



Data Collection Instrument for Full Accreditation Surveys

**Elson S. Floyd College of Medicine
Washington State University**

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For Medical Education Programs with
Full Accreditation Surveys in the 2020-21 Academic Year**

Standard 1: Mission, Planning, Organization, and Integrity

A medical school has a written statement of mission and goals for the medical education program, conducts ongoing planning, and has written bylaws that describe an effective organizational structure and governance processes. In the conduct of all internal and external activities, the medical school demonstrates integrity through its consistent and documented adherence to fair, impartial, and effective processes, policies, and practices.

Supporting Documentation

1. Provide maps illustrating the locations of affiliated hospitals and of any regional campuses.



Legend:

- Major Red Star – College of Medicine Clinical Education
- Major Red Circle – College of Medicine Affiliated Hospitals

1.1 Strategic Planning and Continuous Quality Improvement

A medical school engages in ongoing strategic planning and continuous quality improvement processes that establish its short and long-term programmatic goals, result in the achievement of measurable outcomes that are used to improve educational program quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards.

Narrative Response

- a. Provide the mission and vision statements of the medical school and note when and by whom they were last approved.

Mission

To solve problems in challenging health care environments across the state of Washington.

Vision

Washingtonians living longer, better.

The mission and vision statements of the medical school were last approved in May of 2020 by College leadership.

- b. Describe the process used by the medical school to develop its most recent strategic plan. How often and by whom is the strategic plan reviewed and/or revised?

The plan is designed by College of Medicine leadership in collaboration with associate deans, basic science and clinical department chairs and faculty members. The plan is informed by a strategic planning and culture building event that is held each December. The event gathers input from faculty, staff, and community representatives regarding the overall direction of the college.

The strategic plan is reviewed for progress quarterly and revised on an annual basis.

- c. Describe how, when, and by whom the outcomes of the school's strategic plan are monitored. Provide two examples of outcomes from the most recent strategic goals/objectives, and a description of the actions or activities undertaken to evaluate and act on the outcomes.

The Director of Communications, Marketing and Operations produces a quarterly status report of the strategic plan which is reviewed by the Dean and communicated throughout the college. On a semi-annual basis, the plan is discussed by the Dean's Executive Cabinet. The 12-month plan is dynamic in nature given the rapidity of change in the academic and medical industry environments. Fundamental changes to the strategic plan are made based on information gathered from an annual strategic planning event. Strategic plan activity status and outcomes are reported by the college departments on a quarterly basis and reviewed by the COO for action by the Dean. At the end of the academic year, the Dean completes an annual report which contains performance outcomes of the college relative to the objectives of the strategic plan.

Example 1: Under Strategic Plan major theme Accreditation and item 3, Graduate Medical Education sub-item A, Apply for and achieve Institutional Accreditation: The College of Medicine successfully applied for and received Institutional Accreditation by the ACGME in October of 2018 as reported in the Annual Report. The sequence of activities taken to accomplish this strategic objective were:

- Performed a national search and hired the Associate Dean for GME/CME/Designated Institutional Official
- Developed ACGME Sponsoring Institution organization structure according to ACGME requirements
- Established budget for GME institutional program
- Recruited and hired administrative staff including Director, Institutional Manager, Administrative Coordinator
- Established GMEC and recruited key members
- Developed Sponsoring Institution policies and procedures
- Developed residency program financial models
- Prepared and submitted Sponsoring Institution ACGME application
- Supported ACGME application review
- Received ACGME Sponsoring Institution accreditation

Throughout this process, outcomes leading to ACGME accreditation were monitored. Once accreditation was received, plans were made to establish initial residency programs. A successful program of targeted fundraising was implemented leading to over \$6,000,000 in grants and contracts to support new residency program development. Programs in rural family medicine and internal medicine are currently under development.

Example 2: Under Strategic Plan major theme Academic Program and item 1, Undergraduate Medical Education sub-item A, Develop Longitudinal Integrated Clerkship (LIC): The College successfully implemented its Year 3 LIC curriculum across each of the College's four campuses as reported in the Annual Report. The Annual Report can be found in appendix 1-01-01. The sequence of activities taken to accomplish this strategic objective were:

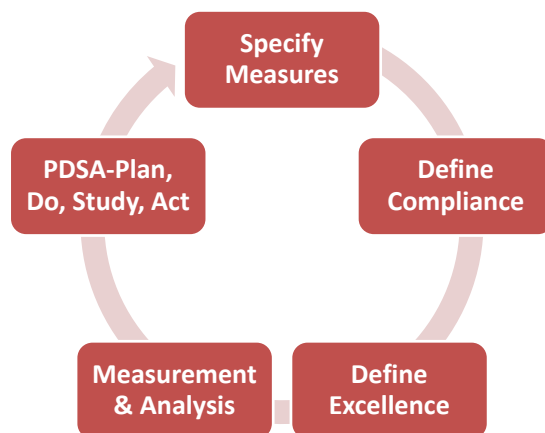
- Established regional campuses at Spokane, Everett, Tri-Cities, and Vancouver
- Hired ADCE's and support staff for each campus
- Recruited and established affiliation agreements with key clinical partners in each clinical campus region
- Recruited and onboarded LIC Director
- Recruited and onboarded clinical faculty needed to teach all components of the LIC
- Recruited and onboarded LIC coordinator for each clinical campus
- Developed LIC core competencies and learning objectives
- Developed LIC curriculum components
- Developed LIC assessment and evaluation program
- Obtained Curriculum Committee approval of the LIC program
- Developed LIC related software modules of the learning management system
- Developed and implemented individual M3 student rotation schedules for the charter class at each regional campus
- Operationalized the LIC and the assessment and evaluation program for the charter class

Throughout this process, student assessment and program evaluation were conducted as the charter class progressed through the first LIC. Additional sources of feedback including the Independent Student Analysis and periodic meetings hosted by the Dean with the medical Student Council were considered. Based on these inputs and feedback, additional program resources were added at the regional campuses, modifications to the LIC scheduling system were made, new clinical affiliates were recruited, and additional clinical faculty were added.

- d. Describe the resources available for quality improvement activities related to the medical education program, including those supporting monitoring of LCME elements. How was the school’s CQI process for monitoring accreditation elements developed, and how and by whom were the elements selected for monitoring identified and approved? Identify who has core responsibility for and authority to manage the CQI effort.

The Standards Based Continuous Quality Improvement (SBCQI) program was conceived of by the Dean in collaboration with his cabinet of leaders. The Dean delegates operational responsibility for the program to the COO and the office of Accreditation, Assessment and Evaluation. This office has the information technology, analytic and performance evaluation resources needed to engage in ongoing, integrated, and institution-wide planning and evaluation processes that incorporate a systematic review of the medical education program’s mission, goals, and outcomes. The program was communicated to the college, university, and community during the earliest stages of the medical education program startup and has become an integral part of the operational fabric of the College. The program is designed to involve as many diverse stakeholders internal and external to the College as possible. By doing so, SBCQI becomes a part of each faculty, staff, and students’ responsibility. At its foundation are twelve teams, one for each LCME Standard. These teams are made up of faculty, staff, students, and community stakeholders. Teams meet periodically throughout each academic year and collaborate with the larger organization to develop and maintain the DCI, develop, and review performance measures and outcomes, and recommend medical education program quality improvements based on data. Funding for this initiative is included in the annual budget planning cycle.

The following diagram describes the continuous quality improvement cycle employed by the college:



All standard elements are monitored. Performance measures and their expected outcomes are identified and approved by a metrics working group. The metrics working group is composed of various senior members of the College from accreditation, evaluation, curriculum, faculty affairs, admissions, and administration offices. The team assembled to discuss each element, how it should be monitored, its frequency and who to disseminate outcomes to. The metrics were then given to each SBCQI team for implementation and continuous monitoring. The Dean delegates the core responsibility and authority to manage the continuous quality improvement effort to the COO.

e. Complete the following table that illustrates the monitoring process for each selected element (add rows as needed):

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
1.1	Quarterly	College of Medicine Strategic Plan	COO	Associate Dean for Accreditation, Assessment and Evaluation
1.1	Annually - Fiscal Year	Comparison to WSU and HSC Plans	COO	Associate Dean for Accreditation, Assessment and Evaluation
1.1	Quarterly	CQI Dashboard	Associate Dean for Accreditation, Assessment and Evaluation	Director of Education and Information Technology
1.2	Annually - Fiscal Year	COI Smart Report	Office of Compliance	Office of Compliance
1.3	Annually - Fiscal Year	Standing Committee Meeting Minutes	Faculty Council	Faculty Council
1.4	Annually - Fiscal Year	Affiliation Agreement Database	Vice Dean for Academic and Community Partnerships	Sales Force Administration
1.5	Annually - Fiscal Year	College of Medicine Bylaws	Faculty Council	Office of Compliance
1.6	Annually - Fiscal Year	NW Commission of Colleges and Universities	Provost	Associate Dean for Accreditation, Assessment and Evaluation
2.1	Annually - Fiscal Year	HRS Personnel Records	COO	Administrative Services
2.2	Phase	WSU Dean's Job Description and Dean's CV	Vice President Health Sciences	Administrative Services
2.3	Annually - Fiscal Year	Leadership Standing Meetings and Attendance	Provost / President / Chancellor	College Administration
2.3	Annually - Fiscal Year	WSU Organization Chart	Provost / President / Chancellor	College Administration
2.4	Annually - Fiscal Year	College Organization Chart	COO	College Administration
2.5	Annually - Fiscal Year	College Organization Chart	COO	College Administration
2.6	Annually - Fiscal Year	Faculty Council Meeting Minutes and Attendance	Faculty Council	Office of Compliance
2.6	Annually - Fiscal Year	Bylaws for Standing Committees Rosters	Faculty Council	Office of Compliance
3.2	Annually - Fiscal Year	Office of Research Documentation	Vice Dean for Research	Office of Research
3.3	Every 3 Years	Student and Faculty Handbooks	Equity Committee	College Inclusion Program
3.3	Annually - Fiscal Year	Medical Student Selection Policy; Admissions records	Admissions Committee	College Admissions
3.3	Phase	Admissions	Admissions	Admissions
3.3	Annually - Fiscal Year	Inclusion/Pathway Records	Assistant Dean for Health Equity and Inclusion	Assistant Dean for Health Equity and Inclusion

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
3.3	Annually - Fiscal Year	GWIMS and other programs rosters	Various	Assistant Dean for Health Equity and Inclusion
3.3	Phase	Equity Committee; Assistant Dean for Health Equity and Inclusion	Equity Committee; Assistant Dean for Health Equity and Inclusion	Assistant Dean for Health Equity and Inclusion
3.4	Every 3 Years	Equity Committee Minutes	Equity Committee	Assistant Dean for Health Equity and Inclusion
3.4	Annually - Fiscal Year	Training and Policy Notice Schedule	Equity Committee	Assistant Dean for Health Equity and Inclusion
3.5	Phase	SEPAC Records	SEPAC	Assessment Unit
4.2	Annually - Calendar Year	ORSO & Employment Records	ORSO & Office of Research	Faculty Affairs
4.3	Annually - Fiscal Year	Employment Records	College Personnel	Faculty Affairs
4.4	Annually - Fiscal Year	Annual Review	Department Chairs	Faculty Affairs
4.5	Phase	Departments	Faculty Development Unit & Departments	Associate Dean for Faculty Development
4.6	Annually - Academic Year	Faculty Council Executive Committee (FCEC)	FCEC	FCEC
5.1	Annually - Fiscal Year	LCME 1A AFQ	COO	Administrative Services
5.2	Annually - Fiscal Year	Annual Budget and Hiring Request	COO	Administrative Services
5.3	Annually - Fiscal Year	LCME 1A AFQ	COO	Administrative Services
5.4	Annually - Fiscal Year	ISA	Associate Dean for Accreditation, Assessment and Evaluation	Chancellor
5.5	Annually - Fiscal Year	ISA	Associate Dean for Accreditation, Assessment and Evaluation	Affiliates
5.6	Annually - Fiscal Year	ISA	Associate Dean for Accreditation, Assessment and Evaluation	Affiliates
5.7	Annually - Fiscal Year	Orientation Records	Student Affairs	Campus Security Services
5.7	Annually - Fiscal Year	Clery Act Report Statistics	Student Affairs	Campus Security Services
5.8	Annually - Fiscal Year	LibQUAL	WSU Spokane Library Director	Association of Research Libraries
5.8	Annually - Fiscal Year	AAHSL Annual Survey	WSU Spokane Library Director	AAHSL
5.8	Annually - Fiscal Year	WSU Information Technology	Director of Education and Information Technology	Campus IT and Affiliates

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
5.9	Annually - Fiscal Year	TechQual+ National Higher Education IT Survey	Director of Education and Information Technology	Campus IT and Affiliates
5.10	Annually - Fiscal Year	ISA	Associate Dean for Accreditation, Assessment and Evaluation	Student Leadership
5.11	Annually - Fiscal Year	ISA	Associate Dean for Accreditation, Assessment and Evaluation	Vice Dean for Academic and Community Partnerships and Affiliates
5.12	Annually - Fiscal Year	LCME Notification Checklist	Associate Dean for Accreditation, Assessment and Evaluation	College Administration
6.1	Annually - Academic Year	Curriculum Office	Curriculum Management Unit	Curriculum Committee
6.2	Quarterly	Course Syllabi	Clinical Experiences Subcommittee	Curriculum Committee
6.3	Annually - Academic Year	Curriculum Management Unit - Evaluation Unit Report - ISA	Curriculum Management Unit, Evaluation Unit	Curriculum Management Unit - Evaluation Unit Report – ISA
6.4	Quarterly	Patient Log - Curriculum Management System	Curriculum Management Unit	Curriculum Office
6.5	Annually - Academic Year	Course Syllabi - Curriculum Management System	Curriculum Office	Curriculum Office
6.6	Annually - Academic Year	Curriculum Management System	Curriculum Office	Curriculum Office
6.7	Annually - Academic Year	Curriculum Management System	Curriculum Office	Curriculum Office
6.8	Annually - Academic Year	Curriculum Management System	Curriculum Management Unit	Curriculum Committee
7.2	Annually - Academic Year	Curriculum Management System - ISA	Evaluation Unit	Curriculum Management Unit
7.3	Annually - Academic Year	Curriculum Office	Curriculum Office	Curriculum Office
7.4	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
7.5	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
7.6	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
7.7	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
7.8	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
7.9	Annually - Academic Year	Curriculum Management Unit Report	Curriculum Office	Curriculum Office
8.1	Annually - Academic Year	Terms of reference, Faculty Bylaws	FCEC, Curriculum Committee	Curriculum Committee
8.2	Annually - Academic Year	Reports from Curriculum Management Unit, Course and Program Evaluation Reports	Curriculum Management Unit, Evaluation Unit	Curriculum Committee

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
8.2	Annually - Academic Year	Program evaluation strategy	Evaluation Unit, Office Accreditation Assessment and Evaluation	Curriculum Committee, Curriculum Office
8.2	Annually - Academic Year	Evaluation Unit, Office Accreditation, Assessment and Evaluation	Evaluation Unit, Office Accreditation, Assessment and Evaluation	Curriculum Committee, Curriculum Office
8.3	Annually - Academic Year	Evaluation Unit, Office of Accreditation, Assessment and Evaluation	Evaluation Unit, Office of Accreditation, Assessment and Evaluation	Curriculum Committee, Curriculum Office
8.4	Annually - Academic Year	USMLE scores, Scores on internally developed exams, GQ survey, Student advancement and graduation rates, NMRP match results, Residency performance results	Office of Accreditation, Assessment and Evaluation, Curriculum Office	Assessment Unit
8.5	Annually - Academic Year	Executive Summary	Evaluation Unit, Office of Accreditation, Assessment and Evaluation	Evaluation Unit, Assessment Unit
8.6	Annually - Academic Year	Patient Log - Curriculum Management Unit	Curriculum Office, Assessment Unit	Curriculum Office
8.7	Annually - Academic Year	Course and program evaluation, Assessment Unit	Evaluation Unit, Assessment Unit	Evaluation Unit, Assessment Unit
8.8	Annually - Academic Year	Evaluation Unit, Curriculum Management Unit	Curriculum Office	Curriculum Office
9.1	Bi-Annually	Faculty development tracking	Faculty Development Unit	Faculty Development Unit
9.2	Annually - Fiscal Year	Department of Medical Education and Clinical Sciences	Department of Medical Education and Clinical Sciences	Department of Medical Education and Clinical Sciences
9.3	Phase	Evaluation Unit	Curriculum Committee	Curriculum Committee
9.4	Annually - Academic Year	Assessment Plan, Executive Summary from AAEC, Course evaluations, Readiness for clerkship surveys, GQ survey	Assessment Unit, Evaluation Unit, Curriculum Office	Curriculum Office
9.4	Annually - Academic Year	Program Evaluation, Readiness for clerkship surveys	Evaluation Unit	Curriculum Committee
9.5	Annually - Academic Year	Assessment Unit, Evaluation Unit	Assessment Unit	Assessment Unit
9.6	Annually - Academic Year	Assessment Unit, Executive Summary	Assessment Unit	Assessment Unit
9.8	Quarterly	Assessment Unit, Executive Summary	Assessment Unit	Assessment Unit
10.1	Annually - Academic Year	Website	Admissions/ Admissions Committee	Admissions
10.1	Annually - Academic Year	Admissions Committee Retreat minutes	Admissions/ Admissions Committee	Admissions

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
10.2	Annually - Academic Year	Bylaws for Standing Committees	Admissions/ Admissions Committee	Admissions Office
10.2	Annually - Academic Year	Signed COI Document	Admissions/ Admissions Committee	Admissions Office
10.2	Annually - Academic Year	# of Identified COI in admissions cycle	Admissions/ Admissions Committee	Admissions Office
10.2	Annually - Academic Year	Rank List/Wait List offer documentation	Admissions/ Admissions Committee	Admissions Office
10.3	Every 3 Years	Admissions Committee Retreat minutes	Admissions	Admissions Office
10.3	Every 3 Years	SEPAC minutes	Assessment/SEPAC	Assessment Office
10.4	Annually - Academic Year	Applications/AMP	Admissions	Admissions Office
10.4	Annually - Academic Year	Meeting minutes	Admissions/ Admissions Committee	Admissions Office
10.5	Annually - Academic Year	Website	Admissions	Admissions Office
10.5	Annually - Academic Year	Meeting minutes	Admissions/ Admissions Committee	Admissions Office
10.5	Phase	Signed TS Document kept in admissions files	Admissions	Admissions Office
10.6	Phase	Website and Recruitment Materials	Admissions/ Curriculum/ Student Affairs	Admissions/ Curriculum/ Student Affairs
10.6	Annually - Academic Year	Website	Admissions	Admissions Office
10.7	Every 3 Years	Admissions	Admissions	Admissions Office
10.8	Every 3 Years	Curriculum Office	Curriculum Office	Curriculum Office
10.9	Annually - Academic Year	Documented Process	Student Affairs	Student Affairs
10.9	Phase	Clinical Campus Ranking Form - Offer Packet	Admissions Office	Admissions Office
10.9	Annually - Academic Year	Student Affairs Documentation	Student Affairs	Student Affairs
11.3	Every 3 Years	Clinical and Non-Clinical Elective Rotations Policy	Office of Compliance	Associate Dean for Curriculum
11.4	Annually - Academic Year	Student Affairs Office	Senior Associate Dean for Student Affairs	Student Affairs
11.5	Every 3 Years	Faculty and Administration Access to Student Records Policy	Office of Compliance	Senior Associate Dean for Student Affairs
11.6	Every 3 Years	Students' Right to Access Academic Records Policy	Office of Compliance	Senior Associate Dean for Student Affairs
12.1	Annually – fiscal year	Report from Director of Financial Education	Director of Financial Education	Director of Financial Education
12.2	Every 3 Years	Tuition Refund Policy	Office of Compliance	Senior Associate Dean for Student Affairs
12.4	Annually - Academic Year	Program Evaluation Strategy Document	Associate Dean for Accreditation, Assessment and Evaluation	Student Affairs

Elements that are Monitored	Timing of Monitoring of the Element	Data source(s) used to Monitor the Element	Individuals/Groups Receiving the Results	Individual/Group Responsible for Taking Action
12.4	Every 3 Years	Medical Student Attendance Policy	Office of Compliance	Senior Associate Dean for Policy and Compliance
12.5	Every 3 Years	Non-Involvement of Providers of Student Health Services in Assessment Policy	Office of Compliance	Senior Associate Dean for Policy and Compliance
12.7	Every 3 Years	Immunizations and Tuberculosis Screening Policy	Office of Compliance	Student Affairs
12.8	Every 3 Years	Medical Student Training on Universal Precautions and Biohazards and Post-Exposure Care Policy	Office of Compliance	Student Affairs

- f. Provide two examples of actions taken in response to the school’s CQI monitoring of accreditation elements.

Monitoring of Element 8.7-Comparability of Education/Assessment: In support of element 8.7, the Evaluation Unit surveys students quarterly in the Longitudinal Integrated Clerkship (LIC). At the end of the first quarter, a disparity was noted in the number of duty hours reported by the students at the Vancouver clinical campus. Upon further investigation, local scheduling issues were discovered related both to how duty hours were being reported and challenges scheduling students. To investigate and identify solutions, the Dean organized a critical response team that included the Vice Dean for Student and Faculty Experience (now the Senior Associate Dean for Policy and Compliance), the Chief Operating Officer, The Associate Dean for Accreditation, Assessment and Evaluation, the Associate Dean for Curriculum, the Chair of Medical Education and Clinical Sciences, the Associate Deans for Clinical Education and the LIC Director. To address the reporting issues, the clerkship coordinator from the Everett clinical campus and the college IT team worked with the clerkship coordinator on the Vancouver campus to provide logistical and technological support to help establish more consistent reporting. The Chair of the Department of Medical Education and Clinical Sciences and the Clinical Education Directors worked with the Associate Dean for Clinical Education in Vancouver to provide support and solidify and build capacity locally for clinical experiences. The Curriculum and Assessment Offices worked with the LIC Director, the students and the Vancouver campus leadership to identify any gaps in student schedules and ensure students were able to meet logging requirements, the “must-see, must do” clinical procedures list, and meet the assessment requirements of the LIC. The Clinical Education Directors solidified additional clinical opportunities in the disciplines that were causing challenges with scheduling. The Curriculum Office and the LIC team have refocused student schedules to ensure that the continuity experiences and the core principles of the LIC are maintained for all students at the Vancouver clinical campus. Ongoing monitoring of student duty hours indicates that comparability across all four regional campuses has been achieved.

Monitoring of Element 9.7 Formative Assessment and Feedback: In support of Element 9.7, the Evaluation Unit and the Curriculum Office evaluate the sufficiency of formative assessment and feedback in the curriculum. Data regarding the amount and quality of feedback is collected through course and program evaluation surveys, the feedback channel (medicine.evaluation@wsu.edu) and through townhall meetings. In the 2018/2019 academic year, Year 1 and Year 2 students rated the quality and amount of formative feedback high but also requested more feedback on history-taking and physical examination skills. At the time surveys were distributed, feedback and formative assessment was provided through patient write-ups, oral presentations and formative OSCEs. In response to feedback from the students and faculty, the Assessment Unit worked with the course director to introduce additional opportunities for formative feedback. Opportunities include: at least one video review (one-on-one review with dedicated faculty) of history-taking and physical examination skills per course, structured feedback on written documentation and oral presentations, and structured feedback on history-taking and physical examination skills through workplace-based assessments in optional clinical skills workshops.

Supporting Documentation

1. The current strategic plan of the medical school or the plan of the sponsoring organization that includes the medical school

Appendix 1-01-01 College of Medicine Annual Report

Appendix 1-01-02 College of Medicine Strategic Plan

1.2 Conflict of Interest Policies

A medical school has in place and follows effective policies and procedures applicable to board members, faculty members, and any other individuals who participate in decision-making affecting the medical education program to avoid the impact of conflicts of interest in the operation of the medical education program, its associated clinical facilities, and any related enterprises.

Narrative Response

- a. Place an “X” next to each unit for which the primary institutional governing board is directly responsible:

X	University system
X	Parent university
X	Health science center
X	Medical school
	Other (describe):

- b. If the institutional primary governing board is responsible for any units in addition to the medical school (e.g., other colleges), is there a separate/subsidiary board for the medical school?

There is not a subsidiary board for the medical school. The WSU Board of Regents is the university's governing body whose responsibilities are to supervise, coordinate, manage and regulate the WSU system, as defined under the Revised Code of Washington, RCW 28B.30.100. The WSU Board of Regents consists of 10 members appointed by the Governor with the consent of the Senate, one of whom is a full-time student in good standing at WSU. The term of each appointment is six years, except for the student whose term is one year.

- c. Is the medical school part of a for-profit, investor-owned entity? If so, identify any board members, administrators, or faculty members who are shareholders/investors/administrators in the holding company for the medical school.

The medical school is not part of a for-profit, investor owned entity.

- d. Place an “X” next to each area in which the medical school or university has a faculty conflict of interest policy:

X	Conflict of interest in research
X	Conflict of private interests of faculty with academic/teaching/responsibilities
	Conflict of interest in commercial support of continuing medical education

The College of Medicine is in the process of becoming an accredited sponsor of CME. When the College becomes accredited and CME accredited course/events are offered, the CME Office will be responsible for COI considerations for the program and presenters.

- e. Describe the strategies for managing actual or perceived conflicts of interest as they arise and how they are monitored for the following groups:
1. Governing board members
 2. University and medical school administrators
 3. Medical school faculty

1. Governing board members: The Ethics in Public Service Law, RCW 42.52.020 (appendix 1-02-01), establishes a single code of ethics applicable to all state officers and state employees. WSU faculty members are state employees and are subject to the ethics law and rules, as well as any WSU ethics policies. The law prohibits those in public service from using state employment for personal gain or private advantage (RCW 42.52.900 – appendix 1-02-02). The law prohibits state employees from having a financial interest or engaging in business activities that conflict with the proper discharge of official duties. In addition, the law prohibits several specific activities where one might receive improper private benefit because of state employment.

2. University and medical school administrators: The WSU Conflict of Interest Policy (Executive Policy #27, appendix 1-02-03), includes management provisions and is applicable to all members of the WSU community. The WSU board requires each College to establish a Conflict of Interest Committee (COIC). The COIC reviews all pertinent documentation, disclosures of significant financial interests, and conflict of interest resolution plans for potential or actual conflicts cases based on federal and state law and university policy. The COIC has the responsibility and authority to assess whether a conflict of interest exists, assess the extent of the conflict, and manage, reduce, or eliminate the conflict of interest before approving research projects and other employee conflicts of interest.

College of Medicine administrators identify conflicts of interest in an annual survey distributed from the Compliance Office. The Compliance Specialist manages resolution to any identified conflicts in conjunction with the COIC. The function and composition of this Committee is described in the College of Medicine Conflict of Interest Policy.

Research administrators and faculty are required to complete a conflict of interest disclosure form annually, and whenever applying for federal grant funding. Individuals are also required to self-disclose and complete a form at any time a potential conflict is identified. The employee, in collaboration with the COIC, must develop a suitable management strategy for an identified conflict. The management plan may include monitoring or a retrospective review and a mitigation report pursuant to federal regulations. Management of research conflict of interest disclosures are in the purview of the WSU Office of Research Support and Operations

3. Medical School Faculty: The Dean's Executive Cabinet of the medical school approved a comprehensive Conflict of Interest Policy that requires faculty/administrators with responsibilities of decision-making for students to report potential and actual conflicts of interest annually. The College of Medicine Compliance Specialist is operationalizing the compliance/privacy program for the college. The Compliance Specialist ensures annual distribution, tracking, and documentation of completion and return of the COI disclosure forms of all paid and volunteer faculty, and administrators who have decision-making authority. The investigation and resolution of any actual or perceived conflicts are also managed by the Compliance Specialist working with the COIC.

The 19-20 Academic Year survey distributed Disclosure Surveys on March 3, 2020. The response rates as of September, 2020 for full time faculty, there is a 97% response rate. The College purchased COI Smart by HealthStream for distribution and management of necessary disclosures in the annual survey.

The College has also developed several specific conflict of interest policies: Admissions Conflict of Interest Policy, Scholarship Committee Conflict of Interest Policy, and the Student Evaluation, Promotion and Awards Committee (SEPAAC) Conflict of Interest Policy. The College draws on best practice policies from medical schools that have strong records of regulating conflicts of interest.

Procedures have been developed for disclosing conflicts of interest and to manage and mitigate real conflicts of interest. For example, the Admissions Committee obtains signed copies of conflict of interest documents and archives them. A signed conflict of interest form is required of all Admissions Committee members. When a committee member abstains from voting due to a conflict of interest, the minutes reflect that action by noting the committee member's name declared conflict of interest. Additionally, if an Admissions Committee member indicates a conflict of interest at any stage, prior to the Admissions Committee meeting, they are required to directly contact the Senior Associate Dean for Admissions and Student Affairs to ensure they are not assigned the applicant for screening.

Supporting Documentation

1. Policies and procedures intended to prevent or address financial or other conflicts of interest among governing board members, administrators, and faculty (including recusal from discussions or decisions if a potential conflict occurs).

Appendix 1-02-01 RCW 42.52.020

Appendix 1-02-02 RCW 42.52.900

Appendix 1-02-03 WSU Executive Policy #27

Appendix 1-02-04 Admissions Conflict of Interest Policy

Appendix 1-02-05 Conflict of Interest Policy

Appendix 1-02-06 SEPAC Conflict of Interest Policy

1.3 Mechanisms for Faculty Participation

A medical school ensures that there are effective mechanisms in place for direct faculty participation in decision-making related to the medical education program, including opportunities for faculty participation in discussions about, and the establishment of, policies and procedures for the program, as appropriate.

Supporting Data

Table 1.3-1 Standing Committees					
List all major standing committees of the medical school and provide the requested information for each, including whether members are <i>all appointed</i> (A), <i>all self-nominated/peer-nominated/peer-selected</i> (S), or whether the committee has <i>both appointed and peer-selected members</i> (B), and whether the committee is charged with making <i>recommendations</i> (R), <i>is empowered to take action</i> (A), or <i>both</i> (B).					
Committee	Reports to*	Total Voting Members	Total Faculty Voting Members	Membership Selection (A/S/B)	Authority (R/A/B)
Faculty Council Executive	Faculty Council	9	9	S	R
Curriculum	Dean	24	21	B	B
Admissions	Dean	29	19	B	B
Student Evaluation, Promotion and Awards	Dean	18	17	B	B
Faculty Rank, Promotion and Tenure	Dean	9	9	B	R
Scholarship	Dean	15	15	B	A
Equity	Dean	18	14	B	R

*These committees report to the Dean in that they are accountable to him in his role as the Chief Academic Officer of the College of Medicine. The Dean does not, however, direct the activities of these committees.

Narrative Response

- a. Summarize how the selection process for faculty committees ensures that there is input from and participation by the general faculty in the governance process.

The selection process for faculty committees is broadly inclusive of faculty input into the governance process of the college. The bylaws state that “Each standing committee will include members elected by the Faculty Council and may include one voting member appointed by the Dean”. The majority of all committee members are elected by the faculty, without influence of the Dean, department Chairs, or other administrators.

Members of the faculty in all three tracks (tenure, clinical, and research) are eligible to vote and together constitute the Faculty Council. The Faculty Council Executive Committee (FCEC) is an elected body representing the entire faculty council. The FCEC consists of two members from each department and a member at large. Each department elects two members to the FCEC, and the entire faculty council elects a member at large. This structure ensures there is input from the general faculty into the governance process.

- b. Describe how the medical school obtains input from faculty on proposed changes to policy and on other issues of importance. Describe one recent specific opportunity for faculty to provide such input.

To obtain faculty input on proposed changes and issues of importance, the Department Chairs, and the Chair of the FCEC or a member of the FCEC attends the meetings of the Dean's Executive Cabinet. The Department Chairs and FCEC chair are expected to inform members of the faculty regarding initiatives and issues under discussion by college leadership. In addition, the Dean holds regular meetings with senior administrators and Department Chairs to support communication within the respective functional areas. The FCEC also arranges the annual meeting of the Faculty Council (last held on March 6, 2020), solicits faculty input prior to the meeting, and creates an open forum for faculty concerns and discussion.

All faculty are made aware of policy during the approval process which includes a ten-day posting of policies before formal approval by the Dean's Executive Cabinet. Policies are sent to all faculty members using an online survey. Faculty are prompted to provide narrative feedback which is then reviewed with the team responsible for the content of the policy. Feedback is received anonymously, however, faculty are prompted to leave contact information if they would like to discuss their feedback further in depth.

A recent example of an opportunity for input from faculty concerned the question of who arbitrates and has the final decision-making authority when there is conflict over interpretation of language in the Bylaws. This question was brought to the FCEC, whose members represent all college departments. The FCEC proposed an amendment to the Bylaws to read, "When issues of interpretation of Bylaws arise, the FCEC, after consultation with the Dean, is the final arbiter." (Bylaws Section B.1.c.; see Appendix 1-03-01) This amendment was approved by a majority vote of the faculty at the most recent Faculty Council meeting.

- c. List any mechanisms other than faculty meetings (such as written or electronic communications) that are used to inform faculty about policies and issues of importance at the medical school.

There are several mechanisms that are employed for faculty to be informed about policies and issues of importance within the college. In addition to direct contact at department and college-wide meetings, faculty are made aware of policy and other types of changes in the medical education program through email notifications and internal communications via secure website. The internal communications website provides notice of special meetings, focus groups, and town halls to inform the faculty and staff of items of importance. The Dean also hosts quarterly "State of the Medical School" forums to discuss issues of importance with all members of the college. Items that are discussed are organized and communicated in the periodic all college electronic newsletter.

1.4 Affiliation Agreements

In the relationship between a medical school and its clinical affiliates, the educational program for all medical students remains under the control of the medical school’s faculty, as specified in written affiliation agreements that define the responsibilities of each party related to the medical education program. Written agreements are necessary with clinical affiliates that are used regularly for required clinical experiences; such agreements may also be warranted with other clinical facilities that have a significant role in the clinical education program. Such agreements provide for, at a minimum the following:

- The assurance of medical student and faculty access to appropriate resources for medical student education
- The primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students
- The role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching
- Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury
- The shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment

Supporting Data

Table 1.4-1 Affiliation Agreements						
For each clinical teaching site used for the inpatient portion of required clinical clerkships, provide the page number(s) in the current affiliation agreement where passages containing the following information appear. Add rows as needed.						
1. Assurance of medical student and faculty access to appropriate resources for medical student education						
2. Primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students						
3. Role of the medical school in the appointment and assignment of faculty members with responsibility for medical student teaching						
4. Specification of the responsibility for treatment and follow-up when a medical student is exposed to an infectious or environmental hazard or other occupational injury						
5. Shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment						
		Page Number(s) in Agreement				
Clinical teaching site	Date agreement last signed	1. Access to resources	2. Primacy of program	3. Faculty appointments	4. Environmental hazard	5. Learning environment
Spokane						
Providence Sacred Heart Medical Center & Children’s Hospital	3/3/2017	1,3	1,2	1,2	1,4	1,3,5
Providence Holy Family Hospital	3/3/2017	1,3	1,2	1,2	1,4	1,3,5
VA Medical Center	10/31/2017	3	2	2,3	3	3
MultiCare Deaconess Hospital	2/26/2018	1,3	1,2	1,2	1,4	1,3
MultiCare Valley Hospital	2/26/2018	1,3	1,2	1,2	1,4	1,3
St. Luke’s Rehabilitation Institute (Providence)	3/3/2017	1,3	1,2	1,2	1,4	1,3,5

Clinical teaching site	Date agreement last signed	1. Access to resources	2. Primacy of program	3. Faculty Appointment	4. Environmental Hazards	5. Learning environment
Vancouver						
PeaceHealth Southwest Medical Center	4/11/2016	1,3	1,2	1,2	1,3	1,3,5
PeaceHealth St. John Medical Center	2/14/2017	1,3	1,2	1,2,5	1,3	1,3,5
Legacy Salmon Creek Hospital	8/15/2017	4,8	4,6	4,6	4,8	4,7
Legacy Good Samaritan Hospital	8/15/2017	4,8	4,6	4,6	4,8	4,7
Legacy Emanuel Hospital	8/15/2017	4,8	4,6	4,6	4,8	4,7
Providence St. Vincent Hospital	2/12/2019	1,3	1,2	1,2	1,3,4	1,3,4
Everett						
Swedish Medical Center	11/5/2015	1,2	1,2	1,2	1,3	1,3,5
Providence Regional Medical Center Everett	3/3/2017	1,3	1,2	1,2	1,4	1,3,5
Swedish Edmonds Campus	11/5/2015	1,2	1,2	1,2	1,3	1,3,5
Virginia Mason Medical Center	6/18/2019	1,4	1,2	1,2	1,4,5	1,4,6
Tri-Cities						
Kadlec Regional Medical Center (Providence)	3/3/2017	1,3	1,2	1,2	1,4	1,3,5
Our Lady of Lourdes Hospital at Pasco	9/7/2017	1,5	1,2	1,2	1,5	1,5,6
Trios Health	8/16/2017	1,3	1,2	1,2	1,3	1,3,5
PMH Medical Center	12/19/2017	1,3	1,2	1,2	1,3	1,3,5
Comprehensive Healthcare	1/27/2020	1,3	1,2	1,2	1,3,4	1,3,5
Providence St. Mary Medical Center	3/3/2017	1,3	1,2	1,2	1,4	1,3,5

Narrative Response

- a. For ambulatory sites (e.g., clinics, group practices) that have a significant role in required clinical clerkships, describe how the medical school ensures the primacy of the medical education program in the areas included in the element. For example, are there MOUs or other formal agreements in effect?

The college uses the AAMC standard clinical training affiliation agreement template with all ambulatory clinical training sites. All the core obligations of the clinical site and College of Medicine in relation to medical student training are articulated and agreed upon. These sites then receive an implementation letter prior to students beginning their experience with clinical faculty at the ambulatory site. A list of clinical teaching affiliates, in addition to those in Table 1.4-1 and that includes ambulatory sites, is included in the supporting documents (appendix 1-04-16).

Supporting Documentation

1. The signed/executed affiliation agreement for each clinical teaching site at which students complete the inpatient portions of required (core) clinical clerkships and/or integrated longitudinal clerkships. This does not include clinical teaching sites only used for electives or selectives or those used for ambulatory teaching.

Note: Each affiliation agreement should be saved as a separate document.

Appendix 1-04-01 Providence System Affiliation Agreement
Appendix 1-04-02 Spokane VA Medical Center Affiliation Agreement
Appendix 1-04-03 MultiCare System Affiliation Agreement
Appendix 1-04-04 PeaceHealth SW Affiliation Agreement
Appendix 1-04-05 PeaceHealth St. John Amendment
Appendix 1-04-06 Legacy Salmon Creek Affiliation Agreement
Appendix 1-04-07 Legacy Amendment 1
Appendix 1-04-08 Legacy Amendment 2
Appendix 1-04-09 Providence Oregon System Affiliation Agreement
Appendix 1-04-10 Swedish Medical Center System Affiliation Agreement
Appendix 1-04-11 Virginia Mason Medical Center Affiliation Agreement
Appendix 1-04-12 Lourdes Hospital Affiliation Agreement
Appendix 1-04-13 Trios Health Affiliation Agreement
Appendix 1-04-14 PMH Medical Center Affiliation Agreement
Appendix 1-04-15 Comprehensive Healthcare Affiliation Agreement
Appendix 1-04-16 Additional clinical affiliates

1.5 Bylaws

A medical school promulgates bylaws or similar policy documents that describe the responsibilities and privileges of its administrative officers, faculty, and committees.

Narrative Response

- a. Provide the page number(s) in formally-approved documents (e.g., bylaws) where each of the following is described, and note when and by whom each of these documents was last reviewed and approved:
 1. charges to major standing committees
 2. responsibilities and privileges of the dean and other administrative officers
 3. responsibilities and privileges of the faculty

1. *Charges to major standing committees*: The charges to the major standing committees are termed “Purpose” in the 2020 Bylaws, Article III, pages 11-16.
2. *Responsibilities and privileges of the dean and other administrative officers*: 2020 Bylaws, Article IV, page 18.
3. *Responsibilities and privileges of the faculty*: 2020 Bylaws, Article I, pages 4-6. The basic responsibilities of faculty at WSU are described in the Faculty Manual, approved by the President for 2019-2020, on pages 15-20. The WSU Faculty Manual is Appendix 1-05-01

The Bylaws were reviewed by the Faculty Council Executive Committee on February 21, 2020 and ratified by the Faculty Council on March 6, 2020. The WSU Faculty Manual is reviewed and approved annually by the WSU President and Provosts Office.

- b. Briefly describe how these formal documents are made available to the faculty.

The bylaws are distributed to the faculty through several communications channels. Bylaws are housed on the college website and a link is emailed to all faculty. Faculty receive the bylaws as part of onboarding. Additionally, contents of the faculty bylaws are covered during faculty orientation following initial appointment to the medical school.

Faculty also receive the WSU Faculty Manual electronically during the onboarding and orientation process.

Supporting Documentation

1. Formally approved documents (bylaws or other policies), as noted above.

Appendix 1-05-01 WSU Faculty Manual

Appendix 1-05-02 College of Medicine Bylaws

1.6 Eligibility Requirements

A medical school ensures that its medical education program meets all eligibility requirements of the LCME for initial and continuing accreditation, including receipt of degree-granting authority and accreditation by a regional accrediting body by either the medical school or its parent institution.

Supporting Data

- a. Provide the state in which the institution is chartered/legally authorized to offer the MD degree.

The College of Medicine is chartered/legally authorized to offer the MD degree in Washington State.

- b. Place an “X” next to the institutional (regional) accrediting body that accredits the medical school or parent institution:

	Middle States Association of Colleges and Schools
	New England Association of Schools and Colleges
	North Central Association of Colleges and Schools
X	Northwest Commission on Colleges and Universities
	Southern Association of Colleges and Schools
	Western Association of Colleges and Schools

- c. Provide the current institutional accreditation status and the year of the next accreditation survey.

Washington State University is currently accredited by the Northwest Commission on Colleges and Universities (NWCCU). In July 2018 WSU’s accreditation was reaffirmed by the NWCCU for a seven-year period, following a campus visit in April 2018. WSU has now been continuously accredited by its regional higher education authority since 1918. Future accreditation surveys by the NWCCU will be conducted in stages. WSU will receive a mid-cycle evaluation during Spring 2021, followed by a review of Policies, Regulations, and Finances in Spring 2024, and finally a review of Institutional Effectiveness in the Spring of 2025.