STANDARD 3: ACADEMIC AND LEARNING ENVIRONMENTS

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

3.1 RESIDENT PARTICIPATION IN MEDICAL STUDENT EDUCATION

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

SUPPORTING DATA

Table 3.1-1 | Resident Involvement in Required Clinical Clerkships

List each clinical facility at which one or more medical students take a required clinical clerkship (other than ambulatory, community-based sites). For each clerkship, place a "Y" to indicate that residents in an accredited program are involved in medical student education or an "N" to indicate that residents are not involved in medical student education in that discipline. If there is no clerkship in that discipline at that site, leave the cell blank. Add rows as needed.

Facility name	Family medicine	Internal medicine	Ob-Gyn	Pediatrics	Psychiatry	Surgery
Cabell Huntington Hospital	Y	Y	Y	Y	Y	Y
Mildred Bateman Hospital	N	N	N	N	Y	N
River Park Hospital	N	N	N	N	Y	N
St. Mary's Medical Center	N	Y	N	N	Y	Y
Veteran's Administration Medical Center	N	Y	N	N	Y	Y
Logan Regional Medical Center	N	N	N	N	N	N

NARRATIVE RESPONSE

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

100% - All students will complete one or more required clerkships at an inpatient or outpatient site where residents participate in medical student teaching/supervision.

b. If some or all students do not have the opportunity to complete one or more required clerkships where residents participate in medical student teaching/supervision, describe other required clinical experiences where students would have the opportunity to interact with residents.

Not applicable. All students will complete one or more required clerkships where residents participate in medical student teaching/supervision.

c. If residents are not present at any of the sites where required clinical experiences are conducted for some or all students (e.g., at a longitudinal integrated clerkship site, a rural clerkship site, or a regional campus), describe how medical students learn about the expectations and requirements of the next phase of their training.

Students may opt to complete a rural experience in Family Medicine as part of their clerkship but return to Huntington to complete one required week of Family Medicine hospital service with the residents. A student may also opt to spend four weeks at a rural site as part of the Surgery Clerkship experience but return to Huntington to complete at least four weeks of surgery service with residents.

3.2 COMMUNITY OF SCHOLARS/RESEARCH OPPORTUNITIES

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

SUPPORTING DATA

Table 3.2-1 | Student/Faculty Collaborative Research

Provide school and national data from the AAMC Graduation Questionnaire (GQ) on the percentage of students reporting participation in a research project with a faculty member.

GQ 2015		GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %	School %	National %
58.5	69.4	77.5	74.1	81.8	77.3	88.1	78.8

Table 3.2-2 | Research Opportunities

Provide the total number and percentage of medical students involved in each type of research opportunity for the indicated academic years.

	AY 2016-17	AY 2017-18
MD/PhD program	5	5
Summer research program	48 MS1 Students (64%)	71 MS1 Students (85.5%)
Year-out for research	0	0
Research elective	37 MS4 Students	47 MS4 Students
Other (describe)		

NARRATIVE RESPONSE

a. Are medical students required to complete a scholarly/research project at some point in the curriculum? If yes, please describe how and by whom students are assisted in identifying a research topic and finding a mentor.

Students are not required to complete a scholarly/research project during their curriculum.

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

All medical students have the option of participating in the MS1 Summer Research Stipend Program offered in the summer between MS1 and MS2 years. Medical students are informed of the opportunity through a one hour meeting with the Assistant Dean for Clinical Research during the fall semester of the MS1 year. School of Medicine faculty are surveyed and asked to submit their research projects. Research projects are put into a report and sent to the MS1 students in the middle of the spring semester. Students submit their top three choices to the Assistant Dean for Clinical Research, who meets with the students to match them to a project. All MS1 students requesting research have been successfully matched since the initiation of this program.

Since 2012, working in collaboration with the West Virginia Higher Education Policy Commission and through our Rural Health Initiative grant, 38 medical students have received 27 rural research grants for a total of $440,518.84. This initiative on rural health research places medical students in rural communities. Conducting research on rural topics gives students opportunities to learn about study design and methodology while becoming immersed in a rural community or health issue. Students, with faculty mentors, apply for rural research grants to support projects which could enhance rural health care, lead to more effective health promotion and disease prevention programs, and address barriers to care. The student is the Project Investigator on the grant. This includes completing the proposal, compiling a budget, literature review and research design. The student is also required to present their results at a local, regional or national conference.

c. Describe the funding, personnel, and other resources available to support medical student participation in research.

Medical students participating in the MS1 Summer Research Program receive a stipend over a 6 week period to help support them during the research program. All students are supported by the faculty mentor during the research experience, including assistance with presentations and publications. Students have access to all research support services at the School of Medicine in the Appalachian Clinical Translational Science Institute (ACTSI) which include Biostatistics and Study Design Clinic, Clinical Informatics Clinic, IRB Clinic, IACUC Clinic, and Manuscript Development Clinic to assist them with various aspects of their research project.

Since 2012, working in collaboration with the Higher Education Policy Commission and through our Rural Health Initiative grant, 38 medical students have received 27 rural research grants for a total of $440,518.84. Funding is from a Rural Health Initiative grant through the West Virginia Higher Education Policy Commission.

JCESOM partnered 2015-2017 with the West Virginia Department of Health and Human Services & Association of State Territorial Health Officials (ASTHO) on the Breast Cancer Taskforce working on the upcoming Breast Cancer State Data Report. Medical Students working in the Department of Translational and Clinical Sciences will work closely with ASTHO Taskforce to develop the Breast Cancer State Data report.

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

The Appalachian Clinical Translational Science Institute (ACTSI) at the Joan C. Edwards School of Medicine offers several research support services to faculty. The Biostatistics and Study Design Clinic led by Dr. Todd Gress offers guidance on study design, biostatistics, and study results interpretation. The IRB Clinic (led by Mary Beth Cordle) and IACUC Clinic (led by Dr. Monica Valentovic) provide guidance on all issues related to the IRB and IACUC application, respectively. The School of Medicine has a rich data warehouse containing all clinical information from the electronic patient health record from the clinical practice, and all faculty can apply for access to this information and receive expert consultation in the Clinical Informatics Clinic led by Dr. Alfred Cecchetti. Dr. Usha Murughiyan leads a manuscript development clinic to provide faculty support for all aspects of the publication process, from finding the appropriate journal for the work to guidance on writing the manuscript and assistance with submission. Finally, the ACTSI also has an active clinical trials program with research coordinators that can provide needed help to coordinate investigator-initiated clinical trials.

Please also see relevant responses in Standard 4 regarding support of faculty scholarship.

3.3 DIVERSITY/PIPELINE PROGRAMS AND PARTNERSHIPS

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

SUPPORTING DATA

Table 3.3-1 | Diversity Categories and Definitions

Provide definitions for the diversity categories identified in medical school policies that guide recruitment and retention activities for medical students, faculty, and senior administrative staff. Note that the medical school may use different diversity categories for each of these groups. If different diversity categories apply to any of these groups, provide each relevant definition.

Medical Students	Faculty	Senior Administrative Staff*
Underrepresented Minority**	Underrepresented Minority**	Underrepresented Minority**
All Minorities***	All Minorities***	All Minorities***
Females	Females	Females
From Appalachia	From Appalachia	From Appalachia
Rural Hometowns – WV Residents Only	Rural Hometowns – WV Residents Only	Rural Hometowns – WV Residents Only

*See the *Glossary of Terms for LCME Accreditation Standards and Elements* at the end of this DCI for the LCME definition of senior administrative staff.
**Underrepresented Minority includes African American/Black, American Indian and Latino/Hispanic
***All minorities includes all in Underrepresented Minority in addition to Pacific Islanders and Asians.

Table 3.3-2 | Offers Made to Applicants to the Medical School

Provide the total number of offers of admission to the medical school made to individuals in the school's identified diversity categories for the indicated academic years. Add rows as needed for each diversity category.

	2017 Entering Class			2018 Entering Class		
School-identified Diversity Category	# of Declined Offers	# of Enrolled Students	Total Offers	# of Declined Offers	# of Enrolled Students	Total Offers
Underrepresented Minority	3	6	9	8	7	15
All Minorities	9	16	25	3	14	17
Females	13	33	46	20	35	55
From Appalachia	25	76	101	35	56	91
Rural Hometowns – WV Residents Only	12	26	38	13	49	62

Table 3.3-3 | Offers Made for Faculty Positions

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

	AY 2016-17			AY 2017-18		
School-identified Diversity Category	# of Declined Offers	# of Faculty Hired	Total Offers	# of Declined Offers	# of Faculty Hired	Total Offers
Underrepresented Minority	1	2	3	2	2	4
All Minorities*	1	5	6	2	13	15
Females	1	8	9	2	17	19
From Appalachia	0	18	18	0	8	8
Rural Hometowns – WV Residents Only	1	8	9	0	5	5

All Applicants for Faculty Positions (Total Diversity and Non-Diversity)	7	26	33	4	55	59

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

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

	AY 2016-17			AY 2017-18		
School-identified Diversity Category	# of Declined Offers	# of Staff Hired	Total Offers	# of Declined Offers	# of Staff Hired	Total Offers
Underrepresented Minority	0	0	0	0	0	0
All Minorities*	0	1	1	0	2	2
Females	0	0	0	0	0	0
From Appalachia	0	4	4	0	1	1
Rural Hometowns – WV Residents Only	0	2	2	0	0	0
All Applicants for Senior Administrative Staff Positions (Total Diversity and Non-Diversity)	0	6	6	0	3	3

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

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

School-identified Diversity Category	First-Year Students	All Students	Employed/ Full-time Faculty	Senior Administrative Staff
Underrepresented Minority	7% (6/83)	9% (27/311)	3.8% (2/52)	12.1% (2/17)
All Minorities*	19% (16/83)	21% (64/311)	9.6% (5/52)	29.4% (5/17)
Females	40% (33/83)	39% (120/311)	15.4% (8/52)	29.4% (5/17)
From Appalachia	93% (73/83)	82% (256/311)	1.9% (1/52)	12.1% (2/17)
Rural Hometowns – WV Residents Only	36% (26/73 residents)	34% (83/329 residents)	13.5% (7/52)	12.1% (2/17)

Table 3.3-6 | Pipeline Programs and Partnerships

List each current program aimed at broadening diversity among qualified medical school applicants. Provide the average enrollment (by year or cohort), target participant group(s) (e.g., college, high school, other students), and a description of any partners/partnerships, if applicable. Add rows as needed.

Program	Year Initiated	Target Participants	Average Enrollment	Partners
JCESOM High School Pipeline Program	2016	High School	25	Charleston Family Resource Center
Genesis Program	2016	6-12	125	Charleston Community and Family Development Corporation
Project P.R.E.M.E.D	2011	Underrepresented minorities, College students	16	Marshall University Office of Intercultural Affairs; Southern West Virginia Area Health Centers (SWVAHEC)

Neonatal Clerkship	2012	College students who have completed one year (biology and chemistry with lab)	5	Marshall University Office of Diversity; Marshall Health Chief Medical Officer; Marshall Health Pediatric Department
High School Pipeline Initiative	2012	Underrepresented minorities entering grades 9-12	20	Army Educational Outreach Program (AEOP) /UNITE/TSA; Robert C. Byrd Center for Rural Health, Marshall University Joan C. Edwards School of Medicine GME; Walgreens; West Virginia Higher Education Policy Commission; West Virginia High Schools; West Side Genesis Program; West Virginia Office of Minority Affairs; Charleston East End Family Resources Center
BS/MD Program	2014	High School	10	Detailed below
Hampton University Mentoring Program	2013	College/Graduate students	5-10	Hampton University
Biomedical Research Program	2017	Graduate students	15-25	

NARRATIVE RESPONSE

a. Describe the programs related to the recruitment and retention of medical students, faculty, and senior administrative leadership from school-defined diversity categories. In the description, include the following:

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

The Office of Diversity & Inclusion staff attends minority recruitment fairs to speak with students and faculty in an effort to recruit underrepresented students to Marshall University. Office of Diversity staff also works with the historically black institutions in the state; West Virginia State University and Bluefield State College, scheduling visits to speak to campus organizations and/or to connect to the School of Medicine programs. Funding for this Pipeline programming comes from Marshall University JCESOM, Marshall Health, external grants, and partnership funding.

Funding for programming is provided by Marshall University School of Medicine, Marshall Health, external grants, and partnership funding and support.

The personnel in the Office of Diversity & Inclusion include a 1.0 FTE Assistant Dean for Diversity & Inclusion and a .50 FTE Diversity & Inclusion Coordinator and a .50 FTE Administrative Outreach Assistant. These personnel operate under the Office of Diversity & Inclusion reporting to the School of Medicine Dean's Office.

Project PREMED (Providing Real World Experiences for Marshall Educated Doctors)
Interventions in the healthcare educational pipeline have been successful by increasing minority entrants into the health professions. Interventions at the college and post-baccalaureate levels have been particularly high-yield short-term strategies for increasing health professions diversity; however, tending to the educational pipeline programs has been our success and one of the keys to increasing diversity in the health professions. Project P.R.E.M.E.D. has attracted students from colleges and

universities around the nation. Accepted students visit the Marshall University Joan C. Edwards School of Medicine to participate in the Project P.R.E.M.E.D. Program (Providing Real World Experiences for future Marshall Educated Doctors). Participants take part in an immersion program aimed at providing them a glimpse into the "real-life" of a medical school student.

The Project P.R.E.M.E.D. program (Providing Real World Experiences for Marshall Educated Doctors) is in its 7th year and the number of students attending has increased since the program's inception. The Project P.R.E.M.E.D. program has exposed over 100 students to careers in medicine. The program allows undergraduate students of color to explore and experience the medical school and includes mock medical school interview sessions, robotic surgery demonstrations and discussions with current medical students and residents about life as a medical student and as a physician. Project P.R.E.M.E.D. is organized by the JCESOM Office of Diversity & Inclusion and sponsored by Joan C. Edwards School of Medicine, Marshall Health, and Marshall University Office of Intercultural Affairs. Marshall University Office of Intercultural Affairs sponsors the opening welcome reception.

Project P.R.E.M.E.D. was established to create opportunities for future doctors of color and to implement additional efforts to address major barriers for students who are underrepresented in the health professions. Project P.R.E.M.E.D's participants have come from many states including: WV, KY, OH, CA, CT, DC, FL, GA, IL, LA MD, MO, NC, NY, OK, PA, SC, TN, TX, VA, WI. In 2011, 7 students were chosen to participate in the inaugural Project PREMED class. One student from the inaugural class was accepted to JCESOM. In 2012, another student from the inaugural class was accepted to the Biomedical Sciences graduate program and is now in the 3rd year at JCESOM. In 2012, there were 20 student participants chosen to participate in the Project P.R.E.M.E.D. program, four of these students were accepted and enrolled in other allopathic or osteopathic medical schools. In 2013, there were 26 Project P.R.E.M.E.D. participants; two of the 2013 participants are now enrolled in other medical schools. In 2014 there were 15 P.R.E.M.E.D. participants and 4 are attending medical school. In 2015 - 2016, there were 17 participants, one participant from both years are attending other medical schools and one is scheduled to interview for class of 2023. In 2017 there were 15 participants, one student applied, was accepted and is in her first year, presently attending the Marshall University. In 2018 there were 20 P.R.E.M.E.D. participants. Two of the 2018 participants, in order to strengthen their medical school applications, have applied to the Marshall University Biomedical Sciences program. All P.R.E.M.E.D. program participants were assigned a Marshall University medical student mentor and the Office of Diversity and Inclusion staff are in constant contact with the Project P.R.E.M.E.D. mentees. A Project P.R.E.M.E.D. online logging and tracking system was created so that medical student mentors are able to log their contact with mentees.

Neonatal Clerkship Program The Neonatal Clerkship has been in existence since 2005 and was revised in April 2012 to give focus to those individuals who are underrepresented in medicine. In 2016, there was one female African American participant who was a West Virginia resident. In addition to these programs relationships with two historically Black universities: West Virginia State University in Institute, and Bluefield State University in Bluefield, West Virginia. Since 2012 there been 23 program participants. Eight of the past participants are attending medical school.

Health Care Pipeline Initiative The Health Care Pipeline Initiative (HCPI) is sponsored by the Joan C. Edwards School of Medicine and Marshall University School of Pharmacy. Other partners include Marshall University Center for Rural Health, the Marshall University Office of Intercultural Affairs, Southern West Virginia Area Health Education Center, West Virginia Higher Education Policy Commission (diversity grant), Walgreens (diversity grant), and The Army Educational Outreach (AEOP) UNITE program grant. The HCPI program showcases careers ranging from medicine and pharmacy to health informatics and bioengineering.

Selected high school students entering grades 9-12 who are historically underrepresented in the health care, science, technology and engineering (H-STEM) fields and who are residents of West Virginia, Kentucky, and Ohio participate in a four-week immersion experience which showcases career opportunities in H-STEM. Students participating in the HCPI program participate in interactive hands-on activities that highlight the skills, equipment, technology and resources used by professionals in the H-STEM. Medical students, faculty, administrators and staff assist in teaching sessions which include ACT Math Preparation, Financial Literacy, and

Study Skills. Students also gain exposure to university staff, administrators, faculty, graduate assistants and students. Informational sessions, on topics such as rural health, aging and health, computer science, engineering, safety technology, health informatics and health disparities are also scheduled. Students obtain hands-on experiences including computer mapping, pharmacy compounding, suturing, heart sounds and ear exams. As part of the immersion experience, student participants live in the residence halls, participate in field trips, a career day, and interact with professionals from the healthcare, business, industry, civil, as well as the Army and Department of Defense sectors.

During the 2012-2018 academic years, the Health Care Pipeline Initiative program (HCPI) information has reached high school students in every West Virginia high school. Evaluative measures have been instituted to ensure that the HCPI program is making a positive difference with both interest in, and knowledge of, medicine as a career. The chart 3.35-5 lists the programs, program years, number of program enrollees, those attending JCESOM, those attending other medical schools or Marshall undergraduate (for high school pipeline) and the partners (monetary and non-monetary) that support the programming.

The BS/MD Program is an accelerated seven-year program for West Virginia high school students with the goal of providing high quality undergraduate and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. Students who successfully complete the requirements of the undergraduate portion are guaranteed a seat in the class; they are not required to take the MCAT and they receive tuition waivers for four years of their medical education. Funding for this program comes from the Dean's Office and the JCESOM Practice Plan. The individual personnel include a 1.0 FTE Director of Rural Health Outreach and Development, who is located in southern West Virginia and a 0.5 FTE Associate Dean for Admissions and Director of the Center for Rural Health located at the JCESOM. These personnel operate under the Office of Admissions and the Center for Rural Health. In many cases the medical school partners with other organizations in order to reach more students and to maximize the total resources of the partners. The following are examples of these partnerships:

Health Occupations Students of America in the state to reach students from rural areas interested in health care professions.
Upward Bound programs at both Marshall University and Concord University to target minority, underserved, economically disadvantaged, and first generation college going students.
West Virginia Health Sciences and Technology Academy (HSTA), based at West Virginia University, in order to reach minority and underrepresented students who are interested in health care and are participating in the HSTA four-year academic enrichment program.
GEAR-UP (Gaining Early Awareness and Readiness for Undergraduate Programs) program, a federally funded six-year program targeting high povery and at-risk students to encourage them to pursue higher education.
Project Lead the Way, a national organization targeting high school students interested in science-related careers.

The partnerships listed above are part of a larger high school initiative as described in part b below.

The inaugural class of thirteen began in the fall of 2015 with all of the class matriculating in 2018. The program currently has twenty-eight students. One student has withdrawn from the program.

Hampton University Mentoring Program – Marshall University Joan C. Edwards School of Medicine (JCESOM) and Hampton University, a historically Black University in Hampton, VA, entered into a Memorandum of Understanding in 2013. This program provides mentoring, onsite workshops of application preparation and interview skills. In addition, five slots per year are allocated for Hampton students to participate in a residential Summer Academy program at Marshall University. In addition, non-residents who meet the minimum requirements and who have completed pipeline programs identified in the Admissions Procedural document may be offered interview preference.

Funding for this program comes from the Office of Admissions. The individual personnel include a 1.0 FTE Director of Rural Health Outreach and Development and a 0.5 FTE Associate Dean for Admissions and Director of the Center for Rural Health. These personnel operate under the Office of Admissions and the Center for Rural Health.

The Biomedical Research (BMR) Program offers a two-year MS degree in the Medical Sciences area of emphasis. Students take classes with and have many of the same exam questions as the first and second year medical students. In the pipeline program, any student who applies in their second year with a minimum program GPA of 3.4 is not required to take the MCAT for admission to the JCESOM. Historically students from the program who enter medical school at Marshall with a 3.4 GPA or higher do well in their preclinical courses and pass Step 1, thus obviating the need to have an MCAT score.

There is no funding dedicated to the program. Students who wish to do research in one of the basic science labs can receive a stipend to do so. Students who wish to do research in one of the basic science labs can receive a stipend to do so during their first two years in the program. Personnel report to the Vice Dean for Research and Graduate Education.

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

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

Center for Rural Health high school pipeline program - The Medical School has continued to build upon the high school pipeline program that has been in place for over 14 years that initially focused on the southern part of the state but has now expanded throughout the state. Many of the counties in the pipeline program have some of the lowest college attendance rates, the worst health outcomes, and some of the lowest family incomes of the state, and, indeed, in the country. These students face both real and perceived barriers to pursing health care careers, and the pipeline serves to educate them about these careers, to remove barriers and to increase interest in the se careers. The Medical School also takes every opportunity to educate teachers and counselors about health care careers, including speaking at a number of state and national conferences about the pipeline program each year, and placing articles in both state and national publications.

Funding for this comes from state funding and a Rural Health Initiative Grant from the West Virginia Higher Education Policy Commission. The goal of this grant is to create a workforce for West Virginia ensuring access to healthcare for rural communities. In order to maximize resources, the JCESOM partners with a variety of agencies and programs, primarily those that serve the underserved and minority student populations, including Upward Bound, GEAR-UP, Health Sciences Technology Academy, Health Occupations Students of America, Project Lead the Way and a Federally Qualified Health Center in one of the most rural counties we serve. Where appropriate, the field of medicine is featured as a very viable and possible option for these young people.

The very broad pipeline program as described above is intended to create interest in medicine as a career and remove perceived or real barriers to that pursuit. Typically, it involves over 2500 students per year from 40 counties and over 75 events per year. Embedded in the larger initiative is a smaller more targeted part of the initiative which includes health care club formation, trips to the medical school, medical and other speakers, suturing clinics and other activities for the schools that wish to pursue the more intensive approach. The school and community connections formed as a result of these activities have been directly responsible for identifying and recruiting a large percentage of the BS/MD candidates.

Personnel devoted to recruiting initiatives overlap with the Office of Admissions and the Center for Rural Health. We feel these roles are complementary as the focus of our recruitment and mission of the medical school is to identify students who may have an interest in working in this Appalachian region.

The individual personnel include a 1.0 FTE Director of Rural Health Outreach and Development and a 0.5 FTE Associate Dean for Admissions and Director of the Center for Rural Health. These personnel operate under the Office of Admissions and the Center for Rural Health. A large portion of the funding for this initiative is the Rural

Health Initiative grant from the WV Higher Education Policy Commission. The HEPC has identified pipeline programs beginning in the high schools and beyond as one of the key priorities of their grant initiative.

Hampton University Programs – Marshall University Joan C. Edwards School of Medicine (JCESOM) and Hampton University, a historically Black University in Hampton, Virginia entered into a Memorandum of Understanding in 2013. Two visits are conducted annually to Hampton's campus located in Hampton, Virginia. During these visits presentations are made to both undergraduate and graduate classes regarding the admissions process, application and MCAT preparation and mock interviews. During the year staff corresponds with and mentors interested students regarding questions about processes and provides suggestions as to how to make their application competitive.

Each year five slots are made available for Hampton students to participate in the Marshall University Joan C. Edwards School of Medicine Summer Academy (detailed below).

Funding for this program comes from the Office of Admissions. Personnel devoted to this initiative is overlap with the Office of Admissions and the Center for Rural Health. The individual personnel include a 1.0 FTE Director of Rural Health Outreach and Development and a 0.5 FTE Associate Dean for Admissions and Director of the Center for Rural Health. These personnel operate under the Office of Admissions and the Center for Rural Health.

Summer Academy - Activities to recruit West Virginia college students to the academy include annual visits to colleges and universities within the state, including pre-professional events, individual meetings with faculty advisors, and individual and group meetings with interested students. In addition, a hands-on residential immersion program is held annually for undergraduate students who aspire to become physicians. The Academy began in the summer of 2013. Activities during this residential immersion experience include interviewing skills, how to maximize study skills, participating in hands-on exercises in clinical skills, wound care and building splints in a "wilderness" environment and the opportunity to interact with medical students, physician residents and faculty. This program allows premed students to begin to build a network of professionals and other students in their area of interest, and very importantly allows for a process of discernment as to whether medicine is the appropriate career choice for the student before making the commitment to medical school.

Funding from this program comes from a Rural Health Initiative Grant from the West Virginia Higher Education Policy Commission. The goal of this grant is to create a healthcare workforce for West Virginia ensuring access to care for rural communities. This weeklong event is a collaboration of personnel from the Center for Rural Health, Office of Diversity, Office of Admissions, Office of Medical Education and other faculty from multiple departments. The Summer Academy's primary oversight is out of the Center for Rural Health.

Biomedical Research Program - The pipeline program is promoted at the Annual Biomedical Research Conference for Minority Students. The costs for attending are paid for by the STEM Fellows grant from the West Virginia Higher Education Policy Commission. One of the Co-Directors of the BMR graduate program, based at the Byrd Biotechnology Science Center in Huntington, advises the Medical Sciences students during their two years in the program.

The following activities, chiefly located within the Office of the JCESOM Assistant Dean for Diversity and Inclusion, have also substantially contributed in efforts of overall diversity with the School of Medicine in all categories:

National Office of Minority Health – Memorandum of Understanding (MOU) in 2015 between the Office of Minority Health (OMH-National)/Atlas Research and Marshall University Joan C Edwards School of Medicine was established. The MOU's purpose was to create a partnership agreement between JCESOM and OMH to integrate training on health disparities, the social determinants of health, and health equity into JCESOM/MUSOP's pipeline programs, as part of the "Youth National Partnership for Action to End Health Disparities (yNPA)" initiative under the National Partnership for Action to End Health Disparities (NPA). Subsequently, the Assistant Dean for Diversity has served as a peer reviewer for the OMH Youth Health Equity Model of Practice Toolkit. She has also granted support for an intern within her office whom she mentored through a program in teaching the "Stanford Public Health Curriculum" within a local community.

Tri-State Diversity & Inclusion Conference – The JCESOM Office of Diversity hosted the 2nd Annual Tri-State Diversity & Inclusion Conference; the JCESOM Assistant Dean for Diversity and Inclusion served as the 2015 conference chair. The Annual Tri-State Conference on Diversity and Inclusion was created to bring seven colleges to include: Marshall University (Main Campus; Schools of Medicine & Pharmacy); Ohio University (Athens & Ironton); Morehead State University; Mountwest Community & Technical College; Shawnee State University; Ashland Community & Technical College; Lindsey Wilson College School of Professional Counseling' and university students, faculty, staff and community members together to broaden the conversation around equity, opportunity and diversity. The conference provides participants the opportunity to exchange thoughts, ideas and innovative practices that encourage individuals and organizations to build productive and collaborative work environments in which all of our communities of people are included.

West Virginia Office of Minority Health – The JCESOM's Assistant Dean for Diversity& Inclusion served on the 2013-2016 West Virginia Office of Minority Health Advisory Board. The West Virginia Office of Minority Health was responsible for helping to eliminate health disparities through assertive leadership, advocacy support, and visible interaction with minority communities in West Virginia.

U.S. Department of Health & Human Services National Partnership for Action to End Health Disparities – Regional Health Equity Council – The Assistant Dean for Diversity is an advisory board member of the Region III - Regional Health Equity Council (RHECs) Atlantic Region. The RHECs' primary role is to initiate action to implement the goals of the NPA and therefore, advance the agenda to eliminate health disparities from the grassroots.

West Virginia State University Trio Programs (Upward Bound/Upward Bound Math & Science) –Twice a month (On Saturdays) during 2012-2017, the Assistant Dean for Diversity and Inclusion instructed students who were enrolled in the West Virginia State University (WVSU is an Historically Black College) Upward Bound/Upward Bound Math & Science program on the "Public Health Curriculum". The Upward Bound/Upward Bound Math & Science program engages youth from the end of their 8th grade year throughout high school to groom them to be the first in their families to attend college. Youth engage in a rigorous course curriculum that is designed to prepare them to compete on a global stage. There are two separate programs – a classic one that focuses on critical thinking and analytic skills and one more oriented to STEM disciplines. Both programs encourage these students to pursue programs in math, science and ultimately careers in the health care professions. Overall, The WVSU Upward Bound programs serve 110 ninth through twelfth grade students from the West Virginia counties of Kanawha, Fayette, Putnam and Logan Counties.

Charleston Family Resource Center – The Mission of the East End Family Resource Center (CFRC) "is building bridges of opportunities", by giving residents of the East End of Charleston the opportunity to achieve. The mission is accomplished by coordinating, facilitating, and/or initiating activities and programs that respond to the needs of families. In August 2016, the JCESOM Office of Diversity & Inclusion YHEMOP (see below) intern began working with 25 underserved minority youth in Kanawha County by expanding the reach and impact of the yNPA (Public Heath Curriculum) and increasing the awareness of youth about health disparities, health equity, the social determinants of health, and ways to reduce health disparities through action on the social determinants of health.

Charleston Community and Family Development Corporation – In 2016-2017, the JCESOM Office of Diversity & Inclusion partnered with the Charleston Community and Family Development Corporation's Genesis Program, a school model program at Mary C. Snow West Side Elementary, Stonewall Jackson Middle and Capital High. The program calls for community engagement and provides families support to "systematically improve the educational, social, emotional, physical and cultural outcomes of youth." The JCESOM Office of Diversity & Inclusion staff works with the students throughout the school year, through "development sessions" that provide extra focus on skill building. This program served as a feeder for the Health Care Pipeline Initiative and other Marshall University career, college planning and other student exploration programs

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National Partnership Office of Minority Health & Atlas Research YHEMOP (The Youth Health Equity Model of Practice) – In 2014, the Marshall University Joan C. Edwards School of Medicine partnered with

National Office of Minority Health (OMH). OMH, the partnering organization, and the Health Equity Fellow engage in health equity work that produces a short-term deliverable and aims to strengthen the health and human services infrastructure and public health workforce. This partnership resulted in the intern program within the Charleston Family Resource Center outlined above.

National Association of Medical Minority Educators, Inc. (NAMME) – In 2015, the Marshall University Joan C. Edwards School of Medicine partnered with the National Association of Medical Minority Educators, Inc. (NAMME). This partnership serves and will serve as a continuing resource for a variety of the School of Medicine's concerns about underrepresentation in its ranks

Extramural Funding (2016-2018)

The JCESOM Office of Diversity and Inclusion has secured over $100,000 in grants and sub-awards to support JCESOM Pipeline Programming:

- Army Educational Outreach (AEOP) UNITE, Technology Student Association /UNITE/TSA $125,000
- Army Educational Outreach Research and Engineering Apprenticeship Program AEOP/REAP $8000
- West Virginia Higher Education Policy Commission $ 21,000
- West Virginia Bureau for Senior Services (Falls Prevention Programming Grant Partnership) $15,000

c. Describe how the medical school monitors and evaluates the effectiveness of its pipeline programs and of its other programs to support school-defined diversity among its student body, faculty, and senior administrative staff. Provide evidence of program effectiveness, including the number of participants and program outcomes.

Center for Rural Health Pipeline Program monitors and evaluates the high school pipeline program using the following:

- Conducts pre and post-tests of selected high school students involved in program to determine increase in knowledge of and interest in health care careers.
    - Pre and post testing of high school students indicated a 75.9% increase in knowledge of health care careers after participation in this program during the academic year of 2016-2017 and a 75% increase in same measures during the 2015-2016 academic year.
- Conducts bi-yearly surveys of teachers, counselors and partners involved in the program to determine satisfaction and effectiveness
    - Pre and post surveys in both 2014, 2016 and 2018 showed 100% satisfaction on the part of the teachers and counselors affiliated with the programs, and a 100% that agreement that the program is having a positive influence on their student's plans to pursue a career in rural health care.
- Tracks students applying to accelerated program from counties involved in pipeline
    - In 2017, 92% of the students interviewed, and 92% of those accepted into the program were identified through the pipeline initiative. In 2018, 83% of those interviewed were identified through the pipeline initiative.
- Recognition of program- Opportunities to publish and present about the program at the state, regional and national level
    - The medical school has participated in state and national conversations about pipelines by presenting at both state and national conferences. Faculty and staff published articles about the pipeline programs in the national *Health Occupations Students of America* e-magazine (2016), the national *Explore Health Careers* website (2016) and *West Virginia Executive* on the BS/MD (2017). Presentations were made at the West Virginia Health Occupations Students of America State Conference (2016), the West Virginia Science Teachers Annual Conference in Morgantown (2016 and 2017), National Rural Health Association Conference (2017 and 2018).

Hampton University Mentoring Program

Each year, in accordance with a formal Memorandum of Understanding with Hampton University, staff members make two trips to the Hampton University campus to meet with premed faculty and to talk with over 100 students

each time. Their visit often includes interviewing workshops and individual meetings with students on the verge of applying to medical school. After the trips, approximately 5-10 students stay in touch regularly, sometimes for years as part of a more intensive mentoring process, which may include attendance at the annual summer academy as outlined below. Several of these students have gone on to other institutions in the field of dentistry and medicine. Of the students who interviewed with Marshall, two have been accepted here into medical school. One student declined the offer in order to attend a medical school in her home state.

Summer Academy

- Email follow ups with participants bi-yearly
  - Twenty-two percent of past participants have been accepted to medical school (self-reported)
  - Ten percent of past participants have chosen other allied health careers (Physician's Assistant, Public Health, Emergency Medical Technician)

The Biomedical Research (BMR) Program – There is currently no evaluation and monitoring of the effectiveness of this program. Two Medical Sciences students matriculated into the JCESOM this fall through the Pathway Program; one is a URM. One current second year Medical Sciences student is a URM, but she is ineligible for admission via the Pathway Program. Three first year students are URMs.

Inclusion workgroup

As a means of monitoring progress towards diversity and inclusion and as a way to gather fresh ideas and options in this area, the admissions office has convened an inclusion work group, with members from main campus admissions, medical school admissions, diversity office personnel, and outside community/education members. The purpose of the group is to review current methods and programs for inclusion and to suggest additional actions/options to move the school forward in this area.

The Office of Diversity & Inclusion also evaluates programs using the following:

- Conducts pre- and post-tests of selected high school students involved in the pipeline programs to determine increase in knowledge of academic subjects taught during the programming and to determine continued interest in health care careers.
- Tracks students who have participated in pipeline programs applying to JCESOM program and other medical school programs.
- Recognition of the program – Opportunities to present information regarding the minority pipeline programs at the state, regional, and national level also validates the content, the outreach and the impact of all of these programs.
- Presentations have included:

  1. West Virginia NAACP Annual program
  2. Upward Bound Career Days
  3. High School student College Days
  4. NAMME (National Association of Medical Minority Educators) National and Regional conferences and Recruitment Fairs.
  5. SNMA (Student National Medical Association)

SUPPORTING DOCUMENTATION

1. Formal institutional policies specifically aimed at insuring a diverse student body, faculty, and senior administrative staff.

Appendix 3.3-1 Social Justice.pdf
Appendix 3.3-2 Diversity and Inclusion Policy.docx

3.4 ANTI-DISCRIMINATION POLICY

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

NARRATIVE RESPONSE

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

JCESOM adheres to the Marshall University Board of Governor's Policy GA-1 regarding anti-discrimination. This policy is distributed annually as an online learning module. This module, in conjunction with the non-harassment module, is required to be completed by all faculty, residents, staff, and students.

SUPPORTING DOCUMENTATION

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

Appendix 3.4-1 Anti-Discrimination.pdf

3.5 LEARNING ENVIRONMENT/PROFESSIONALISM

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

SUPPORTING DATA

Table 3.5-1 | Professional Attributes

List the professional attributes (behaviors and attitudes) that medical students are expected to develop, the location in the curriculum where formal learning experiences related to these attributes occur, and the methods used to assess student attainment of each attribute. Add rows as needed.

Attribute	Location(s) in Curriculum	Assessment Method(s)
Demonstrate honesty and integrity in all interactions with patients, their families and colleagues	Required and expected activities in all parts of the curriculum, including classroom activities, lab work and patient care	Citations for professionalism violation in an event of departure from expected behavior; standardized patient feedback in CCE; clinical evaluations during clerkships—midpoint and summative
Identify and apply theories and principles that govern ethical decision-making to the practice of medicine	Introduction and Advanced Clinical Skills courses in MS1 and MS2, respectively; all clerkships and electives in MS3 and MS4	Rubric-based assessments in the ICS and ACS course; clinical evaluations during clerkships—midpoint and summative
Protect patient privacy and confidentiality	Introduction and Advanced Clinical Skills courses in MS1 and MS2, respectively; all clerkships and electives in MS3 and MS4	Rubric-based assessments in the ICS and ACS course; clinical evaluations during clerkships—midpoint and summative
Demonstrate personal accountability and admit professional mistakes to promote professional development	Team activities in all blocks of MS1 and MS2 curriculum; Introduction and Advanced Clinical Skills courses in MS1 and MS2, respectively; all clerkships and electives in MS3 and MS4	Peer-peer feedback; faculty feedback on professional behavior; formative feedback during CCEs; formative feedback during patient-care in the clinics; clinical evaluations during clerkships—midpoint and summative
Provide culturally sensitive care to patients of diverse cultures and belief systems.	Introduction and Advanced Clinical Skills courses in MS1 and MS2, respectively; all clerkships and electives in MS3 and MS4	Rubric-based assessments in the ICS and ACS course; feedback and evaluation of CCEs; clinical evaluations during clerkships—midpoint and summative
Participate in patient care that is compassionate and empathic	Introduction and Advanced Clinical Skills courses in MS1 and MS2, respectively; all clerkships and electives in MS3 and MS4	Rubric-based assessments in the ICS and ACS course; feedback and evaluation of CCEs; clinical evaluations during clerkships—midpoint and summative

NARRATIVE RESPONSE

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

The professionalism domains are distributed annually via email to all faculty, residents, and staff. The professionalism domain checklist is incorporated into all syllabi for all the preclinical blocks and the clinical clerkships. JCESOM defines the professional attributes that students are expected to develop. These attributes are communicated to students, faculty, residents, and others through orientation, handbooks, and publication on the JCESOM website. Students are assessed related to these attributed through a variety of means including direct observation, OSCE's, narrative assessments, and standardized exams.

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

In December 2014, data for JCESOM were received from our Diversity and Engagement Survey, which was completed in cooperation with the University of Massachusetts Medical School. These data assisted in assessing our current diversity status and reaffirmed our commitment to diversity though our policies and programs.

The JCESOM Curriculum Committee is responsible for the management and monitoring of the learning environment. Throughout the curriculum, medical students have the opportunity to complete evaluations at the conclusion of courses and clinical clerkships to express any concerns. Students may report any mistreatment in person or in writing and anonymously. Results of the AAMC Graduate Questionnaire and data collected through internal methods may be compared to identify any discrepancies in climate or reporting.

c. Provide examples of strategies used to enhance positive elements and mitigate negative elements identified through this evaluation process.

JCESOM does an annual internal survey to assess the learning environment by both clerkship and by training location. These data are used in conjunction with the Graduation Questionnaire to address both positive and negative influence. Positive attributes are rewarded with public accolades, as well as financial incentives. Negative attributes are discussed with the appropriate individuals and an action plan developed. Additionally, negative attributes result in a loss of financial incentives.

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

In the preclinical environment, the block leaders are empowered to monitor the learning environment and must report both positive and negative attributes as part of their annual course review to the Curriculum Committee. In the clinical environment, the clerkship directors are directly responsible for monitoring the learning environment and reporting both positive and negative attributes to the Curriculum Committee as part of the roll review process for all required clerkships.

SUPPORTING DOCUMENTATION

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

3.5-1 Compact between Teachers and Learners
3.5-2 MS1-MS2 Course Eval Form
3.5-3 MS1-MS2 Faculty Eval Form

3.5-4 MS3-MS4 Clerkship Eval Form
3.5-5 MS3-MS4 Clerkship Faculty Eval Form

3.6 STUDENT MISTREATMENT

A medical education program defines and publicizes its code of professional conduct for the relationships between medical students, including visiting medical students, and those individuals with whom students interact during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.

SUPPORTING DATA

Table 3.6-1 | Awareness of Mistreatment *Procedures* Among Students

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students who reported *knowing school procedures for reporting the mistreatment of medical students* for each listed year.

GQ 2017		GQ 2018	
School %	National %	School %	National %
73.8	86.1	57.9	88.1

Table 3.6-2 | Awareness of Mistreatment *Policies* Among Students

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of medical students who reported *awareness of school policies regarding the mistreatment of medical students* for each listed year.

GQ 2017		GQ 2018	
School %	National %	School %	National %
93.4	97.0	89.5	97.5

Table 3.6-3.a | Student Mistreatment Experiences

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2017							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publicly embarrassed	67.7	57.0	19.4	21.0	12.9	21.1	0.0	0.9
Publicly humiliated	91.9	78.5	4.8	12.8	3.2	8.3	0.0	0.5
Threatened with physical harm	100.0	98.6	0.0	1.0	0.0	0.3	0.0	0.0
Physically harmed	100.0	98.3	0.0	1.4	0.0	0.3	0.0	0.0
Required to perform personal services	98.4	93.8	1.6	4.2	0.0	1.8	0.0	0.2
Subjected to unwanted sexual advances	95.2	95.7	3.2	2.8	1.6	1.4	0.0	0.1
Asked to exchange sexual favors for grades or other rewards	100.0	99.8	0.0	0.1	0.0	0.1	0.0	0.0
Denied opportunities for training or rewards based on gender	96.8	94.1	3.2	2.9	0.0	2.7	0.0	0.4
Subjected to offensive, sexist remarks/names	93.5	85.2	3.2	7.1	3.2	7.0	0.0	0.7
Received lower evaluations/grades based on gender	100.0	94.2	0.0	3.9	0.0	1.6	0.0	0.3

Denied opportunities for training or rewards based on race or ethnicity	98.4	97.1	1.6	1.2	0.0	1.3	0.0	0.5
Subjected to racially or ethnically offensive remarks/names	98.4	92.8	1.6	3.8	0.0	3.0	0.0	0.4
Received lower evaluations or grades solely because of race or ethnicity rather than performance	100.0	97.2	0.0	1.5	0.0	1.0	0.0	0.3
Denied opportunities for training or rewards based on sexual orientation	100.0	99.5	0.0	0.2	0.0	0.2	0.0	0.1
Subjected to offensive remarks, names related to sexual orientation	95.2	97.9	1.6	1.0	3.2	1.0	0.0	0.1
Received lower evaluations or grades solely because of sexual orientation rather than performance	100.0	99.6	0.0	0.2	0.0	0.2	0.0	0.0

Table 3.6-3.b | Student Mistreatment Experiences

Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) for the listed year on respondents' experiences with each of the following behaviors during medical school.

	GQ 2018							
	Never		Once		Occasionally		Frequently	
	School %	National %	School %	National %	School %	National %	School %	National %
Publically embarrassed	66.1	56.7	17.9	21.8	16.1	20.6	0.0	1.0
Publicly humiliated	78.6	77.6	10.7	13.7	10.7	8.2	0.0	0.5
Threatened with physical harm	98.2	98.6	1.8	1.1	0.0	0.2	0.0	0.1
Physically harmed	100.0	98.3	0.0	1.5	0.0	0.2	0.0	0.0
Required to perform personal services	98.2	94.1	1.8	4.1	0.0	1.7	0.0	0.1
Subjected to unwanted sexual advances	93.0	95.1	5.3	3.0	1.8	1.8	0.0	0.2
Asked to exchange sexual favors for grades or other rewards	100.0	99.8	0.0	0.1	0.0	0.1	0.0	0.0
Denied opportunities for training or rewards based on gender	87.7	93.1	5.3	3.4	7.0	3.1	0.0	0.3
Subjected to offensive, sexist remarks/names	82.5	83.5	3.5	7.5	10.5	8.3	3.5	0.7
Received lower evaluations/grades based on gender	91.2	93.6	7.0	4.3	1.8	1.8	0.0	0.3
Denied opportunities for training or rewards based on race or ethnicity	94.7	96.7	1.8	1.3	1.8	1.6	1.8	0.4
Subjected to racially or ethnically offensive remarks/names	93.0	91.3	0.0	4.4	5.3	3.9	1.8	0.4
Received lower evaluations or grades solely because of race or ethnicity rather than performance	96.4	97.0	0.0	1.6	1.8	1.1	1.8	0.3
Denied opportunities for training or rewards based on sexual orientation	98.2	99.4	1.8	0.2	0.0	0.3	0.0	0.1
Subjected to offensive remarks, names related to sexual orientation	98.2	97.7	0.0	1.1	1.8	1.1	0.0	0.1
Received lower evaluations or grades solely because of sexual orientation rather than performance	98.2	99.4	1.8	0.3	0.0	0.2	0.0	0.0

Table 3.6-4 | Student Mistreatment Experiences by Curriculum Year				
Provide data on student mistreatment from the ISA by curriculum year on student satisfaction (satisfied/very satisfied) with the following. Add rows for each additional question on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Adequacy of the school's mistreatment policy	81.5	90.5	87.9	90.7
Adequacy of the mechanisms to report mistreatment	82.8	91.6	89.4	86.6
Adequacy of the school's activities to prevent mistreatment	61.8	89.2	90.9	86.7

NARRATIVE RESPONSE

a. Describe how medical students, residents, faculty (full-time, part-time, and volunteer), and appropriate professional staff are informed about the medical school's standard of conduct in the relationship between medical students and those with whom medical students interact during the medical education program and about medical student mistreatment policies.

All medical students, residents, and faculty are informed of the student mistreatment policy during their respective orientations and annually via email. Additionally, the mistreatment policy has been printed as poster sized wall charts and hung in all departments as a visual reminder of the policy.

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

Medical students are informed of reporting guidelines and options during orientation to each phase of the curriculum. Visiting students are informed of reporting guidelines and options during the first day of their clinical experience as part of their orientation to the clerkship

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

Any student, resident, or faculty member can report concerns for mistreatment or unprofessional behavior through the critical incident report process available as on online resource. These reports can be submitted to the Assistant Dean of Student Affairs, the Assistant Dean of Academic Affairs, the Associate Dean of Medical Education, the Vice Dean of Medical Education, or the Dean. The medical school maintains a zero tolerance policy for retaliation. All incident reports are confidential to protect the identity of any one making a report. All reports are thoroughly investigated and outcomes are discussed with the person who originated the complaint.

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

All courses and clerkship evaluations ask specifically about mistreatment. These evaluations are reviewed by the Associate Dean of Medical Education every eight weeks at minimum. These data are used by the curriculum committee, the clinical clerkship committee and the department chairs to address concerns within the educational program. Recently, it was brought to the attention of the administration that several faculty members in the Department of Surgery were making sexist comments. The Dean and the Vice Dean of Medical Education met with the Chairman of Surgery and the surgery clerkship director to discuss the concerns. The Vice Dean of Medical Education attended a special surgery faculty meeting to reinforce the student mistreatment policy and to give examples of unacceptable behavior.

All Title IX concerns are handled through the Office of Diversity and Inclusion and reported to the main campus.

e. Refer to data from the independent student analysis related to mistreatment, including knowledge of and satisfaction with policies and procedures for reporting. Compare the findings from the independent student analysis with those from the AAMC GQ, illustrating any areas of consistency or inconsistency.

The independent student analysis indicates that 87.6% of students are satisfied or very satisfied with the adequacy of the medical school's student mistreatment policy. Again 87.6% were satisfied or very satisfied the adequacy of mechanisms to report student mistreatment. In the question regarding adequacy of medical school activities to prevent mistreatment, 81.7% were satisfied or very satisfied. The Graduation Questionnaire for 2018 confirmed that 89.5% of students were aware that the medical school had a policy regarding the mistreatment of medical students. However, only 57.9% of graduates reported they were aware of the procedure for reporting the mistreatment of medical students.

For medical education programs with regional campuses, provide data on item "e" above for each campus and comment on any differences among campuses.

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

After the results of the 2018 Graduation Questionnaire were made available, the institution chose to re-evaluate and update the student mistreatment policy. The new policy was vetted by the curriculum committee, the academic and professionalism standards committee and the administration. The resulting new mistreatment policy was sent via email to all students, faculty and residents for comments. The new policy was eventually approved by the curriculum committee.

The new policy including reporting mechanisms were discussed and reviewed with each class at mandatory class meetings. Faculty were updated at a mandatory faculty meeting as well.

SUPPORTING DOCUMENTATION

1. Formal medical school or university policies addressing the standards of conduct in relationships among students, faculty, residents and other health professionals, including student mistreatment policies.

Appendix *3.6-1 Honor Code.pdf*,
Appendix *3.6-2 Nepotism.pdf*
Appendix *3.6-3 Standards of Behavior.pdf*
Appendix *3.6-4 Student Mistreatment.pdf*

2. Formal policies and/or procedures for responding to allegations of medical student mistreatment, including the avenues for reporting and mechanisms for investigating reported incidents.

Appendix *3.6-4 Student Mistreatment.pdf*