey data gathered from medical students about their interactions with residents. MS1 and MS2 students have opportunities to work with residents during Clinical Campus Weeks and MS3 and MS4s have opportunities to work with residents during their Longitudinal Integrated Clerkship and required and elective 4<sup>th</sup> year rotations. Data is collected as part of routine surveys distributed through the Evaluation Unit. Due to COVID-19, current M1 students will be engaged in a virtual clinical campus week and will not interact with residents. Current M2 and M3 students were surveyed following their Clinical Campus weeks during the 2019-2020 academic year. Current M4 students were surveyed at the end of their Longitudinal Integrated Clerkship (academic year 2019/2020) and 95% of students had worked and interacted with residents. M4 students were surveyed again at the end of their first Year 4 rotation (academic year 2020-2021) and 100% of students had opportunities to work and interact with residents during the current.

<b>M1: Class of 2024: Virtual Clinical Campus Week (no resident interaction)</b>				
	<b>Everett</b>	<b>Spokane</b>	<b>Tri-Cities</b>	<b>Vancouver</b>
CCW 1: Respondents	N/A	N/A	N/A	N/A
Interacted with Resident				
<b>Total Percentage of Students</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
<b>M2: Class of 2023</b>				
CCW 1: Respondents	20	19	20	20
Interacted with Residents	4	3	5	0
CCW 2: Respondents	20	20	19	19
Interacted with Residents	4	2	4	3
<b>Total Percentage of Students</b>	<b>40% (8/20)</b>	<b>25% (5/20)</b>	<b>45% (9/20)</b>	<b>15% (3/20)</b>
<b>M3: Class of 2022</b>				
CCW 4: Respondents	4*	13	13	13
Interacted with Resident	0*	1	4	3
CCW 5: Respondents	15	15	14	15
Interacted with Resident	3	2	3	0
<b>Total Percentage of Students</b>	<b>20% (3/15)</b>	<b>6% (1/15)</b>	<b>29% (4/14)</b>	<b>20% (3/15)</b>
<b>M4: Class of 2021</b>				
Respondents	16	14	13	15
Interacted with Resident	16	14	13	15
<b>Total Percentage of Students Interacting with Residents Across Year 3/4 Clinical Experiences</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

- b. If residents are not present at any of the sites where required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a regional campus) or if some or all students do not have the opportunity to interact with residents prior to residency application, describe how medical students learn about the expectations and requirements of the next phase of their training.

Student exposure to residents is tracked across all years of the curriculum. During Years 1 and 2, students are surveyed following each clinical campus week and asked to indicate the level of exposure they had to residents. In Years 3 and 4, students provide this feedback in end-of-course surveys. Any student who reaches the Longitudinal Integrated Clerkship and has not had exposure to residents, is then prioritized in Year 4 or in they are placed a rotation that includes residents.

### 3.2 Community of Scholars/Research Opportunities

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

#### Supporting Data

Table 3.2-1   Student/Faculty Collaborative Research							
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of students reporting participation in a research project with a faculty member.							
AAMC GQ 2017		AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

\*The first available GQ data will be for the charter class graduating in 2021.

Table 3.2-2a   Access to Research Opportunities – Ease of Access to Research Opportunities									
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 their ability to participate in research. 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	27	35%	14	18%	25	32%	12	15%
M2 <sup>+</sup>	55	1	2%	12	22%	16	29%	26	47%
M3 <sup>+</sup>	58	1	2%	28	48%	8	14%	21	36%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	29	15%	54	28%	49	26%	59	31%

<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.

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

**Table 3.2-2b | Access to Research Opportunities – Support for Participation in Research**

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 support for participation in research. 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	25	32%	14	18%	17	22%	22	28%
M2 <sup>+</sup>	55	0	0%	11	20%	18	33%	26	47%
M3 <sup>+</sup>	58	0	0%	24	41%	10	17%	24	41%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	25	13%	49	26%	45	24%	72	38%

<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.

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

### Narrative Response

- a. Describe how faculty scholarship is fostered in the medical school. Is there a formal mentorship program to assist faculty in their development as scholars? Describe the infrastructure and resources available to support faculty scholarship (e.g., a research office, support for grant development, seed funding for research project development).

Faculty scholarship is fostered primarily through two sources of support: 1) departmental support, and 2) Office of Research support and guidance. There is not a centralized mentorship program in the College; rather each department tailors support to align with faculty mix within that respective department. In general, faculty receive career advancement guidance (e.g., promotion/tenure criteria, benchmarks) from their Department Chair and more advanced faculty members. They receive strategic, methodologic, and topic-specific guidance from both their Department Chair and personnel in the Office of Research.

*Departmental support:* Junior faculty in the Department of Biomedical Sciences are assigned a mentorship committee that provides ongoing guidance addressing research and scholarship. The department also hosts a monthly biomedical seminar series that provides a venue for research collaboration within WSU and with other universities. The Department of Medical Education and Clinical Sciences fosters scholarship by: 1) dedicating a budget line to support faculty attendance at conferences and other activities related to research dissemination, 2) hosting faculty-facilitated seminars addressing medical education scholarship, and 3) assigning faculty mentors to junior faculty.

*Office of Research support:* Mentorship resources include direct support for faculty in the form of seed grants and other intramural opportunities, and guidance addressing research proposal strategy, design, and methods. Office of Research faculty/staff provide faculty with pre- and post-award guidance, methodologic and biostatistical support, technical writing assistance, and support navigating NIH and other agencies. The Office of Research also assists faculty by offering grant writing workshops, symposia, webinars, and individualized support as needed. New investigators are prioritized for funding and support.

- b. If participation in research is required, describe how students are assisted in identifying a research project and a mentor, and informed about project requirements.

All students are required to complete a scholarly/research project during their medical education. Students are informed about project requirements and opportunities by the end of Year 1. By the end of Year 2, they have identified a project, written the first draft of their proposal, and selected a supervisor.

Students are introduced to research and scholarly work as part of the curriculum. In Year 1, during FMS 501 and 502, students are introduced to research and scholarly work as part of their required curriculum. In response to the ISA, dedicated time was provided for the students to work with faculty in FMS 503 for the purposes of identifying projects and learning to develop project plans. Students work with a scholarly projects group and regional Associate Dean for Clinical Education (ADCE) to learn about project requirements, identify a project, and secure a supervisor. The Scholarly Projects (SP) Committee functions as a Working Group of the Foundations of Medicine Subcommittee of the Curriculum Committee and regularly gives reports to both the subcommittee and the Curriculum Committee. The SP Committee ensures that scholarly activities are feasible to complete in three years and meet all project requirements.

The changes that were made in response to a low rating in the ISA yielded a significant improvement as indicated by survey responses in the year-end program evaluation for AY 2019-2020. For the class of 2022 (current M3 students) the following responses were received:

- I understand the scholarly project requirements: 54% strongly agree/agree (25% neutral, 14% strongly disagree/disagree)
- My project supervisor has provided me with guidance: 72% strongly agree/agree (14% neutral, 14% strongly disagree/disagree)
- I feel confident that I will be able to successfully complete my scholarly project: 69% strongly agree/agree (16% neutral, 16% strongly disagree/disagree)

For the class of 2023 (current M2 students) the following responses were received:

- I understand the scholarly project requirements: 63% strongly agree/agree (25% neutral, 14% strongly disagree/disagree)
- I feel confident that I will be able to successfully complete my scholarly project: 58% strongly agree/agree (29% neutral, 11% strongly disagree/disagree)

Scholarly project requirements are outlined in the College of Medicine Scholarly Project Faculty and Student Handbooks.

Guidance in research design, data analysis, and scientific writing is provided by supervising faculty mentors and the Scholarly Project Reviewer Team. Students are encouraged to present their research in poster or platform presentations at regional, statewide, and national meetings, and to generate manuscripts for publication. In addition to the required scholarly project, students also have opportunities to participate in research electives.

- c. If students are not required to complete a research project, briefly describe the opportunities for interested medical students to participate in research, including how medical students are informed about research opportunities.

All students are required to complete a research/scholarly project. Each College of Medicine department has created a list of various research opportunities for medical students (e.g., journal club, seminars, lab meetings). In addition, other health science disciplines (e.g. Global Animal Health, Nursing, Pharmacy, Experimental Psychology) notify medical students of relevant research opportunities. Collaborative research activities with other colleges and programs on the WSU Health Sciences Campus and the regional campuses are also available to medical students. Faculty and community partners post projects or project ideas in the scholarly project database for students to find a project that suits their interests. Two teams support student research projects: The Scholarly Projects Committee and the Reviewer Team. The Scholarly Projects Committee oversees the governance of scholarly projects. The Reviewer Team review

student projects and recruit new team members. Members of the Scholarly Project Committee and Reviewer Team have been selected for their research expertise and connections to faculty and community agencies. They make office hours available to students and assist with locating a faculty mentor with similar interests and geographic location.

- d. Describe the funding, personnel, and other resources available to support medical student participation in research and/or other scholarly activities.

*Funding:* The Dean's Excellence Fund is an academic support fund that was established in part to support medical student participation in research. The fund accumulates income provided by College of Medicine philanthropic activities. Monies from this account are used to support student scholarly activity and is managed by the Vice Dean for Research and the College Dean. The Vice Dean for Research allocates from this fund based on availability. Monies from the fund may be used to pay for labor, materials, laboratory equipment/supplies, travel expenses, participant incentives, professional services, and affiliate contracts to support medical student research and scholarly activity.

Intramural funding for research-related presentations is provided on a competitive basis by the Vice Dean for Research in the form of stipends covers the cost of posters, travel, and lodging for presentations at scientific meetings. Students may not be paid for participating in projects as part of activities required for graduation from the MD program. However, a student may be compensated if project work extends beyond the minimum required hours.

*Personnel:* The Office of Research serves as the main support that is available to medical student participation in research. Students have support with identifying opportunities for intramural grant funding and are notified of the criteria and deadlines for application submission.

*Other Resources:* Research programs within the College include Biomedical Sciences, Speech and Hearing Sciences, Population Health, Nutrition and Exercise Physiology, the Sleep and Performance Research Center, and the Program of Excellence in Addictions Research. Clinical research activities may be conducted at clinical sites both locally and at regional campuses.

The WSU library also has dedicated staff who assist students in literature reviews, publication acquisition, and online searches related to project requirements. The Evidence Based Medicine component in Year 1 of the medical curriculum provides didactic sessions and journal club sessions related to study design, basic statistical approaches, responsible conduct of research and critical appraisal of the literature.

### 3.3 Diversity/Pipeline Programs and Partnerships

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

#### Supporting Data

<b>Table 3.3-1   Diversity Categories and Definitions</b>		
Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition.		
Medical Students	Faculty	Senior Administrative Staff
Underrepresented in Medicine (American Indian, Alaska Native including Enrolled Tribal members, Hispanic or Latino of any race)	Underrepresented in Medicine (American Indian, Alaska Native, Hispanic, or Latino of any race)	Underrepresented in Medicine (American Indian, Alaska Native, Hispanic, or Latino of any race)
Rural Childhood County (Washington Office of Financial Management for Washington counties; AMCAS designation of rural county for non-Washington residents)	Female	Female
First Generation College Graduate (parents have earned less than a baccalaureate degree)	First Generation College Graduate (parents have earned less than a baccalaureate degree)	First Generation College Graduate (parents have earned less than a baccalaureate degree)
Low Socioeconomic Background (based on AMCAS EO1, EO2, Pell Grant or Fee Assistance Program)		
US Military Veteran		
Female		

<b>Table 3.3-2   Offers Made to Applicants to the Medical School</b>						
Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.						
School-identified Diversity Category	2019 Entering Class			2020 Entering Class		
	# of Declined Offers	# of Enrolled Students	Total Offers	# of Declined Offers	# of Enrolled Students	Total Offers
URiM	10	7	17	10	7	17
Rural	6	21	27	15	24	39
First-Generation College	21	30	51	16	27	43
Low SES	30	44	74	26	42	68
US Military Veteran	4	5	9	1	8	9
Female	50	44	94	51	48	99



**Table 3.3-3 | Offers Made for Faculty Positions**

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

School-identified Diversity Category	AY 2018-19			AY 2019-20		
	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
Underrepresented in Medicine (American Indian, Alaska Native, Hispanic or Latino of any race)	0	0	0	0	1	1
Female	0	6	6	0	8	8
First Generation	N/A*	N/A*	N/A*			

\*Policy did not require that we capture this data until the 2019-2020 AY

**Table 3.3-4 | Offers Made for Senior Administrative Staff Positions**

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

School-identified Diversity Category	AY 2018-19			AY 2019-20		
	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
Underrepresented in Medicine (American Indian, Alaska Native, Hispanic or Latino of any race)	0	1	1	0	0	0
Female	0	0	0	0	3	3
First Generation						

**Table 3.3-5 | Students, Faculty, and Senior Administrative Staff**

Provide the requested information for the 2020-21 academic year on the number and percentage of enrolled students, employed faculty, and senior administrative staff in each of the school-identified diversity categories (as defined in table 3.3-1 above). If the diversity categories differ among the groups, include the category for each group in a separate row and provide the data in the corresponding row.

School-identified Diversity Category	First-Year Students	All Students	Employed/ Full-Time Faculty	Senior Administrative Staff
Underrepresented in Medicine (American Indian, Alaska Native including Enrolled Tribal members, Hispanic or Latino of any race)	7 (8.7%)	21 (7.5%)	8	2
Rural Childhood County (Washington Office of Financial Management for Washington counties; AMCAS designation of rural county for non-Washington residents)	24 (30%)	66 (23.5%)	N/A	N/A
First Generation College Graduate (parents have earned less than a baccalaureate degree)	27 (33.7%)	91 (32.5%)		
Low Socioeconomic Background (based on AMCAS EO1, EO2, Pell Grant or Fee Assistance Program)	42 (52.5%)	153 (54.6%)	N/A	N/A
US Military Veteran	8 (10%)	17 (6%)	4	1
Female	48 (60%)	161 (57.5%)	57	8

<b>Table 3.3-6   Pipeline Programs and Partnerships</b>				
List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.				
Program	Year Initiated	Target Participants	Average Enrollment	Partners
Dare to Dream Health Sciences Academy	2018	High school students within diversity categories	30/year	Office of Superintendent of Public Instruction, WSU College of Assistance Migrant Program, and other WSU Spokane health professions programs
Reimagine Indians into Medicine (RISE)	2019	Native American and Alaskan Natives enrolled college or university students and/or completed degree with intent to apply to medical school in no more than two years after participating in program	15/year	Oregon Health & Sciences University, Northwest Native American Center of Excellence, Northwest Portland Area Indian Health Board, University of California Davis School of Medicine, Washington State University Health Science Spokane
Spokane Valley Tech Students of Medicine Pathway	2018	Rising high school juniors and seniors in Spokane Valley, WA	14/year	Spokane Valley Tech, Spokane Valley School District, and Students of Medicine
WSU-College of Medicine Honors College Pathway	2018	Honors College students: priority to those who meet mission-fit factors	No more than 8/year	WSU Pullman Honors College

### Narrative Response

- a. Describe the programs related to the recruitment and retention of medical students from school-defined diversity categories. In the description, include the following:
  1. The funding sources that the medical school has available
  2. The individual personnel dedicated to these activities
  3. The time commitment of these individuals
  4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

Washington State passed Initiative 200 in 1998 which prohibits the state from “discriminating against, or granting preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education or public contracting.” As a state land grant institution, recruitment and outreach efforts can focus efforts to encourage a more diverse applicant pool, but admission decisions cannot include the specific factors as defined by state law.

Diversity and inclusion are critical to achieving the mission and vision of the College. The Equity Committee developed diversity categories which were approved by the Dean and carried out by recruitment activities. The following are diversity categories for recruiting mission-fit student groups:

1. Low socioeconomic backgrounds (i.e., AMCAS EO1 or EO2 levels)
2. First-generation college graduate (i.e. those whose parents have earned less than a baccalaureate degree from an accredited U.S. or foreign institution)
3. Those from a rural population (The rural definition was updated to reflect Washington State's Office of Financial Management designation of Washington counties with a population density less than 100 persons per square mile or counties smaller than two hundred twenty-five square miles. This definition is based on legislation RCW 82.14.370. Non-Washington rural county designation is based off AMCAS' designation of rural from the US Area Health Resource File.)
4. US Military Veteran
5. Female

The Equity Committee developed the Diversity and Inclusion policy (appendix 3-03-01) that establishes the College commitment to these efforts. The Equity Committee is charged with establishing strategies to achieve diversity and inclusion utilizing strengths in leadership, recruitment strategies, admissions, education, retention, and awareness activities.

Efforts to assist in recruitment of school-identified student diversity categories include presentations to health professions advisors and prospective applicants about the mission and holistic review process. Targeted communities or universities which have a large percentage of student diversity targets are included in the recruitment plan.

The WSU Spokane Health Sciences Campus has a Diversity Center that supports students in all programs on the campus. The Student Diversity Center provides services such as activities, meetings and gatherings that promote diversity and inclusion. The College's Assistant Dean for Health Equity and Inclusion is a member of the WSU Spokane Diversity Committee to assist with alignment in policies, procedures, and efforts with the WSU System.

The Assistant Dean for Health Equity and Inclusion is a member of the WSU Leadership Committee for Community, Equity, and Inclusive Excellence. On this committee, the Assistant Dean serves as an advisor and team member of the efforts undertaken by the five working groups on Campus, Culture & Climate which focus on the following:

- WSU Executive Policy (EP) #15 prohibiting discrimination, sexual harassment, and sexual misconduct
- Cultural Competency
- Campus Cultural and Resource Centers
- Diversity of Faculty and Staff
- Gender Inclusive and Trans Support

The Curriculum Committee in coordination with the Assistant Dean Health Equity and Inclusion ensure that the curriculum provides examples of diversity, as well as information for the students to learn about the diverse populations they may see in practice.

Applicants, students, faculty, and staff can learn about the College's commitment to diversity and inclusion through statements and policies on the website, medical student handbook, faculty handbook, student orientation, and during onboarding.

*1. Funding sources that the medical school has available:* Funding for recruitment and student retention programming with a focus on diversity and inclusion efforts resides in the Office of Admissions, Student Affairs, and Inclusion.

*2. The individual personnel dedicated to these activities:* The Assistant Dean for Health Equity and Inclusion oversees the personnel responsible for developing and maintaining inclusion work.

3. *The time commitment of these individuals:* The responsibility for recruitment of a diverse pool of medical students is based in the Office of Admissions, Student Affairs, and Inclusion. The staff who contribute to these initiatives include:

- Director of Medical Student Recruitment (.6 FTE)
- Senior Associate Dean for Admissions and Student Affairs (.3 FTE)
- Assistant Dean for Health Equity and Inclusion (.3 FTE)
- Pathway and Inclusion Coordinator (.3 FTE)
- Coordinator for Medical Student Recruitment (1 FTE)
- Director of Medical Student Admissions (.2 FTE)

4. *Organizational locus of individuals involved in these efforts:* Efforts for student recruitment originate in the Office of Admissions, Student Affairs, and Inclusion which report to the College Dean.

- b. Describe the programs related to the recruitment and retention of faculty and of senior administrative leadership from school-defined diversity categories. In the description, include the following:
  1. The funding sources that the medical school has available
  2. The individual personnel dedicated to these activities
  3. The time commitment of these individuals
  4. The organizational locus of the individuals involved in these efforts (e.g., the medical school dean's office, a university office)

The recruitment and retention of faculty and senior administrative leadership is supported by several formal activities. The Equity Committee developed an Inclusive Excellence Training for Search Committees Policy which was formally approved on January 2, 2018. This policy is for search committees working to fill staff, faculty, and administrative positions. The policy calls for progressive training of 100% of search committee members within 36 months of the approval of the policy. There are six trainers that facilitate the monthly interactive training sessions in pairs. Following training, participants rate their confidence in recognizing types of bias, and the likelihood that they would intervene if bias arose during a search committee meeting.

The Assistant Dean for Health Equity and Inclusion is a member of the WSU Leadership Committee for Community, Equity, and Inclusive Excellence. On this committee, the Assistant Dean serves as an advisor and team member of the efforts undertaken by the five working groups on Campus Culture & Climate which focus on the following areas:

- WSU Executive Policy (EP) 15 prohibiting discrimination, sexual harassment, and sexual misconduct
- Cultural Competency
- Campus Cultural and Resource Centers
- Diversity of Faculty and Staff
- Gender Inclusive and Trans Support

In 2017, the Inclusion Matrix Workgroup (IMW) was formed to facilitate the matrix-based approach to inclusion at the College. The IMW is chaired by the Assistant Dean for Health Equity and Inclusion and meets monthly. The group is strategically comprised of varied individuals with the College's mission and vision as a central focus (membership listed in appendix 3-03-02). The IMW was established to provide cross-departmental communication, DCI monitoring and accountability, and engage in continuous quality improvement. In fall of 2019, the IMW became a formal Subcommittee of the Equity Committee to ensure alignment with the Diversity & Inclusion Policy and efforts. The IMW maintained its original purpose in addition to taking on a primary goal of developing, implementing, and engaging in continuous quality improvement of a comprehensive Strategic Diversity Action Plan. The College's Strategic Diversity Plan is planned for completion in summer 2020 and approval by fall of 2020.

The Strategic Diversity Action Plan is grounded in the Inclusive Excellence framework and aligned with the Diversity and Inclusion Policy, WSU Strategic Plan, and the College's Strategic Plan. Implementation of the Strategic Diversity Action Plan will begin in fall of 2020 with a sequenced three-year rollout and plans for continuous quality improvement. The Strategic Diversity Action Plan includes goals, tactics and measurables, along with accountability, infrastructure, and resources, to successfully implement and sustain the Diversity and Inclusion efforts across the College.

The Assistant Dean for Health Equity and Inclusion reports directly to the Dean for diversity and inclusion efforts and to the Senior Associate Dean for Admissions and Student Affairs for pathway efforts.

The AAMC Group on Women in Medicine and Science (GWIMS) chapter has been launched under the leadership of the Chair of Speech and Hearing Sciences. Forty-six College faculty are GWIMS members. During the 2019-2020 academic year, GWIMS celebrated the AAMC GWIMS Women in Medicine Month (September 2019), posting weekly links in WSU Spokane Announcements to spotlights, articles, journals, and leadership lessons from women in physician, scientist, educator, and leadership roles. GWIMS hosted two faculty development workshops focused on advancing women in academic medicine and a promotion and tenure panel with College and University leadership.

*1. The funding sources that the medical school has available:* Funding for recruitment and retention of faculty and senior administrative leadership from school-defined diversity categories resides in the Office of the Dean.

*2. The individual personnel dedicated to these activities:* The College has multiple offices and persons involved in developing and maintaining diversity and inclusion work. All programs are overseen by the Office of Admissions, Student Affairs, and Inclusion. Additional support is available from the Offices of Business and Administrative Services, Leadership and Organizational Development, and Talent Recognition.

*3. The time commitment of these individuals:* The responsibility for recruitment of faculty and of senior administrative leadership from school-defined diversity categories and programming with a focus on diversity and inclusion efforts is in multiple units within the College. The staff in the offices who contribute to these initiatives are:

- Assistant Dean for Health Equity and Inclusion (.3 FTE)
- Director of Leadership and Organizational Development (.25 FTE)
- Director for Talent Recognition (.8 FTE)
- Recruitment Coordinator (.4FTE)

*4. The organizational locus of individuals involved in these efforts:* Efforts for recruitment of faculty and of senior administrative leadership from school-defined diversity categories and programming with a focus on diversity and inclusion efforts is in multiple units within the College which report to the College Dean. All units collaborate in these efforts.

- c. Describe the following for areas of support related to the administration and delivery of programs (e.g., "pipeline programs") aimed at developing and recruiting a diverse pool of medical school applicants, both locally and nationally:

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

*1. The funding sources that the medical school has available:* Funding for the Honors College Pathway Program is provided by both the Honors College and Admissions, Recruitment, and Inclusion budgets. Support for scholarships and programming is also provided through Honors College alumni donors. Funding for the Spokane Valley Tech

Pathway program is provided by the College and Spokane Valley donors and the Office of Admissions, Student Affairs, and Inclusion.

2. *The individuals dedicated to support these activities:* The College has multiple offices and persons involved in developing and maintaining Pipeline Programming. The program is overseen Senior Associate Dean for Admissions and Student Affairs. Additional support for the Pipeline Program is provided by the Office of Academic and Community Partnerships and Student Affairs.

3. *The time commitment of these individuals:*

- Vice Dean for Academic and Community Partnerships (.3 FTE)
- Assistant Dean for Community Engagement (.2 FTE)
- Director of Strategic Engagement (.4 FTE)
- Executive Assistant for the Academic and Community Partners Office (.25 FTE)
- Assistant Dean for Health Equity and Inclusion (.3 FTE)
- Senior Associate Dean for Admissions and Student Affairs (.2 FTE)
- Assistant Dean for Outreach and Career Development (.3 FTE)
- Director of Medical Student Recruitment (.3 FTE)
- Coordinator for Pathways and Inclusion (.7 FTE)
- Coordinator for Medical Student Recruitment (.5 FTE)

4. *The organizational locus of individuals involved in these efforts:* The offices responsible for the application of Pipeline Programming all report to the Senior Associate Dean for Admissions and Student Affairs.

- d. Describe how the medical school monitors and evaluates the effectiveness of its pipeline programs. Provide evidence of program effectiveness, including the number of participants and program outcomes.

The Assistant Dean for Health Equity and Inclusion monitors the progress and effectiveness of the pathway programs. Four goals have been identified for pathway programs:

1. Increase academic and navigational preparation for higher education
2. Lifelong learning and problem-solving skills
3. Development of social responsibility, appreciation of diversity, and teamwork
4. Tools needed to set worthy goals toward the attainment of health-related careers

The College uses a database to track pathway participants and to maintain longitudinal connections. To determine effectiveness of the programming, pathway programs participants complete pre- and post-participation surveys to monitor development of awareness, and knowledge and skills related to the four identified goals. Quarterly communication, containing educational opportunities and resources, between pathway participants and the College enhances the ability to provide ongoing support.

The American Indian/Alaskan Native, Reimagine Indians into Medicine (RISE) Summer Academy has enrolled 8 students to participate in the online program scheduled for June 22 through July 31. The six-week RISE Summer Academy is being held in collaboration between Oregon Health & Sciences University, Northwest Native American Center of Excellence, Northwest Portland Area Indian Health Board, University of California Davis School of Medicine, Washington State University Health Science Spokane. The Academy will serve 15 Native American and Alaskan Natives enrolled college or university students and/or completed degree with intent to apply to medical school no more than two years after participating in program. During the Academy, participants will enroll in an MCAT preparation course via Kaplan, learn about medical school applications and admissions, engage in Native American Health Instruction and Cultural Tenets, and participate in supplemental biochemistry and immunology enhancement curriculum. The WSU Honors College pathway program will enroll the first cohort of students no later than July 2020.

#### Dare to Dream Health Sciences Academy (formerly Columbia Basin Pathway)

- 23 high-achieving migrant rising high school juniors and seniors (expected to serve 40 scholars in 2021)
- Program Outcomes:
  - Enhancing academic skills in the areas of science and health
  - Providing opportunities to engage in experiences in health science on a university campus
  - Conducting career exploration in the health industry
  - Learning about programs of study in the area health science
- Evidence of Program Effectiveness
  - After reviewing the participant surveys and program evaluations the following was revealed:
    - Dare to Dream Health Sciences Academy inspired many students to pursue a career in the health sciences.
    - Students indicated they had a better understanding of health and the human body.
    - Students agreed they had a much better understanding of migrant culture and history, and the role of health sciences in migrant populations, and they now know which courses to take after high school to pursue a career in health sciences.
  - Students listed having access to a college mentor was extremely helpful. (Dare to Dream Survey, Appendix 3-03-03)

#### Spokane Valley Tech (SVT)

- 15 high school student participants (expected to serve 25 high school students in 2021)
- Program outcomes:
  - Participants gained working knowledge of social determinants of health, health issues in their community, and organ systems of the human body.
  - Participants selected and researched a health science topic of interest and presented their research to peers, family members, community, instructors, and administration.
  - Participants gained skills in resume building, learned what steps are needed to pursue the health sciences, and engaged in community building exercises focused on leadership, communication, social responsibility, intellectual excellence, teamwork, and collaboration.
- Evidence of Program Effectiveness
  - After comparing participant pre- and post-event surveys, most were already interested in the health careers, and more students understood the medical needs of their local community and the need for accessible medical treatment. Students also indicated they better understood the different career paths in the health sciences. Most participants would recommend the SVT Pre-Med Summer Institute to other students. In addition, more participants indicated they became more confident about their ability to learn and present what they learned after the program. (appendix 3-03-04)

### Supporting Documentation

1. Formal medical school policies specifically aimed at ensuring a diverse student body, faculty, and senior administrative staff.

Appendix 3-03-01 Diversity and Inclusion Policy

Appendix 3-03-03 Dare to Dream Survey

Appendix 3-03-04 Spokane Valley Tech Pipeline Survey

### **3.4 Anti-Discrimination Policy**

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

#### **Narrative Response**

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

All new employees (faculty and staff) are oriented to the Anti-Discrimination Policy as part of the onboarding process. In addition, all members of the College community are required to take an anti-discrimination, sexual harassment, and sexual misconduct prevention course at the time of appointment and every five years from then on. The Anti-Discrimination Policy is available on the College website for reference and is also included in student and faculty handbooks. Students are provided an overview of the policy during the onboarding process and are reminded about the policy and its location through the Office of Student Affairs.

#### **Supporting Documentation**

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

Appendix 3-04-01 Anti-Discrimination Policy



### 3.5 Learning Environment/Professionalism

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

#### Supporting Data

<b>Table 3.5-1   Professional Behaviors</b>		
List the professional behaviors that medical students are expected to develop, the location in the curriculum where formal learning experiences related to the development of these behaviors occur or are assessed, and the methods used to assess student attainment of each behavior. Add rows as needed.		
<b>Behavior</b>	<b>Location(s) in Curriculum</b>	<b>Assessment Method(s)</b>
Analyze how different work styles and team behaviors compliment or conflict with one another	FMS* 501, 502, 503, 511, 512, 513 LMH** 503, 511, 512, 513, 521, 523, 531, 532, 533 CLIN*** 521, 522, 523, 524, 531, 532, 533, 534, 535, 536, 537, 538, 539, 541, 542, 543, 544, 545, 546, 547, 548, 549, 551, 552, 553, 560, 561, 561, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 587, 588, 589, 590, 598, 599	Clinical Performance Rating / Checklist Exam - Institutionally Developed, Clinical Performance Multisource Assessment Narrative Assessment Oral Patient Presentation Participation Peer Assessment Portfolio-Based Assessment Self-Assessment
Analyze the ethical dilemmas innate to healthcare system		
Compare and contrast effective and ineffective approaches to leading change		
Define advocacy and describe components of effective advocacy		
Demonstrate a professional attitude, honesty, integrity, and transparency in personal and interpersonal interactions and exhibit compassion and respect for all persons regardless of differences in values, beliefs, life stages, and experiences, showing commitment to the duties and obligations of the medical profession with healthcare institutions, individual practitioners, patients, communities, and society		
Demonstrate awareness of and responsiveness to one’s own interests and vulnerabilities when under duress		
Demonstrate awareness of and responsiveness to one’s own interests and vulnerabilities, and demonstrate appropriate self-coping skills to build resilience under duress		
Demonstrate basic skills in administrative key competencies		
Demonstrate commitment and adherence to principles of the profession, and awareness of how one’s own interests, personal biases, vulnerabilities, and limitation of knowledge that may affect care		
Demonstrate professional behavior, compassion, respect, integrity, transparency and adherence to ethical principles in all interactions across multiple learning environments, even when under duress		
Demonstrate skills that facilitate learning for self and others		
Describe emotional responses for various circumstances and the impact those responses have on human interaction		

\*FMS: Foundations of Medical Sciences Courses.

\*\*LMH: Leadership in Medicine and Healthcare Courses.

\*\*\*CLIN: Clinical Courses (equivalent to Years 3 and 4).

## Narrative Response

- a. Describe how the required professional behaviors are made known to faculty, residents, and others in the medical education learning environment.

The College uses a variety of communication methods to distribute policies, procedures, disclosures, and other critical information that reflect school-identified personal attributes, to the medical education community. Methods include presentation of materials at faculty/resident orientations and development programs, posting on the website, student, and faculty handbooks, and through department and town hall meetings. Professionalism is covered in orientation and onboarding to students, faculty, and residents. Course and Clerkship Directors include materials for faculty in preparation for the delivery of each component of the medical education program.

- b. Summarize the procedures used by medical students, faculty, or residents to report observed incidents of unprofessional behavior as defined by the school's list of professional behaviors. Describe the way in which the medical school ensures that allegations of unprofessional behavior can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of unprofessional behavior have been made.

The Office of Accreditation, Assessment and Evaluation (AAE) is responsible for evaluating the learning environment, including the professional behavior of residents, faculty, and other healthcare providers. Students can report any professional misconduct through course/clerkship evaluations, teacher evaluations, the anonymous feedback channel ([medicine.evaluation@wsu.edu](mailto:medicine.evaluation@wsu.edu)), the student mistreatment form, and in-person discussion with any faculty or staff member. Faculty can report unprofessional behaviors through student evaluations (incident cards, which are single event, brief behavior reports, designed to initiate review and counseling), email, by phone or in-person discussion with the Office of AAE.

When unprofessional student behavior is reported the processes are as follows: The Associate Dean for Accreditation, Assessment and Evaluation (AAE) reviews the report. If there are any concerns about the student's health and safety the matter is referred to the Office of Student Affairs for an initial confidential discussion with the student. If the concern is straight-forward without flags (e.g. one-time late assignment, tardiness), the concern is discussed informally with the student and the student's coach (with permission from the student). If concerns become a pattern or are significant and reach the threshold for presentation at the Student Evaluation Progress and Awards Committee (SEPAC), the Associate Dean for AAE recommends a remediation plan, which SEPAC reviews to ensure equitable treatment of the student. When appropriate, the Office of Student Affairs serves as an advocate for the student during the SEPAC meetings and provides information about extenuating circumstances without violating the student's confidentiality. The original or revised proposed remediation plan is voted upon by the SEPAC. Serious or urgent concerns may be referred to the Professionalism Excellence Advisory Committee, an at arms-length group of faculty charged with investigating incidents and advising the SEPAC.

Retaliation in any form is a violation of the WAC 504-26-230 as outlined in the Faculty Handbook and human resource policies. The College ensures that students are protected from retaliation through several mechanisms that include removing the student from the learning environment where the alleged behavior has occurred and re-assignment of any associated assessment activities.

If the professionalism concern relates to a faculty member or resident, the matter is referred to the appropriate supervisor (Department Chair or regional Associate Dean for Clinical Education) for discussion and action according to the policies and procedures of the College and/or for the faculty member's/resident's clinical entity.

- c. Describe the methods and tools used to evaluate the learning environment in order to identify positive and negative influences on the development of medical students' professional behaviors, especially in the clinical setting. Include the timing of these evaluations, what specifically is being evaluated, and the individuals or groups who are provided with the results.

The learning environment is consistently monitored through direct observation by the faculty and residents, through regularly scheduled formal course evaluations (6 times per year during pre-clerkship years (at the end of each clinical campus week and at the end of each course); 4 times over the course of the Longitudinal Integrated Clerkship; at the end of each required rotation, sub-internship and elective (approximately every 4 weeks). Faculty (including facilitators, preceptors, residents, other members of the health care teams) are also evaluated each term (monthly in the pre-clerkship years and four times per year during the Longitudinal Integrated Clerkship). In addition, the College also collects information about the learning environment through in-person debriefs during Clinical Campus Weeks, and through informal methods (townhalls). It should be noted that the anonymous feedback channel ([medicine.evaluation@wsu.edu](mailto:medicine.evaluation@wsu.edu)) is monitored daily and students may communicate directly with their Associate Dean for Clinical Education and with Student Affairs at any time. A focus group comprised of one student from each regional campus meets with the Vice Dean for Academic and Community Partnerships monthly. One of the topics discussed regularly is the professional learning environment provided at each regional site. In addition to the methods listed above, the College uses the information included in the AAMC Y2Q, AAMC GQ (beginning in 2021), and the Independent Student Analysis, to identify positive and negative influences on the learning environment.

All data collected regarding the learning environment is collected and monitored centrally which allows the College to track trends and identify not only individual behaviors, but patterns of behavior that may cross courses or cross the boundaries of classroom and clinical work. The Associate Dean for Accreditation, Assessment and Evaluation communicates any immediate concerns to the Curriculum Office and Student Affairs, as appropriate. The Associate Dean for Accreditation, Assessment and Evaluation also presents aggregate information about the quality of the learning environment bi-annually to the Curriculum Committee.

- d. Provide examples of strategies used to enhance positive and mitigate negative aspects of the learning environment identified through this evaluation process.

Faculty members that are identified as a positive influence on the learning environment are asked to partner with course teams, with the local LIC team, and with Faculty Development to share their approach to teaching and learning with their colleagues. This approach has allowed identification of individuals within the organization that want to support a positive learning environment. It has also helped establish peer-mentorship relationships within the program to ensure that faculty can support and learn from each other. Students are also involved in the recognition of teachers and preceptors that have had a positive influence on their learning and learning environment.

Any negative influences on the learning environment identified through evaluations are first reviewed by the Office of Accreditation, Assessment and Evaluation and the Associate Dean for Curriculum. Once reviewed, the Associate Dean for Accreditation, Assessment and Evaluation and the Associate Dean for Curriculum work with the Office for Faculty Development to identify the trainings that are required to address any identified issues. Faculty Affairs and the Department Chairs are brought into the discussion, if appropriate. Data are shared bi-annually with the Curriculum Committee.

To ensure information is captured to identify positive and negative influences on the learning environment, students are routinely surveyed and spoken with. The College has committed to making students a partner in this process which has helped to target Faculty Development training needs and to identify what students feel they need to be successful.

- e. Identify the individual(s) responsible for and empowered to ensure that there is an appropriate learning environment in each of the settings used for medical student education.

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

Ultimately, the Dean is responsible for ensuring that there is an appropriate learning environment in all settings used for the education of medical students. The Dean is directly supported in this effort by the Curriculum Committee, that is charged with monitoring the learning environment as well as the Vice Dean for Academic and Community Partnerships. The Dean delegates authority to these individuals, as appropriate, to adjudicate learning environment issues.

### **Supporting Documentation**

1. The instrument(s) used to evaluate the learning environment.

Appendix 3-05-01 Course and Clerkship Evaluation Templates

2. Formal medical school or parent institution policies addressing the standards of conduct in relationships among students, faculty, residents, and other health professionals.

Appendix 3-05-02 EP #28 Policy on Faculty-Student and Supervisor-Subordinate Relationships

### 3.6 Student Mistreatment

A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

#### Supporting Data

For medical education programs with regional campuses, provide data for each campus.

<b>Table 3.6-1   Awareness of Mistreatment Procedures Among Students</b>			
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of medical students who reported <i>knowing school procedures for reporting the mistreatment of medical students</i> for each listed year.			
AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*

\*The first available GQ data will be for the charter class graduating in 2021.

<b>Table 3.6-2   Awareness of Mistreatment Policies Among Students</b>			
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of medical students who reported <i>awareness of school policies regarding the mistreatment of medical students</i> for each listed year.			
AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*

\*The first available GQ data will be for the charter class graduating in 2021.

**Table 3.6-3a | Student Mistreatment Experiences**

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school.

	AAMC GQ 2019							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publicly embarrassed	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Publicly humiliated	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Threatened with physical harm	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Physically harmed	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Required to perform personal services	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to unwanted sexual advances	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Asked to exchange sexual favors for grades or other rewards	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on gender	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to offensive, sexist remarks/names	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations/grades based on gender	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on race or ethnicity	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to racially or ethnically offensive remarks/names	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations or grades solely because of race or ethnicity rather than performance	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on sexual orientation	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to offensive remarks, names related to sexual orientation	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations or grades solely because of sexual orientation rather than performance	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

\*GQ Data will be available starting in 2021

**Table 3.6-3b | Student Mistreatment Experiences**

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) for the listed year on the percentage of respondents reporting experiences with each of the following behaviors during medical school.

	AAMC GQ 2020							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publicly embarrassed	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Publicly humiliated	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Threatened with physical harm	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Physically harmed	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Required to perform personal services	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to unwanted sexual advances	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Asked to exchange sexual favors for grades or other rewards	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on gender	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to offensive, sexist remarks/names	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations/grades based on gender	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on race or ethnicity	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to racially or ethnically offensive remarks/names	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations or grades solely because of race or ethnicity rather than performance	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Denied opportunities for training or rewards based on sexual orientation	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Subjected to offensive remarks, names related to sexual orientation	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Received lower evaluations or grades solely because of sexual orientation rather than performance	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

\*GQ Data will be available starting in 2021

<b>Table 3.6-4a   Student Mistreatment – Policy</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 adequacy of the school’s mistreatment policy. 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	29	37%	3	4%	8	10%	38	49%
M2 <sup>+</sup>	54	12	22%	5	9%	7	13%	30	56%
M3 <sup>+</sup>	58	7	12%	5	9%	7	12%	39	67%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	190	48	25%	13	7%	22	12%	107	56%

<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.

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

<b>Table 3.6-4b   Student Mistreatment – Reporting Mechanisms</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 adequacy of the mechanisms to report mistreatment. 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	21	27%	4	5%	9	12%	44	56%
M2 <sup>+</sup>	54	13	24%	8	15%	6	11%	27	50%
M3 <sup>+</sup>	58	7	12%	6	10%	8	14%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	190	41	22%	18	9%	23	12%	108	57%

<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.

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



<b>Table 3.6-4c   Student Mistreatment – Prevention Activities</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 adequacy of the school’s activities to prevent mistreatment. 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%	4	5%	14	18%	46	59%
M2 <sup>+</sup>	54	11	20%	5	9%	6	11%	32	59%
M3 <sup>+</sup>	58	4	7%	8	14%	6	10%	30	69%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	190	29	15%	17	9%	26	14%	108	57%

<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.

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

<b>Table 3.6-4d   Student Mistreatment – School’s Actions on Reports</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 adequacy of the school’s actions on reports of mistreatment. 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	28	36%	4	5%	9	12%	37	47%
M2 <sup>+</sup>	54	12	22%	4	7%	10	19%	28	52%
M3 <sup>+</sup>	58	5	9%	10	17%	6	10%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	190	45	24%	18	9%	25	13%	102	54%

<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.

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

### Narrative Response

- a. Describe how and when medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about medical student mistreatment policies.

The Student Mistreatment Policy is disseminated to all medical students during student onboarding and prior to beginning clinical rotations. It is given to faculty during the faculty orientation and onboarding process and during faculty development workshops. The policy is also available on the College website and in the Student Handbook and Faculty Handbook. This policy is reviewed as part of the orientation for residents who educate students.

- b. Describe how and when medical students, including visiting students, are informed about the procedures for reporting incidents of mistreatment.

Procedures for reporting mistreatment are described in the Student Mistreatment Policy. Students are informed about the policy in several ways. Students are introduced to the policy and the reporting mechanisms during orientation. The policy is included in the Student Handbook which students are required to review and sign before beginning the MD program. In addition, students are required to sign and verify that they have read the handbook each year.

Mistreatment and the procedures for reporting mistreatment are also discussed and reinforced by the Associate Deans for Clinical Education during the orientation to Clinical Campus Weeks (3 times per year across Years 1 and 2), and again in the Orientation to the Longitudinal Integrated Clerkship. The policy is sent to students the day before each Clinical Campus Week and the Longitudinal Integrated Clerkship begins to ensure that students are familiar with the policy and the procedures.

- c. Summarize the procedures used by medical students, faculty, or residents to report individual or observed incidents of alleged mistreatment in the learning environment. Describe how reports are made and identify the individuals to whom reports can be directed. Describe the way in which the medical school ensures that allegations of mistreatment can be made and investigated without fear of retaliation. Describe the process(es) used for follow-up when reports of alleged mistreatment have been made.

Individual or observed incidents of student mistreatment may be reported by students, faculty or residents using several mechanisms. Students can communicate any mistreatment concerns through course/clerkship evaluations, teacher evaluations, the anonymous feedback channel ([medicine.evaluation@wsu.edu](mailto:medicine.evaluation@wsu.edu)), the student mistreatment form (through Student Affairs), and verbal debrief sessions held after every Clinical Campus Week. Students may also contact any faculty or staff member, or the Office of Student Affairs directly with concerns. In addition to these internal channels, the College also reviews the ISA and AAMC questionnaires to identify and respond to areas that show continued concern. Faculty and staff can report incidents directly to their Associate Dean for Clinical Education, the Associate Dean for Accreditation, Assessment and Evaluation, the Associate Dean for Curriculum, or their Department Chair. Reports of incidents, along with actions taken to resolve issues, are maintained in the Office of Accreditation, Assessment and Evaluation.

Retaliation in any form is a violation of the WAC 504-26-230 as outlined in the Faculty Handbook and human resource policies. The College ensures that students are protected from retaliation through several mechanisms that include removing the student from the learning environment where the alleged mistreatment occurred and re-assignment of any associated assessment activities.

- d. How, by whom, and how often are summative data on the frequency of medical students experiencing mistreatment collected and reviewed? How and by whom are these data used in efforts to reduce medical student mistreatment? Note recent actions that have been taken in response to the data from the AAMC GQ or student surveys related to the incidence of mistreatment.

The Office of Accreditation, Assessment and Evaluation monitors the learning environment and disseminates reports of mistreatment, as appropriate, to the Office of Student Affairs, the Curriculum Office, and the Curriculum Committee. All information is stored and tracked centrally. The Associate Dean for Accreditation, Assessment and Evaluation produces aggregate reports bi-annually to present to the Curriculum Office and the Curriculum Committee for discussion. Depending on the nature of the alleged mistreatment, the ADCE, Assistant Dean of Student Affairs, or the Associate Dean for Accreditation, Assessment and Evaluation are responsible for finding a resolution.

Below are two recent actions that were taken in response to potential mistreatment reports:

1. In the most recent Y2Q survey (AY 2019), students reported some level of personal experience that can be considered mistreatment. This included being subjected to offensive remarks (sexist, racial, or ethnic) in the classroom or in the clinic. In the AY 2019/2020, a small number of students in the Class of 2022 (current M3s) reported concerns about use of outdated language or/ terminology by both students and faculty. In response to this, the Associate Dean for Curriculum, the Associate Dean for Accreditation, Assessment, and Evaluation and the Assistant Dean for Student Affairs partnered with the Student Council to collect information from the class about the language being used in the classroom and to co-develop strategies and workshops to support both student and faculty development.

2. During the most recent AY (2019/2020), a member of the Class of 2021 reported an issue of mistreatment in one of their clinical learning environments. The preceptor working with the students was felt to be aggressive in the way they communicated with students and used inappropriate language. The student communicated the concern directly to the ADCE who then removed all students from that learning environment. The ADCE then reached out to the preceptor to discuss the concerns and future goals. The ADCE then worked with the Interim Associate Dean for Faculty Affairs and the Director of Faculty Development to develop an appropriate remediation plan for this preceptor. Once the remediation has been successfully completed, the ADCE will work with the preceptor to develop a plan for clinical teaching.

- e. Describe recent educational activities for medical students, faculty, and residents that were directed at preventing student mistreatment.

Medical students are educated regarding WSU policies concerning faculty-student relationships and student mistreatment during student onboarding and again at the end of Year 2 prior to the start of the LIC. Residents are educated on the policies during the orientation preceding the start of their interactions with medical students. Faculty are educated on the policies during their faculty orientation at the time of hire and during faculty conferences. All policies are available on the College website.

A specific example includes the orientation that Year 3 students received as they entered the LIC. The LIC Director reviewed the Student Mistreatment Policy with the students and completed a role-play exercise in which students were asked to explore how they would manage possible student mistreatment. The exercise included a clinical scenario where a student was asked to perform a pelvic exam on a patient under anesthesia without their explicit consent. In this scenario, the preceptor encouraged them to complete the exam. After discussion with small groups, students debriefed and reflected.

## **Supporting Documentation**

1. Formal medical school or parent institution policies on student mistreatment, including the formal policies and/or procedures for responding to allegations of medical student mistreatment, and the avenues for reporting and mechanisms for investigating reported incidents.

Appendix 3-06-01 Student Mistreatment Policy