

Standard 5: Educational Resources and Infrastructure

A medical school has sufficient personnel, financial resources, physical facilities, equipment, and clinical, instructional, informational, technological, and other resources readily available and accessible across all locations to meet its needs and to achieve its goals.

Supporting Data

Table 5.0-1 Medical School Revenue Sources				
Provide the requested revenue totals from the LCME Part I-A Annual Financial Questionnaire (AFQ) for each indicated fiscal year (FY) and the <i>percentage of total revenues</i> represented by each amount. Use the “total revenues” from the AFQ for this calculation.				
	FY 2018		FY 2019	
	\$	% of Total Revenues	\$	% of Total Revenues
Total tuition and fees revenues	2,202,187	5.9	4,623,515	9.3
Revenues from tuition and fees (T&F) assessed to medical students	1,988,548	5.4	4,416,159	8.8
Revenues from T&F assessed to grad students in med school programs		-		-
Revenues from continuing medical education programs	-	-		-
Other tuition and fees revenues	213,639	0.6	207,356	0.4
Total expenditures and transfers from government and parent support	2,010,694	5.4	4,463,730	8.9
Total federal appropriations		-		-
Total adjusted state and parent support	20,267,578	54.7	22,897,482	45.8
Total local appropriations		-		-
Total grants and contracts	8,727,665	23.5	13,875,377	27.8
Total direct costs - federal government	7,288,532	19.7	10,767,659	21.5
State and local government grants and contracts		-	545,490	1.1
Other grants and contracts direct expenditures	1,439,133	3.9	2,562,227	5.1
Total facilities and administration costs expenditures	1,689,680	4.6	2,579,058	5.2
Practice plans total revenues	-		250,000	0.5
Total expenditures and transfers from hospital funds	-			-
Total expenditures and transfers from university hospital funds	-			-
Total expenditures and transfers from VA hospital funds	-			-
Total expenditures and transfers from other affiliated hospitals funds	-			-
Restricted gift funds expended	490,467	1.3	981,882	2.0
Unrestricted gift funds expended	811,225	2.2	1,001,982	2.0
Expenditure of income from restricted endowment funds	12,756	0.0	37,948	0.1
Expenditure of income from unrestricted endowment funds	471,993	1.3	1,706,429	3.4
Total other revenues	3,206,413	8.6	3,265,563	6.5
Total revenues	37,068,740	100.0	50,217,253	100.0
Total expenses and transfers	34,776,276	93.8	46,583,833	93.2

5.1 Adequacy of Financial Resources

The present and anticipated financial resources of a medical school are derived from diverse sources and are adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals.

Narrative Response

- a. Summarize trends in each of the funding sources available to the medical school, including an analysis of their stability. Describe any substantive changes in the following areas during fiscal years 2018, 2019, 2020, and 2021 (based on current projections).
 1. Total revenues
 2. Operating margin
 3. Revenue mix
 4. Market value of endowments
 5. Medical school reserves
 6. Debt service
 7. Outstanding debt
 8. Departmental reserves

Washington State originally provided funds in the amount of \$58,333 per student per year based on a recurring class size of 60 students. Washington State University (WSU), on behalf of the College of Medicine, requested additional funding at the level of \$60,000 per student per year for the FY 20-21 biennium. State legislature approved the increased funding during summer of 2019.

The financial projections contained herein assume state legislative funding approval at \$60,000 per student per year for recurring class sizes of 80 students. Since the state budgets on a biennium basis, the following information is presented over a two-biennia period covering the fiscal years of concern for this section of the DCI.

1. *Total Revenues:* The following table summarizes the medical school trends in revenue.

Revenues Figures in (\$000)	Year 2 FY2018 Academic Year 1	Year 3 FY2019 Academic Year 2	Year 4 FY2020 Academic Year 3	Year 5 FY2021 Academic Year 4
Per Student Allocation	\$3,000	\$7,000	\$11,800	\$16,600
Permanent Budget Line	\$4,930	\$6,420	\$6,573	\$7,139
Fringe Benefit Allocation	\$3,045	\$4,822	\$5,277	\$5,557
Parental Support	\$9,293	\$4,657	\$3,161	\$0
Medical Student Tuition and Fees	\$1,989	\$4,416	\$7,146	\$10,304
Other Program Tuition and Fees	\$214	\$207	\$217	\$219
Sponsored Research	\$10,417	\$16,454	\$16,948	\$17,456
Philanthropy	\$975	\$2,726	\$2,755	\$2,784
Other Revenues	\$3,206	\$3,265	\$3,298	\$3,331
Clinical Revenue	\$0	\$250	\$750	\$500
Total	\$37,069	\$50,217	\$57,924	\$64,816

Assessment of revenue changes in FY18, FY19, FY20 and FY21:

- State of Washington per student allocation: This source of revenue is reliable and growing in direct proportion to the number of medical students in the program. During the provisional period, the College had seated the first four classes for a total cohort of 280 students.
- WSU permanent budget line (PBL) funding: This source of revenue is reliable source for the period. These monies are attached to staff and tenured/ tenure-track faculty positions.
- Fringe Benefit Allocation: This source of revenue allocation from the university is reliable and increasing during the period and is a function of payroll expense.
- WSU Parental Support: This source of revenue allocation from the university is reliable and is decreasing for the period as the College incurs commissioning expenses in advance of growth in state funding based on student cohort size and tuition funds.
- Medical Student Tuition and Fees: This source of revenue is reliable and is growing for the period as the first four cohorts of students have been seated.
- Other Program Tuition and Fees: This source of revenue is reliable and stable for the period as the departments of Nutrition and Exercise Physiology and Speech and Hearing Sciences are established and in demand.
- Sponsored Research: This source of revenue is growing for the period and varies with awards and contracts from agencies such as the NIH, NSF and public and private corporations and foundations. While there are uncertainties with federal funding of the NIH and corporate commitments to research are subject to economic and other environmental conditions, this source of revenue is considered reliable for the period based on an assessment of planned and awarded grants and contracts in the areas of population health, sleep and performance, cancer, nutrition and exercise physiology, genomics and neuroscience.
- Philanthropy: This source of revenue is variable for the period. However, philanthropic funds should be considered to remain variable in the near term due to reorganization of the WSU Foundation and uncertainty around development staffing. Traditional sources of funding from alumni, grateful patients, and communities near regional campuses are likely be slow to develop since there are not yet alumni or longitudinal clinical relationships.
- Other Revenues: This source of revenue is an estimated valuation of in-kind support provided by volunteer / non-compensated faculty and is provided for information
- Clinical Revenue: This source of revenue will not contribute significantly to the College for the period. Affiliation and operating agreements between the university, WSU Foundation and Range Health (independently incorporated practice plan) have been put in place in FY19. Revenue generating operations began in late FY19 based on grant funded mobile unit operations.

2. *Operating margin:* The following table summarizes the medical school trends in operating margin.

Revenues / Allocations Figures in (\$000)	Year 2 FY2018 Academic Year 1	Year 3 FY2019 Academic Year 2	Year 4 FY2020 Academic Year 3	Year 5 FY2021 Academic Year 4
Parental Support (operating margin)	-\$9,293	-\$4,657	-\$3,161	\$1,480
Accumulated Deficit / Surplus	-\$19,702	-\$24,359	-\$27,520	-\$26,040

*Operating margin table reflects profitability of the operations as reflected in the University’s general ledger and does not consider in-kind contributions and other revenues.

Assessment of operating margin (need for parental support) changes in FY19 and FY20: During the commissioning phase of the College and through FY21, operating margins are negative and are covered by parental support from the university reserves. Negative margins are generally due to payroll and expense exceeding revenue streams from the state and medical school tuition while the medical school cohort grows to full complement of 320 students in FY23. The accumulated negative operating margin for the period through FY20 is \$27,519, 921. In FY21 the college will achieve positive annual operating margin as we enroll our fourth year of medical students.

3. *Revenue Mix:* The following table summarizes the medical school trends in revenue mix.

Revenues Figures in Percent of Revenue	Year 2 FY2018 Academic Year 1	Year 3 FY2019 Academic Year 2	Year 4 FY2020 Academic Year 3	Year 5 FY2021 Academic Year 4
Per Student Allocation	8.09%	13.94%	20.37%	25.61%
Permanent Budget Line	13.30%	12.78%	11.35%	11.01%
Fringe Benefit Allocation	8.21%	9.60%	9.11%	10.12%
Parental Support	25.07%	9.27%	5.46%	0.00%
Medical Student Tuition and Fees	5.37%	8.79%	12.34%	15.78%
Other Program Tuition and Fees	0.58%	0.41%	0.37%	0.34%
Sponsored Research	28.10%	32.77%	29.26%	26.93%
Philanthropy	2.63%	5.43%	4.76%	4.30%
Other Revenues	8.65%	6.50%	5.69%	5.14%
Clinical Revenue	0.00%	0.50%	1.29%	0.77%
Total	100.00%	100.00%	100.00%	100.00%

Assessment of revenue mix changes in FY18, FY19, FY20 and FY21:

- State of Washington per student allocation: This source of revenue is an increasing fraction of the revenue mix as the number of medical students in the program increases.
- WSU permanent budget line (PBL) funding: This source of revenue is reliable and increasing for the period and is a decreasing percentage of the overall revenue mix. These monies are attached to staff and tenured/tenure-track faculty positions.
- Fringe Benefit Allocation: This source of revenue is variable for the period and is a flat percentage of the revenue mix.
- WSU Parental Support: This source of revenue is variable for the period and is a declining percentage of the revenue mix.

- Medical Student Tuition and Fees: This source of revenue is increasing for the period and is an increasing percentage of the revenue mix.
- Other Program Tuition and Fees: This source of revenue is stable for the period and is a declining percentage of the revenue mix.
- Sponsored Research: This source of revenue is increasing for the period and is an increasing percentage of the revenue mix.
- Philanthropy: This source of revenue is variable for the period and is a declining percentage of the revenue mix.
- Other Revenues: This source of revenue is flat for the period and a decreasing percentage of the revenue mix.
- Clinical Revenue: This source of revenue is increasing for the period and is a negligible percentage of the revenue mix.

4. Market value of endowments: The College was not commissioned with a core endowment fund designed to provide annual income in support of operations. Through continuing collaboration with the WSU Foundation, the College solicits and receives endowed funds for a variety of purposes including student scholarships, endowed chairs, professorships, and support for programs. At the close of April 30, 2020, the total market value of endowed funds was \$2,352,407. Funds held in endowment return 4% on principle each year to the funded activity.

5. Medical School Reserves: In the State of Washington, reserves may not be carried forward from any biennial “one-time” appropriation funding made to the College. Therefore, all one-time appropriations are to be expended in the biennium allocated. However, recurring appropriations (state PBL allocations, tuition, and philanthropy) may be carried forward. Therefore, the College’s strategy is to draw down non-recurring state appropriations for operations before committing other types of funding sources.

The College creates reserves by accruing F&A funds from sponsored research grants and contracts and any funds provided through Dean’s taxes on the future practice plan operating surpluses. The WSU F&A rate on federally sponsored research grants and contracts is 53% or \$0.53 on each dollar. For non-federally/industry sponsored research grants and contracts the F&A rate is 23% or \$0.23 on each dollar. The College generally receives \$0.23 in indirect costs for each dollar of which the research home department gets \$0.115 and the Dean keeps \$0.115.

Assessment of changes in reserves for FY18, FY19, FY20 and FY21: At the close of FY20, the College had \$313,822 in total accumulated reserves. These funds are accumulating at a rate of approximately \$22,000 per quarter and are used primarily to support bridge funding for faculty and unplanned equipment expenses. As the research enterprise grows, it is anticipated that funds flowing into reserve accounts increase.

6. Debt Service: The College is not authorized to borrow money. All deficit spending or liabilities related to operations are managed by WSU.

7. Outstanding Debt: Any accrued deficits of the College are held directly by WSU.

8. Departmental Reserves: This is included in the Medical School Reserves Narrative (5).

In the State of Washington, reserves may not be carried forward from any biennial “one-time” appropriation funding made to the College. Therefore, all one-time appropriations are to be expended in the biennium allocated. However, recurring appropriations (state PBL allocations, tuition, and philanthropy) may be carried forward. Therefore, the College’s strategy is to draw down non-recurring state appropriations for operations before committing other types of funding sources.

The College creates reserves by accruing F&A funds from sponsored research grants and contracts and any funds provided through Dean’s taxes on the future practice plan operating surpluses. The WSU F&A rate on federally sponsored research grants and contracts is 53% or \$0.53 on each dollar. For non-federally/industry sponsored research

grants and contracts the F&A rate is 23% or \$0.23 on each dollar. The College generally receives \$0.23 in indirect costs for each dollar of which the research home department gets \$0.115 and the Dean keeps \$0.115.

Assessment of changes in reserves for FY18, FY19, FY20 and FY21: At the close of FY20, the College had \$313,821 in total accumulated reserves. These funds are accumulating at a rate of approximately \$22,000 per quarter and are used primarily to support bridge funding for faculty and unplanned equipment expenses. As the research enterprise grows, it is anticipated that funds flowing into reserve accounts increase.

- b. Describe any substantive changes anticipated by the medical school in the following areas during the three fiscal years following the fiscal year in which your full survey visit will take place and explain the reasons for any anticipated changes.
1. Total revenues
 2. Revenue mix
 3. Obligations and commitments (e.g., ongoing commitments based on prior chair searches)
 4. Reserves (amount and sources)

Revenues Figures in (\$000)	FY2022 Academic Year 5	FY2023 Academic Year 6	FY2024 Academic Year 7
Per Student Allocation	\$17,900	\$19,200	\$19,200
Permanent Budget Line	\$7,320	\$7,503	\$7,691
Fringe Benefit Allocation	\$6,807	\$6,957	\$6,957
Parental Support	\$0	\$0	\$0
Medical Student Tuition and Fees	\$11,295	\$12,415	\$12,868
Other Program Tuition and Fees	\$221	\$228	\$234
Sponsored Research	\$17,980	\$18,519	\$19,075
Philanthropy	\$2,826	\$2,868	\$2,911
Other Revenues	\$3,364	\$3,398	\$3,432
Clinical Revenue	\$640	\$650	\$659
Total	\$68,352	\$71,737	\$73,027

1. *Total Revenues:* Revenues will continue to increase during the commissioning phase of the College through FY23. Operating margins are negative through FY21 and are covered by parental support from the University reserves. Negative margins are generally due to payroll and expense exceeding revenue streams from the state and medical school tuition until the medical school cohort grows to full complement of 320 students in FY23.

- State of Washington per student allocation: This source of revenue is an increasing fraction of the revenue mix as the number of medical students in the program reaches 320 students beginning in FY23.
- WSU permanent budget line (PBL) funding: This source of revenue is reliable and slightly increases in FY24. These monies are attached to staff and tenured/ tenure track faculty positions.
- Fringe Benefit Allocation: This source of revenue allocation from WSU is reliable and slightly increasing during the period and is a function of payroll expense.
- WSU Parental Support: Our projections indicate that parental support will not be needed after academic year 2020. This source of revenue is flat for the period .
- Medical Student Tuition and Fees: This source of revenue is increasing for the period and is an increasing percentage of the revenue mix. This source of revenue is reliable and is growing for the period as each cohort

reaches the class size of 80 students. The next biennial legislative request will be submitted asking for a \$60K/student commitment to be restored at full request level.

- Other Program Tuition and Fees: This source of revenue is reliable and stable for the period as the departments of Nutrition and Exercise Physiology and Speech and Hearing Sciences are established and in demand.
- Sponsored Research: This source of revenue is growing for the period and varies with awards and contracts from agencies such as the NIH, NSF and public and private corporations and foundations. Federal funding of the NIH and corporate commitments to research are subject to economic and other environmental conditions. However, this source of revenue is considered reliable for the period given current trends in faculty sponsored research grant and contracts award success and the planned growth in research activity in the newly acquired IREACH Population Health research organization and the University commitment to its Drive to 25 strategic initiative.
- Philanthropy: This source of revenue is assumed to be stable for the period. However, philanthropic funds should be considered variable due to reorganization of the WSU Foundation and uncertainty around development staffing. Furthermore, traditional sources of funding from alumni, grateful patients, and communities near regional campuses are likely to be slow to develop.
- Other Revenue: This source of revenue is an estimated valuation of in-kind support provided by volunteer/non compensated faculty and is provided for information. This source of revenue is increasing for the period.
- Clinical Revenue: This source of revenue will not contribute significantly to the College for the period. Affiliation and operating agreements between WSU, WSU Foundation and Range Health (independently incorporated practice plan) have been put in place for FY20. Revenue generating operations will most likely begin in late FY21 based on grant funded mobile unit operations.

2. *Revenue Mix*: The following table summarizes the medical school trends in revenue mix.

Revenues Figures in Percent of Revenue	FY2022 Academic Year 5	FY2023 Academic Year 6	FY2024 Academic Year 7
Per Student Allocation	26.19%	26.76%	26.29%
Permanent Budget Line	10.71%	10.46%	10.53%
Fringe Benefit Allocation	9.96%	9.70%	9.53%
Parental Support	0.00%	0.00%	0.00%
Medical Student Tuition and Fees	16.52%	17.31%	17.62%
Other Program Tuition and Fees	0.32%	0.32%	0.32%
Sponsored Research	26.30%	25.82%	26.12%
Philanthropy	4.13%	4.00%	3.99%
Other Revenues	4.92%	4.74%	4.70%
Clinical Revenue	0.94%	0.91%	0.90%
Total	100.00%	100.00%	100.00%

Assessment of revenue mix changes in FY22, FY 23 and FY24:

- State of Washington per student allocation: This source of revenue is a relatively flat fraction of the revenue mix as the number of medical students in the program increases to a full cohort of 320 students in the medical program.
- WSU PBL funding: This source of revenue is slightly decreasing for the period and is a stable percentage of the revenue mix.

- Fringe Benefit Allocation: This source of revenue is stable for the period and is a declining percentage of the revenue mix.
- WSU Parental Support: Our projections indicate that parental support will not be needed after academic year 2020. This source of revenue is flat for the period .
- Medical Student Tuition and Fees: This source of revenue is increasing for the period and is an increasing percentage of the revenue mix.
- Other Program Tuition and Fees: This source of revenue is stable for the period and is a declining percentage of the revenue mix.
- Sponsored Research: This source of revenue is estimated to slightly increase for the period and is a stable percentage of the revenue mix.
- Philanthropy: This source of revenue is stable for the period and is a constant percentage of the revenue mix.
- Other Revenue: This source of revenue is an estimated valuation of in-kind support provided by volunteer / non compensated faculty and is provided for information and is a decreasing percentage of the revenue mix.
- Clinical Revenue: This source of revenue is decreasing for the period and is a negligible percentage of the revenue mix.

3. *Obligations and commitments*: The College has completed a comprehensive hiring plan in support of full 4-year medical school operations across four campuses and in support of other degree granting and research programs. The estimated costs of these obligations are included in the financial forecasts contained in this section. In summary, the College plans to add a total of \$4.3M in payroll and benefits to its existing cost structure through FY21.

4. *Reserves*: Reserves are intended to meet the potential and anticipated business and operational needs of the College. The evaluation of reserves conducted in connection with the annual budgeting process provides management with the necessary information for ensuring adequate professional management of annual allocations and reserve accounts. Beginning FY 2022 the College will begin to develop an annual surplus based on projected revenue and expenditures. Generating an annual surplus is helpful as it will add a small cushion to reserves in preparation for equipment and research equipment replacement costs.

- c. Describe the medical school's annual budget process and the role and authority of the medical school dean in budget development and approval.

The Dean has ultimate authority over medical school operations and use of allocated funds. The College budgets for operations annually based on the July 1st to June 30th fiscal year in coordination with WSU. The WSU Provost's Office sets the fiscal year target for run rate (surplus/deficit) for all colleges. Beginning in January of each fiscal year, the Director, Administrative Services collaborates with the Department Chairs and Vice Deans to create comprehensive department and area budgets for all payroll and expense categories. These draft unit budgets are rolled up into an overall proposed budget.

Variance between the WSU run rate target and the proposed College budget are resolved by negotiations between the Dean, the Vice President of Health Sciences, and the WSU Provost and WSU budget offices. The final budget is submitted to the Board of Regents for approval prior to start of the fiscal year. Once the budget is approved, the Dean communicates the operating budgets to the departments and areas. On a monthly basis, the Director for Administrative Services monitors allocations and expenditures and produces year-to-date budget reports for distribution to the departments and areas. All budget variances are actively managed to ensure annual budget goals are met.

- d. Describe the ways in which the medical school's governance, through its board of directors and its organizational structure, supports the effective management of its financial resources.

The WSU Board of Regents approves each college's budget and receives annual financial reports from WSU (which includes a report from the College of Medicine), that reflect overall performance. Internal controls are comprehensive and include policy, procedure and process related to all forms of business operations including, finance, payroll, purchasing, accounts payable, time and attendance, contracts management and human resources.

The WSU Board of Regents, and WSU central administration delegate the responsibility to the Dean for matters within College under the supervision of the Vice President Health Sciences. The Dean works directly with the Vice President of Health Sciences, Provost and President about changes in the budget that may be required for the medical education program. Internally, the Dean retains oversight of the budget, but delegates responsibility for and authority over departmental and functional area resources to the Department Chairs and Vice Deans.

As a core component of the Continuous Quality Improvement Program, the College's Chief Operating Officer (COO) and the Director, Administrative Services monitor department and area financial performance monthly. Budgets are actively managed to limit variance to budget throughout the year. At the direction of the Dean, the College COO and the Director, Administrative Services meet periodically with the Vice Chancellor for Finance and Budget Health Sciences, WSU budget office to ensure effective communications regarding financial performance and actions needed to address emerging issues.

- e. Describe the ways that funding for the current and projected capital needs of the medical school is being addressed.

The WSU strategic plan is the basis for capital budget requests and long-range capital plans. Capital projects are directly linked to delivery of academic programs and accomplishment of WSU and individual program academic goals and priorities. These include capital requirements for education, research, and clinical training.

Individual colleges, vice presidential areas, and branch campuses provide input and requests for state-funded capital projects, including preservation, modernization, and new construction. All university areas planning non-state funded capital projects submit upcoming biennial and long-term capital plans within the same time frame as the state-funded requests. Facilities services develops and updates the physical master plans for all campuses and WSU locations. Facilities services and information technology offices provide input on proposed infrastructure, preservation, health/safety/code, and modernization projects.

The Dean determines the requirements for capital projects to support the medical education program and, working with the campus Chancellors, informs the Vice President of Health Sciences, and the WSU Budget Office of intent to advance a capital project/concept. The Dean collaborates with facilities services project managers who offer expertise in assessing space needs and assist in the development of major capital requests. As the biennial budget request to the state is developed, the Dean further participates at the state-wide university level to ensure the medical education program requirements are represented.

Open capital budget hearings are held in January of even-numbered years. Deans, Vice Presidents, Chancellors, and Directors can advocate for capital needs and plans at budget hearings. The Vice President of Health Sciences, Provost and Executive Vice President, Vice President for Finance and Administration, Facilities Services, and the Budget Office work together to combine input from the various sources to produce a single plan for WSU. The College Dean can review the plan and advocate for the medical education program before submission. The proposed plan is then presented to the WSU Board of Regents for approval.

- f. Describe the medical school’s policy with regard to the financing of deferred maintenance of medical school facilities (e.g., roof replacement).

All university facilities that are used by the medical school are managed, operated, and maintained by the campuses and their facilities management organizations. The College supports the funding of these activities via assessments on tuition and state funds revenues. Washington State University maintains a deferred maintenance database for all university buildings statewide. A pairwise ranking analysis takes place prior to each new biennium to develop a prioritized list of projects that are submitted to the state legislature for funding through WSU. This is referred to as the minor capital funding request.

- g. Describe whether and for what purpose(s) financial reserves have been used to balance the operating budget in recent years.

During the commissioning phase of the College of Medicine and through FY21, operating margins are negative and are covered by parental support from university reserves. Negative margins are generally due to payroll and expense exceeding revenue streams from the state and medical school tuition while the cohort grows to full complement of 320 students in FY23. The accumulated negative operating margin for the period through FY20 is \$27,519,921. Beginning FY 2022 the College will begin to develop an annual surplus based on projected expenditures. Generating a surplus will add a small cushion to reserves in preparation for equipment and research equipment replacement costs.

- h. Summarize the key findings resulting from any external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year. If the medical school is not audited separately, summarize the key findings from any external financial audits of the university or health system of which the medical school is a part.

There were no external financial audits of the medical school (including medical school departments) performed during the most recently completed fiscal year FY19.

Supporting Documentation

1. The medical school’s responses to the most recent LCME Part I-A Annual Financial Questionnaire, consisting of the items below. Provide the most current information in the material submitted three months prior to the survey visit.
 - a. Signed Signature Page
 - b. Current Funds Revenues, Expenditures, and Transfers - Data Entry Sheet
 - c. Schedules A-E
 - d. Revenues and Expenditures History

Appendix 5-01-01 Signed Signature Page LCME Part I-A

Appendix 5-01-02 Current Funds Revenues, Expenditures, and Transfers

Appendix 5-01-03 Schedules A-E

Appendix 5-01-04 Revenues and Expenditures History

2. The medical school’s responses to the web-based companion survey to the LCME Part I-A Annual Financial Questionnaire, the “Overview of Organization and Financial Characteristics Survey.” Provide the most current information in the material submitted three months prior to the survey visit.

Appendix 5-01-05 Overview of Organization and Financial Characteristics Survey

3. A revenue and expenditures summary for fiscal years 2018, 2019, 2020, and 2021 (based on current projections). Use the format and row labels from the “Revenues and Expenditures History” page of the LCME Part I-A Annual Financial Questionnaire (it is the last page of the AFQ). Provide the most current information in the material submitted three months prior to the survey visit.

Appendix 5-01-06 Revenue and Expenditures Summary FY 2018-2021

4. A copy of the audited financial statements for the medical school. If the medical school is not audited separately, use the university/ parent organization or company of which the medical school is a part at the time that the DCI is submitted. For medical schools owned or operated by a parent organization or company, submit audited financial statements for the parent organization or company that encompass all related component units and entities controlled by the parent organization or company. Provide the most current information in the material submitted three months prior to the survey visit.

Appendix 5-01-07 2019 Annual Financial Report

5.2 Dean's Authority/Resources

The dean of a medical school has sufficient resources and budgetary authority to fulfill his or her responsibility for the management and evaluation of the medical curriculum.

Narrative Response

- a. Provide the name and title of the individual with formal responsibility for the management and evaluation of the medical education program, referred to here as the chief academic officer (CAO).

If the dean is not the CAO, and responsibility for the medical education program is delegated to an associate dean or other individual serving as CAO, provide the name and title of this individual, and the percentage of time he or she devotes to this administrative responsibility.

The individual with formal responsibility for the management and evaluation of the medical education program is the Founding Dean, and Chief Academic Officer, Dr. John Tomkowiak.

- b. Describe how the CAO participates in institution-level planning to ensure that the resource needs of the medical education program (e.g., funding, faculty, educational space, other educational infrastructure) are considered.

The CAO meets regularly with the Vice President of Health Sciences individually and as a member of the Council of Deans monthly. During those meetings, the CAO uses the College of Medicine strategic plan as reference for reporting on the resource needs for the development of the medical education program, including capital and operating budget requirements. The Dean is an active participant in the development of the institutional budget, as well as the legislative requests for increased appropriations.

Additionally, the Dean works closely with the Chancellor of each regional clinical campus to identify and secure the educational facilities, administrative infrastructure and services needed for the medical education program.

- c. Describe the budgetary authority of the medical school dean in accessing funds from the medical school budget.

The Dean is the Chief Academic Officer and has overall responsibility for the budget of the school. The Dean works with each department to submit an annual budget for approval to the WSU Budget Office. The Dean has access to and full spending authority over budgeted funds allocated to the College by the University.

- d. Describe how and by whom the budget to support the planning and delivery of the medical education program is developed and approved, and how it is allocated to departments and administrative units.

The Dean has ultimate authority over conduct of medical school operations and use of allocated funds. The College budgets for operations annually based on the WSU fiscal year (July 1st to June 30th). Prior to the start of each fiscal year, the Dean in collaboration with the Vice President and Chancellor of Health Sciences, and university finance office, finalize and approve the College budget. Budgeted funds for labor, benefits and operating expenses are allocated to the College and are further distributed to the departments and administrative units for operations.

The WSU finance office sets the fiscal year target for run rate (surplus/deficit) for all colleges. Beginning in January of each fiscal year, the Director, Administrative Services collaborates with the Department Chairs and Vice Deans to create comprehensive department and area budgets for all payroll and expense categories. Departmental and area budgets are zero based and are developed each fiscal year based on analysis of planned payroll and expenses. Draft unit budgets are rolled up into an overall proposed budget that is reviewed with the Chief Operating Officer and the Dean. The Dean presents the budget to WSU and a negotiation takes place to ensure both budgets reconcile.

The department and area budgets are adjusted to ensure alignment with WSU targets when rolled up to the total budget. The area budgets are finalized and put in place for the fiscal year proposed. Budgets are then reconciled, assessed for variance to budget and reported out monthly to ensure spending stays within budget.

- e. Provide the names and titles of the staff leadership (e.g., director of assessment, director of institutional computing) of groups/units responsible for providing administrative or academic support for the planning, implementation, and evaluation of the curriculum and for student assessment. Include the percentage of time contributed by each individual to this effort. Add rows as needed.

Name of Staff Leader	Title	To Whom Does the Staff Leader Report (e.g., Director of the Office of Medical Education)	% Effort (if applicable)	# of Staff Reporting to Leader
James Hupp	Senior Associate Dean for Policy and Compliance	Dean	25%	1
Ken Roberts	Vice Dean for Academic and Community Partnerships	Dean	100%	1
James Zimmerman	Chief Operating Officer	Dean	50%	2
Judith Bowen	Associate Dean for Curriculum	Dean	100%	
Dawn Cooper	Associate Dean for Accreditation, Assessment and Evaluation	COO	100%	3
Matt Layton	Associate Dean for Clinical Education, Spokane	Dean	100%	4
Judith Marcin	Associate Dean for Clinical Education, Vancouver	Dean	100%	3
Lawrence Schecter	Associate Dean for Clinical Education, Everett	Dean	100%	3
Farion Williams	Associate Dean for Clinical Education, Tri-Cities	Dean	100%	3
Jeff Haney	Interim Chair, Department of Medical Education and Clinical Sciences	Dean	50%	1
Jaime Bowman	Longitudinal Integrated Clerkship Director	Associate Dean for Curriculum	80%	0
Jaime Bowman	Associate Director 4 th Year	Associate Dean for Curriculum	20%	0
Dawn DeWitt	Director 4 th Year	Associate Dean for Curriculum	100%	1
Erika Fleck	Director of Education and Information Technology	COO	100%	5
Chris Martin	Director of Simulation Based Training	Dean	100%	2
Santiago Toro-Posada	Director, Curriculum Accreditation and Management	Associate Dean for Accreditation, Assessment and Evaluation	100%	0

5.3 Pressures for Self-Financing

A medical school admits only as many qualified applicants as its total resources can accommodate and does not permit financial or other influences to compromise the school’s educational mission.

Supporting Data

Table 5.3-1 Tuition and Fees			
Percentage of total revenue from tuition and fees as reported on the LCME Part I-A Annual Financial Questionnaire (AFQ) section titled “Current Funds Revenues, Expenditures and Transfers – Data Entry Sheet” for the indicated years. Please calculate each percentage by dividing “Total Tuition and Fees Revenues” by “Total Revenues Reported.”			
FY 2016	FY 2017	FY 2018	FY 2019
0	0	5.9%	9.3%

Narrative Response

- a. Describe how and at what administrative level (e.g., the medical school, the parent organization administration, the board of trustees, the legislature) the size of the medical school entering class is set. How does the school/institutional leadership ensure that the number of medical students does not exceed available resources (i.e., faculty and educational facilities)?

The initial size of the entering class was recommended by the College Dean and approved by the WSU Board of Regents. There was a resolution of WSU financial support and administration to support 60 students per class with plans to increase to 80 students per class beginning in FY20. The class size strategy was based upon the need for medical school graduates in the State of Washington, the capacity of regional health systems to support clinical education, sufficiency of WSU faculty and facilities, analysis of reliable revenue streams, review of public university medical school tuition trends and financial projections of medical school operating costs.

Due to recent capital outlays in new and renovated buildings on the Spokane campus, there are adequate facilities to accommodate the educational and research missions of the College. Specialized teaching spaces are adequate to accommodate class sizes ranging from 60-80 students. A state-of-the-art anatomy lab has been constructed to accommodate up to 200 students simultaneously. A combination of small group rooms and exam rooms are currently available to accommodate multiple classes of 80 students per day. The College also commissioned the Virtual Clinical Center facility with the capacity to provide both low and high-fidelity simulation-based training to the full medical student cohort on a scheduled basis.

As part of the BY 20-21 request, an additional health science building capital request was put forward to the Legislature by WSU. The Legislature subsequently funded the initial design phase of the building. This building if funded and implemented to completion will provide additional classroom, research, and administrative space in support of interprofessional medical education.

- b. Describe how and by whom tuition and fees are set for the medical school.

Tuition rates, defined as operating fees plus building costs, are set biennially in accordance with Washington State Legislature Revised Code of Washington, Tuition Fees-Established RCW 28B.15.067. The WSU Board of Regents is the entity that officially sets tuition rates for WSU programs, after input from the Dean. As part of the WSU capital budget, building fees are used for debt service, buildings, equipment, and maintenance. Operating fees fund core instructional programs of WSU.

The WSU Budget Office requests recommendations for tuition rates from the deans of professional programs. The College Dean provides the central campus with the full cost of attendance figures. The College operates on a different academic calendar, requiring increased access to financial aid as compared with other professional programs currently offered at WSU. After review, the WSU Executive Cabinet presents rates to the Tuition Committee for consideration. The Tuition Committee is comprised of faculty, staff and students from all campuses and makes recommendations to the President regarding tuition rate proposals for tuition categories for which tuition setting authority is granted. The President's recommendations are forwarded to the Board of Regents for approval.

Services and activities fees, defined by RCW 28B.15.041, are established by each campus in compliance with the requirements of State of Washington House Bill 2352. Each student pays this fee separate from tuition. Additionally, students may be required to pay instructional fees for specific courses that are unique to the medical education program. And finally, there is a required medical services fee.

- c. Describe how and by whom pressures to generate funding from clinical care, research, and/or tuition are being managed to ensure that the ongoing quality of the medical education program is not compromised.

The College of Medicine works in close collaboration with WSU leadership, the Board of Regents and the State Legislature using forward looking forecasting models that consider all aspects of the needs of the College including finances, faculty and staff, facilities and clinical affiliations. Strategies to diversify revenue streams are regularly evaluated and include:

- Magnitude of state funding requests on a per student per year basis
- Development of net revenue generating degree programs
- Expansion of the research enterprise and associated grants and contracts funding
- Revenue increases from Dean's taxes on the practice plan
- Directed marketing and communications activities leading to increases in philanthropy

Based on the financial forecasts for the provisional accreditation period, tuition and fees remain below 20% while the College begins to show modest surpluses from operations. These conditions provide College leadership with confidence that sufficient financial resources are available to operate without pressure to self-finance through increases in student class size.

5.4 Sufficiency of Buildings and Equipment

A medical school has, or is assured the use of, buildings and equipment sufficient to achieve its educational, clinical, and research missions.

Supporting Data

Table 5.4-1 Pre-clerkship Classroom Space			
Provide the requested information on the types of classroom space (lecture hall, laboratory, clinical skills teaching/simulation space, small group discussion room, etc.) used for each instructional format during <i>the pre-clerkship</i> medical curriculum. Only include space used for regularly-scheduled medical school classes, including laboratories. Add rows as needed.			
Room Type/Purpose	# of Rooms of this Size/Type	Seating Capacity (provide a range of variable across rooms)	Building(s) in which Rooms are Located
Type: Auditorium Purpose: Lecture	<p>Group A: <i>Number of Rooms:</i> 2 <i>Type:</i> Fixed seating with tablet arms</p> <p>Group B: <i>Number of Rooms:</i> 1 <i>Type:</i> Fixed seating with tablet arms</p> <p>Group C: <i>Number of Rooms:</i> 2 <i>Type:</i> Tiered seating; fixed tables with moveable chairs</p>	<p>Group A: 84-177 Group B: 200 Group C: 120</p>	<p>Group A: Spokane Academic Center (SAC) Group B: Eastern Washington Center (SEWC) Group C: Nursing Building (SNRS)</p>
Type: Classroom Purpose: Class time	<p>Group A: <i>Number of Rooms:</i> 1 <i>Type:</i> Moveable tables and chairs; Can be used as 1 room (160-250 students) or up to 4 rooms (40 students each room)</p> <p>Group B: <i>Number of Rooms:</i> 4 <i>Type:</i> Moveable tables and chairs; all seat 20-25. Rooms can be divided to make 8 small group rooms</p> <p>Group C: <i>Number of Rooms:</i> 3 <i>Type:</i> Moveable tables and chairs</p> <p>Group D: <i>Number of Rooms:</i> 1 <i>Type:</i> Technology enabled moveable tables and chairs</p>	<p>Group A: 40 – 250 Group B: 20 – 100 Group C: 24-62 Group D: 10 – 80</p>	<p>Group A: Health Sciences Building (HSB) Group B: Pharmaceutical and Biomedical Sciences (PBS) Group C: Spokane Academic Center (SAC) Group D: Spokane Academic Center (SAC)</p>

Room Type/Purpose	No. of rooms of this size/type	Seating Capacity	Building(s) where rooms are located
<i>Type:</i> Objective Structured Clinical Evaluation (OSCE Suites) <i>Purpose:</i> Exams	Group A Suites: <i>Number of Rooms:</i> 10 <i>Type:</i> AV equipment, exam table, writing station, supply storage Group B Suites support: <i>Number of Rooms:</i> 3 <i>Type:</i> On-deck student seating, student charting w/ sink & storage, video control room	N/A	Group A Suites: Riverfront Office Park (ROP) Virtual Clinical Center (VCC) Group B Suites: Riverfront Office Park (ROP) Virtual Clinical Center (VCC)
<i>Type:</i> Simulation Adult <i>Purpose:</i> Clinical Skills	<i>Number of Rooms:</i> 1 <i>Type:</i> Hospital bed and critical care room (convertible), Manikin, A/V equipment	N/A	Riverfront Office Park (ROP) Virtual Clinical Center (VCC)
<i>Type:</i> Simulation OBGyn, Pediatrics <i>Purpose:</i> Clinical Skills	<i>Number of Rooms:</i> 1 <i>Type:</i> Hospital bed, Laparoscopic Surgery, Manikin, A/V equipment	N/A	Riverfront Office Park (ROP) Virtual Clinical Center (VCC)
<i>Type:</i> Clinical Skills <i>Purpose:</i> Evaluation	<i>Number of Rooms:</i> 1 <i>Type:</i> A/V equipment, Torso, arm, leg Suturing, simulators	N/A	Riverfront Office Park (ROP) Virtual Clinical Center (VCC)
<i>Type:</i> Laboratory <i>Purpose:</i> Anatomy	<i>Number of Rooms:</i> 4 <i>Type:</i> Two rooms = 14 cadaver tables One room = 12 cadaver tables One room = 4 cadaver tables, used primarily for cadaver prep. All equipped with surgical lighting and monitors.	16 – 200	Pharmaceutical and Biomedical Sciences (PBS)
<i>Type:</i> Breakout <i>Purpose:</i> Small Group Discussion	Group A: <i>Number of Rooms:</i> 8 <i>Type:</i> Moveable tables and chairs; rooms can be divided into two for a total of eight breakout rooms Group B: <i>Number of Rooms:</i> 4 (+2 FUTURE spaces) <i>Type:</i> Small breakout rooms and small classrooms that can be reserved by students	Group A: 15 students each Group B: 15 students each	Group A: Pharmaceutical and Biomedical Sciences (PBS) Group B: Spokane Academic Center (SAC)

Narrative Response

- a. If educational spaces used for required classes in the pre-clerkship medical curriculum (e.g., lecture halls, laboratories, small group rooms) are shared with other schools/programs, provide the office or individual responsible for scheduling the spaces and note if the medical education program has priority in any scheduling decisions.

The medical education program includes shared spaces where the College of Medicine has priority for curriculum-specific space on the WSU Spokane campus. WSU Spokane Health Sciences classrooms are scheduled through campus scheduling using the Student Information System (SIS). Course schedulers identify the specific classroom needs for each course in the SIS and when that information transfers to the scheduling software, only spaces that meet all the needs of the course are scheduled.

Some space (i.e., anatomy labs) is managed exclusively by the College. Other schools and programs on the campus may schedule anatomy lab space on an as-available basis. Research space is allocated to the College and managed by the Chairs of the Departments of Biomedical Sciences, Speech and Hearing Sciences, Nutrition and Exercise Physiology and Medical Education and Clinical Sciences.

- b. If classrooms or lecture halls are shared by students in different years of the curriculum, describe how and by whom the space is allocated.

Pre-clerkship students share learning environments. The College of Medicine has implemented health science campus renovation projects to obtain the dedicated classroom, simulation-based training and study/lounge space required by the medical education program.

Spokane Academic Center room 241 is reserved and dedicated for medical education program from 8 am until 5 pm every day and it is the main College of Medicine large group classroom. This classroom is used primarily in the morning for MS1 and in the afternoon for MS2. MS3 students utilize the Virtual Clinic Center (VCC) on their academic half-days. The Anatomy Lab and other classrooms are used for small group learning activities and/or lectures by all students.

For the Tri-Cities, Everett, and Vancouver campuses, the medical school has a designated lounge/classroom for MS3 and MS4 student needs on the Wednesday academic half day and for their personal study use.

- c. Describe any recent challenges in obtaining access to needed teaching space and how these have been/are being resolved.

The challenges around teaching a simulation methodology have been overcome by the addition of over 7,000 square feet of clinical teaching space and the buildout of the Virtual Clinical Center (VCC). The VCC was completed in November of 2017. It houses ten OSCE spaces, two clinical skills spaces, classroom/debrief rooms, and additional space for multi-purpose. In September of 2019, the College received its first mobile health and education unit. This unit is being used to deliver simulation-based training and testing services at each campus.

- d. Describe any recent or current teaching space renovations or construction. If there has been a recent increase in class size, note whether teaching space has also expanded (e.g., increases in room size and/or number).

Starting with academic year 2019-2020, the medical education program class size increased from 60 students per class to 80 students per class. To accommodate 80 students in an active small and large group learning environment, the College funded a renovation project on the Spokane Academic Center second floor combining two classrooms and adding educational technology needed for the planned modalities of teaching. Looking to the future, campus space planners partnered with WSU to obtain Biennial 20-21 state funding needed to start the sequence of planning, design and construction of a new health sciences building. During this project, the College will continue to partner with campus leadership to ensure college learning environment needs are met.

- e. Describe the facilities used for teaching and assessment of students' clinical and procedural skills. Note if this space is also used for other purposes or programs. If so, describe how scheduling is accomplished to avoid potential conflicts.

The dedicated clinical space in the VCC is used for the teaching and assessment of clinical skills. The ten independent OSCE spaces in the VCC are properly outfitted medical exam rooms with integrated audio-/video hardware and software for monitoring student / patient interaction and providing teaching faculty with student assessment information. Task trainers, and partial simulators are available to students to learn procedural skills. The VCC also has two separate operatories that are currently used for technology demonstration prototyping and are planned to be converted to high fidelity, manikin-based simulation-based training spaces in support of academic year 2019-2020.

Previously used OSCE spaces in the Health Sciences Building (HSB) are also used as clinic rooms by the Speech and Hearing Sciences Department and may be scheduled for medical student use. The VCC maintains an internal calendar for all activities within the center and on the mobile unit. All scheduling requests for the center's use are made through the department. The formal policy: Prioritization for Utilization of the Virtual Clinic Center is in place to mitigate conflicts and assist in resource allocation.

- f. Describe how research space is organized and allocated within the medical school. Describe how the medical school determines if the available research space is adequate and appropriately apportioned.

Faculty are allocated research space appropriate to their research needs. The two criteria that are used in assessment of space needs are: (1) total direct costs of externally funded grants or other monies dedicated to research efforts, and (2) research-related scholarly activity. Shared use of research space is considered whenever possible. Each campus has a Space Allocation Committee that has representation from the College of Medicine. Space assignment decisions are based upon thorough review of the subject space in relation to the University's strategic priorities, including costs associated with using the space.

- g. Evaluate whether office space is adequate for the size of the faculty.

All full-time faculty have access to office space. 120-150 square feet per faculty member is generally considered sufficient office space. A faculty member is not be assigned more than one office for his/her personal use, except in unusual circumstances when a request for additional office space must be made.

- h. Describe any substantive changes in facilities for education and/or research anticipated by the medical school over the *next three academic years*. Note if any renovation or new construction is planned.

The College has performed an evaluation of learning spaces including recent projects and has confirmed that adequate space for all learning modalities is available to teach the medical education program. No substantive changes in facilities for education and/or research are anticipated by the medical school over the next three academic years.

5.5 Resources for Clinical Instruction

A medical school has, or is assured the use of, appropriate resources for the clinical instruction of its medical students in ambulatory and inpatient settings and has adequate numbers and types of patients (e.g., acuity, case mix, age, gender).

Supporting Data

Table 5.5-1 Inpatient Teaching Sites by Clerkship							
List all <i>inpatient teaching sites</i> at which medical students take one or more required clerkships. Indicate the clerkship(s) offered at each site by placing an “X” in the appropriate column. List other major required clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women’s and Children’s Health). Schools with regional campuses should include the campus name for each facility. Add rows as needed.							
Facility Name/ Campus (if applicable)	Family medicine	Internal medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)
MultiCare Deaconess Hospital/Spokane	X	X	X	X		X	
MultiCare Valley Hospital/Spokane	X	X		X		X	
Providence Sacred Heart/Spokane	X	X	X	X	X	X	
Holy Family Hospital/Spokane	X	X		X		X	
Mann-Grandstaff VA Medical Center/Spokane		X			X	X	
Kadlec Medical Center / WSU Tri-Cities		X	X	X		X	
Lourdes Medical Center / Tri- Cities						X	
Trios Southridge Hospital /Tri-Cities			X			X	
Prosser Memorial Hospital / Tri-Cities			X			X	
St. Mary’s Hospital / Tri-Cities		X	X	X		X	
Comprehensive Healthcare / WSU Tri-Cities					X		
PeaceHealth SW Medical Center/Vancouver		X				X	
PeaceHealth St. John Medical Center /Vancouver			X		X	X	
Legacy Emanuel Hospital/Vancouver						X	
Legacy Salmon Creek Hospital /Vancouver		X	X				
Legacy Good Samaritan Hospital/Vancouver						X	
Portland Providence Medical Center /Vancouver						X	
Providence St. Vincent Medical Center/Vancouver		X					

Providence Regional Medical Center/Everett		X	X		X	X	
Swedish Edmonds/ Everett		X			X		
Swedish Medical Center – Seattle, WA				X			

NOTE (Spokane Campus Clerkship): Specific to the above listing, Holy Family Hospital and MultiCare Valley Hospital were designated prior to the start of the Longitudinal Integrated Clerkship (LIC) as places where the students might rotate with their preceptors over the course of the year. To date, students have not rotated at either Holy Family Hospital or MultiCare Valley Hospital.

Table 5.5-2 Inpatient Teaching Facilities				
Provide the requested information for each required clinical clerkship (or longitudinal integrated clinical clerkship) taking place at an inpatient facility. Only provide information for services used for required clinical clerkships at each hospital. Schools with regional campuses should include the campus name for each facility. Add rows as needed.				
Facility Name/Campus (if applicable)	Clerkship	Average Daily Inpatient Census	Average # of Students per Rotation (range)	
			School's Medical Students	Medical Students from Other Schools
MultiCare Deaconess Hospital/Spokane	Internal Medicine; Family Medicine; Surgery; OB/Gyn; Pediatrics	103	6	Unknown
MultiCare Valley Hospital/Spokane	Internal Medicine; Family Medicine; Surgery; Pediatrics	185	1	0
Providence Sacred Heart Medical Center/Spokane	Internal Medicine; Family Medicine; Surgery; OB/Gyn; Pediatrics; Psychiatry	263	4	Unknown/no firm count – facility does have students from other institutions
Holy Family Hospital/Spokane	Internal Medicine; Family Medicine; Surgery; Pediatrics	203	2	2
Mann-Grandstaff VA Medical Center/Spokane	Internal Medicine; Psychiatry; Surgery	48	2	2
Kadlec Medical Center /Tri-Cities	Internal Medicine; Surgery; OB/Gyn; Pediatrics	205	6	2
Lourdes Medical Center /Tri-Cities	Surgery	23	0-1	1
Trios Southridge Hospital /Tri-Cities	Surgery; OB/Gyn	59	0-1	4
Prosser Memorial Hospital /Tri-Cities	Surgery; OB/Gyn	12(439 deliveries/yr.)	0-1	0-1
St. Mary's Hospital /Tri-Cities	Internal Medicine; Surgery; OB/Gyn; Pediatrics	68	0-1	2

Facility Name/Campus (if applicable)	Clerkship	Average Daily Inpatient Census	Average # of Students per Rotation (range)	
			School's Medical Students	Medical Students from Other Schools
Comprehensive Healthcare /Tri-Cities	Psychiatry	14	1	0
PeaceHealth SW Medical Center/Vancouver	Surgery, OB, Medicine	241	1-4	2-5
PeaceHealth St. John Medical Center /Vancouver	Medicine, Psych, Surgery	89	1-4	1-2
Legacy Emanuel Hospital/Vancouver	Surgery	306	6	306
Legacy Salmon Creek Hospital /Vancouver	Internal Medicine; OB/Gyn	155	1-4	2-5
Legacy Good Samaritan Hospital/Vancouver	Surgery	110	1-2	2-5
Portland Providence Medical Center /Vancouver	Surgery	297	1	4-8 at any given time
Providence St. Vincent Medical Center/Vancouver	Internal Medicine	338	1-2	2-5
Providence Regional Medical Center/Everett	Internal Medicine; OB-GYN; Psychiatry; Surgery	600	2	1
Swedish Edmonds/ Everett	Internal Medicine; Psychiatry; Surgery	175	9	25
Swedish Medical Center – Seattle, WA	Inpatient Pediatrics	115	1	2-5

* Mann-Grandstaff VA Medical Center number of students from other schools encompasses the entire 2019-2020 academic year – those scheduled to rotate, those currently on-site for rotations, and those who have already been on rotations. Students training in their facilities are on rotations of varying lengths, and not necessarily continuous across the year (as compared to the College of Medicine students on the LIC).

Table 5.5-3 | Ambulatory Teaching Sites by Clerkship

For each *type of ambulatory teaching site* used for one or more required clerkships, indicate the clerkship(s) offered at this type of site by placing an “X” in the appropriate column. Add other major required clerkships offered in different subjects (e.g., Interdisciplinary Primary Care, Women’s and Children’s Health). Add rows and columns as needed.

Facility Type	Family Medicine	Internal Medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery	Other (list)
University Hospital Clinic							
Community Hospital Clinic	X	X	X	X	X	X	
Community Health Center	X	X	X	X	X		
Private Physician Office	X	X	X	X		X	
Rural Clinic/AHEC	X	X	X	X		X	
Other Type of Site (list)							

Narrative Response

- a. Describe any substantive changes anticipated by the medical school over the next three academic years in clinical sites (inpatient and/or ambulatory) for clinical education.

Over the next three years, anticipated changes include adding new clinical affiliations beyond the initially reported number of training sites near each regional campus. A loss of teaching sites is not anticipated.

5.6 Clinical Instructional Facilities/Information Resources

Each hospital or other clinical facility affiliated with a medical school that serves as a major location for required clinical learning experiences has sufficient information resources and instructional facilities for medical student education.

Supporting Data

Table 5.6-1 Inpatient Hospital Clerkship Resources			
List each hospital used for the inpatient portion of one or more required clinical clerkships. Indicate whether the indicated resource is available for medical student use by placing an “X” in the appropriate column heading. Schools with regional campuses should include the campus name for each facility. Add rows as needed.			
Facility Name/ Campus (if applicable)	Lecture/ Conference Rooms	Study Areas	Computers and Internet Access
Everett Campus			
Providence Regional Medical Center	X	X	X
Swedish Edmonds/ Everett	X	X	X
Swedish First Hill/ Everett	X	X	X
Swedish Medical Center – Seattle	X	X	X
Spokane Campus			
MultiCare Deaconess Hospital/Spokane	X	X	X
MultiCare Valley Hospital/Spokane	X		X
Providence Sacred Heart Medical Center & Children’s Hospital	X	X	X
Providence Holy Family Hospital	X		X
Mann-Grandstaff VA Medical Center/Spokane	X	X	X
Tri-Cities Campus			
Kadlec Medical Center /Tri-Cities	X	X	X
Lourdes Medical Center /Tri-Cities	X	X	X
Trios Southridge Hospital /Tri-Cities	X	X	X
Prosser Memorial Hospital /Tri-Cities	X	X	X
St. Mary’s Hospital /Tri-Cities	X	X	X
Comprehensive Healthcare /Tri-Cities	X	X	X
Vancouver Campus			
PeaceHealth SW Medical Center/Vancouver	X	X	X
PeaceHealth St. John Medical Center /Vancouver	X	X	X
Legacy Emanuel Hospital/Vancouver	X	X	X
Legacy Salmon Creek Hospital /Vancouver	X	X	X
Legacy Good Samaritan Hospital/Vancouver	X	X	X
Portland Providence Medical Center /Vancouver	X	X	X
Providence St. Vincent Medical Center/Vancouver	X	X	X

Table 5.6-2 | Clerkship Resources by Curriculum Year – Educational/Teaching Spaces at Hospitals

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 educational/teaching spaces at hospitals. 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	%
M3 ⁺	58	1	2%	12	21%	8	14%	37	64%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	58	1	2%	12	21%	8	14%	37	64%

*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. Comment on the adequacy of resources to support medical student education at each inpatient and outpatient site (excluding private physician offices) used for required clinical clerkships, including space for teaching (lectures/conference rooms), study areas, and information technology (computers and internet access).

Spokane Campus Clerkship

All sites have provided adequate teaching/study space, and internet access/information technology resources. Most of the inpatient and outpatient sites are near the Spokane campus, to allow for more expedient access to student resources as needed. Students on rotations at rural locations >1-hour drive from the greater Spokane area have also been provided adequate space and have been able to participate remotely in weekly Academic Half-Day sessions at the Spokane campus via videoconferencing.

Each of the four regional campuses have large tertiary care hospitals as clinical partners, as well as many affiliates with smaller hospitals. Large inpatient affiliate partners used for required components of the Longitudinal Integrated Clerkship (LIC) have clinical teaching space, study space, internet access, secure storage, and call rooms. A student support check list has been employed to assess resources at each inpatient site, as well as outpatient teaching sites. The ADCE vet each new clinical affiliate site for these resources as well. Inpatient teaching sites, as well as outpatient teaching sites, are near the regional WSU campus where student support resources exist and where the didactic portion of the curriculum is delivered.

Tri-Cities Campus Clerkship

All sites have provided adequate teaching/study space, and internet access/information technology resources. Most of the inpatient and outpatient sites are near the WSU Tri-Cities campus, to allow for more expedient access to student resources as needed. Students assigned to the psychiatry/behavioral health experience in Yakima have also been provided adequate space and have been able to participate remotely in weekly Academic Half-Day sessions at the Tri-Cities campus via videoconferencing.

Everett Campus Clerkship

Each regional site has adequate space for individual teaching conversations. The only “lectures/conferences” at those sites are those including the medical staff and they occur in their usual spaces. All sites have internet access, available computers and connections for the students’ laptops and iPads.

Vancouver Campus Clerkship

All inpatient and outpatient sites have provided adequate teaching/study space, and internet access/information technology resources. Most of the inpatient and outpatient sites are near the WSU Vancouver campus, to allow for more expedient access to student resources as needed.

- b. If problems with the availability of resources were identified at one or more inpatient or outpatient sites, provide the data by site and describe the steps being taken to address the identified problems.

Spokane Campus Clerkship

One outpatient practice site reported a need for an additional computer for students to use during their scheduled rotations. This occurred in the first week of the LIC. A surplus WSU computer was provided and set up at a designated workstation at the practice site for the exclusive use of WSU students to use both university systems and access the practice's electronic health record and other systems.

Students on hospitalist rotation at MultiCare Deaconess initially reported some issues with accessibility to wi-fi network, and consistency in coverage/reception of wi-fi depending on their location in the facility. Work with the Deaconess IT staff seems to have resolved much of these issues. WSU IT staff have also offered use of hot-spot devices to students if problems with coverage/reception continued, and/or should arise at another practice site. No other problems with connectivity, technical or other resources, or availability/access to resources have been reported by the students or clinical sites to date.

Tri-Cities Campus Clerkship

There were no reported issues with teaching space, study areas, or information technology reported at any clinical sites on the Tri-Cities campus.

Everett Campus Clerkship

Space limitations no longer exist at the Providence Everett Women's and Children's Pavilion as students may use designated male and female locker rooms when they are on labor and delivery to store their belongings. A combination code is provided to students for use.

Vancouver Campus Clerkship

At the time of this document, no lack in availability of resources in lecture/study space or access to technology resources has been identified. Hot spot devices are available from the IT department for students who experience Wi-Fi connectivity issues.

5.7 Security, Student Safety, and Disaster Preparedness

A medical school ensures that adequate security systems are in place at all locations and publishes policies and procedures to ensure student safety and to address emergency and disaster preparedness.

Supporting Data

Table 5.7-1a Student Safety and Security by Curriculum Year – Medical School Campus Safety and Security									
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 safety and security at the medical school campus. 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 ⁺	78	0	0%	0	0%	1	1%	77	99%
M2 ⁺	52	0	0%	0	0%	1	2%	51	98%
M3 ⁺	58	2	3%	2	3%	0	0%	54	93%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	2	1%	2	1%	2	1%	182	97%

*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 5.7-1b Student Safety and Security by Curriculum Year Clinical Site Safety and Security									
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 safety and security at clinical sites. 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 ⁺	78	5	6%	0	0%	3	4%	70	90%
M2 ⁺	52	0	0%	0	0%	5	10%	47	90%
M3 ⁺	58	0	0%	1	2%	3	5%	54	93%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	5	3%	1	1%	11	6%	171	91%

*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 the security system(s) in place and the personnel available to provide a safe learning environment for medical students during the times/situations listed below. If the medical school has regional campuses, describe the security systems in place at each campus.
 1. During regular classroom hours on campus
 2. Outside of regular classroom hours on campus
 3. At clinical teaching sites

Washington State University is committed to maintaining a safe environment for faculty, staff, and students. WSU maintains a Safety Policy and Procedures Manual (SPPM) and Business Policy and Procedures Manual (BPPM) that specifically address all safety/security and emergency management policies applicable to every WSU site statewide. This information is available online for all faculty, staff, and students via <https://policies.wsu.edu>. The SPPM is the primary publication used by WSU administration to distribute safety and health information, directives, policies, and regulations.

Faculty and staff receive direct safety training from Human Resource Services at the time of hire. Training is documented on the employee orientation checklist. In addition, safety/security training is offered to all WSU employees throughout employment and is documented within employee training transcript. Students receive training at mandatory orientation, through presentations at the beginning of each academic year. Medical education students are provided a Student Handbook that includes safety information, as well as a link to safety information online that provides specific information about safety and security on campus.

In addition to specific campus plans, all medical students are required to register emergency contact information for the Crisis Communication System (CCS) through the myWSU portal. Students are encouraged to view the “Shots Fired on Campus” training video which is shown during campus safety seminars and orientations.

Every year the security department performs a security survey of all vehicles parked on campus for the purposes of identifying what items are left in vehicles that may prompt a crime of opportunity to occur (such as vehicle prowling, vandalism, and vehicle theft). The results of the survey are published, and warning/reminders are communicated throughout campus.

Everett Campus:

1. *During regular classroom hours on campus:* The WSU Everett Campus is on the Everett Community College Campus (EVCC) and is serviced by the EVCC safety and security department. Officers are available daily 7am-12am.
2. *Outside of regular classroom hours on campus:* The campus contains Blue Emergency phones and students are provided with maps to locations to report incidents 24/7. Students can access security for the Everett campus online at: <https://www.everettcc.edu/administration/cwt-security/security> or by telephone 425-388-9998 24 hours a day.
3. *At clinical teaching sites:* The Everett Campus is supported by a robust security force, is locked outside of regular hours with entrance only with assistance of security personnel. Students can call security to be escorted to their cars as needed. Each of the clinical teaching sites have their own security systems and support personnel.

Spokane Campus:

1. *During regular classroom hours on campus:* The WSU Spokane Campus has a 24-hour safety and security office open every day of the year. All safety and security officers on campus are trained professionals, however the city of Spokane police and fire officials are the first responders in the event of an emergency.
2. *Outside of regular classroom hours on campus:* The WSU Spokane Campus has a 24-hour safety and security office open every day of the year. All safety and security officers on campus are trained professionals, however the city of Spokane police and fire officials are the first responders in the event of an emergency. Spokane police and fire officials are the first responders in the event of an emergency. Students can access safety and security information online at: Spokane.wsu.edu/campus-security.
3. *At clinical teaching sites:* Students have been trained in site-specific security, emergency preparedness, infection control, and other safety procedures at their respective clinical teaching sites. These were completed as part of orientation conducted by the sites the week prior to the start of the LIC. Additionally, the four students completing rotations at the Mann-Grandstaff VA Medical Center completed two hours of orientation specific to the operating rooms on the first week of the LIC. MultiCare Deaconess, Providence Sacred Heart, and Mann-Grandstaff VA Medical Center also have on-site security personnel who patrol the facilities regularly and provide response to emergency or other personal safety situations. Students were provided the contact number(s) and information in the respective site-specific orientations prior to the start of the LIC.

Tri-Cities Campus:

1. *During regular classroom hours on campus:* Campus Security Officers are available on campus during all operating hours (Monday-Friday, 7AM-10PM, Saturday 8:30AM-4PM). Officers are available to assist with office lockouts, after-dark escorts, or to respond to emergencies by calling the security office at 509-372-7698.
2. *Outside of regular classroom hours on campus:* During non-operating hours, including Sundays and holidays, private uniformed security patrols the WSU Tri-Cities campus. Because WSU Tri-Cities shares campus facilities with Pacific Northwest National Laboratory (PNNL) and Department of Energy (DOE), regular patrols of campus are also conducted by PNNL and DOE security. Periodic police patrols, and all police services, are provided by the City of Richland Police Department. Students can access safety and security information online at: tricities.wsu.edu/safety.
3. *At clinical teaching sites:* Students have been trained in site-specific security, emergency preparedness, infection control, and other safety procedures at their respective clinical teaching sites. These were completed as part of orientation conducted by the sites the week prior to the start of the LIC.

Vancouver Campus:

1. *During regular classroom hours on campus:* WSU Vancouver Public Safety is a fully commissioned Washington state police department. Officers are available 24/7 by telephone, text, and email. Public safety office is in Classroom Bldg. 120. Blue light emergency phones are located throughout the campus. Public safety officers are available to assist with escorts, auto lockouts, jump-starts, police services and crime prevention. Students can access safety and security information online at: vancouver.wsu.edu/public-safety.
2. *Outside of regular classroom hours on campus:* WSU Vancouver Public Safety is a fully commissioned Washington state police department. Officers are available 24/7 by telephone, text, and email. Public safety office is in Classroom Bldg. 120. Blue light emergency phones are located throughout the campus. Public safety officers are available to assist with escorts, auto lockouts, jump-starts, police services and crime prevention. Students can access safety and security information online at: vancouver.wsu.edu/public-safety.
3. *At clinical teaching sites:* Students have been trained in site-specific security, emergency preparedness, infection control, and other safety procedures at their respective clinical teaching sites. These were completed as part of orientation conducted by the sites prior to the start of their clinical rotations. Clinical partners have their own security systems and support personnel.

- b. Describe the protections available to medical students at instructional sites that may pose special physical dangers (e.g., during interactions with patients in detention facilities).

Everett Campus Clerkship

Preceptors at the practice sites have taken precautions to deliberately avoid high-risk patients that are a threat to providers, staff, and other patients. Examples of these include patients who are agitated, restrained, detained, or otherwise in isolation. Preceptor-led and/or site-specific orientation also include training to properly respond in unanticipated encounters with high-risk patients. If such patients are at the practice site, the students learn about the case in a separate teaching session with their preceptor.

Sites orient students to proper personal protective equipment to deal with patients presenting with contagious/communicable disease (e.g., TB, HIV, *C. diff*) in the clinical setting.

Similarly, preceptor-led, and/or site-specific orientation includes training on proper responses to facility, biologic, chemical/hazardous materials, and other environmental conditions that would pose a physical threat to themselves and/or others. Such examples would include chemical/biologic spills, aerosol releases, or exposures, faulty equipment, and natural disaster/storms.

Spokane Campus Clerkship

Preceptors at the clinical sites have taken precautions to deliberately avoid high-risk patients that are a threat to providers, staff, and other patients. Examples of these include patients who are agitated, restrained, detained, or otherwise in isolation. Preceptor-led and/or site-specific orientation includes training to properly respond in unanticipated encounters with high-risk patients. If such patients are at the practice site, the students learn about the case in a separate teaching session with their preceptor.

Sites orient students to proper personal protective equipment to deal with patients presenting with contagious/communicable disease (e.g., TB, HIV, *C. diff*) in the clinical setting.

Similarly, preceptor-led, and/or site-specific orientation includes training on proper responses to facility, biologic, chemical/hazardous materials, and other environmental conditions that could pose a physical threat to themselves and/or others. Such examples would include chemical/biologic spills, aerosol releases, or exposures, faulty equipment, and natural disaster/storms.

Tri-Cities Campus Clerkship

Preceptors at the practice sites have taken precautions to deliberately avoid high-risk patients that are a threat to providers, staff, and other patients. Examples of these include patients who are agitated, restrained, detained, or otherwise in isolation. Preceptor-led and/or site-specific orientation includes training to properly respond in unanticipated encounters with high-risk patients. If such patients are at the practice site, students learn about the case in a separate teaching session with their preceptor.

Sites orient students to proper personal protective equipment to deal with patients presenting with contagious/communicable disease (e.g., TB, HIV, *C. diff*) in the clinical setting.

Similarly, preceptor-led, and/or site-specific orientation includes training on proper responses to facility, biologic, chemical/hazardous materials, and other environmental conditions that could pose a physical threat to themselves and/or others. Such examples would include chemical/biologic spills, aerosol releases, or exposures, faulty equipment, and natural disaster/storms.

Vancouver Campus Clerkship

In planning for students in the clinical space, preceptors avoid high-risk patient encounters with students to maximize student safety. Students do not rotate through detention facilities or other settings where student safety cannot be prioritized.

- c. Describe how medical students and faculty are informed of institutional emergency and disaster preparedness policies and plans and how they are notified in the case of emergency situations.

The Student Handbook and Faculty Handbook contain emergency and disaster preparedness policies and plans. The student handbook is published and distributed online, and students are required to attest that they have reviewed the handbook at associated policies on an annual basis.

Each department on campus is issued copies of the WSU Spokane Emergency Procedures Flip Chart for reference and periodic review.

Supporting Documentation

1. Copies of medical school or parent organization emergency and disaster preparedness policies, procedures, and plans, as they relate to medical students, faculty, and staff.

Appendix 5-07-01 Continuity of Operations Plan

5.8 Library Resources/Staff

A medical school provides ready access to well-maintained library resources sufficient in breadth of holdings and technology to support its educational and other missions. Library services are supervised by a professional staff that is familiar with regional and national information resources and data systems and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

Supporting Data

Table 5.8-1 Student Satisfaction with the Library					
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with the library.					
AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will be available beginning in 2021

Table 5.8-2a Student Satisfaction with the Library by Curriculum Year – Library Resources and Holdings Access									
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 ease of access to library resources and holdings. 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 ⁺	78	2	3%	0	0%	4	5%	72	92%
M2 ⁺	55	1	2%	0	0%	4	7%	50	85%
M3 ⁺	58	1	2%	3	5%	6	10%	48	83%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	4	2%	3	2%	14	7%	170	89%

*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 5.8-2b | Student Satisfaction with the Library by Curriculum Year – Library Support and Services Quality

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 quality of library support and services. 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 ⁺	78	8	10%	0	0%	7	9%	63	81%
M2 ⁺	55	3	5%	0	0%	5	9%	47	85%
M3 ⁺	58	3	5%	3	5%	5	9%	47	81%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	191	14	7%	3	2%	17	9%	157	82%

⁺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 5.8-3 | Medical School Library Resources and Space

Provide the following information for the most recent academic year. Schools with regional campuses may add rows for each additional library.

Library/Campus (as appropriate)	Total Current Journal Subscriptions (all formats)	# of Book Titles (all formats)	# of Databases	Total User Seating
Pullman Libraries	9,666	64,362	212	2,295
Spokane Academic Center	6,584	26,690	212	201
Tri-Cities Library	5,997	20,586	212	200
Vancouver Library	6,042	19,745	212	226
University Library Totals	10,631*	77,008*	212	2,922

*Totals reflect overlap of e-book and online journal access across all campuses.

Table 5.8-4 | Medical School Library Staffing

Provide the number of staff FTEs in the following areas, using the most recent academic year. Schools with regional campuses may add rows for each additional library/campus.

Professional Staff	Technical and Paraprofessional Staff	Part-Time Staff (e.g., student workers)
Everett		
Library services coordinated by librarians located in Pullman via the WSU Global Campus and the Health Sciences Outreach Librarian in Spokane, with some local services offered via a partnership with the Everett Community College Library, co-located on the WSU-Everett campus.		
Pullman		
41	47	40
Spokane		
5	4	2
Tri-Cities		
1.2	2.5	1
Vancouver		
6	5	7

Narrative Response

- a. List any other schools and/or program(s) served by the main medical school library.

In addition to medical students, the Spokane Academic Library supports all programs on the Spokane Health Sciences Campus. All programs include: the colleges of Pharmacy, Nursing, Health Policy and Administration, Criminal Justice, Education, Nutrition and Exercise Physiology, and Speech and Hearing Sciences. The library also supports Eastern Washington University Business and Public Administration programs as well as Allied Health programs in Communication Disorders, Dental Hygiene, Health Services Administration, Occupational Therapy, Physical Therapy, and Public Health.

- b. List the regular staffed library hours. If there are additional hours during which medical students have access to all or part of the library for study, provide these as well.

The Spokane Academic Library has increased staffing to remain open 24/7 for registered students via keycard access and is staffed the following hours during fall and spring terms:

Staffed Library Hours: <i>Fall and Spring Terms</i>		
Day of the Week	Open (PST)	Close (PST)
Sunday	10:00 AM	6:00 PM
Monday – Thursday	7:30 AM	9:00 PM
Friday	7:30 AM	5:00 PM
Saturday	9:00 AM	5:00 PM

Staffed Library Hours: <i>Summer Term</i>		
Day of the Week	Open (PST)	Close (PST)
Sunday	10:00 AM	6:00 PM
Monday – Thursday	8:00 AM	7:00 PM
Friday	8:00 AM	5:00 PM
Saturday	Closed	

The Spokane Academic Library is open 24/7 to registered students but is unstaffed on major holidays recognized by the State of Washington and WSU (i.e., Independence Day, Veteran’s Day, Thanksgiving, Christmas, and New Year’s Day) and some holiday weekends (i.e., Memorial Day and Labor Day). During WSU’s fall and winter breaks, staffed library hours are reduced to account for the low number of students on campus. The library is in the Student Academic Center (SAC) which is also available 24/7 with additional spaces for individual and small group study.

- c. Describe whether members of the medical school library staff are involved in curriculum planning, curriculum governance (e.g., by participation in the curriculum committee or its subcommittees), or in the delivery of any part of the medical education program.

The Spokane Library Director or their designee, is a member of the Curriculum Committee and the Learning Resources Subcommittee of the Curriculum Committee. In addition, library faculty work with College faculty and students to determine relevant materials for the collection and to evaluate library resources for effectiveness. Library staff provide access to materials on-site, electronically, in print, and via delivery from other sources/campuses. Library faculty work with medical school faculty to provide relevant information literacy instruction in appropriate classes and create supporting materials for use both in and outside of class time. Library faculty and staff provide individualized, collaborative reference and research assistance to medical students and faculty. Library faculty are invited to participate in curriculum planning. The College contributes a member to the campus Library Advisory group.

- d. Describe medical student and faculty access to electronic and other library resources across all sites, including regional campuses. Are the library collections listed above available to medical students and faculty at sites separate from the medical school campus?

WSU Libraries routinely license products for all users within the university. The library has a long history of supporting medical education in its role with the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) medical education program and is well-positioned to continue this support. Digital media resources are available anywhere via the internet and university secure log-in network services. The College worked with WSU Libraries to expand the libraries' health sciences reach with subscriptions to *AccessMedicine*, *ClinicalKey*, *Dynamed Plus*, *LWW Health Library*, *MEDLINE Complete*, *R2 Digital Library*, *UpToDate*, amongst others. Library collections in non-digital media are available to students who are on WSU campuses. In addition to library faculty/resources provided at WSU campuses, there is a 0.5 FTE librarian at the Spokane campus who is available to students for support and counsel on accessing library resources.

- e. Briefly summarize any partnerships that extend the medical school library's access to information resources. For example, does the library interact with other university/institutional and/or affiliated hospital libraries?

WSU is a member of the Orbis-Cascade Alliance, a consortium of 39 college and university libraries in Washington, Oregon, and Idaho. The consortium includes two public medical schools. All members have agreed to make major parts of their collections available for patrons of other member libraries, by jointly licensing software to enable borrowing and funding. The Spokane Academic Library also participates in DOCLINE and ILLiad, making print and electronic materials available for easy document delivery and interlibrary loan, and providing rapid access to health science materials across the U.S.

5.9 Information Technology Resources/Staff

A medical school provides access to well-maintained information technology resources sufficient in scope to support its educational and other missions. The information technology staff serving a medical education program has sufficient expertise to fulfill its responsibilities and is responsive to the needs of the medical students, faculty members, and others associated with the institution.

Supporting Data

Table 5.9-1 Student Satisfaction with Computer Resource Center					
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with the computer resource center.					
AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will be available beginning in 2021.

Table 5.9-2a Student Satisfaction with IT Resources by Curriculum Year – Tech Support Accessibility										
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 tech support. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.										
Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	0	0%	0	0%	0	0%	21	100%
	M2 ⁺	13	0	0%	0	0%	0	0%	13	100%
	M3 ⁺	15	1	7%	0	0%	0	0%	14	93%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	1	5%	0	0%	0	0%	18	95%
	M2 ⁺	17	0	0%	0	0%	1	6%	16	94%
	M3 ⁺	14	0	0%	0	0%	0	0%	14	100%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	0	0%	0	0%	0	0%	20	100%
	M2 ⁺	13	0	0%	0	0%	0	0%	13	100%
	M3 ⁺	13	0	0%	0	0%	0	0%	13	100%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	0	0%	0	0%	1	6%	17	94%
	M2 ⁺	12	1	8%	0	0%	0	0%	11	92%
	M3 ⁺	16	0	0%	0	0%	0	0%	16	100%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		191	3	2%	0	0%	2	1%	186	97%

*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 5.9-2b | Student Satisfaction with IT Resources by Curriculum Year – Online Learning Resources Access

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 access to online learning resources. If the medical school has one or more regional campuses, provide the data by campus (as available). Add tables as needed for additional relevant survey questions.

Regional Campus	Medical School Class	Number of Total Responses to this item	Number and % of N/A Responses		Number and % of combined Dissatisfied and Very Dissatisfied Responses		Number and % of Neutral Responses		Number and % of combined Satisfied and Very Satisfied Responses	
			N	%	N	%	N	%	N	%
Everett	M1 ⁺	21	0	0%	1	5%	2	10%	18	86%
	M2 ⁺	13	0	0%	1	8%	0	0%	12	92%
	M3 ⁺	15	0	0%	2	13%	0	0%	13	87%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Spokane	M1 ⁺	19	1	5%	0	0%	0	0%	18	95%
	M2 ⁺	17	0	0%	1	6%	0	0%	16	94%
	M3 ⁺	14	0	0%	0	0%	0	0%	14	100%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Tri-Cities	M1 ⁺	20	0	0%	0	0%	0	0%	20	100%
	M2 ⁺	13	0	0%	0	0%	1	8%	12	92%
	M3 ⁺	13	0	0%	2	15%	1	8%	10	77%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Vancouver	M1 ⁺	18	0	0%	0	0%	3	17%	15	83%
	M2 ⁺	12	0	0%	1	8%	2	17%	9	75%
	M3 ⁺	16	0	0%	2	13%	2	13%	12	75%
	M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total		191	1	.5%	10	5%	11	6%	169	88%

*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 5.9-3 | Medical School IT Resources

Provide the following information based on the most recent academic year. Schools with regional campuses should specify the campus in each row.

Campus (if applicable)	Is there a wireless network on campus? (Y/N)	Is there a wireless network in classrooms and study spaces? (Y/N)	Are there sufficient electrical outlets in educational spaces to allow computer use? (Y/N)
Everett	Y	Y	Y
Spokane	Y	Y	Y
Tri-Cities	Y	Y	Y
Vancouver	Y	Y	Y

Table 5.9-4 Medical School IT Services Staffing			
Provide the number of IT staff FTEs dedicated/available to the medical school in the following categories, using the most recent academic year. Schools with regional campuses may add rows for each additional campus.			
Total # of IT Staff FTEs	Professional Staff	Technical and Support Staff	Part-Time Staff (e.g., student workers)
Everett: 4	1	2	2
Spokane: 32.5	6	22	9
Tri-Cities: 12	1	10	2
Vancouver: 28	5	12	22

Narrative Response

- a. Describe the reliability and accessibility of a wireless network in classrooms and study spaces.

All buildings have secure and guest wireless access both inside and outside of the buildings for student access to the internet. All classrooms and learning spaces throughout campus have increased wireless coverage capacity. The wireless network is continuously monitored for demand and performance. To ensure optimum performance and capacity, network adjustments or investments are made as needed.

A wireless upgrade project was completed on 06/29/2018 to move from the existing wireless network services to a secure, next-generation wireless ecosystem. The new wireless network services provide high capacity, ubiquitous, uninterrupted wireless connectivity, seamless wireless roaming, and high-speed wireless access to both internal and external WSU resources throughout the WSU system. These services are available in each Spokane campus building and outdoors via a secure and vendor agnostic platform.

- b. Describe the availability of telecommunications technology that links all instructional sites/campuses and how information technology (IT) services support the delivery of distributed education.

Each instructional site is linked through video conference infrastructure and web-based collaboration software. Information Technology (IT) services monitor scheduled use of end user equipment and arranges desktop video conferencing capabilities. Students and faculty can utilize web-conferencing, which is integrated within the learning management system.

Students, residents, and faculty have 24/7 access to the learning management system, student information system, lecture capture playback, Microsoft Office 365, and Microsoft OneDrive. WSU campuses are connected via Washington State's K-20 Educational Network, as well as the high-speed Idaho Regional Optical Network (IRON).

- c. Describe how medical students, residents, and faculty can access educational resources (e.g., curriculum materials) from off-campus sites, including teaching hospitals and ambulatory teaching sites.

Everett Campus Clerkship

Students can access educational resources/curriculum materials through their personal devices (e.g., tablet or laptop) that they take with them on their rotations. The off-campus clinical sites have available wi-fi for the students to access online educational resources/curriculum materials.

Spokane Campus Clerkship

Students can access educational resources/curriculum materials through their personal devices (e.g., tablet or laptop) that they take with them on their rotations. The off-campus clinical sites have available wi-fi for the students to connect to online educational resources/curriculum materials. MultiCare Deaconess Hospital, Providence Sacred Heart Medical Center, Mann-Grandstaff VA Medical Center, Kaiser Permanente, and the other practice clinical teaching sites all have computers that have been made available to the students for their use in their rotations for patient/clinical activities, as well as accessing educational resources.

The students in the Spokane cohort complete most of their rotations within proximity (<30 minutes) from the WSU Spokane campus, so can readily come to the physical location to access the university's educational resources. Six students have rural rotations that are >1 hour from the Spokane campus; however, in those circumstances, they are still able to access educational resources via the technical means as referenced above. They are also not scheduled on those rotations for a duration where access to educational resources/curriculum materials is prohibitive or fundamentally impeding their academic learning track.

Effective August 2019, the students gained access to an additional study space after the ADCE offices relocated to Riverfront Office Park Suite 201. Wi-fi is accessible in this space, and students currently use their personal devices (e.g., tablet or laptop) and any other printed resources for study. Clerkship students have already begun using this space for studies during their designated self-directed blocks and/or during other available time where they need to study.

Tri-Cities Campus Clerkship

Students can access educational resources/curriculum materials through their personal devices (e.g., tablet or laptop) that they take with them on their rotations. The off-campus clinical sites have available wi-fi for the students to access online educational resources/curriculum materials.

Vancouver Campus Clerkship

Students can access educational resources/curriculum materials through their personal devices (e.g., tablet or laptop) that they take with them on their rotations. The off-campus clinical sites have available wi-fi for the students to access online educational resources/curriculum materials.

- d. How does the medical school determine the adequacy of IT resources to support the educational program?

The College determines the adequacy of Information Technology (IT) resources to support the educational program through evaluation of data/information that comes from formal and informal sources. Formal sources of data include the following: IT questions on course evaluation surveys completed by students, faculty and staff; IT questions on annual program evaluation surveys completed by students; student feedback email channel where students can provide comments about their educational experiences including IT. The Evaluation Unit collaborates with IT staff to develop relevant survey questions regarding information technology for course and program evaluation surveys. Examples of IT questions include asking students about the adequacy of access to learning resources on and off campus and asking faculty and staff if they feel adequately supported by IT with training for specific applications.

Informal information sources include a student communication method called the "IT Channel" within the instant messaging service Slack. This is where students can provide comments regarding IT resources and receive real time support with technicians. In addition to formal and informal data sources, IT staff and faculty instructors work together to identify and/or develop appropriate educational materials for specific curricular components. If any IT issues occur, their close interaction allows real time quality improvement of course materials during the term.

- e. Describe the ways that staff members in the IT services unit are involved in curriculum planning and delivery for the medical school.

The College has an internal IT department led by the Director of Education and Information Technology. The team is focused on the specific needs of the medical education program, including the support of the custom learning and curriculum management platforms. The College IT Department is comprised of seven FTE and include an Instructional Technologist and a Senior Instructional Designer who assist faculty with developing instructional materials. A Senior Web Developer and a Full Stack Developer oversee the custom curriculum database/management application and two IT Specialists provide technical support of learning technologies and distance education as needed. The Director of Education and Information Technology is a member of the Learning Resources Subcommittee of the Curriculum Committee.

The College IT team works in collaboration with WSU Spokane campus IT services to provide desktop and infrastructure support to the College. The Audio-Visual Engineering Team directly supports the classrooms and technical needs of faculty, staff, and students. The Systems Infrastructure Team supports research activity, including the provision of unlimited storage capacity and high-performance computing and data privacy and security.

The campus Technical Support Center is available for faculty and staff support from 8:00am-5:00pm Monday through Friday. The student help desk is available from 7:30am-8:00pm Monday through Friday and 8am-5pm on Saturday and provides direct assistance to students on campus technologies as well for personal equipment and devices.

5.10 Resources Used by Transfer/Visiting Students

The resources used by a medical school to accommodate any visiting and transfer medical students in its medical education program do not significantly diminish the resources available to already enrolled medical students.

Narrative Response

- a. Describe how and by whom the following decisions are made:
 1. The number of transfer students accepted into each year of the curriculum
 2. The number of visiting students accepted for electives by departments

The College of Medicine does not accept transfer students.

- b. Describe how the medical school ensures that resources are adequate to support the numbers of transfer and visiting students who are accepted.

The College of Medicine does not accept transfer students.

- c. Describe the role of the admission committee, members of the medical school administration, and others (1) in determining if space and resources are available to accept transfers; and (2) in making the decision to accept applicants for transfer or for admission with advanced standing.

The College of Medicine does not accept transfer students.

5.11 Study/Lounge/Storage Space/Call Rooms

A medical school ensures that its medical students at each campus and affiliated clinical site have adequate study space, lounge areas, personal lockers or other secure storage facilities, and secure call rooms if students are required to participate in late night or overnight clinical learning experiences.

Supporting Data

Table 5.11-1 Student Satisfaction with Study Space					
Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with study space.					
AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will not be available until 2021.

Table 5.11-2a Student Satisfaction with Study Space by Curriculum Year – Medical School Study Space Adequacy									
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 student study space at the medical school campus. 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 ⁺	78	0	0%	1	1%	7	9%	70	90%
M2 ⁺	52	0	0%	1	2%	5	10%	46	88%
M3 ⁺	58	1	2%	10	17%	6	10%	41	71%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	1	1%	12	6%	18	10%	157	84%

*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 5.11-2b | Student Satisfaction with Study Space by Curriculum Year – Hospitals/Clinical Sites Study Space Adequacy

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 student study space at hospitals/clinical sites. 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 ⁺	78	20	26%	6	8%	18	23%	34	44%
M2 ⁺	52	14	27%	9	17%	10	19%	19	37%
M3 ⁺	58	1	2%	19	33%	6	10%	32	55%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	35	19%	34	18%	34	18%	85	45%

*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 5.11-3 | Student Satisfaction with Relaxation Space

Provide school and national comparison data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) on the percentage of respondents who were *satisfied/very satisfied* (aggregated) with relaxation space.

AAMC GQ 2018		AAMC GQ 2019		AAMC GQ 2020	
School %	National %	School %	National %	School %	National %
N/A*	N/A*	N/A*	N/A*	N/A*	N/A*

*GQ Data will not be available until 2021.

Table 5.11-4 | Student Satisfaction with Relaxation Space by Curriculum Year – Campus Relaxation Space Adequacy

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 student relaxation space at the medical school campus. 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 ⁺	78	0	0%	1	1%	5	6%	72	92%
M2 ⁺	52	1	2%	2	4%	4	8%	45	87%
M3 ⁺	58	0	0%	7	12%	3	5%	48	83%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	1	1%	10	5%	12	6%	165	88%

*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 5.11-5 | Call Room Availability

List each hospital used for required clinical clerkships, including regional campuses. Place a “Y” (yes) if there is required call in one or more clerkships at that hospital and a “Y” (yes) if there is call room availability for medical students at the site.

Hospital	Required Medical Student Night Call in One or More Clerkship(s)?	Call Rooms Available for Medical Students?
MultiCare Deaconess Hospital/Spokane	No	Yes
MultiCare Valley Hospital/Spokane	No	Yes
Providence Sacred Heart Medical Center/Spokane	No	Yes
Providence Holy Family Hospital	No	Yes
Mann-Grandstaff VA Medical Center/Spokane	No	Yes
Kadlec Medical Center / Tri-Cities	No	Yes
Lourdes Medical Center / Tri-Cities	No	Yes
Trios Southridge Hospital / Tri-Cities	No	Yes
Prosser Memorial Hospital /Tri-Cities	No	Yes
St. Mary’s Hospital /Tri-Cities	No	Yes
Comprehensive Healthcare / Tri-Cities	No	Yes
PeaceHealth SW Medical Center/Vancouver	No	No
PeaceHealth Memorial Health Center/ Vancouver		
PeaceHealth St. John Medical Center /Vancouver	No	No
Legacy Emanuel Hospital/Vancouver	No	No
Legacy Salmon Creek Hospital /Vancouver	Yes (until 10 PM)	Yes
Legacy Good Samaritan Hospital/Vancouver	No	No
Legacy Meridian Park Hospital /Vancouver		
Portland Providence Medical Center /Vancouver		
Providence St. Vincent Medical Center/Vancouver	No	No
Providence Regional Medical Center/Everett	No	No
Swedish Edmonds/ Everett	No	No
Swedish First Hill/ Everett	No	No
Swedish Medical Center – Seattle, WA	No	No

Table 5.11-6a | Satisfaction with Secure Storage Space – Medical School Campus Secure Storage Space Adequacy

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 access to secure storage space for personal belongings at the medical school campus. 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 ⁺	78	4	5%	2	3%	8	10%	64	82%
M2 ⁺	52	4	8%	1	2%	4	8%	43	83%
M3 ⁺	58	0	0%	2	3%	3	5%	53	91%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	8	4%	5	3%	15	8%	160	85%

⁺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 5.11-6b | Satisfaction with Secure Storage Space – Hospital/Clinical Site Secure Storage Space Adequacy

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 access to secure storage space for personal belongings at hospitals/clinical sites. 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 ⁺	78	10	13%	13	17%	18	23%	37	47%
M2 ⁺	52	5	10%	11	21%	13	25%	23	44%
M3 ⁺	58	1	2%	19	33%	9	16%	29	50%
M4	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*	N/A*
Total	188	16	9%	43	23%	40	21%	89	47%

⁺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 the locations of lounge/relaxation space and personal lockers or other secure storage areas for student belongings on the central medical school campus, at each facility used for required clinical clerkships, and on each regional campus (if applicable) for students in the pre-clerkship and clerkship portions of the curriculum. Note if the space is solely for medical student use or if it is shared with others.

Everett Campus Pre-Clerkship: Students have a dedicated space on the Everett Campus for study and lounge, including appliances to support their personal needs. Lounge and study space is located in NPSE 356. Dedicated locker space is available within the College-dedicated study/lounge suites.

Everett Campus Clerkships: At clinical teaching sites, students can avail themselves of those facilities used by the medical staff. Secure locker or locked room storage is available at all sites.

Secure storage and lounge/study spaces are located within the offices of the various hospitalists with whom the students rotate. These include Medical Hospitalists, Surgical Hospitalists, Pediatric and Obstetrical hospital rotations. The students share secured access to those spaces with their faculty preceptors.

These sites include Providence Regional Medical Center Everett, Swedish Edmonds Hospital and Swedish First Hill Hospital

Spokane Campus Pre-Clerkship: Lounge and study space is located in the Student Academic Center (SAC) rooms 24 and 26 and are for use only by medical students. The lounge has a refrigerator, microwave, and other amenities for preparing meals. The SAC lower level atrium, across from the lounge, is equipped with vending machines, a sink, and tables for use. The atrium amenities are shared with other students.

The Spokane Academic Library has five individual small group study spaces with doors and 12-16 individual rooms. There are additional lockers and a second lounge/kitchen in this space. These are dedicated for medical student use. The Health Sciences Building (HSB) room 320R is a study space for medical student use only. Medical students also have access to facilities in the Nursing Building and Pharmacy and Biomedical Sciences building which has 60 computer stations partitioned for individual study space.

An additional study and lounge suite in SAC was built and dedicated for medical students. The space was designed in direct response to student feedback. It consists of a lounge with two locker rooms for personal storage, a kitchenette, and five group study spaces. Group spaces can accommodate 6-20 students and are outfitted with current technology. Additionally, two small classrooms/study spaces within the library (open to all-campus scheduling) are adjacent for medical student use.

A renovation of the 3rd floor space next to the Library has been completed. This space accommodates six small group learning spaces and a lounge space to ensure all students have adequate lounge facilities and a general gathering space. These spaces are outfitted with current technology and are on a College-controlled scheduling system. A group of students participated in the design of the spaces.

Spokane Campus Clerkships:

MultiCare Deaconess Hospital: Secure storage and lounge/study space are in the Hospitalist office. Students can place their personal belongings in individual lockers with unique keys that they keep in their possession while on site. The lounge/study space and lockers are shared with the credentialed/authorized Hospitalists. The lounge/study space is also equipped with computers that the students are authorized to use.

Providence Sacred Heart Medical Center: The students have access to secure storage for their personal belongings and lounge space in a dedicated space shared by all credentialed/authorized Medical Staff. Secure storage is accessed by the student only. The lounge space is also equipped with computers that the students are authorized to use.

Mann-Grandstaff VA Medical Center: Secure storage and lounge/study space are in a dedicated medical student room located on the 7th floor of the facility. Access to that room is via a keypad that the students have a code for entry. Secure storage is accessed by the student only. This medical student room is also equipped with computers that the students are authorized to use. The students also have access to another secure room for lounge/study space on the 6th floor of the facility. That room is shared with their Internal Medicine physician preceptors.

Kaiser Permanente Clinics: The students securely store their belongings in their physician preceptor offices. Students have access to a lounge that is shared by all credentialed/authorized Medical Staff, and the lounge is equipped with computers that the students are authorized to use.

Other Outpatient/Ambulatory Clinics: All other outpatient/ambulatory clinics where students are rotating for the LIC have comparable storage and lounge arrangements as Kaiser Permanente facilities. Lounge space is typically shared with other physicians in the practice. In clinical settings owned/aligned with Providence or MultiCare and physically located within those facilities, students have access to storage and lounge space as described above.

Tri-Cities Pre-Clerkship: Lounge and study space is located in TFLO 233. Students also have dedicated locker space in this suite. Students have 24/7/365 access to the student lounge (Floyd 233), in the Floyd Building on Campus. Wi-fi is accessible in this space, and students currently use their personal devices (e.g., tablet or laptop) and any other printed resources for study. Additional technological resources and lockers have been installed in the study space in Floyd 233. In response to student feedback, the lounge was further improved to include additional tables for study.

Tri-Cities Campus Clerkships

Kadlec Regional Medical Center: The students securely store their belongings in the Resident Lounge located on the first floor in the Corrado Building which is immediately adjacent to the hospital accessible through key-card access. This lounge/study space is equipped with sleep rooms and computers that the students are authorized for use. There are also lockers and changing areas on Labor and Delivery, the Emergency Department, and the Surgery suite that provide secure storage for students which are available via key card or keypad access. The students also have key card access to the Physicians' lounge on the first floor of the hospital close to the chapel which is a dedicated space shared by all credentialed/authorized Medical Staff. Snacks/water and juices are also available there.

Our Lady of Lourdes Hospital: The students have keypad access to the Physician's lounge on the first floor in the hospital. This is a dedicated space shared by all credentialed/authorized Medical Staff. Computers are available and authorized for student use. The students have access to changing areas with secure storage in lockers located in the emergency department and surgery suite. Both areas are on the first floor of the hospital. Access is via keypad entry.

Trios Southridge Hospital: Students have access to lockers in the Care Center at Southridge located on the lower level or in the Graduate Medical Education Office (3rd Floor) which is attached to the hospital for the secure storage of their personal items. The 3rd floor area also contains lounge space and sleep rooms and are fitted with computers authorized for student use. For surgery and obstetrical experiences, the students have availability to locked changing areas with available lockers for secure storage. The students also have available to them the resident office located on the 3rd floor in the hospital with available water and snacks. Access to these areas is via key card entry.

Prosser Memorial Hospital: The students have access to a dedicated lounge space with lockers for secure storage. There are sleep rooms located here as well as computers authorized for student use.

Comprehensive Healthcare: The psychiatric inpatient unit is its own building. Access to the building requires key card entry. It is always locked to the public. The students have access to an employee lounge/breakroom. They can secure their belongings in their physician preceptor offices which are locked and secure from the patient care area if needed.

St. Mary's Hospital: There are lockers and changing areas on Labor and Delivery and the Surgery suite (shared with and direct access to the Emergency Department) that provide secure storage for students which are available via key card or keypad access. The students also have key card access to the Physicians' lounge which is a dedicated space shared by all credentialed/authorized Medical Staff with a computer bank authorized for student use. Snacks/water and juices and other food are available to the students here as well.

Outpatient/Ambulatory Clinics: The students securely store their belongings in their physician preceptor offices. Breakroom/lounge space is typically shared with other physicians and staff in the practice.

Vancouver Pre-Clerkship: Students have secure 24/7 access year-round to the dedicated study and lounge space on the Vancouver campus. (VLIB 240). The lounge includes complementary snacks, drinks, tea, coffee, along with small appliances.

Vancouver Campus Clerkships: Each teaching site has their own professional lounges that are accessible for student use. At PeaceHealth St John Medical Center, students have access to secure lockers while in the hospital shared by authorized personnel.

- b. For each site and clerkship where there is overnight call, describe the availability and accessibility of designated secure call rooms for medical students.

The ADCEs at each campus have the responsibility of ensuring students have secure storage while they are with clinical affiliates. The College is continually tasked with pairing the growing list of clinical affiliates with necessary secure storage space for students that are located on regional campuses. This space is likely to include the precepting doctor's secure storage areas.

Everett Campus Clerkships

Students in the Everett student cohort have not taken overnight call in the LIC to date. If the student is on call, it is typically on the weekend or early evening hours. Preceptors have tried to avoid requiring the students to take or participate in overnight call.

Spokane Campus Clerkship

Students in the Spokane student cohort have not taken overnight call in the LIC to date. If the student is on call, it is typically on the weekend or early evening hours. Preceptors have tried to avoid requiring the students to take or participate in overnight call.

Tri-Cities Campus Clerkship

Students in the Tri-Cities student cohort have not taken overnight call in the LIC to date. If the student is on call, it is typically on the weekend or early evening hours. Preceptors have tried to avoid requiring the students to take or participate in overnight call. The student experience on Labor and Delivery is a week-long spotlight experience and is scheduled from 7 p.m. to 7 a.m. The student is scheduled for this three times spread across their LIC. This is a required experience, not a call experience. During this week-long experience, the student is not scheduled for other activities during other times including normal daytime hours.

Vancouver Campus Clerkships

Students in the Vancouver student cohort have not taken overnight call in the LIC to date. If student hours extend beyond the usual work week it is typically on the weekend or early evening hours. Preceptors to date have not required the students to take or participate in overnight call.

5.12 Required Notifications to the LCME

A medical school notifies the LCME of any substantial change in the number of enrolled medical students; of any decrease in the resources available to the institution for its medical education program, including faculty, physical facilities, or finances; of its plans for any major modification of its medical curriculum; and/or of anticipated changes in the affiliation status of the program's clinical facilities. The program also provides prior notification to the LCME if it plans to increase entering medical student enrollment on the main campus and/or in one or more existing regional campuses above the threshold of 10 percent, or 15 medical students in one year or 20 percent in three years; or to start a new or to expand an existing regional campus; or to initiate a new parallel curriculum (track).

Supporting Data

Table 5.12-1 New Medical Student Admissions				
Provide the number of new medical students (not repeating students) admitted in each of the indicated academic years.				
AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20	AY 2020-21
0	60	60	80	80

Supporting Documentation

1. Provide any notifications made to the LCME of changes in medical student enrollment, curriculum, finances, clinical affiliations, and/or other institutional resources since the last full survey.

No notifications have been made at this time.