

## **STANDARD 2: LEADERSHIP AND ADMINISTRATION**

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

## **2.1 ADMINISTRATIVE OFFICER AND FACULTY APPOINTMENTS**

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

### **NARRATIVE RESPONSE**

- a. Briefly describe the role of the primary institutional governing board in the appointment of members of the medical school administration, including the dean, the dean's staff, and members of the faculty. Note if the governing board has delegated the responsibility for some or all of these appointments to another individual (e.g., the university president, provost, medical school dean).

The Marshall University Board of Governors is ultimately responsible for appointing the Dean of the medical school. The appointment of the Dean's staff and faculty members has been delegated to the Dean with contractual oversight and signature by the President of the University

## 2.2 DEAN'S QUALIFICATIONS

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

### NARRATIVE RESPONSE

- a. Indicate whether the dean has ultimate responsibility for all missions of the medical school or if some of these (e.g., patient care) are under the authority of another administrator.

The Dean has ultimate responsibility for all missions of the medical school. The Dean also appoints Vice Deans for each mission: medical student education, graduate medical education, outreach and development, clinical affairs, and research. The Vice Deans report directly to the Dean.

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

Joseph Shapiro, MD, the current Dean, appointed in 2012, has had multiple years of experience in a wide variety of settings. He is an outstanding academic nephrologist. He served as the Chairman of Internal Medicine for 13 years at the University of Toledo just prior to assuming his role as Dean at Marshall University Joan C. Edwards School of Medicine. Dean Shapiro also served six years as the Associate Dean for Business Development at the University of Toledo. As a researcher, he has received multiple grants including over \$50 million in NIH funding as either a principal or co-investigator. He has also been on the editorial board for more than twenty medical and scientific journals. He has more than 300 original research publications, review articles, book chapters, and patents. In the course of his professional life, he has overseen and successfully fostered a variety of initiatives at all academic levels. Throughout his career, he has always been well-respected as an educator who was actively involved in trainee education, including medical students, residents, and fellows. Dr. Shapiro was recently elected to Mastership status of the American College of Physicians. He clearly has the skill set necessary to support the JCESOM in all of its missions and responsibilities.

- c. Describe the process used to evaluate the dean to ensure that he/she provides effective leadership, including the interval at which this evaluation takes place.

The Dean is evaluated annually by the President and the Marshall University Board of Governors. Additionally, he is evaluated every two to three years by an externally performed 360 degree evaluation and feedback process that becomes incorporated with his annual review. He also reports bi-weekly at the Marshall University President's Cabinet meeting and monthly in a one-on-one meeting with the President.

### SUPPORTING DOCUMENTATION

1. Dean's abbreviated curriculum vitae.

See Appendix 2.2-1 *Dean's CV.pdf*

## 2.3 ACCESS AND AUTHORITY OF THE DEAN

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

### NARRATIVE RESPONSE

- a. Summarize the dean's organizational and informal access to university and health system administrators. Provide examples to illustrate the dean's access to these administrators.

The Dean has direct access to the Marshall University President, the Marshall University Board of Governors, and the CEOs of all three of our major teaching hospitals. He has been thoroughly involved with the establishment of an Academic Medical Center (AMC) with our major affiliate, Cabell Huntington Hospital. Through these relationships, the Dean is able to maintain and continuously enhance the support for the medical student clerkships, as well as residency and fellowship stipends and various collaborative research efforts.

- b. Describe the dean's authority and responsibility for the medical education program.

The Dean serves as the Chief Academic and Administrative Officer of the Joan C. Edwards School of Medicine, leading the faculty and staff of the school in planning, securing resources, implementing, and evaluating activities related to academic operations, research, service, and patient care programs. The Dean actively participates in various institutional planning, implementing, and evaluating activities.

The Board of Governors and the President of the University charge the Dean with guiding the school toward the proper financial under-pinning, the physical space, and the administrative structure that will provide the proper total learning environment for a fully accredited allopathic medical school and its post-graduate learning programs.

### SUPPORTING DOCUMENTATION

1. Organizational chart illustrating the relationship of the medical school dean to university administration, to the deans of other schools and colleges, and to the administrators of the health science center and affiliated teaching hospitals (if relevant). If the medical school is part of a larger non-academic entity (not-for-profit or for-profit/investor-owned), the chart should include the relationship of the dean or other senior academic officer to the board of directors or officers of that entity.

*Appendix 2.3-1 Admin Org Chart.docx*

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

*Appendix 2.3-2 Dean's Position Desc.docx*

3. Relevant excerpts from the faculty bylaws or related documents describing the dean's role and/or authority regarding the medical education program.

*Appendix 2.3-3 Dean's Role.docx*

## 2.4 SUFFICIENCY OF ADMINISTRATIVE STAFF

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

### SUPPORTING DATA

<b>Table 2.4-1   Office of the Associate Dean of/for Students</b>				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students.				
	GQ 2017		GQ 2018	
	School %	National %	School %	National %
Accessibility	88.8	79.5	73.7	78.7
Awareness of student concerns	85.5	72.7	52.7	71.1
Responsiveness to student problems	85.2	72.1	52.7	70.0

<b>Table 2.4-2   Office of the Associate Dean of/for Students</b>				
Provide data from the independent student analysis (ISA), by curriculum year, on the percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean of/for Students. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional survey questions relevant to the topic.				
	Year 1	Year 2	Year 3	Year 4
Accessibility	97.5	97.6	94.0	93.3
Awareness of student concerns	87.6	98.8	81.8	85.4
Responsiveness to student problems	85.2	94.0	86.4	84.0

<b>Table 2.4-3   Office of the Associate Dean for Educational Programs/Medical Education</b>				
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education.				
	GQ 2017		GQ 2018	
	School %	National %	School %	National %
Accessibility	83.9	74.3	64.9	72.5
Awareness of student concerns	82.2	70.1	64.3	68.1
Responsiveness to student problems	78.3	68.4	58.9	65.9

<b>Table 2.4-4   Office of the Associate Dean for Educational Programs/Medical Education</b>				
Provide data from the independent student analysis (ISA), by curriculum year, on the percentage of students who were <i>satisfied/very satisfied</i> (aggregated) with the Office of the Associate Dean for Educational Programs/Medical Education. If requested ISA data are not available, enter N/A as appropriate. Add rows as needed for additional ISA survey questions relevant to the topic.				
	Year 1	Year 2	Year 3	Year 4
Accessibility	82.8	92.9	84.8	91.8
Awareness of student concerns	76.6	92.9	83.4	88.0
Responsiveness to student problems	75.3	89.2	78.8	78.7

**Table 2.4-5 | Department Chair Staffing**

Provide the requested information regarding current department chairs. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of department	Name of incumbent	Date appointed	For acting/interim chairs, date previous incumbent left
Biomedical Sciences	Gary Rankin, PhD	07/01/2016	
Cardiovascular Services	Mark Studeny, MD	10/16/2002	
Dermatology	Charles Yarbrough, MD	08/01/2014	
Dentistry & Oral Maxillofacial Surgery	Raj Khanna, MD	07/01/2016	
Family and Community Health	Stephen Petrany, MD	02/16/2014	
Internal Medicine	Mehair El-Hamdani, MD	07/01/2018	
Neurology	Paul Ferguson, MD	07/01/2016	
Neurosurgery	Anthony Alberico, MD	07/01/2015	
Obstetrics and Gynecology	David Jude, MD	07/01/2011	
Ophthalmology	Mark Hatfield, MD	07/01/2014	
Orthopedic Surgery	Ali Oliashirazi, MD	10/01/2004	
Pathology	Krista Denning, MD	01/01/2018	
Pediatrics	Joe Evans, MD	08/21/2012	
Psychiatry & Behavioral Medicine	Suzanne Holroyd, MD	01/02/2014	
Radiation Oncology	Sanjeev Sharma, MD	02/15/2015	
Surgery	David Denning, MD	02/01/1992	

**Table 2.4-6 | Number of Department Chair Vacancies**

Indicate the number of *vacant/interim* department chair positions for each of the listed academic years (as available). Use January 1st of the given academic year.

AY 2016-17	AY 2017-18	AY 2018-19
1 (interim)	1 (interim)	0

**Table 2.4-7 | Dean's Office Administrative Staffing**

Provide the requested information regarding members of the dean's office staff. For each interim/acting appointment, provide the date the previous incumbent left office. Add rows as needed.

Name of incumbent	Title	% Effort dedicated to administrative role	Date appointed	For acting/interim dean's office staff, date previous incumbent left
Bobby Miller, MD	Vice Dean for Medical Education	75%	07/01/2013	
Uma Sundaram, MD	Vice Dean of Biomedical Sciences Education and Clinical and Translational Services	25%	01/14/2014	
Paulette Wehner, MD	Vice Dean of Graduate Medical Education	75%	01/02/2009	
Larry Dial, MD	Vice Dean of Clinical Affairs	50%	07/01/2016	
James Becker, MD	Vice Dean for Government Relations, Health Care Policy, and External Affairs	40%	07/01/2016	
Gary Rankin, PhD	Vice Dean for Basic Sciences	40%	07/01/2016	
Joe Werthammer, MD	Special Advisor to the Dean	80%	07/01/2016	
Ali Oliashirazi, MD	Vice Dean for Business Development and External Affairs	37.5%	03/01/2014	
Marie Frazier, MD	Assistant Dean of Academic Affairs	20%	8/01/2018	

Nitin Puri, MD, PhD	Associate Dean of Pre-Clinical Education	100%	09/01/2017	
Darshana Shah, PhD	Associate Dean of Faculty Affairs and Professional Development	80%	01/01/2005	
Shelvy Campbell, PhD	Assistant Dean of Diversity and Inclusion	100%	03/18/2013	
David Bailey, MBA	Assistant Dean for Continuing Medical Education	100%	07/01/1990	
Jennifer Plymale, MA	Associate Dean of Admissions	50%	11/01/2011	
Cindy Warren, MA	Assistant Dean of Admissions	100%	07/01/1977	
Todd Gress, MD	Assistant Dean of Clinical Research	25%	11/01/2009	
Amy Smith, BSN, MEd	Assistant Dean of Student Affairs	100%	08/01/2014	
Leonard White, MD	Associate Dean, Diversity	10%	01/01/2014	
Jeffrey Breaux, MD	Associate Dean, Veterans Affairs	10%	10/01/2012	
Beth Hammers, MBA	Chief Executive Officer	100%	01/01/2012	
Matt Straub, MBA	Chief Financial Officer	100%	01/01/2012	
Michael McCarthy, MA	Chief Information Officer	100%	08/01/1997	
Nathan Ward, Esq.	Chief Operating Officer	100%	07/01/2017	

## NARRATIVE RESPONSE

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

There are no interim/acting positions among the dean's staff.

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

Due to a retirement on January 1, 2018, the current chair of pathology is acting in an interim position. A search committee has been formed and recruitment is ongoing. The timeline to fill this vacancy is July 2019.

## SUPPORTING DOCUMENTATION

1. Organizational chart of the dean's office.

See Appendix 2.4-1 *Dean's Office Org Chart.pdf*

## 2.5 RESPONSIBILITY OF AND TO THE DEAN

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

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

**MUJCESOM does not have any campuses outside of the Huntington campus.**

### SUPPORTING DATA

Table 2.5-1   Regional Campus(es)		
Provide the requested information for each regional campus. Add rows as needed.		
Campus	Location	Name and Title of Principal Academic Officer

### NARRATIVE RESPONSE

- a. Describe the role of the medical school dean/designated chief academic officer in overseeing the conduct and quality of the medical education program at all regional campuses. Provide examples of how the dean/CAO monitors the adequacy of faculty at regional campus(es) and works with the principal academic officer(s) at each campus to remedy any deficiencies.
- b. Describe the reporting relationship between the medical school dean/chief academic officer and the principal academic officer at each regional campus.
- c. Describe the reporting relationships of other campus administrators (e.g., student affairs).
- d. Describe the ways in which the principal academic officer(s) at regional campus(es) are integrated into the administrative structures of the medical school (e.g., the Executive Committee).

### SUPPORTING DOCUMENTATION

1. Position description for the role of principal academic officer at a regional campus.



## 2.6 FUNCTIONAL INTEGRATION OF THE FACULTY

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

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

**MUJCESOM does not have any campuses outside of the Huntington campus.**

### NARRATIVE RESPONSE

- a. Describe how faculty members in each discipline are functionally integrated across regional campuses, including activities such as faculty meetings/retreats and visits by departmental leadership. Provide examples of the occurrence of such activities in the past two years.
- b. Describe how institutional policies and/or faculty bylaws support the participation of faculty based at regional campuses in medical school governance (e.g., committee membership).
- c. List the rank of the faculty member(s) or the title of the senior administrative staff member(s) based at regional campuses serving on the following medical school committees:
  1. Curriculum committee
  2. Admission committee
  3. Executive committee

### SUPPORTING DOCUMENTATION

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